UNIVERSITY OF CAPE COAST

ATTRITION INTENTIONS AND JOB SATISFACTION AMONG NURSES

AND MIDWIVES IN TEMA GENERAL HOSPITAL AND TEMA

POLYCLINIC, TEMA.

PROSPER KWOJO AGBANU

2023

UNIVERSITY OF CAPE COAST

ATTRITION INTENTIONS AND JOB SATISFACTION AMONG NURSES

AND MIDWIVES IN TEMA GENERAL HOSPITAL AND TEMA

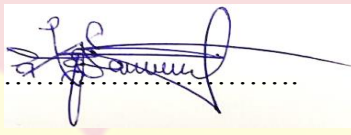POLYCLINIC, TEMA

BY

PROSPER KWOJO AGBANU

Thesis Submitted to the School of Nursing and Midwifery, College of Health

and Allied Sciences, University of Cape Coast, in partial fulfilment of the

requirements for the award of Master of Nursing

MAY 2023

DECLARATION

Candidate's Declaration

I hereby declare that this dissertation is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature: ……………………….. Date: ………………………
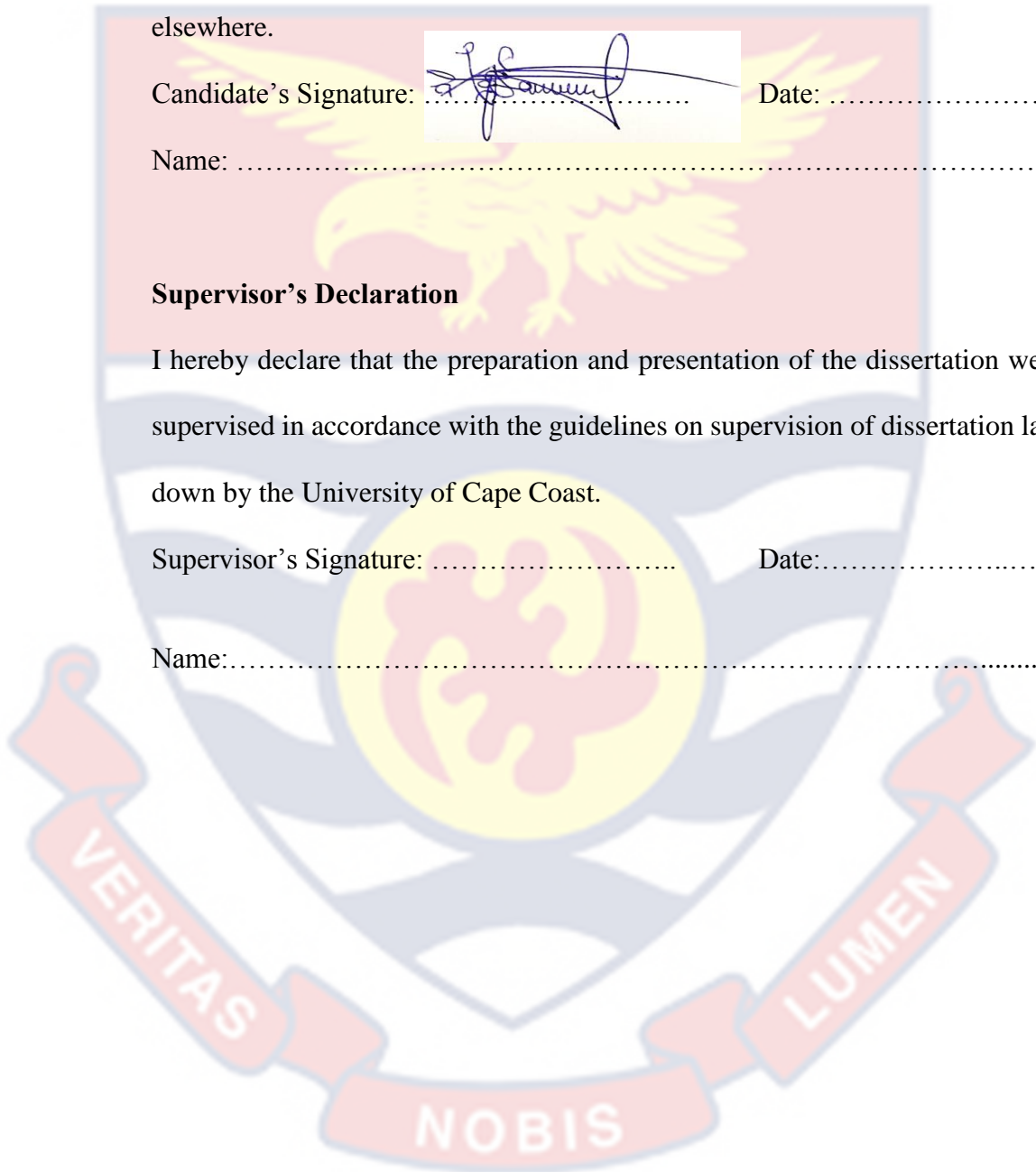
Name: ………………………………………………………………………..

Supervisor's Declaration

I hereby declare that the preparation and presentation of the dissertation were supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Cape Coast.

Supervisor's Signature: …………………….. Date:………………..…...

Name:………………………………………………………………...........

ABSTRACT

Nurses and midwives play a critical role in the healthcare sector. However, despite the importance of their role, they experience job dissatisfaction, which often leads to high turnover rates. The study sought to assess factors influencing general job satisfaction (GJS) and intention to turnover/leave (IL) among nurses/ midwives at Tema general hospital (TGH) and Tema polyclinic, Ghana. The quantitative study adopted a cross-sectional design. A multi-stage sampling technique was used, and the sample size was 217. The data analysis was done using SPSS version 22. Both descriptive and inferential statistical techniques were used. The study found a higher level of job satisfaction (M=5.08, SD=1.87) among the health professionals. The job satisfaction items include "There is personal growth in my work (M=5.30, SD=1.43)," "In general, the researcher is satisfied with the work (M=5.12, SD=1.41)," "I will always choose a nursing/midwifery career again if I am making a new job decision (M=5.11, SD=1.61)," etc. Support (β=0.41, p<0.01), Nurse/midwives' Relationship (β=0.32, p<0.01), and Pay and Benefits (β=0.21, p<0.01) are the significant hygiene factors predicting GJS. With respect to the motivator factors, Autonomy (β=0.26, p<0.01) relates positively and strongly with GJS. When it comes to IL, Scheduling (β=0.68, p<0.01) and Rank (β=0.42, p<0.10) appeared to be the major hygiene factors. Autonomy (β=-0.26, p<0.10) also relates strongly to IL. Finally, the study found a low positive relationship between GJS and IL (r=0.13, p<0.06). These findings imply that both hygienic and motivator factors play crucial roles in predicting GJS and IL among health professions. Therefore, policy makers and practitioners should factor in both dimensions in pursuit of higher job satisfaction and low turnover.

KEYWORDS

General job satisfaction

Hygiene factors

Intention to leave/turnover

Motivator factors

ACKNOWLEDGEMENTS

This work has been possible due to the support from certain personalities and the necessary appreciation should be accorded them. My greatest thanks go to the Almighty Jehovah for His guidance and protection.

I wish to express my sincere gratitude to my supervisors, Professor. Samuel Nuvor and Dr. Kingsley Pereko both from the UCC School of Medical Science, whose guidance, advice and support made this thesis successful.

I am also grateful to Miss Yvonne Adjei Asamoah and Mr. Moses Asiam for their unflinching contribution towards this thesis.

Finally, I appreciate my family and friends for their care and support.
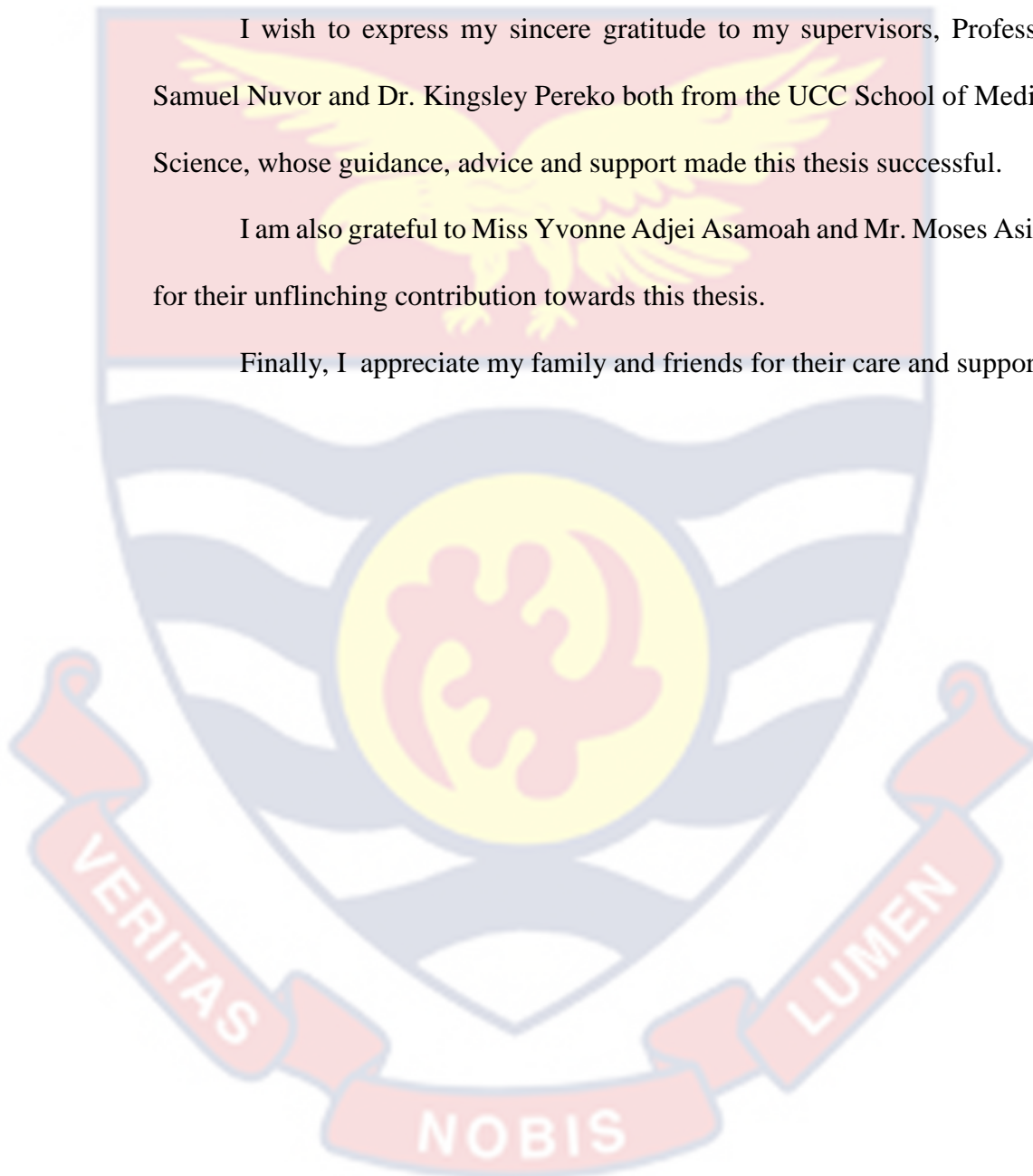
DEDICATION

This work is dedicated to Jehovah for seeing me through this programme successively. Also, my parents and siblings for their prayers, support and sacrifice.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ACRONYMS

BLS	Bureau of Labour Statistics
CMS	Centers for Medicare and Medicaid Services
GHS	Ghana Health Service
GJS	General Job Satisfaction
GoG	Government of Ghana
HCAHPS	Hospital Consumer Assessment of Health Care Providers and Systems
JS	Job Satisfaction
MoH	Ministry of Health
OECD	Organisation for Economic Co-operation and Development
RM	Registered Midwives
RN	Registered Nurses
TGH	Tema General Hospital
UJST	Unit Job Satisfaction Trajectory
UK	United Kingdom
US	United States

CHAPTER ONE

GENERAL INTRODUCTION

Introduction

So many hospitals and other healthcare institutions still struggle to recover from crises brought on by high turnover rates among their nursing staff. The likelihood that an employee will leave an organization indefinitely in the near future is what turnover intention is focused on. The majority of individuals who say they will leave their jobs ultimately do so, and there are a variety of factors that might contribute to this conclusion (Varjus et al., 2011). If the goal is to boost turnover, then it stands to reason that the actual result will do the same. Turnover intention was defined as a multi-step process by Takase (2010), including mental and behavioral factors. Psychological reactions to problems in the workplace or at work were said to be the starting point, with the cognitive component including the choice to leave and withdrawal behavior, which might be defined as quitting one's present employment.

Concern over employee turnover has persisted throughout business history. When employees leave in huge numbers, it may be bad for business and for those who leave (Cangelosi et al. 1998, Hassmiller & Cozine 2006). The expenses of replacing an employee are increased, as are those of the organization's recruiting and selection process, induction of new employees, training of new employees, and, most importantly, the loss of the individual's acquired expertise. Many research revealed that nurses' decisions to stay or leave their jobs were influenced by a wide variety of circumstances. Among these are issues like work-family conflict, lengthy shifts, and resentment towards management. The potential loss of nurses due to these factors might have a negative impact on healthcare delivery at both the organizational and

1

individual levels. Negative effects on treatment quality and patient safety are also a result.

Background to the Study

When the nursing shortage reached hospitals in the late 1990s across the globe, the direct and indirect costs became evident, with nurse recruitment and retention becoming an organizational imperative (Aiken et al. 2010). The time and money spent on finding and training new nurses, using temp agencies, and managing new hires all have an impact on hospital productivity when vacancy rates are high. Additionally, shifts in nursing personnel reduce the efficiency of team-based care inpatient units, which negatively impacts the communication and collaboration between nurses and doctors (Cangelosi et al. 1998, Hassmiller & Cozine 2006). Nurses' workload, staffing, turnover/attrition, and organizational characteristics are being studied for their impact on patient safety and health outcomes, and this is a problem not just in the United States (US) but around the world (Aiken et al. 2002, Stone et al. 2003, O'Brien-Pallas et al. 2006).

If leaving is a choice on the part of nurses, then employers should investigate causes of turnover. Both external work-related situations and internal job-related factors can affect job satisfaction (JS) (Laphalala, 2006). According to research conducted in Jordan, nurses working in private hospitals are more likely to be satisfied with their careers and to have an interest in remaining in their current positions. The correlation between nurses' levels of work satisfaction and their turnover rates is strong (Laphalala, 2006).

Miyuki (2009) found that Personnel turnover poses a significant problem through loss of organizational revenue, increase in poor nurse-to-

patient ratios, increase in infection and mortality, as well as pressure on nursing/midwifery staff. Findings of a study carried out in Pakistan by Khowaja (2005), had it that nurse turnover rate from 1996-1999 had maintained over 30 percent the entire time. The primary causes of turnover were nurse departure to the United Kingdom (UK) and the United States (US), resignations, and family obligations. The Health Care Advisory Board (2001) reported that just 33 percent of American nurses left their professions because they were happy where they were working, whereas 94 percent left because they were unhappy (Khowaja,2005). Also, the US Board said that it was projected that the foreign turnover rate for nurses was 15 percent.

Nonetheless, it can be difficult to find and keep nurses willing to work in the high-pressure, complicated environments of acute care hospitals. In particular, graduate professional licenced registered nurses are required to provide exceptionally sophisticated nursing care, which calls for a high degree of skill, in order to satisfy social standards for safety and quality. In 1998, a drop in the recruitment of experienced nurses and an increase in the number of vacancies for Registered Nurses (RN/RM) contributed to the pressure placed on hospitals to hire more recent college graduates.

In order to prevent an influx of new nurses worldwide during the nursing shortage that occurred in the early 1980s (Hamilton. 1989), when 35–60 percent of new graduates quit their employment within the first year of graduation, a residency orientation was developed to provide support for new nurses as they made the transition from student to practising nurse. The residency programme was standardised all over the world, and it included components to guide clinical

experiences, mentorship, one-to-one preceptorships, classroom exercises, and skills laboratories, as well as enhance self-confidence (Beecroft et al. 2001).

Over the past 7 years, data linked to attrition and related variables such as nurse turnover have become a global concern as it's assumed or hypothesized that many more nurses will attrit/turnover to other organizations. The nursing turnover and shortage of skilled nurses have been attributed to various factors, such as job dissatisfaction, the increasing age of RNs, changes in patient demographics, inadequate staffing, recent turnover, and suboptimal supervisor control. These factors are recognized as the main causes of this chronic issue within the healthcare industry concerning the nursing workforce. (Rosseter, 2012; Strachota et al., 2003). These may be varied depending on the organizations and the government policies of different countries, including Ghana, which is still developing. There is, therefore, the need to investigate the turnover intent of nurses in Ghana.

Problem Statement

The problem addressed in this study is attrition among nurses and midwives professionals at Tema General Hospital (TGH) and Tema Polyclinic. One of the frustrating issues in healthcare is the lack of qualified nurses. The demands of society cannot be met by the present supply while demand keeps increasing. This happens often all throughout the world. The current forecasts from the U.S. Bureau of Labor Statistics (BLS) indicate that by 2016, the US would require more than 1 million fresh and substitute nurses (Berlin & Sechrist, 2002; Kalisch et al., 2010; Lang, 2009).

A further contributing factor is the alarmingly high turnover rate among registered nurses (RNs). As much as 13 percent of new nurses think leaving

their positions during the first year on the job (Flinkman et al., 2010; Hayes et al., 2010; Pellico et al., 2010; Wu et al., 2012). The difficulty to retain qualified professionals and new graduates adds to nursing/midwifery workforce shortages and worse patient care and safety quality. Several hospitals have failed to retain nursing workers, citing low job satisfaction as the primary cause of turnover (Kleinman, 2004).

Many nursing staff members have been dissatisfied with their work and their profession as a result of not having proper educational preparedness for specialist units or the resources to accomplish their job tasks (Haamiller & Cozine, 2006). This situation is akin to that of Ghana. For instance, a report culled from the state-owned Ghanaian Times News Paper by Peacefmonline.com was attributed to the Honourable Minister of Health, Madam Sherry Anne Aryeetey. She indicated that Ghana's nurse-to-population ratio marginally worsened from one nurse to 1,240 people in 2011 to one nurse to 1,251 in 2012, which is a far departure from the target set for the year 2012 with one nurse to 900 people. A work environment or organisational climate is otherwise referred to as the employee's perception of the organisation in which they work (Dragoni, 2005; Van Dam et al., 2008), and this has had a direct bearing on work outcomes.

The nursing profession in Ghana, as in many other developing countries, faces many challenges. Positive and negative work outcomes in public hospitals affect employee behaviour. Understaffing leads to excessive workload, non-nursing duties that require nurses to work long hours to cover all the work assigned them, unclear rules and regulations, incompetent and unqualified managers, lack of necessary tools and equipment, and overbearing clients.

5

Given these factors, nurses often skip work to avoid anxiety and stress. Unpaid or delayed salaries, communication, and decision-making challenges, and unfair disciplinary practices cause dissatisfaction among Ghanaian nurses. Overworked, tired employees put patients at risk. Such situations can disrupt safe and competent unit care (Benner, 1994).

Consistency of care and patient safety can be jeopardized when nurses leave their posts, and both professional and personal concerns of the surviving nurses on the unit can be compromised when staffing levels drop. This assertion is supported by several recent empirical evidence (Ahn & Choi, 2023; Halcomb, Bird, Mcinnes, Ashley, & Huckel, 2021; Hu, Wang, Lan, & Wu, 2022; Smith, Lapkin, Halcomb, & Sim, 2023) but generally conducted in non-Ghanaian settings. One of the most pressing issues in healthcare today is a substantial shortage of nurses due to attrition, as reported by Johnson & Johnson (2013). Nurses' deficit is expected to worsen in the coming years. The need for nurses is expected to increase by 26% by the year 2020 (Johnson & Johnson, 2013). As such, there is a need to address the job dissatisfaction and attrition intentions of nurses and midwives to meet expected higher demand for healthcare services.

Justification/ Significance of the Study

Researchers have estimated that, by 2020, approximately 400,000 nursing positions per state will be unfilled (MacKusick & Minick, 2010), doubling the number of vacant positions since the 1960s (Haair et al., 2014; Upenieks, 2013). According to Upenieks (2013), the standard of care provided to patients suffers when there aren't enough nurses to go around. As a result, healthcare administrators must further investigate ways to increase nurses' job satisfaction and retention measures to prevent a reduction in the quality of

treatment brought on by the nursing shortage. The purpose of this research is to learn what causes nurses to become dissatisfied with their work and how managers can address this problem. Improved patient outcomes and a more robust primary care workforce may result from this study's findings (Carter & Tourangeau, 2012). Healthcare executives risk stagnating or worsening service quality if they do not address the nursing shortage by retaining current nurses (Randolph et al., 2012). Administrators in the healthcare industry may be able to boost nurse work satisfaction by focusing on employee happiness and retention.

Many nurses have been employed in the nursing industry for five to ten years or less, while many others may have been employed there for twenty years or more (Bormann & Abrahamson, 2014). To identify creative methods to support nurses and boost nurse retention at small rural hospitals, community hospital management may find it useful to determine whether there is a link between retention and the demographics of the nurses (Martin, 2015). As low staffing levels result in fewer patients, many hospitals, especially those in emerging countries, might experience revenue loss or closure (Bormann & Abrahamson, 2014). Low Hospital Consumer Assessment of Health Care Providers and Systems (HCAHPS) scores and decreased Centers for Medicare and Medicaid Services (CMS) reimbursements are symptoms of the issue (CMS; McLaughlin & Olson, 2012). The retention of nurses depends heavily on nurse job satisfaction. It is possible for nurses to experience burnout when they perceive their workload to be too much or when their work environment significantly changes in terms of procedures (Park & Jones, 2010). Male nurses may contemplate shifting careers due to the uncomfortable treatment they

7

receive from some female nurses (Bormann & Abrahamson, 2014). To discern the root causes of the nursing shortage, all these factors need to be examined (Zhu, 2013).

Though nurse retention is not a problem unique to the African and Ghanaian regions, studying the working conditions in hospitals within these areas could be a representative sample of this global issue. The findings of this study can serve as a case study for institutions of any developmental stages worldwide, despite using smaller samples compared to studies in larger hospital settings.

General Objective

The study sought to assess factors influencing job satisfaction and intention to turnover/leave among nurses/ midwives in Tema Metropolis public hospitals.

Specific Objective

- To determine the level of nurses'/midwife's overall job satisfaction and the related influencing factors in Tema metropolis public health facilities.

- To determine intention to turnover of jobs and the related influencing factors in nurses/midwives in Tema Public health Facilities.

- To identify factors influencing job satisfaction of nurses/midwives in Tema Public health Facilities

- To determine the relationships between job satisfaction and intention to turnover among nurses/midwives working in Tema public hospitals.

8

Research Questions

- What is the overall nurse/midwife job satisfaction in Tema metropolis public health facilities?

- What is the intention to turnover of jobs of nurses/midwives in Tema metropolis public health facilities?

- What are the factors influencing job satisfaction of nurses/midwives in Tema metropolis public health facilities?

- What are the factors influencing intention to turnover among nurses and midwives in Tema Metropolis?

- What are the relationships between job satisfaction and intention to turnover among nurses /midwives working in Tema public hospitals?

Limitations

1. The study involved only staff nurses and midwives who have worked at the Tema General hospital for one year and above.

2. It is especially problematic for cross-sectional study designs to have non-response, as this might introduce bias into the outcome measurement. Due to this issue, the non-response rate was revised upwards by 10% of the sample size.

3. A large sample cannot be used because the study had a limited duration to be completed.

4. A relatively small sample size was prone to sample bias which made it difficult to generalize the findings to staff nurses and midwives in Ghana as a country.

5. It can portray a clear picture of what the attrition intent rate looks like in Ghana.

Delimitation

Staff (nurses and midwives) at Tema General and Tema Polyclinic were included in the study. Private hospital staff was excluded.

Definition of Terms

This was to define the variables and terms of the study in the context used in this study. Terms used in the study include;

Nurse Turnover: The yearly turnover rate of registered nurses is calculated by dividing the total number of RN posts by the sum of the annual voluntary and involuntary turnover rates.

Nurse Job Satisfaction: Nurse Simply put, job satisfaction is the pleasant emotional state one feels as a result of a favorable evaluation of one's job or work experience. Frustration at Work. Unhappiness in one's job evaluation stems from a dissatisfaction with one's work.

Intention/Anticipation to Leave a Job: The state of mind of someone who plans to leave their current employer in the near future in favor of another employment elsewhere in the workforce..

Autonomy: Independent decision-making in the workplace is a result of a combination of the nature of the nursing profession itself and the nurses' perception of the autonomy they have in their job.

Work Environment and Group Cohesion: Integrity in the eyes of one's superiors and peers is the operationalized professional practice at hand.

Promotion: It's how enthusiastic an employee is in furthering their career with the company.

10

Perceived Alternative Employment Opportunity: Outside job opportunities are those that a person thinks they have a chance of getting if they were to join the company.

Recognition at Work: That you are respected by the higher-ups in your company.

Benefit and Salary: How content employees are with their pay is a measure of their overall job happiness.

Registered General Nurse: Nurse who has passed the Nurses and Midwifery Council of Ghana licensing examination and is licensed to practice as a midwife.

Registered Midwife: a midwife who has passed the Nurses and Midwifery Council of Ghana licensing examination and is licensed to practice as a midwife.

Nurse Retention: A performance indicator for medical institutions that measures the number of nurses that remain on a nursing care unit and do not resign prior to the conclusion of their probationary period (due to operations on the unit).

Attrition; leaving one current job for another job or business.

Organization of the Study

This study was scheduled into five chapters. Namely;

In this First chapter, you will find an overview of the study's context, the problem, the study's goals, and the research questions and objectives. Determining the study's importance or rationale, outlining its scope, defining its essential concepts, and formulating its methodology are a few more.

Chapter two: This chapter is organized by looking into some published literature (articles, research works) that were relevant to the study with the assistance of search engines and articles from both primary and secondary sources. The

11

attention of the literature review was on the conceptual framework constructed by the researcher, the global level attrition rate among nurses and midwives; the definition of attrition and its trajectories; factors influencing attrition; the relationship between attrition and job satisfaction; overall nurse job satisfaction; factors influencing job satisfaction; wages and job satisfaction among health professionals.

Chapter three: That is how the research was conducted. What will be studied, how many people will be studied, how samples will be selected, what tools will be used to gather data, and how the data will be processed and analyzed are all part of the research design.

Chapter four: Covered the analysis and the discussions of the results of the study. Chapter five: This chapter looked at the summary, recommendation and conclusion of the project study.
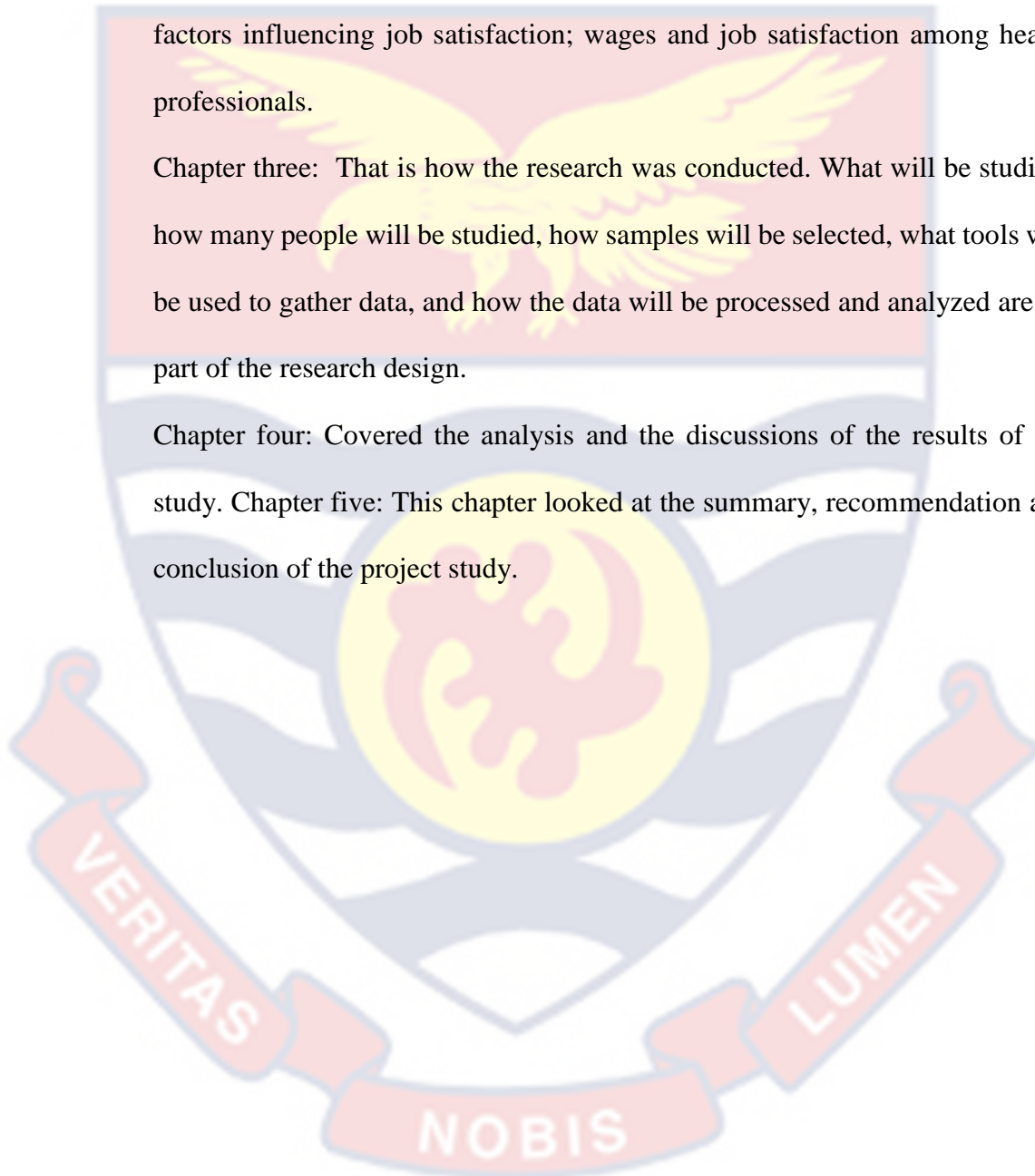
CHAPTER TWO

LITERATURE REVIEW

Introduction

The literature research played a critical role in establishing the necessity of formulating a strategy to stabilize the nursing workforce, reduce staff turnover, and increase staff retention rates among nursing and midwifery professionals. The persistent scarcity of registered nurses continues to have a detrimental impact on healthcare institutions, making it more difficult to deliver safe and high-quality nursing care and increasing the pressure placed on facilities to retain qualified and experienced nurses.

For the purpose of this study, a review of the relevant literature was carried out utilising the online resources listed here: Cochrane, CINAHL, Google Scholar, EBSCO, Medline Plus, ProQuest, PubMed, and Ovid. Papers that were older than ten years were thrown out, while those that were regarded to be classical or landmark research were used for longer than the allotted number of years. In order to expand the range of phrases that may be considered in the search, the Boolean operators "and" and "or" were combined with the list of terms that had already been specified.

The following are some of the terms that were utilised during the search: attrition, professional nurse/midwife, organisational behaviour, job dissatisfaction/job satisfaction, nurse intention to leave, nurse retention, midwife retention, registered nurse, and registered midwives' orientation, turnover, and retention. Job stress turnover, job and wages, nurse leadership and nurse working environment.

Using keywords plus their synonyms, over 3522 results were found, but these results were filtered and sorted to limit the results to the best and most appropriate articles relevant to the study. The following criteria were used to filter and sort out the search results. Summary and abstracts were also used in the process. The information and articles collected were stored in Medley to aid in referencing information storage and retrieval. The focus of the literature review was on the conceptual framework constructed by the researcher. Job satisfaction levels globally within the nursing/midwifery profession globally, job stress levels, and job motivational activities levels.

Theoretical Framework

Herzberg Theory of Hygiene and Motivational Factors

Herzberg et al. (1959) point to two root causes of job satisfaction and dissatisfaction: hygiene and motivational factors. The idea behind this hypothesis is that providing workers with clean and well-maintained spaces to perform their jobs would boost morale and productivity. However, the converse is true when a clean working environment is not given. Both work happiness and discontent are predicted to be influenced by the authors' hypothesized motivators and hygiene elements.
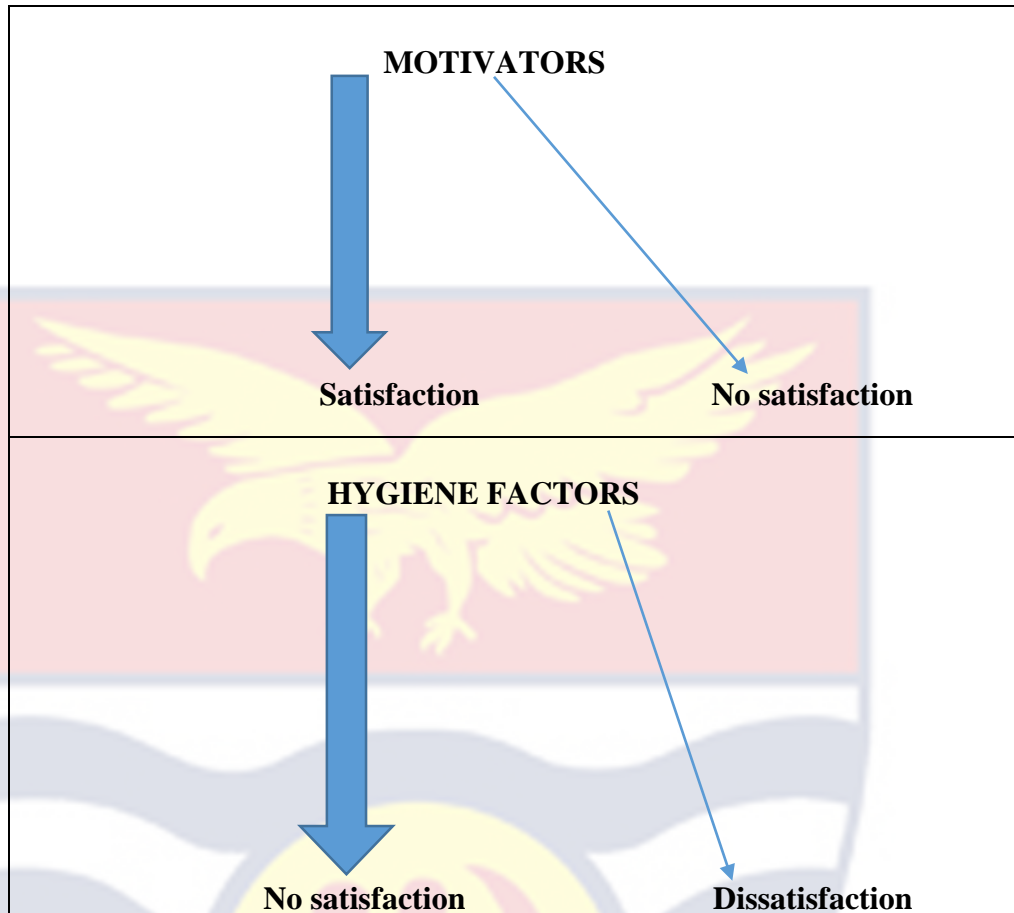
Figure 1: Theoretical framework

Source; (Herzberg, 1959)

Hygiene Factors

Hygiene factors are those job factors that are essential for the existence of motivation in the workplace. In the long run, these do not bring to happiness. Dissatisfaction arises, however, when these conditions are lacking in one's place of employment. Hygiene elements, then, are those aspects of a job that, when present in sufficient or fair amounts, keep workers from getting too worked up (Herzberg et al., 1959). All of these things are external to the act of working.

Dissatisfies or maintenance factors are another name for hygiene elements because they are obligatory in order to maintain customer happiness. This was established by Herzberg et al. (1959). Considerations like this

15

characterize the setting of the workplace. Hygiene indicators stand in for the physiological wants and demands of the people. Salary or compensation is the primary motivator in maintaining personal cleanliness. There has to be a fair and acceptable system in place for determining compensation. It needs to be on level with similar offerings from other businesses, groups, and professions throughout the world. It's important that corporate regulations are reasonable. They must be just and easy to understand. The hours, dress code, breaks, and vacation time should all be negotiable.

Health insurance (medical claims), family benefits, and employee assistance programs should all be made available to workers (Herzberg et al. 1959). Physically, the workplace ought to be risk-free, spotless, and sanitary. It's important to have modern, well-maintained tools for the job. Employees should be aware of and remember their standing inside the company. The worker's interactions with his coworkers, bosses, and reports should be professional and kind. In this scenario, no disagreement nor shame are allowed. The company has an obligation to ensure its workers have a stable employment future.

Motivator Factors

Hygiene considerations, as stated by Herzberg et al. (1959), are not considered motivators. As a result of the aforementioned motivators, I feel fulfilled. All of these things are just a normal part of working life. They are referred to be satisfiers since they lead to increased productivity from workers. They have a hand in the actual work being done. These things are gratifying in and of themselves to workers. The stimuli stood for the emotional wants that are mistaken for bonuses. Employees are more likely to go the extra mile if they

16

feel appreciated by their superiors, and managers should take the time to publicly acknowledge their workers' efforts. Furthermore, it is important that workers have some measure of success in their work. The task also has to bear some kind of fruit. Once again, a company's employees won't be as driven to succeed unless they have the chance to rise up the ranks. Individual accountability on the part of the staff is essential. Managers should instead encourage a culture of ownership by making employees feel responsible for their job. In order for an employee to feel engaged and inspired by their work, the work must be substantial, engaging, and difficult.

Strengths

According to this idea, understanding the many factors that might either boost work satisfaction or decrease unhappiness is the first step in developing a plan to keep top talent in the organization. Job satisfaction in the public and private sectors are contrasted to put Hertzberg's hypothesis to the test (Ewen et al., 1966; Maidani, 1991).

Weaknesses

Herzberg's theory fails to take into account the importance of people's mental health and their immediate social contexts. While the workplace and social support are two psychological and environmental elements that have a direct effect on job satisfaction, increasing incentives has not been shown to increase workers' happiness on the job. Economic aspects and features of the working environment are combined to investigate employees' behavior in a hazardous workplace with high financial advantages and a nonhazardous workplace with low financial advantages (Ewen et al., 1966; Maidani, 1991).

17

Relevance of the Theory to the Current Study

This theory offers both a conceptual framework and a unifying subject that may serve as a guide for academics and practitioners who are interested in analysing and improving job satisfaction as well as employee retention rates. The Herzberg Theory is a typical framework for discussing the factors that contribute to workers' levels of contentment at work and their propensity to quit their current positions.

In the context of nurses and midwives, the Herzberg Theory can be used to explain their determinants of job satisfaction. For instance, hygiene factors like adequate staffing levels, safe working conditions, and fair compensation are crucial for ensuring that nurses and midwives feel satisfied with their jobs. Unfortunately, these reasons may not be sufficient to inspire people to provide their very best effort. Motivators such as praise for a job well done, training and progression chances, and other such perks may make working as a nurse or midwife more satisfying. Employees are more likely to be content in their roles and less likely to suffer burnout or to make plans to leave when these motivators are present in the workplace. Overall, the insights into what makes a nurse or midwife happy at work that the Herzberg Theory offers are invaluable. Better understanding these factors can allow healthcare companies to build settings that are more likely to engage and retain their staff.

The Herzberg Hypothesis is also applicable to the study of what makes nurses and midwives stay or leave their jobs. A key tenet of the idea is that the causes of work satisfaction and discontent are distinct. Increasing characteristics that contribute to work satisfaction can not always result in a decrease in turnover. Consider the case of a nurse or midwife who is unhappy with their

18

wage; a raise may not make them happier with their job or their coworkers. Thus, it is crucial for healthcare facilities to pinpoint the causes of staff turnover, especially among nurses and midwives. Poor working conditions, lack of recognition and appreciation, insufficient training chances, and restricted career progression possibilities are some of the variables listed by the Herzberg Theory as contributing to job discontent. If these issues are resolved, the number of nurses and midwives planning to quit will go down. In sum, the Herzberg Theory sheds light on the factors that influence nurses' and midwives' contentment at work and their likelihood of leaving their current positions. This hypothesis may help healthcare providers figure out how to keep more of their most valuable employees around.

Job Satisfaction

Satisfaction on the job may be characterized by the sensation of contentment with one's current position at one's place of employment. In order to motivate and inspire workers to achieve higher levels of productivity, job satisfaction must be there. Over time, many people have connected factors in their personal lives to how happy they are in their jobs. (Vroom, 1964). Definition of Work Satisfaction: The aggregate of individual and contextual factors that leads workers to report feeling content in their occupations. In addition, workers' contributions to the company are highlighted, since they are shaped by a number of factors inside to the business (Hoppok & Spielgler, 1938).

Employees will feel alienated from the company if they are unable to contribute to decision making, are treated disrespectfully by their superiors, are not involved in the job they are allocated, or are otherwise dissatisfied with their

19

work environment (Clark, 1997). Companies today cannot afford to have employees who aren't happy in their jobs because they won't live up to their boss's and the company's own standards and expectations, which will lead to the employees' dismissal and the company's having to pay the costs associated with finding and training new employees. Employers get rewards when they foster a welcoming workplace where workers feel heard and appreciated. In order to get the most out of your employees, you need to ensure that their morale is strong. If they aren't feeling motivated, they won't put in the work necessary to become more productive (Clark, 1997). Various factors affect the job satisfactoriness of employees. These include;

- Working Environment

Work and context are two main categories that make up an employee's daily surroundings at the office. There are various facets to work, some of which include training in task activities, control over one's job-related activities, a feeling of achievement from work, task variety, and the intrinsic worth for a task. Job satisfaction and retention may be influenced by several facets of the workplace, including compensation, schedule flexibility, levels of responsibility, reporting relationships, and open lines of communication (Lane et al., 2010). According to Arnetz (1999), most workers' complaints about their employers center on managers who fail to treat them with the dignity they are due on the job. In addition, employees are reluctant to approach their bosses with their best ideas because of their managers' hostile behavior (Abdul & Raheela, 2015).

In addition, management does not encourage teamwork or instill a feeling of responsibility in workers by setting lofty goals for success.

20

Collaboration amongst workers is essential for every company to achieve its objectives. To keep the wheels of business turning smoothly, these situations call for timely and accurate information sharing. It's challenging to reach organizational goals if employees are always at odds with one another. Given the foregoing, this article seeks to assess the connection between nurse-midwife employee happiness and their likelihood of quitting their current position (Petterson,1998).

- Promotion and personal advancement for job satisfaction

When they receive a promotion at work, employees frequently report feeling more satisfied with their jobs since they have advanced both personally and professionally. Thus, it is essential for businesses to provide their workers a position. The company should make an effort to encourage and support capacity building by allowing employees to seek more education in order to make them more useful and fulfilled professionally, even when there are no openings to be filled by employees or to be promoted. A job that allows the individual to multitask and can aid in staff retention is one that raises work satisfaction among employees (Desombre et al., 2006; Parry, 2003). The impact of promotions on work satisfaction appear to differ. This is due to the fact that promotions come in a variety of formats and come with a wide range of benefits (Luthans, Luthans, &Luthans, 2004; Youssef & Luthans, 2007). For instance, promotions offer chances for social advancement, added responsibility, and personal development. Workers are more likely to feel satisfied if they believe that decisions about promotions are handled in a fair and equitable manner (Witt & Nye, 1992).

21

The Global Trend of Job Satisfaction

The current nursing shortage is a concern for the healthcare industries on a global scale. As a direct consequence of this, the quality of treatment provided to patients has deteriorated (Van Bogaert et al., 2010). Hence, it is crucial to both increase the work happiness of registered nurses and take measures to keep them from contemplating leaving their current positions (Sabanciogullari & Dogan, 2015). According to projections made by the European Commission, Europe would have a shortfall of 590,000 nurses by the year 2020. (Flinkman et al., 2013). According to a recent OECD (Organization for Economic Co-operation and Development) study, Switzerland has 16.6 nurses per 1,000 people, Australia has 10.1, the UK has 8.6 and the OECD nations have 8.8, but Turkey only has 1.7. (OECD, 2013). According to recent studies, increased nursing staffing levels are associated with improved patient care quality. Moreover, nurses' work happiness is connected to patients' satisfaction with healthcare services (Flinkman et al., 2010; Hyrkas & Morton, 2013; Meeusen et al., 2011). However, dissatisfied nurses are more likely to quit the profession (Banaszak-Holl & Hines, 1996), which causes longer patient wait times, more overtime, more stress, and more burnout for the remaining nurses. Nurse turnover increases the cost of recruitment and training new staff (Murrells et al., 2008).

To what extent one feels at peace when at work has an effect on one's efficiency. It has been shown via prior research that nurses' work satisfaction is negatively associated to their likelihood of quitting their current position and the nursing profession altogether (Applebaum et al., 2010; Cowin et al., 2008). Hence, for proactive managers to take the appropriate action, a good awareness

22

of the factors affecting nurses' job happiness is crucial. Individual traits, work needs and rules, professional standing, income, the workplace environment, coworker support, and administrative style have all been recognized by researchers as significant influences on nurses' job satisfaction (Han & Jekel, 2011). The previous assessment of the research makes it clear that there are other influencing elements for nursing work satisfaction. Age, gender, marital status, the company itself, the type of employment, the length of the job, the amount of responsibility, compensation, financial advantages, and recognition are some of these factors (Kacel et al., 2005). Heinen et al. (2013) found that nurses' choices to remain or quit their positions are most impacted by factors like the characteristics of the work environment, nurses' professional identities, nurses' levels of job satisfaction, and nurses' levels of burnout. Nurses' dissatisfaction with their jobs has been shown to directly contribute to turnover in the nursing profession. First, the nurses abandoned their ward, then the hospital, and eventually their jobs (Iliopoulou & While, 2010).

Job Satisfaction Trajectory as a Precursor of Turnover

Job satisfaction is generally defined as "a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" (Locke, 1976). In the long run, job satisfaction may go up or down depending on how employees' thoughts and feelings about their jobs evolve over time (Hausknecht et al., 2011; Weiss & Cropanzano, 1996). Despite the fact that job fulfillment might fluctuate over time, it is fascinating to notice that people tend to perceive it as a constant (Lee et al., 2008). A key metric for predicting an employee's chance of quitting the organization is the trajectory of that

23

employee's job satisfaction, which captures the trend of that worker's summary work satisfaction assessments over time.

According to the Gestalt features theory, people do not only evaluate the median or typical intensity of their experiences while analysing and summarising a variety of occurrences (Ariely & Carmon, 2000). Instead, they rely on "features," which are essential characteristics that identify significant elements, to direct their behaviour in the future. In order to lend credence to this theory, Hausknecht et al. (2011) conducted an investigation into justice trajectories and discovered that the evolution of employee attitudes, levels of job satisfaction, and organisational commitment over the course of time is dependent on whether or not views of justice are becoming more positive or more negative over time. The correlation between an individual's trajectory of work satisfaction and their plans to leave their current employer has only been investigated once so far (Chen et al., 2011).

Individual Job Satisfaction Trajectory, in line with Gestalt characteristics theory articulated that "systematic job satisfaction changes do not operate in a vacuum; rather, they are reflective of a pattern of work experiences that accrue over time (Hulin, 1991; Mobley, 1982, Ariely & Carmon, 2000, Chen et, al 2011)." To further understand these experiences, Chen et al. (2011) employed a reference point technique to include prospect theory (Kahneman & Tversky, 1984), conservation of resources theory (Hobföll, 1989), within-person spirals theory (Lindsley and al., 1995), and sense-making theory (Louis, 1980). According to prospect theory, in this situation, a change will be more noticeable to a person if it differs from their reference point (for example, their original level of work satisfaction)

24

(Kahneman & Tversky, 1984). The conservation of resources hypothesis postulates that people will respond to a reduction in work satisfaction because they are driven to protect their essential resources (Hobföll, 1989). If employees see systematic, continuous reductions in job satisfaction over time, as indicated by the researcher's conceptual framework, they may form expectations that the trend would continue and lead to worse/unfavorable situations. Such negative contrast with positive: employees who report persistent improvements in job satisfaction may predict that this upward trend will continue and result in more joyful experiences in the future, which is consistent with Herzberg's theory of motivation (Lindsley et al., 1995). Similarly, Price's thesis emphasizes how employees would most likely compare their present working circumstances to those of the past in order to build expectations for the future and make a decision. This is due to workers' intense need to make sense of events and experiences at work (Louis, 1980).

In summary, people use salient summary qualities of their experience throughout time (such as change trajectory) to forecast the future and define the past. Four separate samples validated the integrative framework created by Chen et al. (2011). After controlling for the average level of job satisfaction over a certain time period, they observed that a drop or rise in work satisfaction was substantially connected with an increase or reduction in turnover intentions.

The researchers argue that, in light of this research, the job satisfaction trajectory may also be able to forecast a person's real turnover behavior. Researchers frequently discover that unfavorable differences between the past and the present lead to unfavorable psychological reactions like worry and pain. An individual is therefore compelled to either adjust their behavior to lessen or

eliminate the undesired disparity or to leave the circumstance (Cooper, 2007; Festinger, 1957). As a result, when work satisfaction declines, a person may get motivated to look for other employment prospects and leave their current company in order to stop the drop from continuing. On the other hand, if work satisfaction rises, the individual is more likely to adopt a positive outlook on keeping a job (Ariely & Carmon, 2000).

To further demonstrate the progressive or dynamic perspective of the relationship between job satisfaction and employee turnover or exit, the following image was provided: Assume that employee A's level of job happiness increases from two to four on a seven-point scale, whereas employee B's level of job satisfaction decreases from seven to five. Employee A would be more likely to resign than employee B if an employee had an overall job satisfaction score of three, according to the traditional static technique, which relies future turnover estimates on the total degree of work satisfaction circumstances throughout time. This is due to the fact that the traditional static technique is based on the overall degree of job satisfaction conditions throughout time. Yet, according to the dynamic approach, these two people' job satisfaction trajectories differ based on the orientations to which they are most attracted (or velocities). As a result, Employee A may stay with their company for a longer amount of time than Employee B, whose level of work satisfaction has decreased by two points. Employee A's degree of job satisfaction improved by two points. This example shows how static and dynamic approaches to the job satisfaction-turnover connection might provide different attrition projections and should be examined simultaneously in turnover research.

Unit Job Satisfaction Trajectory (UJST)

According to Shipp and Jansen (2011), by simultaneously viewing events both outside and within oneself, individuals may use two senses of thinking to perceive and react to changes in their work attitudes. In 1959, Herzberg stated this in his motivational theory. As a consequence, turnover behavior will most likely be impacted by both a person's attitude trend and the emergence of subjective norms or attitudes among colleagues (Felps et al., 2009).

A focal employee is assumed to utilize informational signals from a business unit's job happiness trajectory, in addition to their own job satisfaction trajectory, to interpret their work experience and carry out future conduct. When coworkers see greater job satisfaction, they are less inclined to seek alternative jobs as a consequence of improved prospects inside the organization. A focused employee is more likely to observe peers' greater levels of job satisfaction and lower turnover rates; seasoned employees' lifestyles are often considered observant. As a consequence, the focused employee may soon conclude that everything is well in the organization and interpret the change in unit satisfaction as a hint that they should remain. A reduction in unit-level job satisfaction, on the other hand, is likely to lead to colleagues seeking alternative jobs and participating in job search activities as they lose confidence in their capacity to stay satisfied in their present role. Social cues for departure are supplied by these behaviors (Felps et al., 2009). The researcher provides the following picture to further clarify the contextual influence of a unit's work happiness trajectory on an employee's turnover—an impact that goes beyond an individual's job satisfaction trajectory.

27

According to Chen et al., employees A from unit A and B from unit B are equally likely to remain in their present roles if they both experience the same degree of work satisfaction increase over a given time period (2011). Employee 'A' would highlight social cues for leaving based on social interactions with unit 'A' coworkers if unit 'A' experiences a general decline in job satisfaction (on average, members are less satisfied), whereas unit 'B' experiences a general increase in job satisfaction (on average, members are more satisfied). Employee B's colleagues in unit B, on the other hand, would show social indicators of want to remain. As a consequence, our model predicts that, even if employees A and B have the same individual job satisfaction trajectory, employee B will be more likely to remain in his or her position than employee A owing to the differences in their respective units' contextual characteristics. Since contextual effect may stymie both forward and backward individual momentum, this example suggests that a dynamic multilevel approach may provide different turnover forecasts than a dynamic mono-level viewpoint. Empirical evidence suggests that a focal person's opinion of work characteristics is greatly impacted and reinforced by their peers' judgments of their employment (Thomas & Griffin, 1989).

Yet, research on social influence shows that individuals constantly alter their ideas and acts to conform to the social norms and expectations of a certain group (Cialdini, 2009; Cialdini & Goldstein, 2004). Employees who got positive comments from their colleagues on the improved aspects of their jobs were more productive than those who received negative ratings, according to White and Mitchell (1979). This was the conclusion reached by the study's researchers. Felps et al. (2009) recently demonstrated a turnover contagion

28

model, demonstrating that teammates' job search activities had a substantial influence on the chance that a team member would quit their post.

Individual turnover has a negative relationship with the unit-level job satisfaction trajectory that has been consistent over time. As a result, a bigger rise or reduction in the individual rate of turnover is associated with a greater decline or gain in the unit level of work satisfaction. Analyses of the similarities in the functional connection between variables at the individual and group levels have resulted in increasing parsimony and consistency in the development of multilevel theory in recent years. This is because the functional relationships between variables at the individual and group levels are comparable (Chen et al., 2004). For example, a growing corpus of research on individual empowerment and effectiveness has shown that empowerment is closely related to team effectiveness (Kirkman & Rosen, 1999; Spreitzer et al., 1997). In line with the functional homology approach to organizational components, we hypothesize that unit-level job satisfaction trajectories will influence unit-level turnover rate.

Individuals are compelled to interpret their changing circumstances in light of summary signals that act as social environment judgments, and they then utilize those cues to determine how they should behave, which is compatible with both the justice theory and the sense-making theory. Both of these hypotheses are available here (Folger & Cropanzano, 2001; Weick, 1995). We predict that existing social signals inside a business unit will be more likely to reinforce the benefits of workers staying with their positions in order to reap the benefits associated with increasing unit job satisfaction as the situation now stands. This is because existing social signals within an organizational unit react

29

favorably when a higher percentage of employees within that unit report an increase in their overall level of job satisfaction over time.

When, on the other hand, a unit has a general decline in job satisfaction, people begin to believe that the unit's working environment is becoming less appealing over time. This is due to the widespread belief that working conditions degrade with time. This is because employees are persuaded to believe, as a consequence of sense-making, that the unit's working environment is becoming progressively unfavorable over time. It's feasible that the group's social standards may alter to become more receptive of direct criticism, job-hopping, and, finally, leaving entirely. Both theoretical and empirical evidence support the idea that individual-level work satisfaction affects employee turnover at the organizational level. This impact is amplified when individual-level and unit-level work happiness have functional similarities, despite the fact that research on the association between unit-level job satisfaction trajectories and turnover is lacking. Individual work satisfaction seems to have an impact in organizational success. Harter et al.'s (2002), for example, discovered substantial business unit-level connections between job satisfaction and monetary success. Moreover, Ostroff (1992) found a favorable association between a range of characteristics of school performance and overall teacher satisfaction. The researcher argues that the link between the trajectory of work satisfaction and turnover is functionally homologous at both the individual and business-unit levels of inquiry. This conviction is based on the theoretical reasoning and empirical data offered previously in this section.

The Multilevel Contingent Roles of Job Satisfaction Trajectory Dispersion

The amount to which a person's social environment impacts his or her behavior, such as a shift in employee satisfaction in his or her business unit, may depend on both the overall intensity of a specific social signal and the degree to which the individual accepts the uniformity of change. According to Chan's (1998) taxonomy of collective constructs, dispersion within-unit variance in scores for a lower-level concept is a prominent unit characteristic defining the extent to which unit members differ on a phenomenon and should be investigated in multilevel research. Attitude diversity, as assessed by separation indices (typically operationalized as the within-unit variation in individual members' work attitude ratings), is a distinct kind of diversity that requires careful scholarly analysis (Harrison & Klein, 2007). The findings that climate level and climate strength influence individual and organizational outcomes simultaneously (González-Romá et al., 2002) support the aforementioned schools of thinking. Moreover, Dineen et al. (2007) shown that when anticipating outcomes in a work unit, researchers should consider the combined influence of level and dispersion of satisfaction. It was hypothesized that the fluctuation in people's work satisfaction experiences over time might be an important social-contextual signal for job happiness that impacts the individual-, unit-, and cross-level links between job satisfaction trajectory and turnover (Asch, 1966; Sherif & Sherif, 1967).

Inconclusive social comparisons may result from colleagues' attitudes shifting at different speeds (Folger & Cropanzano, 1998). In compared to peers, a focused employee will be less secure in the choice to remain or go due to a lack of clarity on the status of his or her job satisfaction trajectory. To put it

31

another way, when colleagues are generally in agreement on the direction of their workplace pleasure, it generates more solid group norms, which have a greater influence on positive outcomes behavior.

Application of Job Satisfaction in the Workplace

The application of job satisfaction at the workplace is a tough concept to grapple with because of its individualistic and circumstantial nature. When it comes to what makes a job satisfying, workers might differ greatly from one another. One worker may value money the most, while another values independence the most when determining job happiness. Job satisfaction is not likely to be affected by a single factor alone (Boles et al., 2001; Faragher et al., 2005; Saari & Judge, 2004). Organizations may improve employee morale by focusing on a variety of factors related to their jobs (Egan et al., 2004; Faragher et al., 2005; Mitchell et al., 2001).

Personal Characteristics (Gender and Job Satisfaction)

One of the most debated topics in the field of organizational behavior is whether or not a person's gender matters when it comes to how happy they are in their job (Hitlan & Noel, 2009; Jehn et al., 1997; Penney & Spector, 2005). Several research have looked at the correlation between gender and work satisfaction, but their findings have been inconsistent. According to certain research (Azim et al., 2013; Bretz, 2012), females report higher levels of happiness than males (Hulin & Smith, 1964; Oshagbemi, 2000, 2003). Male and female workers may have different sorts of expectations from the workplace, which might explain why they report being satisfied to varying degrees (Igbaria & Guimaraes, 1999). In the workplace, for instance, men and women may have

different priorities (Azim et al., 2013). Research suggests that male and female reviewers of a job utilize distinct criteria (Oshagbemi, 2000). Female workers value workplace relationships more than their male counterparts, who place a higher premium on the freedom to express themselves at work (Babin & Boles, 1998; Georgellis & Wall, 2005; Reskin & McBrier., 2000). It has been shown that women place a higher importance on interactions with nice coworkers than men do, while men place a higher value on the ability to have a say in major choices and oversee the work of others. There is a lot of proof that men and women have different work-related values (Costa et al., 2001). However, some research has revealed no statistically significant difference in job satisfaction between men and women (Clark et al., 1996; Donnell & Hall, 1980).

Marital Status and Job Satisfaction

The marital status of workers is another major biographic factor that may influence their level of contentment on the workplace. Despite the paucity of studies in this area, what there is shows that married workers report higher levels of job satisfaction than their single counterparts (Lam et al., 2001; Madjar et al., 2002; Maslach, Schaufeli, & Leiter, 2001). It's possible that this is because married life brings with it extra obligations, elevating the value and significance of having a reliable source of income. One must be content with one's employment in order to maintain it. Under such situations, many people make an effort to alter the parts of themselves with which they are unhappy.

Age and Academic qualification

When it comes to their attitudes and behaviors on the job, people of different ages tend to exhibit a wide range of differences (Boumans et al., 2008; Haijuan et al., 2006; Sellgren et al., 2008). The knowledge, abilities, and skills

33

of workers vary depending on their degree of education and academic qualification, which in turn leads to a variety of approaches to the same task (Henderson, 2005).

Midwives and Nurse Turnover Determinants

The high turnover rate among nurses is one of the most significant issues in the healthcare business today. With this in mind, the research investigated the factors that impact nurses' choices to remain or quit the profession. Increased levels of nursing effort, stress, and burnout, according to Applebaum et al. (2010), are associated with nurses' intentions to quit the profession. Meeusen et al. (2011) discovered that when nurses were overburdened with work and had no one to turn to for assistance, their mental and emotional health decreased. As a result, there is a greater desire to quit the firm. According to a survey of healthcare employees' job satisfaction and intentions to quit the business, nurses' job satisfaction and commitment to remaining in the field are greatly impacted by their years of experience (Kavanaugh et al., 2006). They also came to the conclusion that disparities in job satisfaction cannot be attributed to demographic criteria such as age, gender, education, or race. According to current research, transformational leadership (Raup, 2008) and participatory governance in hospitals are associated to nurse turnover and inclinations to quit the profession (Gormley, 2011). Moreover, Leiter et al. (2010) and Delobelle et al. (2011) observed that managers and supervisors, rather than colleagues, are the key sources of incentive for nurses' intents to quit their jobs.

Many studies have connected demographic characteristics to nurses' propensity to quit. Numerous studies have shown that senior nurses are less likely to leave the industry owing to burnout (Chan et al., 2009; Ma et al., 2009).

Nurses in Ireland have a greater incidence of early retirement owing to variables such as gender, family commitments, work load, and access to professional development opportunities. Moreover, Delobelle et al. (2011) observed that in Jordan, nurses' job satisfaction is positively related to both their age and the number of years they had worked as nurses. Chan et al. (2009) reported a similar pattern when they noticed that first-year nurses were particularly interested in quitting their positions. Nevertheless, Beecroft et al. (2008) maintained that rookie nurses are more loyal to their employers than more experienced nurses because they are more content with their professions and wages. According to many research, nurses with greater education are less likely to quit their present post (Delobelle et al., 2011; Stewart et al., 2011). Moreover, Chan et al. (2009) discovered that nurses' intentions to quit or stay with an organization were highly impacted by their level of education. The higher their degree level, the more likely they were to quit their present work within the following several years. Yet, several studies have shown that advanced nursing degrees (such as a bachelor's, master's, or doctorate) are related with a higher level of professional devotion in the nursing industry. They also said that nurses with higher education felt less compelled to quit the profession.

According to Meeusen et al. (2011), increased work dissatisfaction among nurses is driven by issues such as a lack of justice, politics, dangers to personal safety, and the dread of potential layoffs. A recent research investigated the relationship between work satisfaction and three factors: support from superiors, peer recognition, and support from superiors (Lu et al., 2012). They also found that nurses' job satisfaction is connected to pay, benefits, and contingent incentives, and that these factors have a major influence on

35

whether or not nurses wish to quit their existing jobs. In contrast to female nurses, male nurses put a larger priority on monetary pay and bonuses, according to specific research. Leiter et al. (2010) discovered a link between manager competency and employee trust in their leadership, as well as quit intentions among nurses. They all came to the same conclusion: nurses who believe their team is cohesive and helpful are more likely to stay in their present positions.

Motivational Factors

In Herzberg's two-factor theory, the motivating factors are those that are related to employee motivation but originate from the intrinsic or independent characteristics of the job. Consider elements like having meaningful work, being appreciated for your efforts, getting ahead professionally, and being challenged. Working as a nurse in general, the opportunity for progress and the pursuit of personal growth and self-actualization; leadership-related and ethical and moral components of job satisfaction; and financial rewards are some of the motivating factors discussed.

Generally Working as a Nurse/Midwives

This sub-scale is further reviewed under the following three (3) subscales or factors, namely: being meaningfully occupied with work, the opportunity to work independently, and practicing different things from time to time.

Hours Worked and Inadequate Work Schedule

Major risks to workers' health include inconvenient work hours, a remote location, and a high workload. According to a research by the European

36

Commission, as many as 72% of the nurses surveyed reported that excessive hours had an adverse effect on their personal and professional lives (Pocock, 2001). A variety of correlations between working hours and other health implications have been speculated and reported on. As a consequence of the poor outcomes, numerous nurses and midwives were forced to retire early, while others were forced to abandon their employment entirely. Long shifts, for example, have been related to increased stress and anxiety among nurses and midwives, according to study (Sparks et al., 1997; Spurgeon et al., 1997). Working shifts has been associated to a variety of unfavorable health outcomes for nurses and midwives, including tiredness, lack of sleep, and mental fogginess (Lockley et al., 2007; Niu et al., 2011; Poissonnet & Véron, 2000). Additionally, the number of hours worked per week, the number of personnel on duty during a shift, and the volume of goals and task are all major factors contributing to nurses' workplace stress and dissatisfaction (AbuBader, 2000).

The Flexibility of work schedule

Flexibility and the opportunity to try new abilities on occasion can contribute to a happy nursing experience. Work schedule, which is concerned with the flow of job setup, may impact the chains of activities that must be carried out precisely and efficiently throughout the work period, and therefore can affect job satisfaction depending on whether it is appropriate and fair. At an era where the traditional family structure is changing, it is critical for companies to recognize the difficulties their employees encounter while managing work and home duties. Work satisfaction may be maintained in part by enacting policies that address common personal and family needs (Wittmer & Martin, 2010).

37

Autonomy and the Opportunity for Nurses to Work Independently

The degree to which an employee is trusted with autonomy or independence in the performance of his or her duties is described. People tend to be more responsible and happy at work when they have more freedom to make decisions on the job. Employee morale might be improved by giving workers more control over their job (Goleman, 2000). When an employee realizes they have control over the results of their efforts, they may feel more invested in their job and their career (Shalley & Gilson, 2004). Nurses at Magnet hospitals reported high levels of job satisfaction in a survey designed to assess their degree of contentment and control over their work environments. They were ascribed to empowerment because of improved access to empowerment mechanisms such nursing leadership, clinical nurse autonomy, and workplace knowledge and opportunity (Laschinger & Finegan, 2005; Laschinger, 2001).

Independence from management and the ability to solve problems on one's own are two aspects of autonomy that contribute significantly to job satisfaction. As it allows nurses and midwives to have some say over their workplace conditions, it is becoming increasingly popular (Finn, 2001; Sellgren et al., 2008). The high rate of dismissal, demoralizing experiences, and associated lack of autonomy in the field were all sources of dissatisfaction for nurses (Mitchell & Esnard, 2014). Low levels of job satisfaction are also linked to nurses' inability to use discretion in carrying out their duties.

In a survey of 209 nurses working in general hospitals in Hong Kong, 50% responded, and the results indicated no correlation between nurses' sense of independence and their level of job satisfaction (Fungkam, 1998). To better understand the impacts on workforce burnout and turnover, Varjus (2011)

38

looked at the perspectives of staff nurses with regards to autonomy, job orientation, and work pressure. Less years of experience did not correlate to a greater sense of autonomy among nurses. In terms of work-related attitudes, they placed a larger value on job completion by each nurse than they did on experience. Kutne-Lee et al. (2013) suggested that encouraging organizational measures that may boost nurse recruitment and retention was one strategy to deal with nursing shortages. According to a meta-analysis of cross-sectional research, retention rates and other nurse-related outcomes are correlated with workplace quality (Creswell, 2009). The morale of the surviving nurses is affected by the constant influx of new faces, and this can have a snowball effect on the rest of the workforce (Bae et al., 2010; De Gieter et al., 2011). Bae et al. (2010) investigated the link between nurse turnover and patient health outcomes by studying the effects of turnover on workgroup processes throughout an organization. Dissatisfied nurses are more likely to leave their jobs and are more likely to blame their problems on their workplace (Esnard et al., 2013). Low staffing levels force surviving nurses to fill in at various shifts and locations, which might disrupt the dynamic of the nursing team. Low morale and ineffectiveness in the workplace negatively affects patient care and the health of the community as a whole (Esnard et al., 2013).

Hygiene Factors

The aspect of the literature review concerns the hygiene factors under three sub-themes as follows: Salary, availability of tools and equipment; job security issues; Supervisory and policy issues; as well as Work relationships.

39

Remunerations

Salary, according to Maslow's hierarchy of needs theory (1934), is the basic need for employees. Since it has the potential to reduce job happiness, Herzberg (1959) placed pay in the category of hygiene issues. This is primarily due to the fact that if workers are unhappy with their pay, they may readily find a new employment. (Tzeng, 2002). Midwives' and nurses' happiness on the work has been linked to salary (Tzeng, 2002). Employee morale may be boosted by offering competitive pay and perks in comparison to those offered by rival companies. It is well understood that wages and salaries are crucial, however mentally taxing, and variable in many ways. Because they are external to the individual, psychologists call them "extrinsic" motivators.

In addition to allowing people to satisfy their most fundamental needs, money is essential for meeting their more complex wants as well (Ritelli et al., 2008; Scarpello & Carraher, 2008; Williams et al., 2008). Hospitals that want to hire and keep the best nurses also need to pay them a competitive wage; doing so can help cut down on job turnover by making workers happier than low earnings would. Many workers believe that their salaries are directly proportional to how much management values their work (Figart, 2001; Peterson & Luthans, 2006; Stone, 2001). Fair treatment of employees at work is a key factor in their level of happiness with their jobs. They would prefer if compensation and promotion procedures were more equitable, transparent, and in accordance with their standards. Their level of contentment on the work was shown to be highly connected with their opinion of their own compensation and advancement opportunities (Witt & Nye, 1992). Satisfaction is more likely to

40

occur when compensation is viewed as fair in light of job requirements, an individual's skill level, and community pay norms (Clark & Oswald, 1996).

Job Security

Job security is a very high component in influencing an employee's level of pleasure in their work, and this is especially true during times of economic unpredictability. It is probable that providing an employee with the reassurance that their employment is safe would boost job satisfaction (Greenhalgh & Rosenblatt, 1984).

Working Conditions

Employee satisfaction may be lowered by ensuring that all facilities and equipment are up-to-date and that each worker has a suitable amount of room for his or her own belongings (Hamilton, 2007). When workers are confined in a small space and faced with broken machinery, productivity plummets. It has been stated that a key factor in determining job happiness is the extent to which wants and needs are met on the job. Workers worry about their working conditions for two reasons: comfort and productivity (Ostroff, 1992). If the workplace is pleasant, employees will have fewer obstacles to overcome while they go about their duties. That is to say, maybe there won't be any issues with dissatisfaction in the workplace if everything goes well. Yet, if this is not the case, discontent with one's employment is more likely to result (Stajkovic &Luthans, 1998). Employees would rather work in a safe and comfortable environment, according to research. Furthermore, most workers favored working in close proximity to their homes, in generally clean and contemporary facilities, and with sufficient resources (Kopinak & Barajas, 2002). The amount

41

of environmental effect is related to the working circumstances, which include the amount of space for functioning and resting, the level of technology and expertise necessary, and the availability of equipment and tools. All of these characteristics are essential in order to avoid being dissatisfied (Herzberg, 2005). Workplaces that accommodate each nurse's or midwife's unique physical requirements and career aspirations tend to have the most satisfied staff.

Supervisory and policy issues/ Managerial leadership behaviours

The relationship between superiors and their reports is commonly defined as supervision. Synergistic supervision is viewed as a useful tool for boosting morale on the job. This is due to the fact that it will lead to more honest discussion, more reliable relationships, more constructive criticism from superiors, and more objective assessments (Tull, 2006; Tull, 2004). Managers are urged to maximize their payoff from policy execution by using the most effective approaches with their subordinates. Discontent among workers may be mitigated by establishing and enforcing policies that are transparent, equitable, and uniformly enforced. Hence, being fair and clear may go a long way toward boosting morale in the workplace. Employees are more likely to be productive and waste less time if the organization has standard practices for things like lunch breaks and enforces them consistently.

According to Abualrub et al. (2009), nurses might benefit greatly from a more encouraging work environment, since it protects them from negative stress effects and job discontent. Researchers have found that greater communication (Manojlovich, 2005; Manojlovich & DeCicco, 2007) and social contentment (Hurley et al., 2014; Stoltz et at., 2013) both contribute to employee happiness on the work. Consequently, it has been suggested that

42

improving the work environment in hospitals is possible through the promotion of amicable settings that are low in hostility, facilitate clear and effective communication, and promote relationships based on mutual respect and appreciation among all staff members (Wieck et al., 2009). Despite a nationwide scarcity of nurses, patient care and the retention of newly-graduated nurses may both be improved via judicious application of different leadership styles in nursing supervision. The use of transformational leadership approaches has the potential to improve patient outcomes and decrease turnover rates among healthcare professionals (Coomber & Barriball, 2007). In contrast, abusive leadership can lower standards of care provided to patients and increase the likelihood that nurses will leave the sector (Lavoie-Tremblay, Fernet, Lavigne, & Austin, 2016). Whereas both transformational and transactional leadership have been lauded for its merits, the former has been linked more closely with staff nurses' feelings of accomplishment and loyalty to their employers (Kleinman, 2004).

Financial Burdens

High turnover rates in the nursing field may be costly owing to lost productivity, the time and money needed to educate replacement nurses, and the disruption it causes in established procedures (Park & Jones, 2010). Retraining and employing new employees, as well as labor contracts and employee overtime, may put a strain on a company's ability to keep within its operating budget. An extra $300,000 is spent annually for every 1 percent increase in turnover, as reported by Park and Jones (2010), who also found that the average cost of replacing a nurse is $88,000. (Jones, 2008). Arnold (2012) reports that the average cost of hiring a new registered nurse in 2011 was $96,595.

Patient Quality of Care

As was previously said, increased nurse turnover might lead to subpar treatment for patients and a corresponding loss in revenue (Martin, 2015). Stability in some service lines may be jeopardized by hospitals with a high percentage of poor patient health outcomes, since these hospitals may get decreased or no compensation for providing these services. As hospitals improve their openness on patient outcomes, patients are better equipped to make educated choices about where to get treatment (Hayes et al., 2010). When people utilize quality data to make healthcare choices, hospitals may see a drop in reimbursement rates and patient volume as a result of unsatisfactory results.

Negative Staff Interaction and Relationships

The nurses' level of work satisfaction and the quality of care given to patients are both affected by the nurse-physician relationship. Poor communication between nurses and physicians may have a negative impact on both the nurse-physician relationship and patient care (Abbott et al., 2011). The role of the nurse is to advocate for the patient and ensure that they get the highest quality of care (Abbott et al., 2011). If the doctor is disruptive, has a poor view of nurses, and has problems connecting with them, the nurse may internalize those attitudes and bring them to bear on how she handles the patient care problem. Thus, nurse morale is low and work satisfaction is high (Abbott et al., 2011). When nurses and physicians get along, though, everyone wins. Nurses will be more satisfied in their jobs, and doctors will have an easier time keeping them. Factors including working in high-acuity fields and having extensive interaction with patients have been associated to lower levels of positive emotions and dissatisfaction with one's employment. True particularly for

44

younger nurses (Kutne-Lee et al., 2013). Laschinger et al. (2013) state that burnout is a precursor to job dissatisfaction and turnover since it is an intermediary reaction to poor working circumstances. Their idea suggests that variables including long hours, poor communication with supervisors, feeling underappreciated, and interpersonal tension all contribute to nurses experiencing burnout.

Nurse Retirement

By 2020, the number of RNs is likely to fall short of what is needed, according to research by Val Palumbo et al. (2009). To address the problems of managing a nursing workforce when the majority of nurses are over the age of 45, innovative methods of recruiting and keeping older nurses are required, particularly in remote areas. Investigating the outlook of rural RNs on their current employer. Those working at 12 different hospitals were polled to find out what they felt (Val Palumbo et al. 2009). While certain shared experiences across the generations, the research indicated that there were also major differences that might inform the design of policies and practices that account for an individual's whole career. Findings from a study by Val Palumbo et al. support tailoring nursing policies and practices to the age range of their staff. As it is often accepted that nurses and midwives are no longer required beyond the traditional retirement age of 62, this research aims to offer an empirical foundation for retention programs aimed at this age group. As compared to nurses over the age of 40, those under 40 were more likely to report quitting their positions within a year (27.1%), mostly owing to financial worries and dissatisfaction with their work assignments. Those over the age of 61 proved to be the most loyal, with 70% of nurses between the ages of 66 and 70 and 60%

45

of nurses over the age of 71 saying they had no plans to leave their jobs due to the perks they received from their employers.

Demand for RNs is expected to rise in the future due to the aging and retiring workforce and the healthcare reform brought about by it, as well as the corresponding CMS and ACA obligations, according to research published in 2014. Retaining the surviving staff is essential to the success of both individual healthcare organizations and the healthcare sector as a whole in light of the estimated half-million nursing retirements that will occur by 2020 (MacKusick & Minick, 2010). Halfer (2011) analyzed the research on the effects of formal mentorship programs on new graduate nurses and found that there was a trend toward higher work satisfaction and retention rates. The high rate of turnover among nurses between the first and third years of employment persisted despite effective transition programs. Younger nurses who did not feel like they belonged on the team or at the hospital were more likely to quit their positions before reaching their full potential (Halfer, 2011). Improving retention may be greatly aided by studying retention variables and providing career assistance beyond the first year of practice.

Conceptual Framework and Hypotheses

Conceptual Model

The conceptual framework (Figure 2) of the study was constructed by the researcher after reviewing some literature and studies relating to the topic under study. The study was guided by the above construct by the researcher, which outlined five main factors that influence the intention to leave one job. These include individual characteristics such as educational characteristics, work experience, place of work/unit of work and competencies, staff

46

development factors, continuity of education, employment, and integration. Instrumental communication, such as formal communication. Centralization factors include organizational factors and compensational factors such as pay scale, recognition, promotion, and leave. When these factors are favourable in the organization, it leads individuals to a positive intention that increases satisfaction and opportunities. The negative intentions, on the other hand, will lead to attrition or turnover. The construct was considered relevant to this study due to its strength in assessing an individual's background and intentions, among other factors, to predict intentions to leave one job. As a result, the notion was useful for the study's purpose of determining what variables, if any, affect nurses' and midwives' levels of work satisfaction and their likelihood of leaving their current positions at the public hospitals in Tema, Ghana.
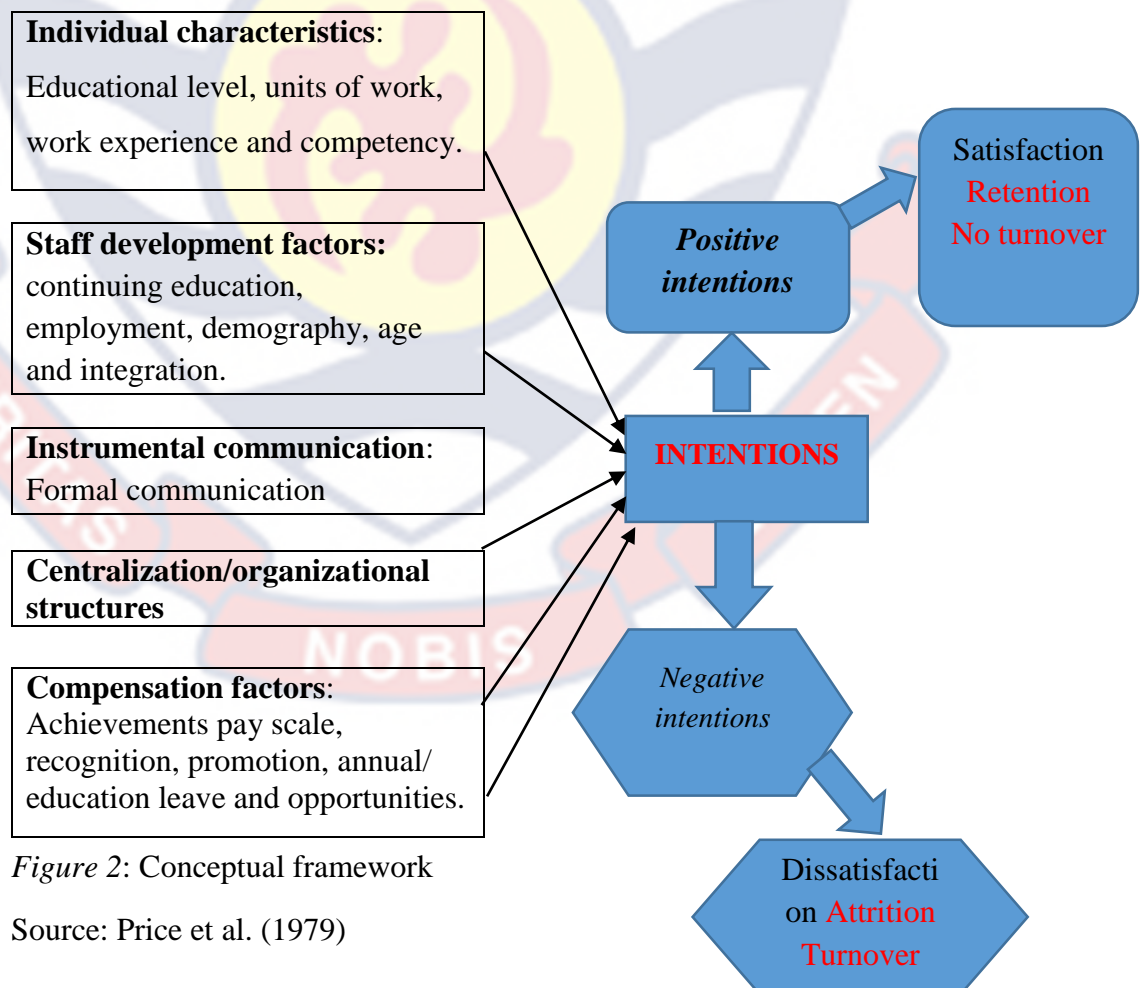
Figure 2: Conceptual framework

Source: Price et al. (1979)

Hypotheses

Nurses'/Midwife's Overall Job Satisfaction

Job satisfaction is referred to as a pleasant or good emotional state that results from an evaluation of one's employment or job experience. When one's own beliefs and goals for their work are compatible with the demands of their position, the worker experiences a sense of job satisfaction. Kreitner et al. (2002) explain that job satisfaction is a feeling that arises from a variety of factors at work. According to research by Woods et al. (2004), work happiness may be boosted by being one with the organization, putting up one's full effort, and displaying devotion. Thus, it is hypothesized in the present research that nurses and midwives working in public health settings have higher levels of job satisfaction.

Nurses'/Midwife's Intention to Turnover of Jobs and the related influencing Factors
Autonomy

According to research conducted by Laschinger and colleagues in 2001, perceived autonomy has an effect on trust, work satisfaction, and the perception of the quality of patient care. In general, autonomy has a good influence on job satisfaction; accordingly, a lack of autonomy will be reflected negatively in the degree of turnover intention, as well as the nature of a job; this is because job satisfaction is positively correlated with autonomy. Therefore, the current study hypothesized that autonomy relates strongly to intention to turnover.

Professional opportunities

Professional opportunities generally encompass activities geared towards enhancing employees' competence. Job satisfaction, nurse retention, and the ability to provide high-quality care all benefit from nurses who engage

48

in career development and lifelong learning activities (Yoder, 1995; Kennington, 1999; Donner and Wheeler, 2001; Davidson et al., 1997; Collins et al., 2000). Nurse turnover has been linked more to dissatisfaction with advancement and education opportunities than either job load or salary (Shields and Ward, 2001). Therefore, the current study hypothesized that professional opportunities relate strongly to intention to turnover.

Scheduling

For nurses with family responsibilities, such as young children, it has been proven that some scheduling methods might help them strike a better work-life balance. Chan and Morrison (2000) showed no statistically significant difference in the percentage of employees who stayed and those who left across a wide range of socioeconomic factors, including age. Therefore, the current study hypothesized that scheduling relates strongly to intention to turnover.

Support

Absenteeism, sabotaging of equipment, and a desire to leave the company are all symptoms of an atmosphere of poor perceived organizational support (Worku, 2015). According to the social exchange hypothesis, an employee's intention to leave a company is reduced when they feel emotionally attached to their coworkers (Lyu et al., 2019; Wong & Wong, 2017). According to research by Satardien et al. (2019), an individual's outlook on the assistance they receive from their employer has a negative correlation with their likelihood of leaving their current position. Therefore, the current study hypothesized that support relates strongly to intention to turnover.

49

Nurse/midwives' relationships

When an employee recognizes that the quality of their connections with coworkers influences not just their desire to remain in their current position but also whether or not they plan to quit, it becomes clear that peer relationships play a significant role in both job satisfaction (Nawaz, 2019). A person's long-term outlook on their work happiness and their decision to leave or stay in their current position is influenced by their pursuit of self-actualization, which is fueled by intrinsic motivators. There have been studies showing that when workers have a positive impression of their workplace, they are more committed to their jobs and have less of an interest in leaving (Winter and Sarros, 2002; Sell and Cleal, 2011). Hence, creating a work environment affects service quality and corporate image. Therefore, the current study hypothesized that nurse/midwives' relationships relate strongly to intention to turnover.

Pay and benefits

Whilst Decenzo and Ronbins (2010) find no correlation between employee perks and salary and performance, they do find that inadequate entitlements contribute to low satisfaction levels and increase absenteeism and turnover. Many empirical research have found that a healthy employee's salary and benefits have a significant impact on whether or not they want to leave their current employer. Therefore, the current study hypothesized that pay and benefits relate strongly to intention to turnover.

Rank

It is believed that nurses/midwives with appreciable ranks are more likely to have turnover intention compared to staff nurses/midwives (Boateng et al., 2022). Boateng et al. (2022) found that among nurses and midwives, rank

50

was substantially linked with turnover intention in their study assessing determinants of turnover intention at a tertiary hospital in Kumasi, Ghana. Principal nurses and senior staff nurses in Ghana are older and more experienced than staff nurses and midwives. In most organizations, managerial jobs are reserved for individuals further up the corporate ladder. There is a correlation between taking on a leadership role and an increase in both workload and stress at work, both of which are known to raise the likelihood of a worker leaving their current employment (De Oliveira, Griep, Portela, & Rotenberg, 2017). This is in line with a number of recent empircal studies (Hewko, Brown, Fraser, Wong, & Cummings, 2015; Labrague et al., 2018) that found a strong correlation between nursing and midwifery staff ranks and turnover rates. Therefore, the current study hypothesized that rank relates strongly to intention to leave.

Factors Influencing Job Satisfaction of Nurses/Midwives

Autonomy

Blegen (1993) identified a moderate to modest link between nurse autonomy and work satisfaction in their meta-analysis and theoretical model of nurse satisfaction and management interventions. The amount of autonomy of nurses was examined by Kramer and Schmalenberg (2003), who discovered a positive association between autonomy and nurses' satisfaction with their jobs. Researchers Rafferty et al. found that nurses' sense of autonomy correlated with their levels of satisfaction on the job (2001). Laschinger et al. (2001) found similar findings when they polled hospital staff nurses on their views of their own autonomy and its effect on their trust in patients, job satisfaction, and the quality of care they felt they gave. Possessing more freedom in one's work

51

environment tends to boost happiness on the job. Therefore, the current study hypothesized that autonomy relates strongly to job satisfaction.

Professional opportunities

Professional opportunities generally encompass activities geared towards enhancing employees' competence. Job satisfaction, nurse retention, and the ability to provide high-quality care all benefit from nurses who engage in career development and lifelong learning activities (Yoder, 1995; Kennington, 1999; Donner and Wheeler, 2001; Davidson et al., 1997; Collins et al., 2000). Nurse turnover has been linked more to dissatisfaction with advancement and education opportunities than either job load or salary (Shields and Ward, 2001). Therefore, the current study hypothesized that professional opportunities relate strongly to job satisfaction.

Scheduling

Scheduling management is the process by which a manager organizes and allots shifts for nurses so that patients may receive the care they need in a safe environment (Rahman et al., 2017). There are three main kinds of scheduling systems: centralized, decentralized, and self-scheduled. In their study, Rizany, Hariyati, Afifah, and Rusdiyansyah (2019) found that nurses' happiness was correlated with variables such as their age, years of experience in the profession, level of education, sex, marital status, and salary. Self-scheduling systems have showed promise in facilitating work-life balance, especially for nurses who have family responsibilities, such as young children (Kane and working in a specialized nursing context. There was no statistically significant difference in the percentage of employees who stayed and those who left across a wide range of demographic factors, including age, according to

research by Chan and Morrison (2000). Therefore, the current study hypothesized that scheduling relates strongly to job satisfaction.

Support

According to organizational support theory, HR is aware of how much the company cares about their personal and financial needs, and how much they are rewarded for meeting organizational goals, based on these perceptions (Worku, 2015). Being appreciated by the organization is an important part of the employment relationship. Eisenberger et al. (1986) established the concept of "perceived organizational support" as a way to quantify an organization's dedication to its employees. One of the most significant variables that leads to an employee's feeling of belonging at work, as reported by research in organizational behavior, is the employee's impression of the degree of support they get from their superiors (e.g., Mabasa & Ngirande, 2015). Karatepe (2012) found that when workers have negative impressions about their company's support, they are less pleased with their occupations. Furthermore, studies by Chinomona et al. (2017) show that employees who believe their boss really cares about them are happier in their jobs. Therefore, the current study hypothesized that support relates strongly to job satisfaction.

Nurse/midwives' relationships

Once an employee realizes how much their degree of connections with coworkers influences their job happiness (Nawaz, 2019). Self-actualization ambition is sparked by the factors that ultimately contribute to a person's contentment in their work. Motivation from social interactions with peers is highest for those who receive positive feedback and acknowledgement for their efforts. Workplace happiness, productivity, and consistency in service quality

can all benefit from employees' capacity to support and be supported by one another in the workplace (Aryee and Zhen, 2006; Erdogan and Enders, 2007). The quality of the work environment is crucial to employees, and it plays a role in whether or not they are happy with their jobs. Much research in this area has demonstrated that worker attitudes and, by extension, job satisfaction, are positively impacted by the quality of the office setting (Winter and Sarros, 2002; Sell and Cleal, 2011). Hence, the service quality and reputation of a company are impacted by the atmosphere at its offices. Therefore, the current study hypothesized that nurse/midwives' relationships relate strongly to job satisfaction.

Pay and benefits

According to Decenzo and Ronbins (2010), employee benefits and salary have no direct influence on employee performance as a whole; nonetheless, inadequate entitlements lead to low satisfaction levels and increase absenteeism and attrition among employees in a firm. Findings from several empirical studies suggest that health employees' pay and benefits relate strongly to job satisfaction. Therefore, the current study hypothesized that pay and benefits relate strongly to job satisfaction.

Rank

According to studies, workers who are higher up in an organization tend to be happier with their jobs than those who are lower down (Morello, 2011). Like in many other fields, the nursing profession gives a lot of respect to its lower-level workers; once an individual reaches a specific position or rank, they are treated with a certain degree of deference regardless of their age (Lunenburg, 2012). Many nurses, realizing the difficulty of bargaining for improved working

54

conditions for everybody, would rather pursue this avenue to personal fulfillment. There is a significant gap between the levels of work satisfaction experienced by nurse leaders and those of their subordinate (Lober & Savic, 2012). This is consistent with several recent empirics (Hewko, Brown, Fraser, Wong, & Cummings, 2015; Lu, Zhao, & While, 2019; Vévoda, Vévodová, & Sobotková, 2020; Yuan et al., 2021) that established a significant link between rank and job satisfaction among nurses and midwives. Therefore, the current study hypothesized that rank relates strongly to job satisfaction.

Relationships between Job Satisfaction and Intention to Turnover among Nurses/Midwives

Prior research indicated that employee work satisfaction correlated negatively with turnover intent (Kihye et al., 2015; Li et al., 2019). Moreover, Lee et al. (2019) demonstrate that workers' level of contentment in their jobs is a significant predictor of their future desire to leave their current positions. Moreover, it has been found that there is a robust correlation between nurses' and midwives' levels of job satisfaction and their intentions to leave their current positions. Worker dissatisfaction, insecurity in the workplace, hostility from coworkers, disrespect from superiors, and a lack of input into company decisions are all contributors to staff attrition. Therefore, the current study argued that job satisfaction relates strongly to intention to stay.

55

Empirical Review

Nurses'/Midwife's Overall Job Satisfaction and the Related Influencing Factors

Zhang et al. (2022) examined the feasibility, accessibility, and sustainability of implementing a daily goals sheet into the routine operations of a stomatological outpatient department, as well as the satisfaction of nursing personnel. Among those who responded to the status survey, 60 nurses were chosen at random and assigned to one of two groups: the experimental group and the control group. The study was then broken up into two parts: The PDCA cycle method and the MECE (Mad Exclusive, Collectively Exhaustive) concept were used to design, develop, and implement the daily goals sheet. When the first phase was over, the expert group looked at productivity, checked for patterns of mistake, and conducted surveys to assess worker morale. Thirty people were split into two groups (one utilized the daily goals sheet, the other did not). Group members who completed their objectives sheets daily averaged 15.20 ± 1.70 min of work each day, whereas those who did not averaged 25.30 ± 2.70 min. The omission rate was zero in the group that kept track using a daily targets sheet, whereas it was 16.67 percent in the other group. The staff members liked the daily objectives sheet. The outpatient service at a stomatological clinic may benefit from the daily objectives sheet by helping staff members stay on track while doing their usual duties.

Soesanto et al. (2022) analyzed the job satisfaction of nurses in primary health care facilities. The quantitative descriptive methodology was used in this investigation. A cross-sectional method was adopted for this study. 226 nurses from 15 primary care hospitals participated in this study. A basic random

sampling method with a proportional sample size was used for the sampling. tools for measuring nurse work satisfaction assessed both environmental and intrinsic aspects. High levels of autonomy at work (55.2%), opportunities to grow professionally (54.5%), positive feedback on performance (58.6%), and a belief that their efforts are appreciated (65.5%) all contributed to high levels of context factor job satisfaction for nurses. Indicators of policy success, managerial guidance, compensation, social support, and favorable working circumstances all contributed to employees' contentment with their jobs. Yet, improvements may be made to increase nurses' work satisfaction in terms of the content component. This is confirmed by the fact that nurses are not completely satisfied with their jobs based on the markers of responsibility, success, and performance recognition. Thus, nurses' work satisfaction at primary care hospitals was adequate but might be better by focusing on the substance they provided to patients.

Nurses'/Midwife's Intention to Turnover of Jobs and the Related Influencing Factors

Kim, Kim, and Choi (2016) investigated the desire to leave among nurses working in intensive care units. Questionnaires were sent to 184 nurses working in CCUs to gauge their performance, satisfaction on the job, loyalty to the company, and intent to quit. There was a negative correlation between nurses' intention to leave their jobs in comprehensive care units and their actual performance, happiness at work, and dedication to their organization, as indicated by t-tests, one-way analyses of variance, Pearson correlation coefficients, and multiple regression. While age, education, and nursing effectiveness were all significantly linked, organizational commitment was the

57

strongest indicator of whether or not a nurse would stay with the same company. Strategic management that focuses improving organizational engagement may lessen nurses' intent to quit intensive care units.

Nurse managers' decisions to remain or quit their existing positions were studied by Hewko, Brown, Fraser, Wong, and Cummings (2015), who reported on the relative relevance of variables affecting these decisions. Nurse managers have a crucial role in determining both the satisfaction of staff nurses and the quality of treatment patients get. Due to reasons such as their advancing age, the variety of career opportunities within the nursing industry, and the general adverse views of the management job, it may be difficult to retain nurse managers. A total of 195 nurse administrators in Canada participated in an online survey. Relevance ratings were assigned to factors that respondents said made a difference in their choice to either quit or stay with their current employer. Descriptive, t-test, and mancova analyses were used to compare managers' staying and leaving intentions. In a recent survey, managers' top reasons for departing were listed as workload, inability to offer excellent patient care, lack of resources, and lack of empowerment and recognition (n = 28). Management personnel who were making plans to leave the company reported much lower levels of burnout, job satisfaction, and confidence in the organization's leadership. Fostering a positive work environment for nurse managers is important for retaining existing managers and attracting new ones who are interested in taking on leadership responsibilities.

To determine what variables lead to nursing staff turnover in Saudi Arabia, Alshareef, Wraith, Dingle, and Mays (2020) conducted research and analysis. They also identified and analyzed effective strategies for reducing

nurse turnover and increasing nurse retention. The vast majority of Saudi Arabia's nurses are foreign employees, giving the country's nursing culture its own character. The majority of direct patient care in the Saudi healthcare system is supplied by foreign personnel under contract. It may be challenging for foreign nurses to find steady employment in Saudi Arabia due to a combination of factors, including the nurse's personal actions and the country's policies and organizational structures. Longstanding problems with the Saudi Arabian healthcare system may be traced back to the frequent departure of foreign nurses. In a cross-sectional study, 502 Saudi Arabian nurses (or 83.7% of the total) were questioned. Structural equation modeling is used to examine the interrelationships of the variables. Confirmatory component analysis is used for constructing and examining a variable's measurement model.

The survey found that Filipino nurses were more likely to consider leaving their present position than their counterparts from Malaysia, Pakistan, India, or Saudi Arabia proper. Several prospective foreign employees have pointed to discrimination as a key factor in their choice to leave, with many claiming that nurses' remuneration on a national level should be based on their level of competence and the quality of care they give. Important indicators of future turnover include discrimination, lack of social support from an immediate supervisor, lack of organizational commitment, and lack of autonomy. This research provides the most comprehensive data to date on the variables influencing nurses' desire to resign their current post, providing evidence for enhanced health workforce planning in Saudi Arabia. Findings from this research suggest that a significant factor in the high turnover rate of Saudi Arabian nurses is the large wage gap between nurses of various nationalities.

Researchers hope that the findings would be helpful to policymakers and the Ministry of Health in Saudi Arabia.

Factors Influencing Job Satisfaction of Nurses/Midwives

Lu, Zhao, and While (2019) offered a more comprehensive and in-depth understanding of certified general nurses' job satisfaction and the elements that influence it. To do this, they drew on empirical literature that was published within the last five years. An examination of the available literature. An exhaustive search of electronic databases was carried out in order to retrieve articles that were pertinent and had been published in either English or Chinese between January. The search for relevant material was conducted using a set of keywords relating to occupational stress, professional dedication, role conflict, and role ambiguity. Moreover, registered nurses performed searches using the OVID user interface in line with standard procedures. Before being evaluated for inclusion in the review, abstracts or full texts of research articles were reviewed in accordance with the inclusion criteria and quality assessment using the accepted guidelines. We finished this step before include the publications in the citations.

In this meta-analysis, we gathered data from 59 research. Nonetheless, these research' results have led to conflicting inferences about how work satisfaction is related to absenteeism and turnover. Shift work, leadership, job performance, organizational commitment, effort, and reward style are all aspects that have been studied extensively and shown to have an impact on job satisfaction. Factors such as work stress, patient satisfaction, nurse-to-patient ratio, access to social capital and evidence-based practices, and the nurses' own racial and ethnic identities all play a role in how satisfied hospital nurses are

with their careers. There are several intervening variables that have been identified as mediators or moderators of the relationship between nurses' occupations and their work satisfaction. Nurses' satisfaction at work is critical to the quality of care they provide and to keeping the nursing workforce strong. The nursing shortage and the quality of patient care may be mitigated and improved via the development of effective solutions that take into account the many factors that influence employees' happiness at work, including indirect links and predictions.

Vévoda, Vévodová, and Sobotková (2020) sought to discover how general nurses rank their preferences for various criteria that contribute to their work satisfaction, as well as to gauge how much stress these things might cause them. A cross-sectional study was carried out throughout the first half of 2018. Four hundred sixty-two participants (or 28.2 percent) responded to a poll on their motivations for becoming successful. For this purpose, we used a distance metric based on Euclidean geometry. Employees placed a premium on monetary compensation, social ties with coworkers, contacts with professionals outside their own field, rapport with managers, and public acknowledgement for their efforts. The most important aspects of nurses' workplaces were care for patients, relationship with superiors, rapport with coworkers, and rapport with individuals in complementary areas. The two most divisive topics were financial compensation and public recognition. Although increases in pay, nurses' level of job satisfaction in the healthcare sector remains low and is only partly within their control. Nevertheless there is a sizable window of opportunity for recognition that does not need monetary compensation. Since the employees in this research had a positive view of their relationships with

their superiors, the hospital's leadership should encourage this trait by offering training to managers.

Liu, Zhou, and Yang (2017) conducted a statistical analysis of nurses' levels of satisfaction to learn more about what variables affect it and how different types of interventions might boost it. In 2013, researchers in Shanghai, China conducted a survey utilizing the Chinese version of the Practice Environment Scale (CPPE-38). Each CPPE-3 score and the aggregate satisfaction score were analyzed using a linear regression model to test for potentially linked factors. The CPPE-38 survey was repeated in 2015 to assess the results of the developed initiatives to boost nurse satisfaction. There was a response rate of 87.6 percent from a sample size of 1,050 participants in 2013. The average response on the CPPE-38 questionnaire was 2.990.64. The lowest CPPE-38 score was found in the area of interpersonal contact (2.400.59), while the highest was found in the area of internal work motivation (3.150.40). Employment location was associated with more work motivation and pleasure, whereas education degree was associated with greater autonomy and satisfaction with interpersonal interactions. Two years of development efforts have resulted in a total satisfaction score that is statistically indistinguishable from that of 2013, but significant gains in intrinsic work motivation, control over practice, interpersonal connection, and internal relationship and autonomy. In our medical center, CPPE-38 scores were connected to both place of employment and level of formal education. Nurses' job happiness might need a boost, especially if it comes in the form of humane incentives, professional development opportunities, and higher compensation.

Yuan et al. (2021) explored the workload and job satisfaction of diabetes specialist nurses (DSN) in Chinese hospitals and clarify the influencing factors of job satisfaction. In October and December of 2018, 3,918 DSN were registered using a simple sampling technique in China and demographic information. DSN's present workload and employee happiness were gathered via a self-designed questionnaire distributed on the WJX platform. We compared two discrete categories using the independent sample t test, three or more categories using one-way analysis of variance (ANOVA), two or more continuous variables using Pearson correlation analysis, and DSN job satisfaction using a multivariate linear regression model. Just 24.9% of DSNs reported being extremely happy with their jobs, whereas 1,920 of them spent most of their time on diabetes-related tasks. Based on a multivariate linear regression analysis, we know that factors such as location, field, job title, years of experience, increased skill set as a result of education, specialist nurse system, percentage of work spent on diabetes-related tasks, diabetes clinical nursing, diabetes education, consultations, and primary diabetes care guidance all play a role in determining how content an employee is with their employment. There is room for improvement in the ratio of diabetes-related jobs to overall jobs, as well as in job satisfaction.

Çamveren and Kocaman (2021) examined nurses' intentions to quit their current unit, organization, and profession may be predicted by examining their demographic and work-related traits, organizational-professional commitment, and job satisfaction. Three hundred and thirty-five registered nurses from a university hospital in Turkey took part in this descriptive cross-sectional research. Multiple regression analysis was used to go at the study's data.

63

Emotional attachment to one's employer was shown to be a less predictor of intention to leave one's job than was job satisfaction, but professional dedication was found to be a greater predictor of desire to resign. Whether or not an employee will stay with their present team, firm, or sector may be predicted using a variety of commitment and work satisfaction criteria. These findings are useful for nursing administration and policymakers.

In their study, Matsumoto and Yoshioka (2019) found that psychiatric nurses' levels of job satisfaction were inversely proportional to the frequency with which they had negative feelings about their patients and the assistance they received from management. Researchers in the Chugoku area gathered information on 1,097 psychiatric nurses from 13 mental hospitals by having them fill out an anonymous, self-administered questionnaire regarding their demographics, work histories, and outcomes on three scales. The Negative Attitude Towards Patients Scale, a new Short Work Stress Questionnaire, and an innovative support-in-the-workplace measure were all a part of this study's battery of instruments (job stress and satisfaction). The authors examined the relationships between the scales, between the participants' total survey replies, and between the individuals' essential traits and features of their job. In a logistic regression analysis, job satisfaction was also included as a covariate.

There were 577 psychiatric nurses utilized in the research since they filled out the questionnaires in their entirety (response rate = 60.4%, valid answers = 87.0%). The 577 psychiatric nurses who participated in the survey and whose answers were both thorough and accurate (response rate = 60.4%, valid responses = 87.0%) served as the study's subjects. To understand the relative importance of each factor in determining overall job happiness, a

stepwise logistic regression analysis was performed on all independent factors related to the dependent variable of contentment at work. An individual's level of work satisfaction was shown to be related to their experience of supervisory support (OR = 1.069), their level of stress (OR = 0.751), and their perception of the attitudes of their patients (OR = 0.980). It may be required to provide psychiatric nurses with better leadership support and to design work environments that reduce workplace stress and negative attitudes toward patients in order to increase job satisfaction. Positive work settings and cordial interactions were observed to increase job satisfaction and decrease stress among psychiatric nurses in this study.

For a deeper understanding of what factors contribute to job satisfaction among Bangladeshi nurses, Chowdhury et al. (2023) studied the relationships between bullying in the workplace, burnout, and contentment in the profession. A cross-sectional survey was conducted among registered nurses in Bangladesh between February 26 and July 10, 2021. The Short Negative Actions Questionnaire (S-NAQ) was used to assess bullying, the Burnout Measure (BMS) was utilized to evaluate employee burnout, and the Short Index of Work Satisfaction was utilized to evaluate participant happiness with their current position (SIJS-5). Pearson's correlation test was used to examine the relationships between age, bullying, burnout, and contentment in one's employment. Several linear regression models were developed to assess how bullying, burnout, and work satisfaction are related to demographic and occupational factors. It includes 1,264 RNs in the research (with women comprising 70.02 percent of the sample). There had a mean age of 28.41 (5.54).

Bullying, burnout, and dissatisfaction with one's job were shown to be statistically related to one another in a negative way. Nurses working in the private sector were less satisfied with their jobs than those in the public sector, according to many linear regression models. As compared to their Dhaka-based colleagues, nurses in the Chattogram division and other divisions reported higher levels of work satisfaction. It was expected that nurses who were paid late or who lacked access to supplies they required to care for their patients would be less satisfied with their jobs. Nurses' job satisfaction was significantly influenced by both bullying in the workplace and exhaustion. Studies have shown a correlation between nurses' job satisfaction and the prevalence of bullying and burnout in the workplace. Furthermore, it was predicted that nurses would be dissatisfied with their jobs owing to a lack of administrative backing for the nursing profession. Reducing bullying and fatigue and fostering a more pleasant work environment may improve nurses' happiness with their jobs. A number of people in authority at the hospital, in the legislature, and in the executive branch might be instrumental in making this happen.

Relationships between Job Satisfaction and Intention to Turnover among Nurses/Midwives

In their study, Halcomb, Bird, Mcinnes, Ashley, and Huckel (2021) analyzed the characteristics that contribute to the work satisfaction and turnover intentions of general practice nurses. Acute care has been studied to learn more about workforce concerns including satisfaction, retention, and intention to leave. Yet, many nurses are now working in settings other than hospitals. Acute care is very different from general practice. Employers, managers, and politicians need an understanding of workforce concerns in community settings

66

to maintain and increase this workforce to fulfill consumer expectations. The primary health network in Australia was surveyed descriptively. There was a substantial correlation between having a designated practice nurse leader/manager, believing that their skills are being put to good use, and a positive outlook on the availability of mentorship programs. In general, people were least happy about their salaries. 44.9 percent of those surveyed did not know if they would continue in general practice. There was a statistically significant link between levels of work satisfaction and the likelihood of resignation. These results inform the methods that business leaders may use to entice and keep nurses working in general practices. To get the most out of their efforts to hire and keep nurses, managers should think about what makes them happy at work and whether or not they plan to leave their current position.

Smith, Lapkin, Halcomb, and Sim (2023) investigated the connections between nurses' work and community satisfaction, their practice settings, their degrees of burnout, and their plans to quit the profession in their study of nurses at small rural health care institutions in Australia. A total of 383 nurses from rural Australian public hospitals with less than 99 beds participated in a cross-sectional nationwide survey in 2018. Employees were asked to rate their level of contentment with their jobs on a four-point Likert scale. Multiple linear regression was used to analyze potential relationships between community satisfaction, practice environment, burnout, and desire to leave. Most nurses (n = 146, 38.1%) were satisfied with their jobs, and 107 (27.1%) were very satisfied. Emotional exhaustion, the competency, leadership, and support of nurse managers, and the nurses themselves were the most critical variables in deciding whether or not nurses were satisfied on the job. This research adds

fresh, useful understanding to the conversation regarding what factors affect the work satisfaction of nurses in rural health care settings. In order to ensure that individuals in rural areas have access to high-quality medical care, this data is essential for influencing efforts to retain rural nurses in their current roles. Despite universal agreement that nurses' job satisfaction affects burnout, patient safety, and the possibility that they will leave their employment, our knowledge of how to measure job satisfaction in rural hospital settings is limited. The high turnover rate among nurses in tiny rural hospitals is addressed, and the elements that impact their job satisfaction are clarified in this research.

Hu, Wang, Lan, and Wu's (2022) research examined the interplay between nurses' professional identities, workplace attitudes, job satisfaction, and plans to leave their current employment. A cross-sectional descriptive method was used for this study. Convenience sampling was used to recruit 500 nurses from five major academic medical centers for this research. Included in the survey instrument were questions on the respondents' social and demographic features, as well as their degree of work satisfaction, professional identity, and future goals within the nursing profession. Analyses such as Pearson's correlation, multilinear regression, and structural equation modeling were carried out. STROBE criteria were met in the study's description.

Negative correlations were found between optimism and a feeling of professional identity and intentions to leave one's current position. Job satisfaction mediated the relationship between hope and professional identity and the intention to leave one's current position. Work satisfaction served as a moderator between career goals and plans to quit the organization. So, effective measures may be used to boost nurses' happiness with their jobs, resulting in a

reduced turnover rate. A greater emphasis on providing nurses with emotional and spiritual support, as well as chances to engage in activities that foster awareness and a feeling of well-being, would be beneficial. More effort should be made in higher education to instill in nursing students a strong sense of professional identity and dedication to the principles of the nursing profession. Nurses' opinions on career ladders, job satisfaction, and plans to quit their existing jobs were compared across medium and large hospitals with and without career ladders in Ahn and Choi's (2023) research. This research aimed to describe and find correlations between variables. Self-report questionnaires were taken by between 130 and 144 people in small and medium-sized hospitals (both those with and without a formalized career ladder structure). This data collection spans the time period of July 1, 2019, to July 31, 2019. Employees' perceptions of a career ladder system were positively connected with their level of work satisfaction in hospitals with and without a career ladder system, but in hospitals with a career ladder system, they were inversely correlated with their desire to leave their current position. Positively disposed workers are happier in their positions, the survey found. It has been shown that increasing nurse satisfaction requires a concerted effort on the part of hospitals to provide a clear career path for nurses and to pay attention to the particular criteria mentioned in this study.

Lessons Learned

This section presents the gaps identified during the literature review. The literature review main covers concepts, theories, and recent empirical studies on factors influencing job satisfaction and intention to turnover/leave among nurses/ midwives. The identification of theoretical, contextual, empirical

69

and methodological issues in the extant literature partly formed the basis for this empirical study.

Theoretically, while there are numerous studies that applied the Herzberg theory of hygiene and motivational factors, conceptual models used differ in terms of constructs. They only used one or two of the underlying hygiene and motivational factors to explain determinants of job satisfaction and intention to turnover/leave among nurses/ midwives without recourse to other relevant drivers. To address this gap, the current study seeks to explore how autonomy, professional opportunities, scheduling, support, nurses/midwives' relationship, and pay and benefits explain job satisfaction and intention to turnover/leave among nurses/ midwives.

Contextually, the review suggests paucity of studies on developing countries such as Ghana, while indeed there exist numerous cases in the developed world. In the face of challenges being faced by health management employers in the public healthcare sub-sector, there is the need to commission studies on how to handle job satisfaction and intention to turnover/leave among nurses/ midwives. Accordingly, this current study, seeks to explore factors influencing job satisfaction and intention to turnover/leave among nurses/ midwives at Tema Metropolis public hospitals, Ghana, a developing country.

Empirical studies on factors influencing job satisfaction and intention to turnover/leave among nurses/ midwives presented findings that are generally inconsistent as a results of methodological challenges. Key among the methodological issues include small sample size, general use of descriptive statistical analysis, variable choices, etc. To address part of these underlying issues, this current issue employed univariable and multivariable linear

70

regression to determine relationships between variables in this study using considerable sample of nurses and midwives from the Tema Metropolis public hospitals.

Chapter Summary

This Chapter discussed the Herzenberg Motivation and Hygiene theory in relation to the objectives of this research. This chapter discussed relevant literature to properly capture the entirety of job dissatisfaction, motivational factors, hygiene factors, that affect nurses and midwives and empirical reviews based on the research objectives. Based on this discussion a theoretical framework was constructed to guide the researcher.

71
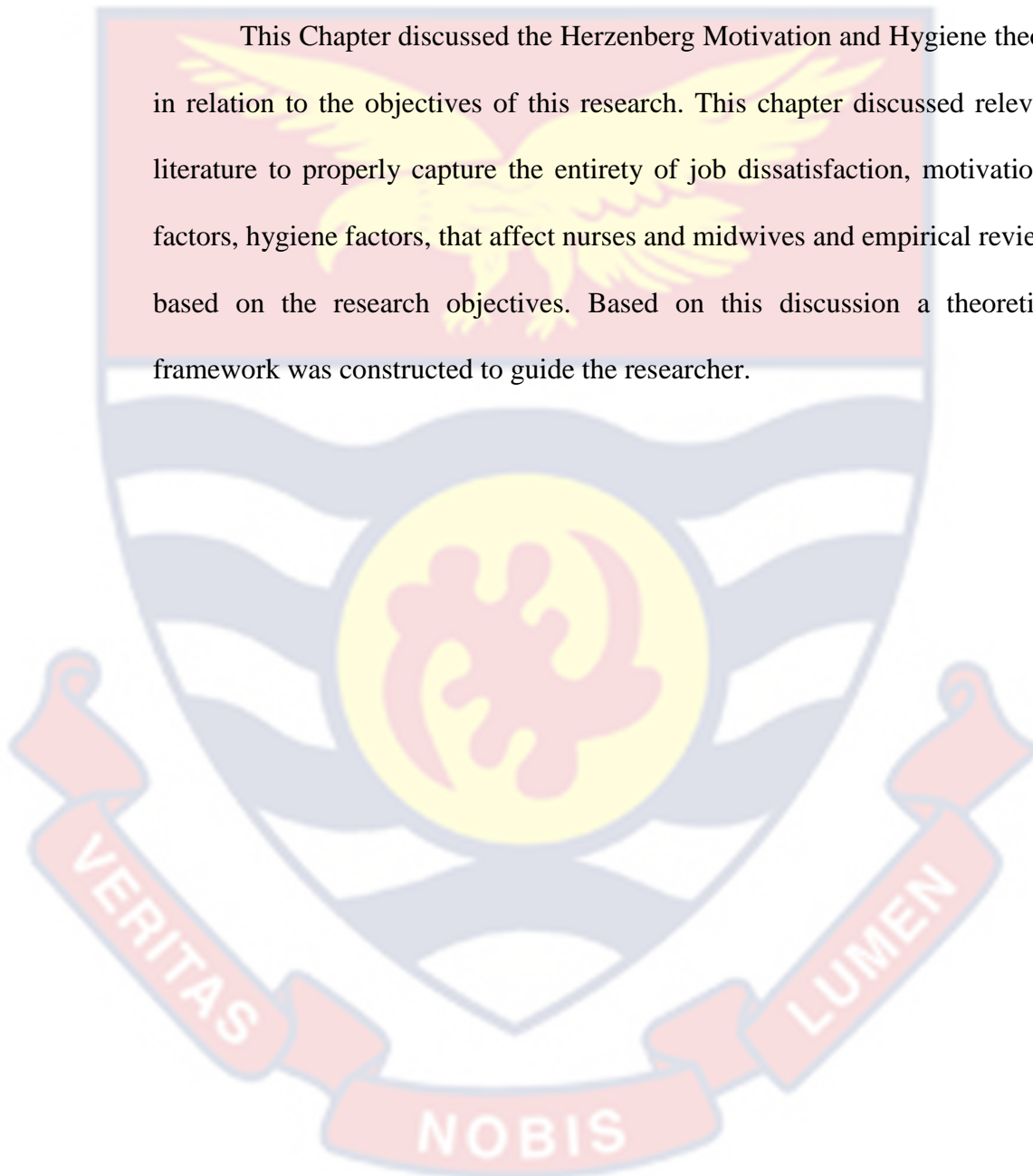
CHAPTER THREE

METHODOLOGY

Introduction

The purpose of this chapter is to provide the readers with information on the methodology that the researcher utilised in order to carry out this study. The research methodology, study location, target population, sampling strategy, data collection instruments, data collection procedures, data processing, and data analysis are all covered in this section.

Research Design

The research method used for this study is the quantitative method. To give an explanation for an event, researchers using the quantitative approach gather and analyze numerical data (Binet et al., 2019). Quantitative research involves gathering data, quantifying the data, and analyzing the data statistically to support or refute a hypothesis. This strategy allows researchers to examine massive populations by randomly picking a sample from the whole population. Mohamed (2017) argues that the quantitative approach allows for the generation of numerical data amenable to analysis using modern statistical techniques. The method's attention to detail and accuracy allows for this. Using statistical data during data exploration and analysis has been reported to save effort and save time. Questionnaires used to assess phenomena often include response scales, such as the Likert scale, that allow respondents to provide numeric ratings of how they feel about a certain phenomenon (Miranda, 2022). The researchers in this investigation used a cross-sectional design. Researching how people feel about their current jobs and whether or not they plan to leave is possible via cross-sectional studies. Collecting information from a large number of

72

participants at once is the hallmark of a cross-sectional study (Thomas, 2022). The Cross-sectional was chosen because because of budget limitations, time restrictions, and the required effort (Sekaran & Bougie, 2016).

The Study Setting

The study was carried out from 30th February 2019 to September 2019 in Tema metropolis in the Greater Accra region of Ghana. Tema, with its population of 310,853, is one of the most populous city in the Greater Accra region. There are 151,142 males and 159,711 females according to the Ghana Statistical Service [GSS] (2013). Located on Ghana's Atlantic coast, Tema is a major urban centre. Tema's population of 310,853 in 2013 makes it the tenth most populated settlement in Ghana, up significantly from 2005, when it ranked at number eleven with a population of 209,000. The city sits on the Greenwich Meridian (or 0° of longitude), which runs straight through the centre of town. Being the largest port in Ghana, Tema has earned the moniker "Harbor Town/city" among natives.

Dr. Kwame Nkrumah, Ghana's first president, ordered the construction of the city on the site of a tiny fishing hamlet. As a sizable harbour was built there in 1961, the population exploded. Theodore S. Clerk is responsible for designing, planning, and developing the Tema metropolis. With a highway and a railroad connecting it to Accra, this once-small town has grown into a bustling commercial hub complete with an oil refinery and other enterprises. It is currently an important commercial centre with a motorway and a train connecting it to Accra, where there is also an oil refinery and many other enterprises. Both Tema and Sekondi-Takoradi serve as deep seaports for Ghana.

73

In 1974, Tema was designated as an Autonomous Council; by December 1990, it had been upgraded to the status of a Metropolitan Assembly.

The Greater Accra Region consists of sixteen (16) metro regions, municipalities, and districts, one of which being the city of Tema. Notable hospitals in Tema include Tema general hospital, Tema polyclinic, Ghana Ports and Harbor Authority Hospital (GAPOHA,) Narh Bita hospital, New Crystal Hospital and Tema women's Hospital. Tema general hospital and polyclinic were the main study setting with the above-mentioned hospitals as allied settings.

Population

The population used in the study were all nurses/midwives who were working at a public hospital within the Tema metropolis and had practised for at least one year. This also involved all departments or units and both sexes and their respective ranks. The two targeted hospitals had an average nursing and midwifery staff strength of 561 (TGH=409+PC=152)

Sampling Procedure

Multi-stage sampling method was used. Tema General hospital/ polyclinic was selected as the two main public hospitals within the Tema metropolis. The researcher put all the public hospitals into a stratum and purposefully selected those with nursing and midwifery staff strength of seventy (70) and above. The above hospitals met that criterion and have the highest numbers of OPD attendants as well as nursing and midwifery staff strength respectively. Each unit (department) in the population had a probability larger than zero of being picked for the sample in the first stage of sampling, using a stratified random sampling approach (Burns & Grove 2005). It is also the

method of choice for conducting research requiring large, statistically reliable samples, as is often the case in the social sciences. After determining that a patient met the inclusion criteria, they were divided into several groups based on which hospital departments they required care from. The procedure used to choose the sample ensured that all workers had a reasonable probability of being included in it. To wit: (LoBiondo-Wood & Haber, 2006).

In the second phase, individuals were chosen at random using a size-adjusted sampling strategy. Employees were selected at random from the departmental employee lists. Each shift staff was randomly selected based on the timetable available by using a 'random number table' developed by the researcher for each unit/shift. Every one out of three staff on duty usually was selected randomly using a group of three. Example, 013, 014 015. Participants who were selected and agreed to take part in the study were given the questionnaires to respond to the items. However, those who could not have time to respond were replaced with other staff on the 'random number table' developed. The researcher studied different respondents at a time in the selected hospitals as well as static or unaltered demographics such as sex, and units of work or hospital of work (Etikan & Bala, 2017).

Sample size Determination

Burns and Grove (2005) view a sample is a selection made from the entire population for the purpose of conducting research. A research can be carried out by collecting data from a variety of sources, including persons, events, behaviours, and other factors, which is what is meant by the term "sampling." The participants were to meet the following criteria of inclusion:

- Registered Midwife/nurse

- Must work for at least 12 months in Tema general hospital and polyclinic

Exclusion criteria

- Nurses/midwives on internship

- Nurses/midwives working in private hospitals within the Tema metropolis

- Those who are working voluntarily

The sample size was computed with the formula proposed by Yamane formulae (1967);

$$n = \frac{N}{[1+N(e^2)]} \text{ where}$$

Where e is the required degree of accuracy, N is the size of the research population, and n is the sample size. The sample size was determined using the following criteria. The population of workers in both hospitals is (409+152=561)

Assuming a 95% confidence level and desired precision (e) of 5%, a minimum sample size of 234 was estimated as follows;

$$n = \frac{N}{[1+N(e^2)]}$$

$$n = \frac{561}{[1+561(0.05^2)]}$$

$$n = \frac{561}{[1+561(0.0025)]}$$

$$n = \frac{561}{[2.4]}$$

Minimum sample size **n = 234**

The research had a minimum sample size of 234, however this was revised increased to 23% to account for the non-response rate of 10%. The projected

total number of participants was 288 234 +54=288. According to Etikan and Bala, simple random selection (probability sampling) and proportionate allocation to size were used to choose 288 nurses and midwives from a sample of Tema's polyclinics and general government hospitals (2017). Each department was represented by a certain number of people, or a certain percentage of the total workforce, depending on how many people worked in that department.

Data Collection Procedure

All participating hospitals' nurse administrators, head nurses, and charge nurses were given a detailed explanation of the study's aims and methods. A day before the hospital visit, a list was compiled with an expected total number of nurses who were available at each of the selected hospitals. Questionnaires were handed out to nurses at the period that data was being collected by the researchers who were conducting the study, with support from the managers of the relevant department and the charge nurses working each shift. (A straightforward questionnaire was employed in the data collection process.) Each questionnaire included a cover letter with an explanation of the nature of the study, purposes, and the method in which the completion of the questionnaire should be done, as well as a return envelope. After that, duplicates of the structured questionnaire were provided to the researchers in a single package, enclosed within a huge envelope.

Data Collection Instrument

Data on nurses' and midwives' intentions to leave the field and their level of satisfaction in their jobs were gathered using a structured questionnaire administered in English. As part of the validation procedure, the questionnaire

was evaluated for completeness, clarity, lack of ambiguity, and content validity by a group of researchers and expert nurses (n=15). The questionnaire had 114 items. The questionnaire was used to examine the validity of the content. In order to do this, the draught elements needed to be discussed until there was agreement on their substance, sequence, and language. When access to nurses was arranged from the director of nursing in acute care public and hospitals at Tema Health Center, community one, a pilot research utilising this questionnaire was carried out among a sample of twenty nurses and midwives.

During the pilot study, the author used a total of fifteen completely filled-out questionnaires. The items were reworded to offer greater clarity, and then the questionnaire was changed to combine things that were similar to one another and to remove ones that were either misleading or duplicated. Internal consistency, as measured by Cronbach's alpha test, was used to determine the reliability of the final questionnaire (=0.87, 0.76, 0.74, 0.90, and 82, respectively, for organisational commitment, perception of health, perception of feeling regarding pay, quality of work, intention to leave the organization). The results showed that the questionnaire was reliable. It was decided not to include the nurses and midwives who had taken part in the pilot research in the subsequent investigation. The questionnaire is sectioned into five (Sections A, B, C, D, and E).

Section A is themed "Sociodemographic Characteristics" consisting of professional and situationally related features such as gender, age, marital status, years of experience, and annual income. These characteristics are either measured as ratio or dichotomous variables. Section B is entitled "Context-related questions on Unit of Work" presenting participants' Unit of Work at the

78

selected facilities. The Units under consideration include Medical ward, Gynecology and Obstetrics ward, Surgical ward, Pediatrics ward, OPD, OR, Emergency, ICU, Orthopedics, and Maternal and child health.

Section C is themed "Job Satisfaction Factors Questionnaire Instruction" covering measurement items for factors predicting job satisfactions among nurses and midwives. Here, measures of existing studies on Autonomy, Professional Opportunities, Scheduling, Support, Nurses'/midwives' Relationships, Pay and Benefits, and Rank, were borrowed for the assessment. The items were measured with five-point Likert scale. The scales include 1, 2, 3, 4, and 5 respectively for "very dissatisfied," "dissatisfied," "neither satisfied nor dissatisfied (neutral)," "satisfied," and "very satisfied".

Section D is themed "Nurses' Organizational Commitment Questionnaire" making use of a 21-item scale the author named the Organizational Commitment scale to measure organisational commitment developed by Meyer, Allen, and Smith. A five-point Likert scale of 1, 2, 3, 4, and 5 respectively for "strongly disagree," "disagree," "neither agree nor disagree (neutral)," "agree," and "strongly agree" were used in this regard.

Section E is themed "Intention to Leave and General Job Satisfaction" presenting measurement items borrowed from existing studies (Mobley et al., 1998; Weiss et al., 2023). Using the concept provided by Mobley et al. (1998), the desire to quit the organization was measured. The Minnesota Satisfaction Questionnaire (MSQ) is a commonly used and extensively studied self-reported questionnaire that samples work satisfaction across 20 scale categories (Mobley et al., 1998). It was developed from data collected as part of the Minnesota Studies in Vocational Rehabilitation and scored on a Likert scale ranging from

79

1 (very unsatisfied) to 7 (very satisfied). Similarly, A five-point Likert scale of 1, 2, 3, 4, 5, 6, and 7 respectively for "strongly disagree," "disagree," "slightly disagree," "neither agree nor disagree (neutral)," "slightly agree," "agree," and "strongly agree" were used in this regard.

Operationalization of Variables

Job Satisfaction

Several disciplines have dedicated a great deal of time and energy to studying the concept of work satisfaction (Judge, Bono, Thoresen, & Patton, 2001). As would be anticipated, choosing from the many possible descriptions of work fulfillment is a challenging task. Yet, the vast majority of scholars believe that job satisfaction is an attitude variable indicating an individual's holistic evaluation of their work experience (Adams & Bond, 2000; Locke, Cartledge, & Knerr, 1970; Spector, 1997). Job satisfaction, as in the current study, refers to a favorable or happy emotional state brought on by an individual's evaluation of his or her employment.

Intention to Turnover

Intention to turnover often termed labour turnover has been defined by Kpevu (2019, p.77) as "a situation in which employees leave their organization and their replacement." It can be viewed as the total number of organization's workforce that leaves the organization during the course of the year due to various reasons. It is operationalized as defined in this section.

80

Independent Variables Predicting Job Satisfaction and Intention to Turnover

Autonomy

According to Reisinger and Fetterer (2021), having the power to be the principal decision-maker over where and when one does their job was considered an essential component of autonomy. In order for leaders to be successful in hybrid work environments and promote flexibility for employees, it will be essential for them to provide employees more autonomy. According to the findings of Blegen (1993), who conducted a meta-analysis and theoretical model of nurses' work satisfaction and management interventions, the degree of autonomy showed an association with job satisfaction that ranged from low to moderate.

Professional Opportunities

Professional opportunities generally encompasses activities geared towards enhancing employees' competence. The notable among such activities is career development which is defined as "an individual's work-related and other relevant experiences, both inside and outside of organizations that form a unique pattern over the individual's life span" Sullivan and Baruch (2009) cited in (Shaito, 2019, p.6). This term makes a distinction between the actual acts of moving and the ways in which people understand their profession.

Scheduling

Time for predetermined activities must be managed and allotted, and this is what scheduling measures (Legrain et al., 2015; Lin et al., 2015; Rahman, Mulyani, & Rizany, 2017) Management of scheduling, then, is the procedure through which a manager plans, executes, and monitors the allocation of nurses'

81

shifts in order to ensure the highest quality of care and the patients' safety (Rahman et al., 2017). We may classify scheduling approaches as either centralized, decentralized, or self-scheduled.

Support

The term "organizational support" is used to describe the ways in which an organization shows its employees that it appreciates and cares about them as individuals. This might include things like providing them with encouragement and acknowledgment, as well as resources like knowledge and training (Hwansuk & WeiSheng, 2017, Varma & Chavan, 2020). The loyalty of an organization's workforce is rewarded through organizational support when the business invests in its employees' personal and professional lives (Chinomona et al., 2017). It's the backing workers count on from their superiors to help them succeed in school.

Nurse/midwives' relationships

The leader-follower relationship and the interaction between peers define the nature of the employees' connection inside a company (Lin, Shu, & Lin, 2011, p.3397). The Interpersonal Relationship Three-Dimensional Theory, the Social Exchange Theory, and the A-B-X Theory are all important perspectives on interpersonal relationships in the workplace. Among these is a revision of the Social Exchange Theory that expands the definition of "leader-member connection" to include horizontal relationships among peers, subgroups, and the larger organization rather of focusing solely on vertical ones. Thus, numerous researchers have widened the scope of their investigations in recent years (Uhl-Bien & Graen, 1992; Kao, 2008; Weng et al., 2010).

Pay and benefits

Pay and benefits are generally characterized by employee benefits and payment incentives which (Kpevu, 2019, p.199) defined are "in the form of welfare services apart from also being components of an employee total compensation." These covers both financial and non-financial gains employees expect from employers.

Rank

In the health profession, rank refers to the hierarchical structure that exists within healthcare organizations (Boateng et al., 2022; De Oliveira, Griep, Portela, & Rotenberg, 2017). This structure is designed to ensure that healthcare professionals work together in a coordinated manner to provide the best possible care for patients. The rank structure is typically organized into different levels, with each level having its own set of responsibilities and duties.

Data Management and Analysis

Data obtained was treated confidentially and entered into SPSS version 22 weekly. Every instrument was given a number to enhance the coding and analysis. The data collected were stored on the personal computer and backed up on an external drive. The security of the data was provided through passwords on the analysis on the computer and stored on an external drive as well as stored on google drive and email. All surveys were reviewed by hand to ensure they were comprehensive. SQL was used for the independent double input and verification of data. Many different types of consistency tests were carried out. In this case, Microsoft Excel was used to create the data sheet. Using SPSS version 22, a descriptive analysis was performed. The information was shown numerically, graphically, and in tables. Categorical and binary data were

summarized using descriptive statistics like percentages. Univariable and multivariable linear regression was used in determining relationships between the main outcome variable and other covariates that were relevant to this study.

The prevalence of job satisfaction among the nurses as well as the various categories was reported as a percentage along with the 95% confidence interval (CI). The various categories of nurses/midwives that as Staff nurses and Auxiliary nurses were compared for items in the Minnesota Job Satisfaction Questionnaire using cross-tabulation. Groups were compared with respect to the total score on the Minnesota Job Satisfaction Questionnaire using the T-test. Testing was done at a 0.05 level of significance.

Ethical Considerations

Ethical approval was recieved from university of Cape Coast institutional Reiview Board to introduce the researcher with IRB No UCC/IRBA/2016/432. A permission was sought from the Ghana Health Service Ethics and Review Committee (GHS-ERC). Permission was also sought from the directorates of the regions with ethical approval and a permission letter from the regional office. Issues of informed consent was resolved by providing detailed information about the study's goals and methods to all willing participants and responses. An explanation document was sent to each respondent/participant to help them better understand their role, responsibilities, and rights. Before any information was collected, all participants and respondents completed an informed consent form. During the activity, the principle of voluntary participation was stressed. Thus, participants were consistently reminded that their involvement in the research is completely voluntary and that they are free to withdraw and/or end their participation at any

moment. The purpose of this rule is to prevent any accusations of forced participation by demonstrating that all participants voluntarily agreed to take part. In addition, everyone who participated in the survey was given assurances that their information would be kept private. Data gathering participants' identities were hidden to meet this condition. In terms of privacy, only the researcher should have access to sensitive material that will be utilized for study reasons.

Chapter Summary

The methodology for the research was discussed in this chapter. Hence, this chapter described the procedures followed throughout the research, including the methods of sampling and the calculations utilized to arrive at the final sample size. Ethical issues, data collecting instruments, data management strategies, and analytic techniques were all laid forth in this chapter.
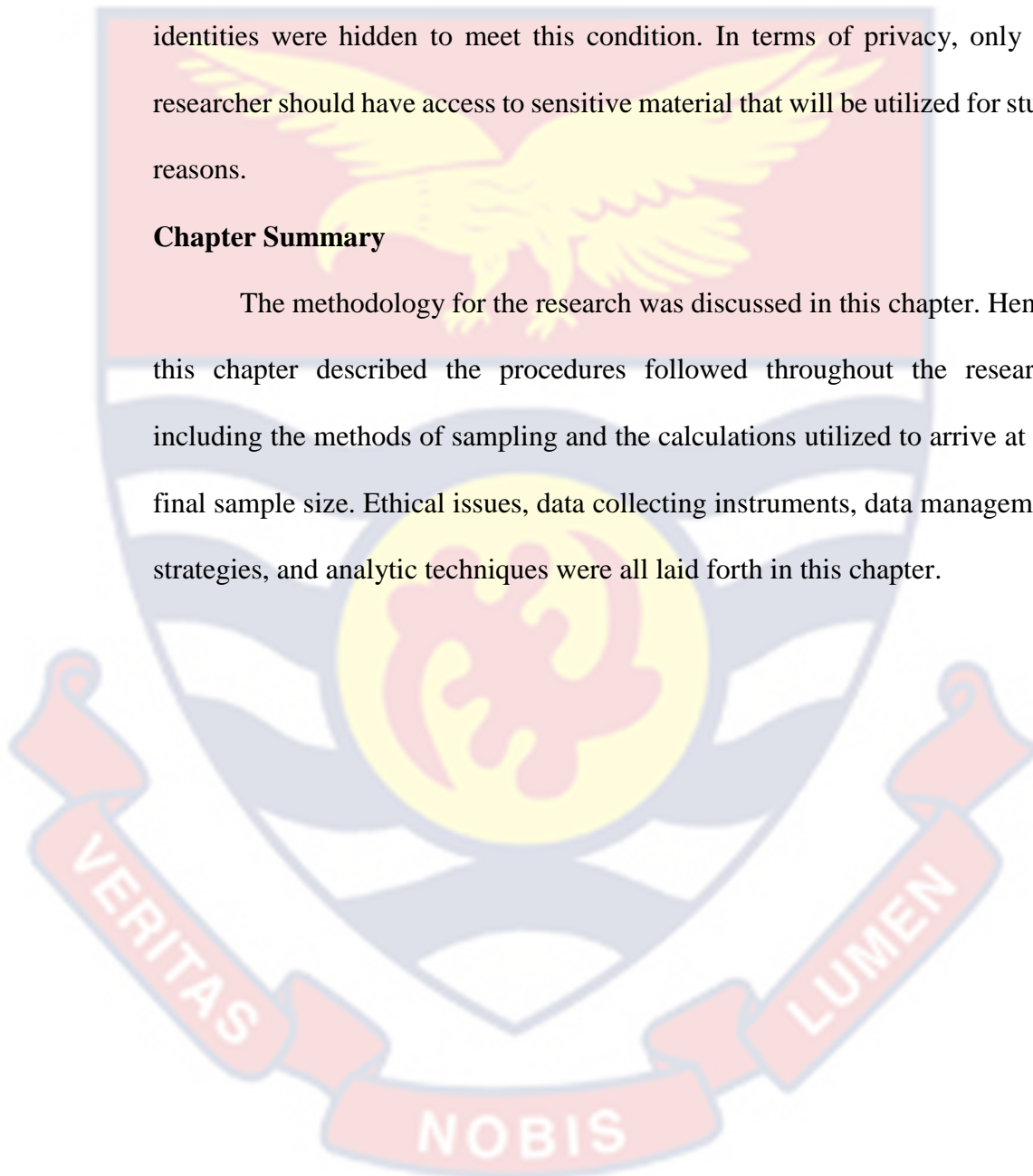
CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

In accordance to the goals of the research, the findings and comments are presented in Chapter Four. The overarching goal of the research was to evaluate the characteristics that influence job satisfaction and intention to quit or turn over among nurses and midwives working in public hospitals in the Tema Metropolis. The purpose of the study was to specifically investigate the following areas: (a) the level of overall job satisfaction among nurses and midwives in Tema metropolis public health facilities and the related influencing factors; (b) intention/turnover and factors that influenced intention for nurses and midwives to turnover in Tema public health facilities; and (c) the relationships between job satisfaction and intention to turnover among nurse /midwives working in Tema public hospitals.

Methodologies such as descriptive and analytic cross-sectional research were specifically used for this study's research endeavors. The questionnaire was decided to be the most effective instrument for acquiring the data. Over the course of the inquiry, several statistical techniques, including but not limited to frequency counts, percentages, mean scores, standard deviation measurements, Pearson correlation coefficients, and hierarchical regression analysis, were used. The studies were conducted to determine whether or not there were significant associations at three different levels of significance: 0.10, 0.05, and 0.01.

Demographic Characteristics of Participants

This section provides background information of the participating nurses and midwives in the study areas. The study was conducted at the Tema metropolis in the Greater Accra region of Ghana, with a sample size of 217 participants. Table 1 presents the background characteristics of participants involved in the study.

Table 1: Background Characteristics of Participants (N=217)

		Frequency	
	Characteristics	N=217	Percent
Institution	Polyclinic	118	54.40
	General Hospital	99	45.60
Gender	Female	147	67.70
	Male	70	32.30
Marital Status	Single	128	59.00
	Married	68	31.30
	Divorced	18	8.30
	Widowed	3	1.40
Work Experience	1 year	88	40.60
	1 year–<2 years	61	28.10
	2 years, <5 years	37	17.10
	5 years, <10 years	23	10.60
	≥10 years	8	3.70
Educational Status	Diploma nurse/midwives	68	31.30
	BSc. (Nurse and midwifery)	45	20.70
	Registered nurse assistant	43	19.80
	Midwifery	34	15.70
	Master degree	27	12.50
Age	20-30	126	58.10
	31-40	62	28.60
	41-50	24	11.10
	>51	5	2.30
Religion	Orthodox	117	53.90
	Muslim	57	26.30
	Others	35	16.10

87

	Characteristics	Frequency N=217	Percent
	Protestant	8	3.70
Ethnicity	Ewe	56	25.80
	Ga	46	21.20
	Akan	39	18.00
	Hausa	36	16.60
	Fante	24	11.10
	Others	16	7.40
Unit of Work	Medical ward	46	21.20
	Gynaecology and Obstetrics	44	20.30
	Oout Patient Department	27	12.40
	Emergency	21	9.70
	Surgical ward	19	8.80
	Maternal and child health	19	8.80
	Paediatrics ward	18	8.30
	Intensive Care Unit	10	4.60
	Orthopaedics	9	4.10
	Operation Room	2	0.90
	Others	2	0.90

Source: Author (2021)

The results in Table show that 54.40% (n=118) of the participants worked in polyclinic while 45.60% (n=99) worked in Tema General Hospital. It was found that 67.70% (n=147) were females, while 32.30% (n=70) were males. The majority, 59.00% (n=128), were single as 31.30% (n=68), 8.30% (n=18), and 1.40% (n=3) were married, divorced, and widowed, respectively. It was also observed that a greater portion, 40.60% (n=88) of the participants had worked for 1 to 2 years, 28.10% (n=61) of the participants had worked for 3 to 5 years, 17.10% (n=37) of the participants had worked for less than a year, 10.60% (n=23) of the participants had worked for 6 to 10 years while 3.70% (n=8) had worked for more than 10 years.

88

The results also showed that 31.30% (n=68) were diploma nurses, 20.70% (n=45) were degree holders, 19.80% (n=43) were registered nurse assistants, 15.70% (n=34) were midwives, while 12.50% (n=27) were master's degree holders. Regarding the age of participants, the study results revealed that 58.10% (n=126) were between 20 to 30 years, and 28.60% (n=62) were between 31 to 40 years. 11.10% (n=24) were between 41 to 50 years, while 2.30% (n=5) were above 51 years. Also, 53.90% (n=117) were Orthodox, 26.30% (n=57) were Muslims, 16.10% (n=35) were others, and 3.70% (n=8) were Protestants. Moreover, it was shown that 25.80% (n=56) were Ewes, 21.20% (n=46) were Gas, 18.00% (n=39) were Akans, 16.60% (n=36) were Hausas, 7.40% (n=16) were others while 11.10% (n=24) were Fantes. Lastly, it was found that 21.20% (n=46) of the participants worked in the medical ward, 20.30% (n=44) were in the gynecology and obstetrics ward, 12.40% (n=27) worked in the OPD, 9.70% (n=21) worked in the Emergency, 8.80% (n=19) worked in the surgical ward. 8.80% (n=19) worked in maternal and child health, 8.30% (n=18) worked in the paediatric ward, 4.60% (n=10) worked in the ICU, 4.10% (n=9) worked in Orthopaedics, 0.90% (n=2) worked in others, and 0.90% (n=2) were in the operating room (OR).

Overall, Nurses/Midwives' Job Satisfaction

This section provides responses to the question, *What is the overall nurses'/midwives' job satisfaction in Tema metropolis public health facilities?* Research question one sought to find the overall nurses'/midwives' job satisfaction in the Tema metropolis public health facilities. Participants were requested to respond to six (6) items.

Table 2: Analysis of Results of Overall Satisfaction (N=217)

Items	Mean	SD	Rank
1. There is personal growth in my work.	5.30	1.43	1st
2. In general, I am satisfied with my work.	5.12	1.41	2nd
3. I will always choose a nursing/midwifery career again if I am making a new job decision.	5.11	1.61	3rd
4. I am satisfied with my profession.	5.08	1.78	4th
5. I really enjoy my work.	4.97	1.57	5th
6. My job has more advantages than disadvantages.	4.93	1.57	6th
Overall mean	5.08	1.87	

Source: Author (2021)

The results from Table 2 show that, in summary, participants slightly agreed that they are satisfied with their job, with a mean of 5.08 and a standard deviation of 1.87. Participants slightly agreed with items on the questionnaire that suggested that they were happy with their jobs. Participants slightly agreed that there is personal growth in their work (M=5.30, SD=1.43) and were ranked 1st. It was found that participants slightly agreed that in general, they were satisfied with their work (M=5.12, SD=1.41) and were ranked 2nd. Furthermore, it was revealed that participants slightly agreed that they would always choose a nursing/midwifery career again if they made a new job decision (M=5.11, SD=1.61) and were ranked 3rd.

Factors Influencing Job Satisfaction

This section offers responses to the question, *What are the factors influencing job satisfaction of nurses/midwives in Tema metropolis public health facilities?* The purpose of research question two was to find the factors which influence the job satisfaction of nurses/midwives in Tema metropolis public health facilities. The exercise was carried out using two-step hierarchical multiple regression techniques. The independent variables are in two blocks, namely hygiene and motivator factors as predicted under the Herzberg theory of hygiene and motivation. The hygiene factors used in the first block of the hierarchical multiple regression analysis include pay and benefits (PB), support (SUP), rank (RK), Nurses/Midwives' Relationships (NR), and scheduling (SCH). The second block of the hierarchical multiple regression analysis saw the inclusion of two motivational factors (PO-professional opportunities and AUT-autonomy) in order to figure out whether this latter set of predictors would have an incremental or detrimental impact on the explanatory power of the overall model. The dependent variable is general job satisfaction (GJS). The relationships between the dependent variable and the predictors were controlled for as in practice using nurses' organizational commitment (NOC) and demographic characteristics such as age (AGE), working experience (WE), gender (GEN), and educational status (ES). The mean scores of the studied variables that used Likert scale were computed and entered in their composite form.

Hierarchical multiple regression would help show the direction and magnitude of the effects of hygiene and motivator factors on job satisfaction. The pertinent assumptions of this statistical study were tested before conducting

91

a hierarchical multiple regression. These assumptions include linearity (scatter plot), normality (standardized residual histogram), and multicollinearity (tolerance and variance inflation factor). Before undertaking these tests, extreme univariate outliers identified in initial data screening were modified as in practice. Both normality and linearity are crucial assumptions of multivariate analysis, and therefore, they should be fulfilled to obtain accurate and reliable results. Normality refers to the fact that the data should follow a normal distribution, which means that the majority of the observations should be clustered around the mean value. Linearity, on the other hand, implies that there should be a linear relationship between the dependent and independent variables. These assumptions ensure that the statistical models are appropriate for the data and that the results are interpretable and generalizable. As noted by Hair and Anderson (2010), violating these assumptions can lead to biased estimates and incorrect conclusions, highlighting the importance of meeting these requirements.

Figure 3 presents the scatter plots of standardized residuals of dependent and independent variables (linearity test). It was seen that the majority of the ratings were clustered closely together in the middle. When most of the scores are towards the middle, according to Pallant (2016), this is considered to be a normal distribution.

92

Scatterplot

Dependent Variable: GJS
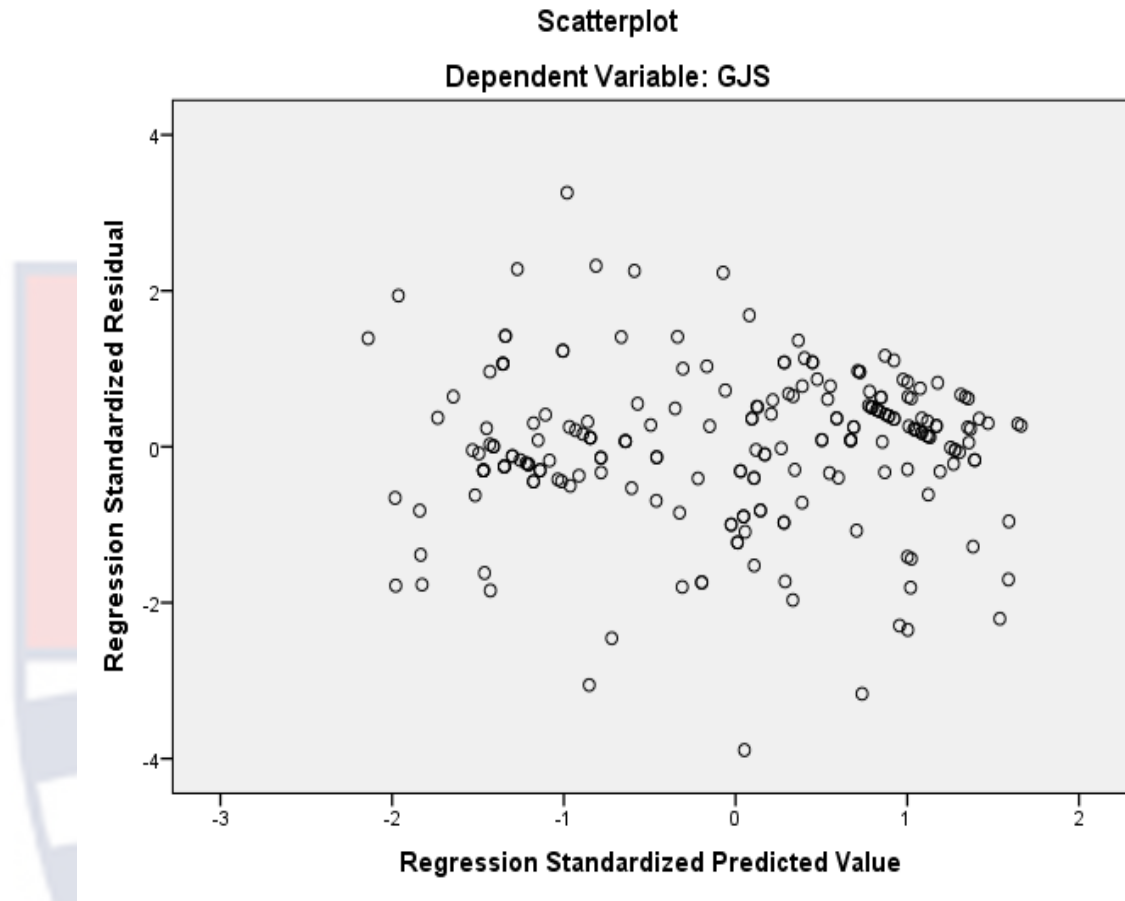
Figure 3: Scatter Plot for Linearity

Source: Author (2021)

Figure 4 presents the standardized residual histogram for linearity test. Here, it was expected that the bell-shaped symmetrical curve in the histogram is observed by having maximum scores in the middle and lesser at the edges. This assumption was satisfied accordingly (Hair et al., 1998).

Histogram

Dependent Variable: GJS
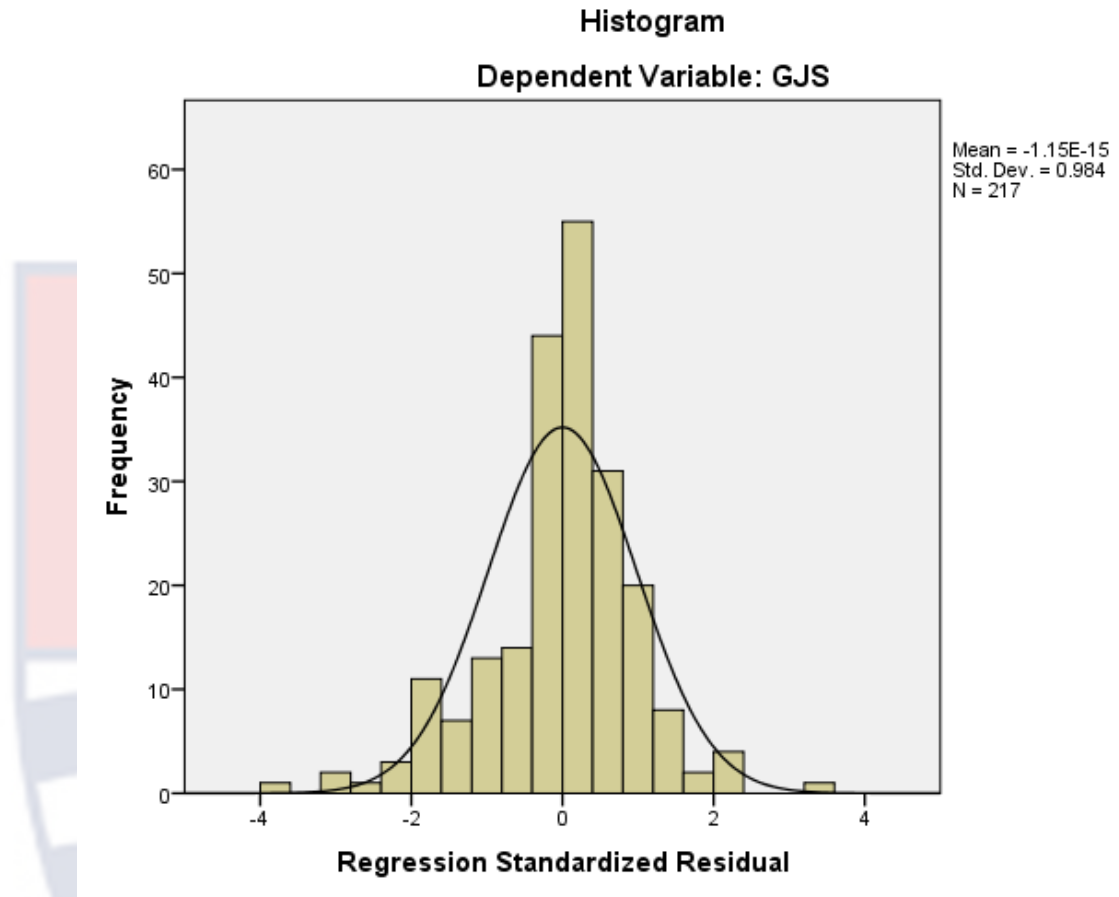
Figure 4: Normality Test using Standardized Residual histogram

Source: Author (2021)

A test for multicollinearity was also conducted, which is a prevalent issue in statistical analysis that happens when two or more independent variables in a regression model are substantially associated with each other. As a result, it is essential to check for multicollinearity before drawing any inferences from the data, as it might lead to erroneous and unreliable results. The tolerance and variance inflation factor is one method for detecting multicollinearity (VIF). Tolerance is the proportion of an independent variable's variation that cannot be accounted for by any of the other independent variables in the model. Closer to 0 values indicate strong multicollinearity, whereas higher values above 1 indicate low multicollinearity. As a rule of thumb, a

94

tolerance value below 0.1 is cause for concern and may necessitate more analysis. There is another multicollinearity metric that is connected to tolerance: the Variance Inflation Factor (VIF). It determines how much one independent variable's variance is skewed by its correlation with all the other independent variables in the model. Multicollinearity is not present when the VIF is 1, and it increases with rising values. A VIF value above 10 is typically regarded troublesome, similar to a tolerance value above 1.

Table 3 presents the multicollinearity results. The condition of multicollinearity was found to have been satisfied because the collinearity statistics (i.e., Tolerance and VIF) were all within acceptable bounds (Coakes, 2005; Hair et al., 1998). Every evidence points to the fact that the independent variables are not related to one another.

Table 3: Multicollinearity Test

Variable	Correlations Job Satisfaction	Multicollinearity Tolerance	VIF
AUT	0.59	0.49	2.04
PO	0.59	0.34	2.96
SCH	0.60	0.29	3.41
SUP	0.68	0.30	3.33
NR	0.59	0.48	2.10
PB	0.41	0.64	1.56
RK	0.63	0.35	2.89

Source: Author (2021)

The two-step hierarchical multiple regression analysis was then carried out to establish the predictors of general job satisfaction. Following the Herzberg theory of hygiene and motivation, two blocks of predictors were created in the regression analysis. The hygiene factors, such as PB, SUP, RK, NR, and SCH, were inserted in the first block of the analysis which was followed by PO and AUT, the motivator factors, in the second block. The

disaggregation of GJS predictors into the theoretically established divisions (hygiene and motivation factors) was done in other to estimate the impact of each of them using R^2. The relationships in the two blocks or steps were controlled for using NOC and demographic characteristics such as AGE, WE, GEN, and ES. Table 4 presents the outcome of the hierarchical multiple regression analysis.

The first block of the multivariate regression results resulted in 0.76 R^2 value (p<0.05). It suggests that the hygiene variables, together with the control variables, explained about 76 percent of variance or changes in GJS. Here, a substantial amount of variations in nurses' general job satisfaction depends on pay and benefits, support, rank, relationships, and scheduling, as well as the models' confounding factors. The introduction of the motivator factors such as PO and AUT saw an increment in the R^2 value to 0.77 (p<0.05), thus 0.01 changes. The finding suggests the motivator predictors only added one percentage point to the model explanatory power, which is now 77 percent. Here, both hygiene and motivator factors, together with the control variables, explain 77 percent of changes in GJS. Although only two motivating factors were used in this analysis, their inclusion contributed marginally to the model's explanatory power. On this note, the study settled on the findings in step two, further analysis in this study where pay and benefits, support, rank, relationships, scheduling, professional opportunities, and autonomy are observed as the empirically determined predictors of nurses' general job satisfaction.

Table 4: Hierarchical Multiple Regression Analysis of Factors that Influence Job Satisfaction

Block	Variables	β	SE	t	R^2	ΔR^2
Step 1	C	-0.66	0.45	-1.46	0.76	0.58
	GEN	-0.08	0.14	-0.58		
	WE	-0.12*	0.08	-1.63		
	ES	0.04	0.05	0.71		
	AGE	0.10	0.10	1.04		
	SCH	0.12	0.14	0.83		
	SUP	0.45***	0.16	2.87		
	NR	0.29***	0.12	2.49		
	PB	0.22***	0.07	2.93		
	RK	0.07	0.15	0.45		
	NOC	0.56***	0.17	3.36		
Step 2	C	-0.08	0.14	-.61	0.77	0.01
	GEN	-0.08	0.14	-.61		
	WE	-0.12*	0.08	-1.56		
	ES	0.04	0.05	0.85		
	AGE	0.07	0.10	0.68		
	SCH	0.04	0.16	0.24		
	SUP	0.41***	0.16	2.61		
	NR	0.32***	0.12	2.64		
	PB	0.21	0.07	2.88		
	RK	0.03	0.16	0.22		
	NOC	0.51***	0.17	3.03		
	AUT	0.26***	0.10	2.51		
	PO	-0.05	0.15	-0.33		

Note. N = 217; *$p < 0.1$, **$p < .05$, ***$p < .01$; a. Predictors: (Constant), NOC, AGE, GEN, ES, PB, WE, NR, SCH, RK, SUP; b. Predictors: (Constant), NOC, AGE, GEN, ES, PB, WE, NR, SCH, RK, SUP, AUT, PO; and c. Dependent Variable: GJS

Source: Author (2021)

The study fails to support the hypothesis that SCH relates strongly with GJS (β=-0.04, p>0.05). The analysis points to an insignificant negative nexus between Scheduling and General Job Satisfaction among nurses and midwives. It suggests that Scheduling has no significant effect on General Job Satisfaction among nurses/midwives.

The study fails to reject the hypothesis that SUP relates strongly with GJS (β=0.41, p<0.01). The analysis points to a significant positive association between Support and general job satisfaction among nurses and midwives. It

suggests that Support exerts a significant effect on general job satisfaction among nurses/midwives.

The study fails to reject the hypothesis that NR relates strongly with GJS (β=0.32, p<0.01). The analysis points to a significant positive association between Nurses'/Midwives' Relationships and general job satisfaction among nurses and midwives. It suggests that Nurses'/Midwives' Relationships exert a significant effect on General Job Satisfaction among nurses/midwives.

The study fails to reject the hypothesis that PB relates strongly with GJS (β=0.21, p<0.01). The analysis points to a significant nexus between Pay and Benefits and General Job Satisfaction among nurses and midwives. It suggests that Pay and Benefits have significant effect on General Job Satisfaction among nurses/midwives.

The study fails to support the hypothesis that RK relates strongly with GJS (β=0.03, p>0.05). The analysis points to an insignificant nexus between Rank and General Job Satisfaction among nurses and midwives. It suggests that Rank has no significant effect on General Job Satisfaction among nurses/midwives.

The study fails to reject the hypothesis that AUT relates strongly with GJS (β=0.26, p<0.01). The analysis points to a significant positive association between Autonomy and General Job Satisfaction among nurses and midwives. It suggests that Autonomy exerts a significant effect on General Job Satisfaction among nurses/midwives.

The study fails to support the hypothesis that PO relates strongly with GJS (β=-0.05, p>0.05). The analysis points to an insignificant negative nexus between Professional Opportunities and General Job Satisfaction among nurses

98

and midwives. It suggests that Professional Opportunities have no significant effect on General Job Satisfaction among nurses/midwives.

Factors Influencing Intention to Turnover

This section presents findings in response to the question, *What are the factors influencing intention to turnover among nurses and midwives in Tema Metropolis?* This question determined the factors that influence intention to turnover among nurses and midwives in Tema Metropolis with a focus on both hygiene and motivator factors. To answer this research question, yet again, the two-step hierarchical multiple regression was applied as in the case of general job satisfaction determinants established above. The independent variables are in two blocks, namely hygiene and motivator factors as predicted under the Herzberg theory of hygiene and motivation. The hygiene factors used in the first block of the hierarchical multiple regression analysis include PB, SUP, RK, NR, and SCH. The second block of the hierarchical multiple regression analysis saw the inclusion of two motivational factors (PO and AUT) in order to figure out whether this latter set of predictors would have an incremental or detrimental impact on the explanatory power of the overall model. The dependent variable is intention to leave (IL). The relationships between the dependent variable and the predictors were controlled for as in practice using nurses' NOC and demographic characteristics such as AGE, WE, GEN, and ES.

The pertinent assumptions of this statistical study were tested before conducting a hierarchical multiple regression. These assumptions include linearity (scatter plot), normality (standardized residual histogram), and multicollinearity (tolerance and variance inflation factor). Before undertaking

99

this test, extreme univariate outliers identified in initial data screening were modified as in practice.

Figure 5 presents the scatter plots of standardized residuals of dependent and independent variables (linearity test). The majority of the scores were found to be rather close and clustered in the middle. Pallant (2016) claims that when the majority of the scores are centered in the middle, observation is usual.
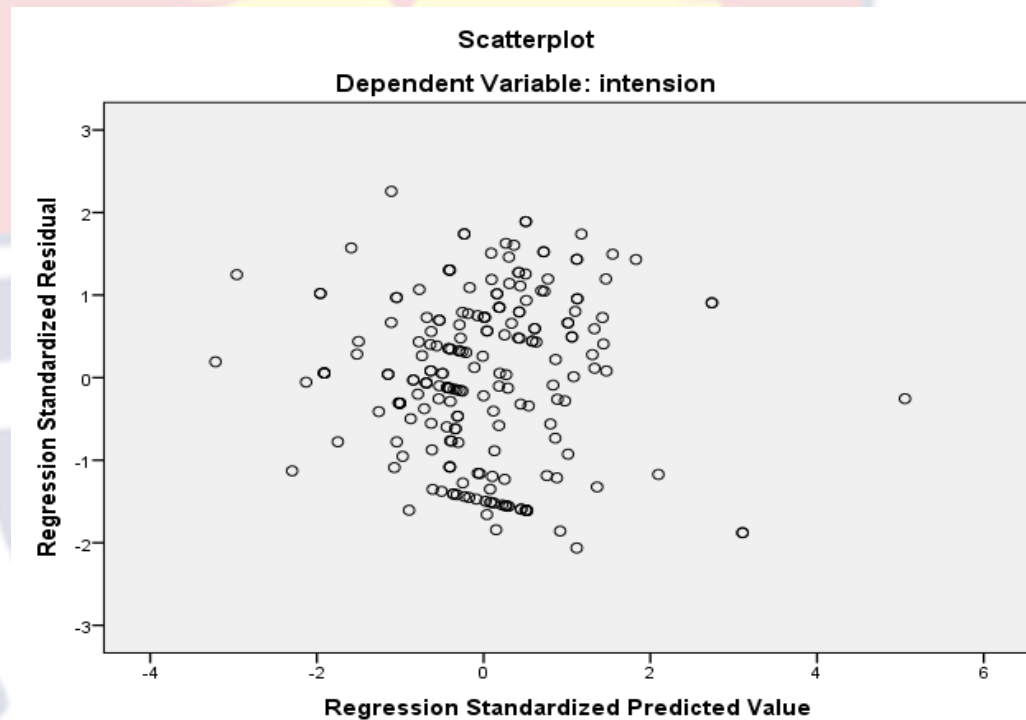
Figure 5: Scatter plot of normality

Source: Author (2021)

Figure 6 presents the standardized residual histogram for linearity test. Here, it was expected that the bell-shaped symmetrical curve in the histogram is observed by having maximum scores in the middle and lesser at the edges. This assumption was satisfied accordingly (Hair et al., 1998).
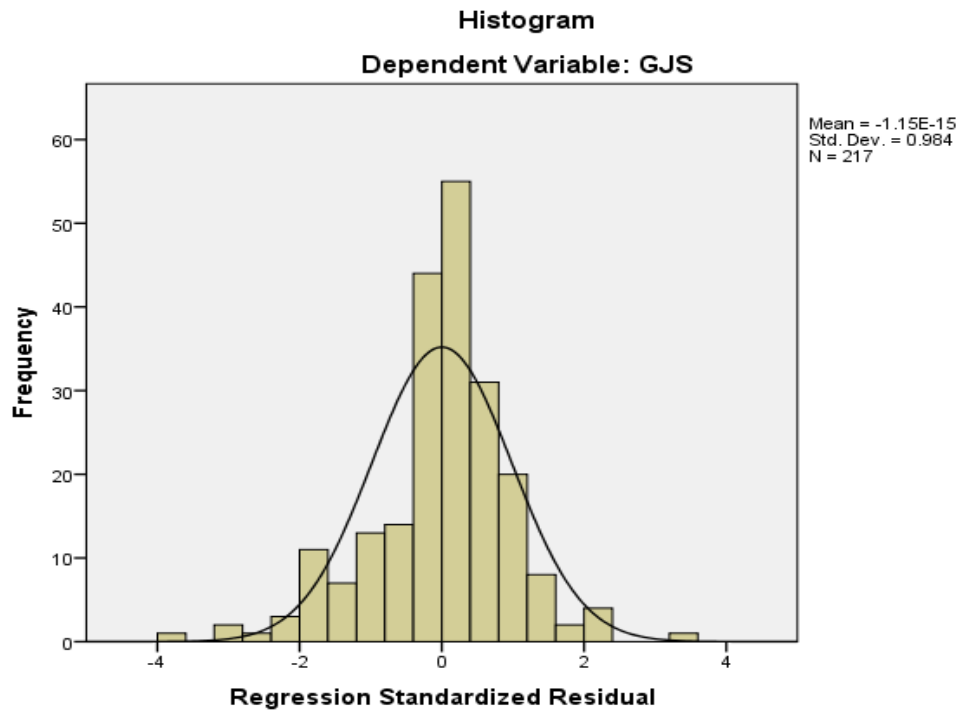
Figure 6: Normality Test using Histogram

Source: Author (2021)

Table 5 presents the multicollinearity results. As the collinearity statistics (i.e., Tolerance and VIF) were all within accepted limits as presented above, the assumption of multicollinearity was deemed to have been met (Coakes, 2005; Hair et al., 1998). The results suggest that there exist no correlations between the independent variables.

Table 5: Multicollinearity Test

	Correlations	Multicollinearity	
Variable	**Intention to Turnover**	**Tolerance**	**VIF**
AUT	0.03	0.49	2.04
PO	0.17	0.34	2.96
SCH	0.14	0.29	3.41
SUP	0.10	0.30	3.33
NR	0.08	0.48	2.10
PB	0.10	0.64	1.56
RK	0.09	0.35	2.89

Source: Author (2021)

101

The two-step hierarchical multiple regression analysis was then carried out to establish the predictors of intention to leave/turnover (IL). Following the Herzberg theory of hygiene and motivation, two blocks of predictors were created in the regression analysis. The hygiene factors, such as PB, SUP, RK, NR, and SCH, were inserted in the first block of the analysis which was followed by PO and AUT, the motivator factors, in the second block. The disaggregation of IL predictors into the theoretically established divisions (hygiene and motivation factors) was done in other to estimate the impact of each of them using R^2. The relationships in the two blocks or steps were controlled for using NOC and demographic characteristics such as AGE, WE, GEN, and ES. Table 6 presents the outcome of the hierarchical multiple regression analysis.

The first block of the multivariate regression results resulted in 0.39 R^2 value (p<0.05). It suggests that the hygiene variables, together with the control variables, explained about 36 percent of variance or changes in IL. Here, a substantial amount of variations in nurses' general job satisfaction depends on pay and benefits, support, rank, relationships, and scheduling, as well as the models' confounding factors. The introduction of the motivator factors such as PO and AUT saw an increment in the R^2 value to 0.41 (p<0.05), thus 0.01 changes. The finding suggests the motivator predictors only added one percentage point to the model explanatory power, which is now 41 percent. Here, both hygiene and motivator factors, together with the control variables, explain 41 percent of changes in IL. Although only two motivating factors were used in this analysis, their inclusion contributed marginally to the model's explanatory power. On this note, the study settled on the findings in step two,

further analysis in this study where pay and benefits, support, rank, relationships, scheduling, professional opportunities, and autonomy are observed as the empirically determined predictors of nurses' intention to turnover.

Table 6: Hierarchical Multiple Regression Analysis of Factors that Influence Intention to Turnover

Block	Variables	β	SE	t	R^2	ΔR^2
Step 1	C	3.64	0.76	4.79	0.39	0.15
	GEN	-0.68***	0.23	-2.93		
	WE	-0.12	0.13	-0.95		
	ES	0.05	0.09	0.54		
	AGE	0.21	0.17	1.24		
	SCH	0.70***	0.24	2.92		
	SUP	0.03	0.27	0.13		
	NR	0.22	0.20	1.11		
	PB	0.10	0.12	0.83		
	RK	0.44*	0.26	1.72		
	NOC	-1.18***	0.28	-4.17		
Step 2	C	3.54	0.77	4.58	0.41	0.01
	GEN	-0.65***	0.23	-2.79		
	WE	-0.12	0.13	-0.90		
	ES	0.05	0.09	0.57		
	AGE	0.23	0.17	1.35		
	SCH	0.68***	0.26	2.55		
	SUP	0.06	0.27	0.23		
	NR	0.16	0.20	0.77		
	PB	0.10	0.12	0.80		
	RK	0.42*	0.27	1.58		
	NOC	-1.12***	0.28	-3.94		
	AUT	-0.26*	0.18	-1.49		
	PO	0.29	0.25	1.15		

Note. N = 217; *p < 0.1, **p < .05, ***p< .01; a. Predictors: (Constant), NOC, AGE, GEN, ES, PB, WE, NR, SCH, RK, SUP; b. Predictors: (Constant), NOC, AGE, GEN, ES, PB, WE, NR, SCH, RK, SUP, AUT, PO; and c. Dependent Variable: IL

Source: Author (2021)

The study fails to reject the hypothesis that SCH relates strongly with IL (β=0.68, p<0.01). The analysis points to a significant positive association between Scheduling and Intention to Leave/Turnover among nurses and midwives. It suggests that Scheduling exerts a significant effect on Intention to Leave/Turnover among nurses/midwives.

103

The study fails to support the hypothesis that SUP relates strongly with IL (β=0.06, p>0.05). The analysis points to an insignificant nexus between Support and Intention to Leave/Turnover among nurses and midwives. It suggests that Support has no significant effect on Intention to Leave/Turnover among nurses/midwives.

The study fails to support the hypothesis that NR relates strongly with IL (β=0.16, p>0.05). The analysis points to an insignificant nexus of Nurses'/Midwives' Relationships and Intention to Leave/Turnover. It suggests that Nurses'/Midwives' Relationships has no significant effect on Intention to Leave/Turnover.

The study fails to support the hypothesis that PB relates strongly with IL (β=0.10, p>0.05). The analysis points to an insignificant nexus between Pay and Benefits and Intention to Leave/Turnover among nurses and midwives. It suggests that Pay and Benefits have no significant effect on Intention to Leave/Turnover among nurses/midwives.

The study fails to reject the hypothesis that RK relates strongly with IL (β=0.42, p<0.10). The analysis points to a significant positive association between Rank and Intention to Leave/Turnover among nurses and midwives. It suggests that Rank exerts a significant effect on Intention to Leave/Turnover among nurses/midwives.

The study fails to reject the hypothesis that AUT relates strongly with IL (β=-0.26, p<0.10). The analysis points to a significant negative association between Autonomy and Intention to Leave/Turnover among nurses and midwives. It suggests that Autonomy exerts a detrimental effect on Intention to Leave/Turnover among nurses/midwives.

The study fails to support the hypothesis that PO relates strongly with IL (β=0.29, p>0.10). The analysis points to an insignificant nexus between Professional Opportunities and Intention to Leave/Turnover among nurses and midwives. It suggests that Professional Opportunities has no significant effect on Intention to Leave/Turnover among nurses/midwives.

Relationship between Job Satisfaction and Intention to Turnover

This section offers responses to the question, *What are the relationships between job satisfaction and intention to turnover among nurses/midwives working in Tema public hospitals?* The focus of research question four was to find out the relationship between job satisfaction and intention to turnover among nurses/midwives working in Tema public hospitals. Pearson moment correlations were performed, and the result is presented in Table 7.

Table 7: Pearson Moment Correlations of Job Satisfaction and Intention to Turnover

Variable	N	IL	
		r	p-value
GJS	217	0.13	0.06

Note: Not significant, p>0.05
Source Author (2021)

The results in Table 9 showed a low positive relationship between job satisfaction and intention to turnover of nurses/midwives in Tema public hospitals (r=0.13, p>0.05). This implies that job satisfaction and intention to turnover of nurses/midwives moved in the same direction. However, the relationship between job satisfaction and intention to turnover is not significant.

Discussions

Attrition is a key issue worldwide in healthcare delivery and the most common way to lose human healthcare resources. Knowing the trend and timely policy intervention is important to make provisions for the future. The study

105

was designed in compliance with sustainable development goal six on meeting adequate and quality healthcare staff. This included; job environment, satisfaction, autonomy, carrier development opportunities support, job schedules, pay and benefits, as well as promotion and general working atmosphere. This present study was carried out to determine the attrition intentions and job satisfaction among nurses and midwives in the Tema General Hospital and Tema polyclinic, respectively. The association between turnover and job satisfaction among the above-mentioned staff nurses in the Tema Metropolis was investigated, and possible interventions were suggested.

Overall, Nurses/Midwives' Job Satisfaction

The purpose of this research was to investigate the degree of overall job satisfaction experienced by nurses and midwives working in Tema metropolitan public health institutions as well as the relevant elements that influence this level of satisfaction as well as those of their intention to turnover. The results indicated that the majority of respondents offered a moderate level of agreement to the statement that they were pleased with the work that they did. According to the findings of a cross-sectional study that was conducted by Brayer and Marcinowicz (2018) in Poland between October 2013 and March 2014 at a selection of healthcare facilities at random, they found that the majority of the participants were content with their jobs. This finding is in agreement with the findings of the study. According to the results of the research, the characteristics that Herzberg and his colleagues discovered to be internal contributors to job happiness are the same ones that contribute to professional satisfaction (1979). The majority of these qualities, including autonomy, which placed #1 in importance, had a very big effect on an individual's level of happiness in their

106

employment. Bakotic and Babic (2013) discovered that working under conditions such as environmental and hygiene factors as well as structured development plans are important factors for job satisfaction. Because of this, workers who were dissatisfied with their jobs due to the fact that their working conditions were difficult. This does not square with the findings of this study, as the environmental elements that Herzberg identified are not taken into account here (1979). As a result of environmental factors contributing to total job satisfaction, the overall mean of 5.08 in terms of job satisfaction in dependant variables is considered to be good. A further cross-sectional research conducted by Lu et al. (2012) found that in many studies, general nurses' and midwives' job satisfaction and motivation drive the activities of a person. Despite this, a survey of 147 South African nurses and midwives revealed significant morale issues. Around forty percent of those who participated in the survey agreed with the statement that they "dreaded" going to work the next day, felt unmotivated (over fifty percent), could picture working overseas fifty percent of the time, and wanted to quit their employment forty percent of the time.

In addition to the aforementioned, the findings of the study revealed that dissatisfaction with occupational choices, stress at work, and an inability to adapt to change were substantially associated to burnout and a lack of motivation. In South Africa, professional nurses and midwives reported a level of satisfaction that was somewhat below average (mean = 2.94). They did, however, report feeling the greatest sense of fulfilment in their relationships with patients and the gratification they obtained from providing care for patients (3.734), as well as with their nursing colleagues (3.58), doctors (3.391), and the

107

communities in which they work and feel a sense of belonging (3.37). They were most dissatisfied with their income (2.02), the amount of work they had to do (2.24), their possibilities for professional advancement (2.59), and the resources that were made available to them (2.73). This was evident from the findings of the study, since there is a definite reaction where participants marginally agreed on the Likert scale that there is little opportunity for personal improvement in their employment.

Factors Influencing Job Satisfaction

The study sought to determine intention to turnover of jobs and the related influencing factors in nurses/midwives in Tema Public health Facilities. The analysis was carried out using a stop-step hierarchical regression technique. The assessment was done based on the Herzberg Theory of hygiene and motivation factors.

The study fails to support the hypothesis that *Scheduling* relates strongly to *General Job Satisfaction* (β=0.04, p>0.05). The analysis points to an insignificant negative nexus between Scheduling and General Job Satisfaction among nurses and midwives. The findings of our study have important implications for the Herzberg Theory. Specifically, our results suggest that scheduling may not be a significant hygiene factor for nurses and midwives when it comes to overall job satisfaction. These challenges the traditional understanding of scheduling as a basic requirement for job satisfaction in healthcare settings. However, it is important to note that this study did find a significant negative relationship between scheduling and general job satisfaction among nurses and midwives who reported high levels of stress. This suggests that while scheduling may not be a universal hygiene factor for all

healthcare workers, it may still play an important role in certain contexts or for certain individuals. However, several other studies (Lu et al., 2019; Rizany, Hariyati, Afifah, & Rusdiyansyah, 2019) found strong relationships (positive/negative) between scheduling and job satisfaction in the health sector. One of the key implications of our study is for policymakers in healthcare organizations. Our findings suggest that there is an insignificant negative relationship between scheduling and general job satisfaction among nurses and midwives. This means that while scheduling may not be a major factor contributing to job dissatisfaction, it still has some impact on overall job satisfaction. As a nurse or midwife, it is important to understand the implications of an insignificant negative nexus between scheduling and general job satisfaction. One practical implication is the need for healthcare organizations to prioritize effective communication with their staff regarding scheduling practices. This can include providing clear and consistent schedules in advance, allowing for flexibility in shift preferences, and offering opportunities for feedback on scheduling concerns.

It was uncovered that Support relates strongly with General Job Satisfaction (β=0.41, p<0.01). The results show that nurses and midwives who get Support report higher levels of work satisfaction overall. These results provide credence to Herzberg's theory of hygiene and motivational variables and underline the significance of positive working circumstances in fostering job satisfaction. This finding is in line with other studies (Lu et al., 2019; Matsumoto & Yoshioka, 2019; Yuan et al., 2021) that indicated healthcare workers experience less burnout and more job satisfaction in more collaborative workplaces. Improving nurse and midwife happiness on the workplace

109

necessitates that healthcare companies place a premium on cultivating a positive work environment. Doing so will not only benefit individual employees but also lead to better patient outcomes and overall organizational success. One of the most significant implications of the positive association between support and general job satisfaction among nurses and midwives is the need for policy changes in healthcare organizations. Policymakers in healthcare organizations must recognize the importance of support in promoting job satisfaction among nurses and midwives. By implementing policies that prioritize employee well-being, healthcare organizations can create a positive work culture that fosters job satisfaction and ultimately improves patient outcomes.

The study revealed that Nurses'/midwives' Relationship relates strongly to General Job Satisfaction (β=0.32, p<0.01). The analysis points to a significant positive association between Nurses'/midwives' Relationships and general job satisfaction among nurses and midwives, which has important implications for the Herzberg Theory of Hygiene and Motivational Factors. It supports the notion that relationships with colleagues may be an important motivational factor for nurses and midwives. This is consistent with previous research (Liu, Zhou, & Yang, 2017; Vévoda et al., 2020), which has shown that positive relationships with coworkers can lead to increased job satisfaction and motivation. Therefore, healthcare organizations should prioritize creating a positive work environment where nurses can build strong relationships with their colleagues. Nurses who have strong relationships with their colleagues are more likely to feel supported, valued, and motivated in their work. This can lead to improved patient outcomes, as nurses who are satisfied with their jobs are more likely to provide high-quality care. Policies play a crucial role in shaping

the work environment of nurses and midwives. The findings of this study have significant implications for policymakers who are responsible for creating policies that promote positive relationships among healthcare professionals. Policies should be developed to encourage teamwork, collaboration, and mutual respect among nurses and midwives.

The study found that Pay and Benefits relate strongly to General Job Satisfaction (β=0.21, p<0.01). The analysis points to a significant positive relationship between Pay and Benefits and General Job Satisfaction among nurses and midwives. The finding suggests that pay and benefits are indeed hygiene factors that have a direct impact on job satisfaction. Nurses and midwives who reported higher levels of pay and better benefits packages also reported higher levels of overall job satisfaction. This supports Herzberg's theory that these basic needs must be met in order for employees to feel satisfied with their jobs. The findings from various studies indicate that there is a positive correlation between pay and benefits and job satisfaction. Nurses and midwives who receive fair compensation for their work tend to be more satisfied with their jobs, which in turn leads to better patient care. One of the most significant implications of our study is for policymakers in healthcare organizations. The findings suggest that improving pay and benefits can have a positive impact on job satisfaction among nurses and midwives. Therefore, healthcare organizations should consider revising their compensation policies to ensure that they are competitive with other industries. As a nurse or midwife, it is important to understand the implications of the significant relationship between pay and benefits and general job satisfaction. One practical implication is that employers need to ensure that their compensation packages are competitive and

111

fair. This means offering salaries that are commensurate with the level of education, experience, and skills required for the job. Additionally, employers should offer benefits such as health insurance, retirement plans, and paid time off to help attract and retain qualified staff.

It was found that Rank exerts no influence on General Job Satisfaction (β=0.03, p>0.05). The analysis points to an insignificant nexus between Rank and General Job Satisfaction among nurses and midwives. Significant implications for the Herzberg Theory can be drawn from our study's findings. When looking at job satisfaction among nurses and midwives, the fact that rank was shown to have no effect implies that some hygiene aspects may not be as essential as assumed theoretically. In general, this result runs counter to the results of previous empirical research (Hewko et al., 2015; Lu et al., 2019; Vévoda et al., 2020; Yuan et al., 2021). One practical conclusion is that healthcare companies should place a premium on cultivating a healthy work environment and encouraging staff participation. Any policymakers reading this should take note of the consequences of a weak correlation between nursing and midwifery ranks and work happiness. This research emphasizes the importance of workplace regulations that promote both personal cleanliness and intrinsic motivation.

The study found that Autonomy relates strongly with General Job Satisfaction (β=0.26, p<0.01). The analysis points to a significant positive association between Autonomy and General Job Satisfaction among nurses and midwives. The findings of the study have significant implications for Herzberg's theory of hygiene and motivational factors. Autonomy acts as a key motivational factor for these healthcare professionals. By providing nurses and

midwives with more autonomy in their work, employers may be able to increase their job satisfaction levels and improve overall performance, supporting predictions in Herzberg's theory of hygiene and motivational factors and consistent with existing empirical studies (Laschinger et al., 2001; Liu et al., 2017). The study highlights the importance of providing autonomy to nurses and midwives in their work environment, as it is positively associated with their job satisfaction. This means that healthcare organizations need to create a work culture that values autonomy and empowers nurses and midwives to make decisions related to patient care. Healthcare organizations should consider implementing strategies that promote a positive work-life balance for nurses and midwives. The positive association between autonomy and job satisfaction among nurses and midwives highlights the importance of providing healthcare professionals with greater control over their work environment. Policies that promote autonomy can lead to a more satisfied workforce, which in turn can improve patient outcomes.

The study fails to support the hypothesis that Professional Opportunities relate strongly to General Job Satisfaction (β=-0.05, p>0.05). The analysis points to an insignificant negative nexus Professional Opportunities and General Job Satisfaction among nurses and midwives which has important implications for the Herzberg theory. It suggests that while professional opportunities may not have a significant impact on overall job satisfaction, they may still play a role in motivating employees by providing them with opportunities for growth and development. Existing empirical studies (Donner & Wheeler, 2001; Lu et al., 2019; Yuan et al., 2021) on the relationship between professional opportunities and general job satisfaction among nurses and

midwives generally reported a positive correlation between the two variables contradicting the reportage under the current context. This highlights the importance of considering both hygiene and motivational factors when designing strategies to improve employee satisfaction and retention.

As a nurse or midwife, it is important to understand the implications of an insignificant negative nexus between professional opportunities and general job satisfaction. One practical implication is that healthcare organizations need to focus on providing a positive work environment for their employees. In light of the findings that there is an insignificant negative relationship between professional opportunities and general job satisfaction among nurses and midwives, policymakers need to reassess their approach toward addressing the needs of healthcare professionals. The current policies that focus solely on providing more professional development opportunities may not be effective in improving job satisfaction levels among nurses and midwives.

Factors Influencing Intention to Turnover

The study sought to identify factors influencing job satisfaction of nurses/midwives in Tema Public health Facilities. The analysis was carried out using a stop-step hierarchical regression technique. The assessment was done based on Herzberg's Theory of hygiene and motivation factors. The study found that Scheduling relates strongly to Intention to Leave/Turnover (β=0.68, p<0.01). The analysis points to a significant positive association between Scheduling and Intention to Leave/Turnover among nurses and midwives, which has important implications for the Herzberg Theory of Hygiene and Motivational Factors. It suggests that scheduling can be considered a hygiene factor that influences job satisfaction among nurses and midwives. If scheduling

114

is not managed effectively, it can lead to dissatisfaction among employees and increase their intention to leave or turnover. This finding highlights the importance of providing nurses and midwives with flexible schedules that meet their needs while also ensuring adequate staffing levels to maintain quality patient care. The findings of this study have significant implications for existing empirical studies, such as Hewko et al. (2015) on turnover intentions among nurses and midwives. The study provides further evidence that scheduling is a crucial factor in predicting turnover intentions, which has been previously identified in other studies as well.

As a nurse or midwife, it is important to recognize the implications of the significant positive association between scheduling and intention to leave/turnover. One practical implication is the need for healthcare organizations to prioritize creating fair and flexible scheduling practices that meet the needs of their staff. Given the significant positive association between scheduling and intention to leave/turnover among nurses and midwives, it is imperative that healthcare organizations take a closer look at their policies surrounding scheduling practices. One potential policy implication is the need for increased flexibility in scheduling options for nurses and midwives.

The study fails to support the hypothesis that Support relates strongly to Intention to Leave/Turnover ($\beta=0.06$, $p>0.05$). The analysis points to an insignificant nexus between Support and Intention to Leave/Turnover among nurses and midwives. Discovering an insignificant nexus between support and intention to leave/turnover among nurses and midwives has implications for the Herzberg theory. The results suggest that while support may be considered a hygiene factor, it may not necessarily have a significant impact on an

115

employee's intention to leave or turnover. This challenges the traditional understanding of hygiene factors as being critical in preventing turnover. Many previous studies (Alshareef et al., 2020; Lyu et al., 2019; Wong & Wong, 2017) have assumed that a lack of nexus support would result in higher levels of intention to leave or turnover.

One of the most significant implications of an insignificant nexus between support and intention to leave/turnover among nurses and midwives is that organizations need to re-evaluate their approach to employee retention. It is not enough to simply provide support and expect employees to remain loyal. Instead, organizations must focus on creating a positive work environment that fosters job satisfaction and engagement. One of the most significant implications of an insignificant nexus between support and intention to leave/turnover among nurses and midwives is for policymakers. The findings suggest that policies aimed at improving support alone may not be enough to reduce turnover rates in the nursing profession. Instead, policymakers need to consider a more comprehensive approach that addresses the broader range of factors that contribute to job satisfaction and retention.

The study fails to support the hypothesis that Nurses'/Midwives' Relationships relate strongly to Intention to Leave/Turnover (β=0.16, p>0.05). The analysis points to an insignificant nexus between Nurses'/Midwives' Relationships and Intention to Leave/Turnover. The implications of an insignificant nexus between nurses'/midwives' relationships and intention to leave/turnover on the Herzberg Theory are significant. This finding suggests that while positive relationships with colleagues may contribute to overall job satisfaction, they may not be enough to motivate nurses/midwives to stay in

their jobs. This implies that healthcare organizations need to focus on providing both hygiene and motivational factors if they want to retain their nursing staff. Existing empirical studies (Hewko et al., 2015; Sell & Cleal, 2011) have shown that there is a significant relationship between nurses'/midwives' relationships and their intention to leave or turnover. However, the findings of this study suggest that this relationship may not be as significant as previously thought.

One of the most significant implications of the study's findings for practice is that nurses' and midwives' intention to leave or turnover may not be solely influenced by their relationships with one another. While it is important to foster positive relationships within the workplace, this study suggests that other factors, such as workload, job satisfaction, and opportunities for career advancement, may play a more significant role in determining whether nurses and midwives choose to stay or leave their current positions. In light of the findings that there is an insignificant nexus between nurses'/midwives' relationships and intention to leave/turnover, it is important for policymakers to re-evaluate their current policies on retention strategies. Policies should be reviewed to ensure that they are evidence-based and not solely reliant on assumptions or anecdotal evidence.

The study fails to support the hypothesis that Pay and Benefits relate strongly to Intention to Leave/Turnover ($\beta=0.10$, $p>0.05$). The analysis points to an insignificant nexus between Pay and Benefits and Intention to Leave/Turnover among nurses and midwives. The findings of our study suggest that pay and benefits may not be as significant in influencing nurses' and midwives' intention to leave or turnover as previously thought. This challenges the traditional understanding of hygiene factors as being critical in preventing

117

turnover. Instead, this study highlights the importance of addressing motivational factors such as recognition and opportunities for personal growth in retaining nurses and midwives. Previous empirical studies (Decenzo & Ronbins, 2010; Hewko et al., 2015) have shown that pay and benefits are significant factors in determining nurses' and midwives' intention to leave or turnover.

As healthcare organizations strive to retain their nurses and midwives, it is important to consider the implications of an insignificant nexus between pay and benefits and intention to leave/turnover. One implication for practice is the need to focus on other factors that may influence employee retention, such as job satisfaction, work-life balance, and opportunities for professional development. Given the findings of this study, policymakers in healthcare organizations need to re-evaluate their approach to employee retention. While pay and benefits may not be significant predictors of intention to leave or turnover among nurses and midwives, it is important for organizations to recognize that these factors still play a role in overall job satisfaction. Therefore, policies should be implemented that address other aspects of job satisfaction.

The study revealed that Rank relates strongly with Intention to Leave/Turnover (β=0.42, p<0.10). The analysis points to a significant positive association Rank and Intention to Leave/Turnover among nurses and midwives. The significant positive association between rank and intention to leave/turnover among nurses and midwives has important implications for Herzberg's theory of hygiene and motivational factors. The findings of this study suggest that hygiene factors may not be enough to retain nurses and midwives in their jobs. Even if these employees have good working conditions, fair salaries, and job security, they

may still consider leaving their jobs if they lack motivation or feel unfulfilled in their roles. This highlights the importance of addressing both hygiene and motivational factors in the workplace to improve employee retention rates. Previous research (Hewko et al., 2015; Labrague et al., 2018) has identified various factors that contribute to high turnover rates in the healthcare industry. However, this study highlights the importance of rank as a predictor of turnover intentions.

One of the most significant implications of the positive association between rank and intention to leave/turnover among nurses and midwives is that healthcare organizations need to prioritize strategies to retain their top-performing staff. This means that managers and leaders must be proactive in identifying and addressing factors that contribute to employee dissatisfaction, such as poor working conditions, lack of recognition, or inadequate compensation. Based on the findings of the study, there are several implications for policy that need to be considered. Firstly, healthcare organizations need to prioritize the development and implementation of retention strategies that address the underlying causes of nurses' and midwives' intention to leave or turnover.

The study found that Autonomy relates strongly to Intention to Leave/Turnover (β=-0.26, p<0.10). The analysis points to a significant negative association Autonomy and Intention to Leave/Turnover among nurses and midwives. The findings of the study have significant implications for Herzberg's theory of hygiene and motivational factors. The negative association between autonomy and intention to leave/turnover among nurses and midwives suggests that autonomy is a crucial motivator for these healthcare professionals. This

119

finding supports Herzberg's theory that motivators play a more significant role in employee motivation than hygiene factors. Therefore, healthcare organizations should focus on providing their nurses and midwives with greater autonomy in their work to increase their job satisfaction and reduce turnover rates. Previous research (Alshareef et al., 2020; Laschinger et al., 2001) has shown mixed results, with some studies finding a positive association between autonomy and intention to leave, while others have found no significant association.

As a nurse or midwife, it is crucial to have a sense of autonomy in your work. The ability to make decisions and have control over your daily tasks can greatly impact job satisfaction and, ultimately, the intention to leave or turnover. Therefore, it is important for healthcare organizations to prioritize creating an environment that fosters autonomy among their staff. Given the significant negative association between autonomy and intention to leave/turnover among nurses and midwives, it is crucial for policymakers to take note of this finding. The results suggest that policies aimed at increasing autonomy among healthcare professionals may have a positive impact on retention rates within the industry.

The study fails to support the hypothesis that Professional Opportunities relate strongly to Intention to Leave/Turnover ($\beta=0.29$, $p>0.10$). The analysis points to an insignificant nexus between Professional Opportunities and Intention to Leave/Turnover among nurses and midwives. The findings of our study have significant implications for the Herzberg Theory. The insignificant nexus between professional opportunities and intention to leave/turnover among nurses and midwives indicates that professional opportunities may not be

considered a significant motivational factor for these healthcare professionals. This finding challenges the traditional understanding of what motivates employees in the healthcare industry. It also generally contradicts findings in the existing empirical studies (Decenzo & Ronbins, 2010; Hewko et al., 2015). It suggests that while professional opportunities may be important for some healthcare professionals, they may not necessarily be a universal motivator for all.

One possible explanation is that nurses and midwives may be motivated by factors beyond those traditionally considered in turnover research. For example, they may be driven by a sense of purpose or a desire to make a difference in patients' lives. Alternatively, they may be more likely to stay in their current positions if they feel valued and supported by their colleagues and supervisors. Based on the findings of this study, it is crucial for healthcare organizations to recognize that an insignificant nexus between professional opportunities and intention to leave/turnover exists among nurses and midwives. This means that simply providing more professional development opportunities may not be enough to retain these healthcare professionals. The findings of this study have significant implications for policymakers in the healthcare sector. The fact that an insignificant nexus was found between professional opportunities and intention to leave/turnover among nurses and midwives suggests that policies aimed at improving professional development opportunities may not be effective in reducing turnover rates.

Relationship between Job Satisfaction and Intention to Turnover

The study found a low positive relationship between job satisfaction and intention to turnover of nurses/midwives ($r=0.13$, $p>0.05$). This implies that job

121

satisfaction and intention to turnover of nurses/midwives moved in the same direction. However, the relationship between job satisfaction and intention to turnover is not significant.

The low positive relationship between job satisfaction and intention to turnover of nurses/midwives has significant implications for theory. This finding challenges the traditional assumption that high job satisfaction leads to lower intention to turnover. The results suggest that there are other factors at play, such as organizational culture, work environment, and leadership style. The empirical implications of a low positive relationship between job satisfaction and intention to turnover of nurses/midwives are significant. Firstly, it suggests that job satisfaction may not be the only factor influencing turnover intentions among nurses and midwives. Other factors such as workload, work-life balance, and organizational culture may also play a significant role in shaping their intentions to leave their current job. One of the main implications of a low positive relationship between job satisfaction and intention to turnover of nurses/midwives is that policymakers need to focus on creating a more supportive work environment. This can be achieved through various means, such as providing better training and development opportunities, improving communication channels between management and staff, and implementing policies that promote work-life balance. As a nurse or midwife, it is important to understand the implications of a low positive relationship between job satisfaction and intention to turnover. One practical implication is the need for healthcare organizations to prioritize employee engagement and job satisfaction. This can be achieved through various means, such as providing

opportunities for professional development, offering competitive compensation

packages, and creating a positive work environment.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

Chapter Five presents summaries, conclusions, and recommendations emerging from the study. The general purpose of the study was to assess factors influencing job satisfaction and intention to turnover/leave among nurses/midwives in Tema Metropolis public hospitals. The study specifically focused on: (a) the level of nurses'/midwife's overall job satisfaction and the related influencing factors in Tema metropolis public health facilities, (b) intention/turnover and factors that influenced intention for nurses and midwives to turnover in Tema public health facilities and (c) the relationships between job satisfaction and intention to turnover among nurse /midwives working in Tema public hospitals.

Summary

The quantitative study adopted a cross-sectional design to assess attrition intentions and job satisfaction among nurses and midwives of TGH and Tema Polyclinic in the Tema metropolis, Ghana. The participants were selected from their various units /departments using multi-stage sampling. In all, 217 participants were used in the study. The data analysis was done using SPSS version 22 and Microsoft Excel package. A descriptive statistical analysis of frequency and percentage was employed in the analysis. Inferential statistical techniques of univariable and hierarchical multivariable linear regression was used in determining relationships between the main outcome variable and other covariates that were relevant to this study. The analysis resulted in various discoveries.

124

With respect to overall job satisfaction among nurses/midwives, the study found a higher level of job satisfaction among the health professionals at the TGH and Tema Polyclinic. It suggests that the majority of the participants slightly agreed that they were satisfied with their job. A greater level of job satisfaction among nurses and midwives points to a low attrition rate and perhaps higher job performance.

Regarding the factors predicting general job satisfaction among nurses/midwives, the study made the following discoveries:

1. The study found that scheduling exerts no influence on general job satisfaction.

2. It was uncovered that support relates strongly to general job satisfaction.

3. The study revealed that nurses' relationship relates strongly to general job satisfaction.

4. The study found that pay and benefits relate strongly to general job satisfaction.

5. The study found that rank exerts no influence on general job satisfaction.

6. The study found that autonomy relates strongly to general job satisfaction.

7. The study found that professional opportunities exert no influence on general job satisfaction.

The following revelations were made with respect to the drivers of intention to leave/turnover among nurses/midwives:

a) The study found that scheduling relates strongly to intention to leave/turnover.

125

b) The study found that support exerts no influence on intention to leave/turnover.

c) The study found that nurses/midwives' relationships exert no influence on intention to leave/turnover

d) The study found that pay and benefits exert no influence on intention to leave/turnover

e) The study revealed that rank relates strongly to intention to leave/turnover.

f) The study found that autonomy relates strongly to intention to leave/turnover.

g) The study found that professional opportunities exert no influence on intention to leave/turnover.

The study found a low positive relationship between job satisfaction and intention to turnover of nurses/midwives. This implies that job satisfaction and intention to turnover of nurses/midwives moved together in the nursing profession. However, the relationship between job satisfaction and intention to turnover is not significant.

Conclusions

The study sought to assess factors influencing job satisfaction and intention to turnover/leave among nurses/ midwives in hospitals at the Tema Metropolis, Ghana. Specifically, the study aimed at evaluating overall level of job satisfaction, drivers of both job satisfaction and intention to turnover/leave, and the relationship between job satisfaction and intention to turnover/leave. A host of conclusions emerged from the various analysis.

126

The study revealed some promising results. The research found that an overwhelming majority of nurses and midwives reported a higher level of job satisfaction, indicating a positive trend in the healthcare industry. This is excellent news for healthcare professionals, as job satisfaction is a crucial factor in their overall mental and emotional well-being, which in turn can affect the quality of care they provide to their patients. Furthermore, job satisfaction can lead to decreased turnover rates and increased retention of skilled professionals, ultimately benefiting the healthcare industry as a whole.

As healthcare professionals, nurses, and midwives play a crucial role in ensuring the well-being of patients. However, their job satisfaction is equally important for maintaining the quality of care they provide. In this context, hygiene factors such as support, peer relationships and may have been identified as key determinants of general job satisfaction among nurses and midwives.

It was uncovered that support from colleagues and superiors is a crucial factor in determining job satisfaction. Nurses and midwives who feel supported by their colleagues and superiors are more likely to be satisfied with their jobs than those who do not receive adequate support. Support can come in various forms, such as emotional support, informational support, and instrumental support. Emotional support refers to the provision of empathy, care, and concern for one's well-being. Informational support involves providing relevant information that helps individuals perform their tasks effectively. Instrumental support refers to tangible assistance provided by colleagues or superiors to help individuals complete their work. The importance of support in enhancing job satisfaction among nurses and midwives cannot be overemphasized. It is, therefore, essential for healthcare organizations to create a supportive work

127

environment that fosters positive relationships among colleagues and between staff and management. By doing so, they can improve the overall job satisfaction of nurses and midwives, which ultimately translates into better patient outcomes.

In addition to support, the study also found that nurses and midwives' relationships with their peers have a significant impact on their overall job satisfaction. Positive relationships with colleagues can create a sense of camaraderie and teamwork, which can lead to increased job satisfaction. On the other hand, negative relationships or conflicts with coworkers can cause stress and dissatisfaction. Furthermore, having supportive colleagues who are willing to lend a helping hand or provide guidance can make a significant difference in how nurses and midwives feel about their jobs. Feeling like part of a team where everyone is working towards the same goal can be incredibly motivating and fulfilling. Overall, it is clear that peer relationships play an important role in the job satisfaction of nurses and midwives. Employers should prioritize creating a positive work environment where employees feel supported by their colleagues and encouraged to build strong relationships with one another.

Pay and benefits were also found to strongly relate with general job satisfaction among nurses and midwives. This is not surprising as compensation is a fundamental aspect of any job. Nurses and midwives who feel that they are being fairly compensated for their work are more likely to be satisfied with their jobs. However, it is important to note that pay alone may not be enough to ensure job satisfaction. Other factors such as workload, opportunities for advancement, and work-life balance also play a significant role in overall job satisfaction. Therefore, it is crucial for healthcare organizations to consider all

aspects of the work environment when striving to improve job satisfaction among nurses and midwives. Overall, the study highlights the importance of hygiene factors such as support, peer relationships, and pay in promoting general job satisfaction among nurses and midwives. By addressing these factors, healthcare organizations can create a positive work environment that fosters employee satisfaction and ultimately leads to better patient outcomes.

It was uncovered that autonomy happens to be the only motivation factor that relate strongly with general job satisfaction. The studies consistently showed that when nurses and midwives were given more autonomy in their work, they reported higher levels of job satisfaction. Autonomy refers to the level of control an individual has over their work environment, including decision-making power and independence. When nurses and midwives are given more autonomy, they feel empowered and valued as professionals. This sense of ownership over their work leads to increased job satisfaction, which in turn can lead to better patient outcomes and a more positive work environment. Overall, it is clear that autonomy is a key factor in determining the job satisfaction levels of nurses and midwives. As healthcare organizations look for ways to improve retention rates and attract top talent, providing opportunities for increased autonomy should be a top priority. By doing so, they can create a more engaged workforce that is better equipped to provide high-quality care to patients.

With respect to intention to turnover, one of the most significant findings was that scheduling strongly relates to the intention to leave/turnover. Nurses and midwives who reported dissatisfaction with their schedules were more likely to consider leaving their current job. This finding is not surprising, given

that scheduling can have a significant impact on work-life balance and overall job satisfaction. Nurses and midwives often work long hours, including night shifts and weekends, which can make it difficult for them to maintain a healthy work-life balance. When schedules are inflexible or unpredictable, it can be challenging for nurses and midwives to plan their personal lives around their work schedule, leading to frustration and burnout. In conclusion, this study highlights the importance of considering scheduling when addressing turnover among nurses/midwives. Employers should strive to create flexible schedules that allow nurses and midwives to maintain a healthy work-life balance while still meeting the needs of patients. By doing so, employers can reduce turnover rates and improve job satisfaction among their nursing staff.

In addition to scheduling, the study also found that rank plays a significant role in nurses and midwives' intention to leave their jobs. The results showed that those in lower ranks were more likely to express an intention to turnover compared to their higher-ranking counterparts. This finding highlights the importance of recognizing the impact of hierarchical structures within healthcare organizations. It is essential for healthcare leaders to acknowledge the potential negative effects of power dynamics on employee retention. By creating a culture that values all employees regardless of rank, organizations can foster a sense of belonging and job satisfaction among staff members. Additionally, providing opportunities for career advancement and professional development can help mitigate the negative effects of rank on intention to turnover. Overall, this study emphasizes the need for healthcare organizations to prioritize employee well-being and address factors such as rank that may contribute to high turnover rates among nurses and midwives.

The study found a low positive relationship between job satisfaction and intention to turnover of nurses/midwives in Tema public hospitals. This implies that job satisfaction and intention to turnover of nurses/midwives moved in the same direction. However, the relationship between job satisfaction and intention to turnover is not significant. The findings also means that while job satisfaction does have an impact on the likelihood of nurses and midwives leaving their jobs, it is not a significant factor. It is important to note that while the relationship may be low, it still exists. This suggests that healthcare organizations should strive to improve job satisfaction among their nursing staff in order to reduce turnover rates. However, it also indicates that other factors such as workload, work-life balance, and compensation may play a larger role in determining whether or not nurses and midwives decide to leave their jobs. Overall, this study provides valuable insights into the complex nature of job satisfaction and turnover within the healthcare industry.

Recommendations

This section presents recommendation emerging from the findings of the study. The study sought to assess factors influencing job satisfaction and intention to turnover/leave among nurses/ midwives in hospitals at the Tema Metropolis in to come out with suggestions towards policy, practice, and theory. Precisely, the study offers recommendation to following stakeholders:

Policy Makers

As policymakers, it is crucial to recognize the significant effects of support, relationship, pay, and autonomy on general job satisfaction among nurses and midwives. To improve the quality of healthcare services provided by

these professionals, policymakers should prioritize creating policies that address these factors.

Firstly, Ministry of Health (MoH) must provide adequate support for nurses and midwives is essential to ensure their well-being and job satisfaction. This can be achieved by implementing policies that provide access to counseling services, mental health support, and resources for managing work-related stress. Additionally, creating a supportive work environment that values teamwork and collaboration can go a long way in improving job satisfaction among healthcare professionals.

Secondly, government and Ministry of Finance should consider increasing pay rates for nurses and midwives as a means of improving their job satisfaction. Providing competitive salaries not only attracts qualified individuals to the profession but also motivates them to perform better. It is important to note that fair compensation also includes benefits such as health insurance coverage and retirement plans.

Lastly, granting autonomy to nurses and midwives can significantly improve their job satisfaction. Empowering these professionals with decision-making authority over patient care can increase their sense of responsibility and ownership in their work. Policies that encourage shared decision-making between healthcare professionals can lead to improved patient outcomes while also enhancing job satisfaction among nurses and midwives.

In addition, MoH must prioritize addressing support, relationship, pay, and autonomy factors when developing policies aimed at improving job satisfaction among nurses and midwives. By doing so, they will create an

132

environment where healthcare professionals feel valued and motivated to provide high-quality care to patients.

As policymakers, it is essential to understand the significant effects of scheduling, rank, and autonomy on the intention to turnover among nurses and midwives. Based on our research findings, we recommend that policymakers prioritize creating policies that promote flexible scheduling for nurses and midwives. This can be achieved by providing them with more control over their work schedules, which will help reduce burnout and increase job satisfaction. Additionally, policymakers should focus on improving the rank structure for nurses and midwives. This can be done by offering promotions based on merit rather than seniority. By doing so, nurses and midwives will feel valued for their contributions to the healthcare system, which will lead to increased job satisfaction and reduced intention to turnover.

For nursing

As a practitioner in the nursing/midwifery field, it is crucial to understand the significant effects of support, relationship, pay, and autonomy on general job satisfaction. To improve job satisfaction among nurses/midwives, practitioners should focus on creating a supportive work environment that fosters positive relationships between colleagues and management.

Additionally, fair compensation and benefits packages should be provided to nurses/midwives to ensure they feel valued and appreciated for their hard work. Finally, granting autonomy to nurses/midwives can lead to increased job satisfaction as it allows them to take ownership of their work and make decisions that positively impact patient care.

133

Nursing and Midwifery Council of Ghana and Ghana Registered nurses and Midwives Association (GRNMA) should also prioritize ongoing professional development opportunities for nurses/midwives as it can lead to increased job satisfaction by providing opportunities for growth and advancement within the field. By implementing these recommendations, practitioners can create an environment where nurses/midwives feel supported, valued, and empowered in their roles leading to improved overall job satisfaction.

As a practitioner in the healthcare industry, it is crucial to recognize the significant effects of scheduling, rank, and autonomy on intention to turnover among nurses and midwives. To reduce turnover rates and retain valuable staff members, practitioners must implement strategies that address these factors. Firstly, it is essential to provide nurses and midwives with flexible scheduling options that accommodate their personal needs. This can include offering part-time or job-sharing positions, allowing for shift swaps or schedule adjustments, and providing ample notice for changes in schedules. By doing so, practitioners can improve job satisfaction and work-life balance among their staff.

Secondly, practitioners should strive to create a positive work environment that values employee input and recognizes their contributions. This can be achieved by promoting open communication channels between staff and management, providing opportunities for professional development and advancement, and fostering a culture of respect and collaboration.

Lastly, practitioners should prioritize the provision of adequate resources such as staffing levels, equipment, and training to ensure that nurses and midwives can perform their duties effectively. By doing so, practitioners

can reduce burnout rates among staff members while improving patient outcomes.

Overall, addressing scheduling, rank, and autonomy concerns among nurses/midwives is critical in reducing turnover rates within the healthcare industry. Practitioners must take proactive steps towards creating a supportive work environment that values its employees' well-being while ensuring high-quality patient care delivery.

Researchers

As researchers, it is crucial to continue exploring the significant effects of support, relationship, pay, and autonomy on general job satisfaction among nurses and midwives. Future studies should focus on identifying the specific types of support that are most effective in promoting job satisfaction among healthcare professionals. Additionally, researchers should investigate the role of leadership styles in fostering positive relationships between nurses/midwives and their supervisors.

Furthermore, there is a need for more research on the impact of pay and benefits on job satisfaction among healthcare workers. It is essential to determine whether increasing salaries or offering additional benefits can improve job satisfaction and reduce turnover rates in this field. Finally, future studies should also examine the relationship between autonomy and job satisfaction among nurses/midwives to determine how much control over their work environment they need to feel satisfied with their jobs. By conducting these studies, we can gain a better understanding of how to improve job satisfaction among healthcare professionals and ultimately enhance patient care outcomes.

As researchers, it is crucial to continue exploring the significant effects of scheduling, rank, and autonomy on intention to turnover among nurses/midwives. This can be achieved by conducting longitudinal studies that follow nurses/midwives over an extended period. Such studies can help identify patterns in turnover intentions and how they relate to changes in scheduling, rank, and autonomy.

Additionally, researchers should consider using mixed-methods approaches that combine quantitative and qualitative data collection methods. This can provide a more comprehensive understanding of the factors contributing to turnover intentions among nurses/midwives. Furthermore, researchers should explore the impact of other variables such as workload, job satisfaction, and organizational culture on turnover intentions.

Overall, continued research on the significant effects of scheduling, rank, and autonomy on intention to turnover among nurses/midwives is essential for developing effective retention strategies. By identifying the factors that contribute to high turnover rates among nurses/midwives, policymakers and practitioners can implement evidence-based interventions that promote job satisfaction and reduce staff turnover.

REFERENCES

AbuAlRub, R. F., Omari, F. H., & Al- Zaru, I. M. (2009). Support, satisfaction and retention among Jordanian nurses in private and public hospitals. *International nursing review, 56*(3), 326-332.

Abbott, D., De La Garza, M., Krantz, S., & Mahvi, D. (2011). The impact of physician-nurse interactions on nurse satisfaction. *Journal of Surgical Research, 165*(2).

Abdul, R. and Raheela, M. (2015). Impact of working environment on job satisfaction. *Procedia Economics and Finance, vol.23* no.1, pp.717-725.

Abu- Bader, S. H. (2000). Work satisfaction, burnout, and turnover among social workers in Israel: A causal diagram. *International Journal of Social Welfare, 9*(3), 191-200.

Ahn, Y. S., & Choi, J. S. (2023). Nurses' perceptions of career ladder systems, job satisfaction and turnover intention: A cross-sectional study. *Nursing Open*, *10*(1), 195–201. https://doi.org/10.1002/nop2.1294

Ahmed, S. M., Tolera, M. & Angamo, M.T. (2013). Assessment of job satisfaction among pharmacy professionals in southwest Ethiopia. *International Journal of Pharmaceutical Sciences and Research, 4*(6), 2351–2358.

Aiken, L., Clarke, S., & Sloane, D. (2002). Hospital staffing, organizational support and quality of care: cross-national findings. *International Journal for Quality in Health Care, 50*(5), 87-94.

Aiken, L., Clarke, S., Sloane D, Sochalski, J., Busse, R., Clarke, H. Giovanetti, P. Hunt, J., Rafferty., & Shamian, J. (2010). *Nurses' reports on hospital care in five countries. Health Affairs, 20*(3), 43-53

Al-Ahmadi, H. A. (2002). Job satisfaction of nurses in Ministry of Health Hospitals in Riyadh, Saudi Arabia. *Saudi Medical Journal, 23*(6), 645-650.

Alam, M. M. & Mohammad, J. F. (2010). Level of job satisfaction and intent to leave among Malaysian nurses. *Business Intelligence Journal, 3*(1), 123-137.

Al-Enezi, N., Chowdhury, R. I., Shah, M. A. & Al-Otabi, M. (2009): Job satisfaction of nurses with multicultural backgrounds: a questionnaire survey in Kuwait. *Applied Nursing Research, 22*(2), 94-100.

Al-Nems, A., Abu, T. N., Aboads, F., Al-Yousef, M., & Al-Yateem, N. (2005). Nurses' Perceived Job-Related Stress and Job Satisfaction in Amman Private Hospitals. Retrieved November 20, 2019, from https://vdocuments.mx/nurses-perceived-job-related-stress-and-job-satisfaction-in-amman-private.html

Alshareef, A. G., Wraith, D., Dingle, K., & Mays, J. (2020). Identifying the factors influencing Saudi Arabian nurses' turnover. *Journal of Nursing Management*, *28*(5), 1030–1040. https://doi.org/10.1111/jonm.13028

Aormina, R. J., & Gao, J. H. (2013). Maslow and the motivation hierarchy: Measuring the satisfaction of the needs. *The American Journal of Psychology, 126*(2), 155-177.

138

Applebaum, D., Fowler, S., Fiedler, N., Osinubi, O. & Robson, M. (2010). The impact of environmental factors on nursing stress, job satisfaction, and turnover intention. *Journal of Nursing Administration, 40*(7-8), 323-328.

Ariely, D., & Carmon, Z. (2000). Gestalt characteristics of experiences: The defining features of summarized events. *Journal of Behavioral Decision Making, 13*(2), 191-201.

Arnetz, B. (1999). Staff perception of the impact of health care transformation on quality of care. *International Journal for Quality in Health Care, 11*(4), 345-51.

Arnold, E. (2012). Better retention through nursing theory. *Nursing Management, 36*(4), 16-18.

Asch, S. S. (1966). Depression: three clinical variations. *The Psychoanalytic study of the child, 21*(1), 150-171.

Australian Journal of advanced nursing; (2009). Volume 21; A quarterly publication of the Royal Australian Nursing Federation'94-100. DOI: 10.1016/j.apnr.2007.05.005

Azim, M. T., Haque, M. M., & Chowdhury, R. A. (2013). Gender, marital status and job satisfaction an empirical study. *International Review of Management and Business Research, 2*(2), 488.

Baah, K., & Amoako, G. K. (2011). Application of Frederic Herzberg's two-factor theory in assessing and understanding employee motivation at work: a Ghanaian perspective. *European Journal of Business and Management, 3*(9), 1-8

Babin, J. B., & Boles, J. S. (1996). The effects of perceived co-worker involvement and supervisor support on service provider role stress, performance and job satisfaction. *Journal of Retailing, 72*(1), 57-75.

Bae, S., Mark, B., & Fried, B. (2010). Impact of nursing unit turnover on patient outcomes in hospitals. *Journal of Nursing Scholarship, 42*(1), 40-49.

Bakotic, D., & Babic, T. B. (2013). Relationship between working conditions and Job Satisfaction: The case of Croatian Shipbuilding Company. *International Journal of Business and Social Science, 4*(2), 206-213.

Banaszak-Holl, J., & Hines, M. A. (1996). Factors associated with nursing home staff turnover. *The Gerontologist, 36*(4), 512-517.

Beecroft, P. C., Dorey, F., & Wenten, M. (2008). Turnover intention in new graduate nurses: a multivariate analysis. *Journal of advanced nursing, 62*(1), 41-52.

Beecroft, P. Kunzman, L., Taylor, S., Devenis, E., & Guzek, F. (2004). Bridging the gap between school and workplace. Developing a new graduate nurse curriculum. *Journal of Nursing Administration, 34*(7/8), 338-345.

Benner, P. (Ed.). (1994). Interpretive phenomenology: Embodiment, caring, and ethics in health and illness. Sage publications.Berinstein, D., & Paula, R. (2003). Business Statistics on the Web: Find Them Fast-At No Cost New Jersey: Cyber Age Books.

140

Berlin, L. E., & Sechrist, K. R. (2002). The shortage of doctorally prepared nursing faculty: A dire situation. *Nursing Outlook, 50*(2), 50-56.

Binet, A., Gavin, V., Carroll, L., & Arcaya, M. (2019). Designing and facilitating collaborative research design and data analysis workshops: Lessons learned in the healthy neighbourhoods study. *International Journal of Environmental Research and Public Health, 16*(3). https://doi.org/10.3390/ijerph16030324

Boamah, S. A., & Laschinger, H. (2016). The influence of areas of work-life fit and work-life interference on burnout and turnover intentions among new graduate nurses. *Journal of Nursing Management, 24*(2), 164-174.

Boles, J. S., Howard, W. G., & Donofrio, H. H. (2001). An investigation into the inter-relationships of work-family conflict, family-work conflict and work satisfaction. *Journal of Managerial Issues, 376*-390.

Bormann, L., & Abrahamson, K. (2014). Do staff nurse perception of nurse leadership behaviours influence staff nurse job satisfaction? The case of a hospital applying for magnet designation. *Journal of Nursing Administration, 44*(4), 219-225.

Boumans, N. P., De Jong, A. H., & Vanderlinden, L. (2008). Determinants of early retirement intentions among Belgian nurses. *Journal of advanced nursing, 63*(1), 64-74.

Brayer, A. & Marcinowicz. L. (2018). Job satisfaction of nurses with the master of nursing degrees in Poland: *Quantitative and Qualitative analysis. BMC Health Services Research, 18*(239), 1-7.

Bretz, B. K. (2012). Personal and social identity development: Experiences of social mobility. The Indiana University of Pennsylvania.

Buglear, J. (2005). Quantitative methods for business the A-Z of QM (1st ed.). Oxford: Butterworth-Heinemann.

Buhai, S., Cottini, E., & Nielseny, N. (2008). The impact of workplace conditions on firm performance. Tinbergen Institute Discussion Paper No. 08-077/3. Retrieved from http://www.hha.dk/nat/wper/ 08-13_sebu.pdf

Çamveren, H., & Kocaman, G. (2021). Factors Influencing a University Hospital Nurses' Intentions to Leave the Unit, Organisation and Profession: A Cross-Sectional Study. *Journal of Health Management*, *23*(2), 240–250. https://doi.org/10.1177/0972063 4211011560

Chowdhury, S. R., Kabir, H., Akter, N., Iktidar, M. A., Roy, A. K., Chowdhury, M. R., & Hossain, A. (2023). Impact of workplace bullying and burnout on job satisfaction among Bangladeshi nurses: *A cross-sectional study. Heliyon, 9*(2). https://doi.org/10.1016/j.heliy on.2023.e13162

Carmon, Z., & Ariely, D. (2000). Focusing on the forgone: How value can appear so different to buyers and sellers. *Journal of consumer research, 27*(3), 360-370.

Cangelosi. J., & Markham, F. (1998). Factors related to nursing retention and turnover: an updated study. *Health Marketing Quarterly, 15* (3), 25–43.

Carter, M. R., & Tourangeau, A. E. (2012). Staying in nursing: What factors determine whether nurses intend to remain employed? *Journal of Advanced Nursing, 68*(7), 1589-1600.

Castillo, J. X., & Cano, J. (2004). Factors explaining job satisfaction among faculty. *Journal of Agricultural Education, 45*(3), 65-74.

Chan, D. (1998). Functional relations among constructs in the same content domain at different levels of analysis: A typology of composition models. *Journal of applied psychology, 83*(2), 234.

Chan, M. F., Luk, A. L, Leong, S. M., Yeung, S. M. & Van, I. K. (2009). Factors influencing Macao nurses' intention to leave current employment. *Journal of Clinical Nursing, 18*(6), 893-901.

Chandrasekar, K. (2011). Workplace environment and its impact on organizational performance in public sector organizations. *International Journal of Enterprise Computing and Business Systems, 1*(1), 1-19.

Chen, G., Bliese, P. D., & Mathieu, J. E. (2005). Conceptual framework and statistical procedures for delineating and testing multilevel theories of homology. *Organizational Research Methods, 8*(4), 375-409.

Chen, G., Ployhart, R. E., Thomas, H. C., Anderson, N., & Bliese, P. D. (2011). The power of momentum: A new model of dynamic relationships between job satisfaction change and turnover intentions. *Academy of Management Journal, 54*(1), 159-181.

Cialdini, R. B., & Goldstein, N. J. (2004). Social influence: Compliance and conformity. *Annual review of psychology, 55*(1), 591-621.

Cialdini, R. B. (2009). We have to break up. *Perspectives on psychological science, 4*(1), 5-6.

Clark, A. E. (1997). Job satisfaction and gender: Why are women so happy at work? *Labour Economics, 4*(4), 341-372.

Clark, A., Oswald, A., & Warr, P. (1996). Is job satisfaction U- shaped in age?. *Journal of occupational and organizational psychology, 69*(1), 57-81.

Cochran. & W. G. (1963). Sampling techniques, (2nd ed.). New York, NY: John Wiley and Sons, Inc.

Coomber, B., & Barriball, K. L. (2007). Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses: a review of the research literature. *International journal of nursing studies, 44*(2), 297-314.

Cooper, J. O., Heron, T. E., & Heward, W. L. (2007). Applied behaviour analysis.

Corwin. R., & Taves, M. (1962). Some concomitants of bureaucratic and professional conceptions of the nurse role. *Nursing Research, 11*(4), 223-227.

Costa Jr, P. T., Terracciano, A., & McCrae, R. R. (2001). Gender differences in personality traits across cultures: robust and surprising findings. *Journal of personality and social psychology, 81*(2), 322.

Cowin, L. S., Johnson, M., Craven, R.G., & Marsh, H. W. (2008). Causal modelling of self-concept, job satisfaction, and retention of nurses. *International Journal of Nursing Studies, 45*(10), 1449–1459.

Cowin, L., & Hengstberger-Sims, C. (2006). New graduate nurse self-concept and retention: a longitudinal study. *International Journal of Nursing Studies. 43*(1), 59-70.

Creswell, J. W. (2009). Research design: qualitative, quantitative, and mixed methods approach (3rd ed.). Thousand Oaks, CA: Sage.

De Gieter, S., Hofmans, J., & Pepermans, R. (2011). Revisiting the impact of job satisfaction and organizational commitment on nurse turnover intention: an individual difference analysis. *International Journal of Nursing Studies, 48*(12), 1562- 1569.

Delobelle, P., Rawlinson, J. L., Ntuli, S., Malatsi, I., Decock, R. & Depoorter A. M. (2011). Job satisfaction and turnover intent of primary healthcare nurses in rural South Africa: a questionnaire survey. *Journal of Advanced Nursing, 67*(2), 371-383.

Desombre, T., Kelliher, C., Macfarlane, F., & Ozbilgin, M. (2006). Re-organizing work roles in health care: Evidence from the implementation of functional flexibility. *British Journal of Management, 17*(2), 139-151.

Dignani, L. & Toccaceli, A. (2013). Nurses and job satisfaction: results of an Italian survey. *Journal of US-China Public Administration, 10*(4) 379-387.

Dineen, B. R., Noe, R. A., Shaw, J. D., Duffy, M. K., & Wiethoff, C. (2007). Level and dispersion of satisfaction in teams: Using foci and social context to explain the satisfaction-absenteeism relationship. *Academy of Management Journal, 50*(3), 623-643.

Donnell, S. M., & Hall, J. (1980). Men and women as managers: A significant case of no significant difference. *Organizational Dynamics, 8*(4), 60-77.

Dotson, M. J., Dave, D. S., Cazier, J. A., & Spaulding, T. J. (2014). An empirical analysis of nurse retention. *Journal of Nursing Administration, 44*(2), 111-116.

Dragoni, L. (2005). Understanding the emergence of state goal orientation in organizational work groups: the role of leadership and multilevel climate perceptions. *Journal of applied psychology, 90*(6), 1084.

Egan, T. M., Yang, B., & Bartlett, K. R. (2004). The effects of organizational learning culture and job satisfaction on motivation to transfer learning and turnover intention. *Human resource development quarterly, 15*(3), 279-301.

Esnard, C., Bordel, S., & Somat, A. (2013). Nurses faced with burnout: What causal attributions? *Psychological Practices Journal, 19*(3), 147-161.

Etikan, I., & Bala, K. (2017). Sampling and sampling methods. Biometrics & Biostatistics. *International Journal, 5*(6), 00149.

Ewen, R. B., Smith, P. C., & Hulin, C. L. (1966). An empirical test of the Herzberg two-factor theory. *Journal of applied psychology, 50*(6), 544.

Faragher, E. B., Cass, M., & Cooper, C. L. (2005). A meta-analysis of the relationship between job satisfaction and health. Occup. *Environ. Med, 62,* 105-112.

Felps, W., Mitchell, T. R., Hekman, D. R., Lee, T. W., Holtom, B. C., & Harman, W. S. (2009). Turnover contagion: How coworkers' job embeddedness and job search behaviours influence quitting. *Academy of management journal, 52*(3), 545-561.

Festinger, L. (1957). *A theory of cognitive dissonance* (Vol. 2). Stanford university press.

Figart, D. M. (2001). Wage-setting under Fordism: the rise of job evaluation and the ideology of equal pay. *Review of Political Economy, 13*(4), 405-425.

Finn, C. E., Manno, B. V., & Vanourek, G. (2001). Charter schools in action. In Charter Schools in Action. Princeton University Press.

Flinkman, M., Laine, M., Leino-Kilpi, H., Hasselhorn, H-M., Salanterä, S. (2008). Explaining young registered Finnish nurses' intention to leave the profession: a questionnaire survey. *International Journal of Nursing Studies, 45*(5), 727–739.

Flinkman, M., Isopahkala-Bouret, U., & Salanterä, S. (2013). Young registered nurses' intention to leave the profession and professional turnover in early career: a qualitative case study. *International Scholarly Research* Notices, 2013.

Flinkman, M., Laine, M., Leino-Kilpi, H., Salanterä, S. (2010). Nurses' intention to leave the profession: an integrative review. *Journal of Advanced Nursing, 66*(7), 1422–1434.

Folger, R., & Cropanzano, R. (2001). Fairness theory: Justice as accountability. *Advances in organizational justice, 1*(1-55), 12.

Francis B (2013): Job Satisfaction, Work Attitudes and Job Motivation.

Frey, Lawrence R., Carl, H., Botan, Gary, L., & Kreps. R. (2000). Investigating Communication: An Introduction to Research Methods. (2nd ed). Boston. Pearson Education

Fung- kam, L. (1998). Job satisfaction and autonomy of Hong Kong-registered nurses. *Journal of Advanced Nursing, 27*(2), 355-363.

Gardner D. (1992). Conflict and retention of new graduate nurses. *Western Journal Nursing Research, 14*(1), 78–85.

Gardulf, A., Orton, M. L., Eriksson, L. E., Undén, M, Arnetz, B., et al. (2008). Factors of importance for work satisfaction among nurses in a university hospital in Sweden. *Scandinavian Journal of Caring Sciences, 22*(2), 151-60.

Gazioglu, S., & Tanselb, A. (2006). Job satisfaction in Britain: Individual and job-related factors. *Applied Economics, 38*(10), 1163-1171.

Georgellis, Y., & Wall, H. J. (2005). Gender differences in self- employment. *International review of applied economics, 19*(3), 321-342.

Ghana Statistical Service. (2015). Ghana Demographic and Health Survey 2014. Accra: Ghana Statistical Service. Retrieved November 20, 2019

Goleman, D. (2001). Emotional intelligence: Issues in paradigm building. The emotionally intelligent workplace, 13, 26.

González-Romá, V., Peiró, J. M., & Tordera, N. (2002). An examination of the antecedents and moderator influences of climate strength. *Journal of applied psychology, 87*(3), 465.

Gormley, D. K. (2011). Are we on the same page? Staff nurse and manager perceptions of work environment, quality of care and anticipated nurse turnover. *Journal of Nursing Management, 19*(1), 33–40.

Greenhalgh, L., & Rosenblatt, Z. (1984). Job insecurity: Toward conceptual clarity. *Academy of Management Review, 9*(3), 438-448.

Haair, D. C., Salisbury, H., Johannsson, M., & Redfern-Vance, N. (2014). Nurse staffing and the relationship to job satisfaction and retention. *Nursing Economics, 32*(3), 142-147.

Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2010). Exploratory factor analysis. In Multivariate Analysis (7th ed). New York: Pearson

Haijuan, W., Yong Pin, N., & Bibo, X. (2006). Main factors influencing nurse job satisfaction—A cross-country study.

Halfer, D. (2011). Job embeddedness factors and retention of nurses with 1 to 3 years of experience. *Journal of Continuing Education in Nursing, 42*(10), 468-476.

Hamid, S., Malik, A. U., Kamran, I. and Ramzan, M. (2014). Job satisfaction among nurses working in the private and public sectors: a qualitative study in tertiary care hospitals in Pakistan. *Journal of Multidisciplinary Healthcare, 7*, 25-35.

Hamilton, D. (1989). Towards a Theory of Schooling. Deakin Studies in Education Series, Volume 4. Falmer Press, c/o Taylor and Francis, 79 Madison Avenue, Suite 1110, New York, NY 10016-7892.

Hamilton, L. T. (2007). Managing the laboratory technical workforce. *Clinics in laboratory medicine, 27*(4), 807-821.

Han, G. H. & Jekel, M. (2011). The mediating role of job satisfaction between leader-member exchange and turnover intentions. *Journal of Nursing Management, 19*(1), 41–49.

Harrison, D. A., & Klein, K. J. (2007). What's the difference? Diversity constructed as separation, variety, or disparity in organizations. *Academy of management review, 32*(4), 1199-1228.

Harter, J. K., Schmidt, F. L., & Hayes, T. L. (2002). Business-unit-level relationship between employee satisfaction, employee engagement, and business outcomes: a meta-analysis. *Journal of applied psychology, 87*(2), 268.

Hasselhorn, H. M., van Dam, K., van der Heijden, B. (2009) Intention to leave nursing: The importance of interpersonal work context, work-home interference, and job satisfaction beyond the effect of occupational commitment. *Career Development International 14*(7), 616-635.

Hassmiller, S. B., & Cozine, M. (2006). Addressing the nurse shortage to improve the quality of patient care. *Health Affairs, 25*(1), 268-274.

Hausknecht, J. P., Sturman, M. C., & Roberson, Q. M. (2011). Justice as a dynamic construct: Effects of individual trajectories on distal work outcomes. *Journal of Applied Psychology, 96*, 872–880.

Hayes, B., Bonner, A., & Pryor, J. (2010). Factors contributing to nurse job satisfaction in the acute hospital setting: a review of recent literature. *Journal of Nursing Management, 18*(7), 804-814.

Hayes, L. J., O 'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes F, & Stone, R. (2006). Nurse turnover: A literature review. *International Journal of Nursing Studies. 43*(2), 237-263.

Halcomb, E., Bird, S., Mcinnes, S., Ashley, C., & Huckel, K. (2021). Exploring job satisfaction and turnover intentions among general practice nurses in an Australian Primary Health Network. *Journal of Nursing Management*, *29*(5), 943–952. https://doi.org/10.1111/jonm.13230

Hewko, S. J., Brown, P., Fraser, K. D., Wong, C. A., & Cummings, G. G. (2015). Factors influencing nurse managers' intent to stay or leave: A quantitative analysis. *Journal of Nursing Management*, *23*(8), 1058–1066. https://doi.org/10.1111/jonm.12252

Hu, H., Wang, C., Lan, Y., & Wu, X. (2022). Nurses' turnover intention, hope and career identity: the mediating role of job satisfaction. *BMC Nursing*, *21*(1). https://doi.org/10.1186/s12912-022-00821-5

Heinen, M.M., Van Achterberg, T., Schwendimann, R., Zander, B., Matthews, A., Kózka, M., & Ball, J. (2013). Nurses' intention to leave their profession: a cross-sectional observational study in 10 European countries. *International Journal of Nursing Studies, 50*(2), 174-184.

Henderson, J. V. (2005). Urbanization and growth. In Handbook of economic growth (Vol. 1, pp. 1543-1591). Elsevier.

Henry, G., & Gary, T., (1990). Practical Sampling. London: Sage Publications,

Heodossiou, A. I., & Vasileiou, E. (2008). Jobs as Lancaster goods: Facets of job satisfaction and overall job satisfaction. *Journal of Socio-Economics, 37*(5), 1906–1920.

Herzberg, F., Mausne, B., & Snyderman, B. (1959). The Motivation to Work. NewYork: John Wiley & Sons.

Herzberg, F. (2005). The motivation-hygiene theory. Organizational behaviour one: Essential theories of motivation and leadership, eds JB Miner, ME Sharpe Inc, New York, 2(4), 61-74.

Hinshaw, A., Atwood, J., & Gerber, R., Erickson, J. R. (1986). Testing a theoretical model for job satisfaction and anticipated turnover of nursing staff. *Nursing Research, 34*(6).

Hitlan, R. T., & Noel, J. (2009). The influence of workplace exclusion and personality on counterproductive work behaviours: An interactionist perspective. *European Journal of Work and Organizational Psychology, 18*(4), 477-502.

Hobfoll, S. E., & Lerman, M. (1989). Predicting receipt of social support: A longitudinal study of parents' reactions to their child's illness. *Health psychology, 8*(1), 61.

Hoppok, R., & Spielgler, S. (1938). Job satisfaction. occupations. Vocat. *Guid. J,* (16), 636-643.

Hulin, C. (1991). Adaptation, persistence, and commitment in organizations.

Hulin, C. L., & Smith, P. C. (1964). Sex differences in job satisfaction. *Journal of applied psychology, 48*(2), 88.

Hurley, E. A., Warren, N. E., Doumbia, S., & Winch, P. J. (2014). Exploring the connectedness of rural auxiliary midwives to social networks in Koutiala, Mali. *Midwifery, 30*(1), 123-129.

Hyrkas, K. & Morton, J. L. (2013) International perspectives on retention, stress and burnout. *Journal of Nursing Management, 21*(4), 603-604.

Igbaria, M., & Guimaraes, T. (1999). Exploring differences in employee turnover intentions and its determinants among telecommuters and non-telecommuters. *Journal of management information systems, 16*(1), 147-164.

Iliopoulou, K.K. & While, A.E. (2010). Professional autonomy and job satisfaction: a survey of critical care nurses in mainland Greece. *Journal of Advanced Nursing, 66*(11), 2520–2531.

Jehn, K. A., Chadwick, C., & Thatcher, S. M. (1997). To agree or not to agree: The effects of value congruence, individual demographic dissimilarity, and conflict on workgroup outcomes. *International journal of conflict management.*

Johnson, D. W., & Johnson, R. T. (2013). Cooperative, competitive, and individualistic learning environments. *International guide to student achievement, 372-*374.

Jones, S. M. (2008). Emergency nurses' caring experiences with Mexican American patients. *Journal of Emergency Nursing, 34*(3), 199-204.

Kabeel, A.R. & Eisa, S. A. (2017). Relationship between job satisfaction and professional identity among psychiatric nurses. *Egyptian Nursing Journal, 14*(1), 9-6

Kacel, B., Miller, M. & Norris, D. (2005) Measurement of nurse practitioner job satisfaction in a Midwestern state. *Journal of the American Academy of Nurse Practitioners, 17*(1), 27–32

Kahneman, D. & Tversky, A., (1982). Judgments of and by representativeness. See Kahneman et al 1982, pp. 84-98

Kalisch, B. J., Lee, H., & Rochman, M. (2010). Nursing staff teamwork and job satisfaction. *Journal of nursing management, 18*(8), 938-947.

Kamal, A. (2011). Canadian Nursing Labour Force: Examining the Relationship between Job Dissatisfaction, Nurse Dissatisfaction and Intent to quit. MSc Thesis, University of Toronto, Department of Health Policy, Management and Evaluation, Toronto. Retrieved November 10, 2019, from https://ace.ihpme.utoronto.ca/wp-content/uploads/disertations/msc-2011-14.pdf

Kavanaugh, J., Duffy, J. A. & Lilly, J. (2006). The relationship between job satisfaction and demographic variables for healthcare professionals. *Management Research News, 29*(6), 304-325.

Khowaja K. (2005). Registered Nurses Perceptions of Work Satisfaction at Tertiary Care University Hospital: Journal of Nursing Management.

Kim, M., Kim, E. J., & Choi, S. (2016). Factors influencing turnover intention of nurses in comprehensive care units. *Information (Japan)*, *19*(10A), 4569–4574.

Kinzl, J. F., Knotzer, H., Traweger, C., Lederer, W., Heidegger, T., & Benzer, A. (2005). Influence of working conditions on job satisfaction in anaesthetists. *British Journal of Anaesthesia,94*(2), 211-215

Kirkman, B. L., & Rosen, B. (1999). Beyond self-management: Antecedents and consequences of team empowerment. *Academy of Management journal, 42*(1), 58-74.

Kleinman, C. (2004). The relationship between managerial leadership behaviors and staff nurse retention. *Hospital topics, 82*(4), 2-9.

154

Kopinak, K., & Barajas, M. D. R. (2002). Too close for comfort? The proximity of industrial hazardous wastes to local populations in Tijuana, Baja California. *The Journal of Environment & Development, 11*(3), 215-246.

Kramer, M., & Schmalenberg, C. (2004). Essentials of a magnetic work environment. Part 1. *Nursing Management 34*(6), 50-4.

Kumar, P., Khan, A. M., Inder, D. & Sharma, N. (2013): Job satisfaction of primary health-care providers (public sector) in an urban setting. *Journal of Family Medicine & Primary Care, 2*(3), 227-233.

Kumar, R., Ahmed, J., Shaikh, B. T., Hafeez, R. and Hafeez, A. (2013). Job satisfaction among public health professionals working in the public sector: a cross-sectional study from Pakistan. *Human Resources for Health, 11*(2), 1–5.

Kundu, S. C., & Gahlawat, N. (2016). High performance work systems and employees' intention to leave: Exploring the mediating role of employee outcomes. *Management Research Review, 39*(12), 1587-1615.

Kutney-Lee, A., Wu, E. S., Sloane, D. M., & Aiken, L. H. (2013). Changes in hospital nurse work environments and nurse job outcomes: An analysis of panel data. *International Journal of Nursing Studies, 50*(2), 195-201.

Lam, T., Zhang, H., & Baum, T. (2001). An investigation of employees' job satisfaction: the case of hotels in Hong Kong. *Tourism Management, 22*(2), 157-165.

Lambrou, P., Kontodimopoulos, N. & Niakas, D. (2010). Motivation and job satisfaction among medical and nursing staff in a Cyprus public general hospital. *Human Resources for Health, 8*(26), 1-9.

Lane, K., Esser, J., Holte, B., & Anne, M. M. (2010). A study of nurse faculty job satisfaction in community colleges in Florida. *Teaching and Learning in Nursing, 5*(1), 16-26.

Lang, M. (2009). Conflict management: A gap in business education curricula. *Journal of Education for Business, 84*(4), 240-245.

Laphalala, R.P., (2006). Factors Influencing Nursing Turnover in selected Private hospitals in England: University of South Africa. MBA project unpublished

Laschinger, H. K. S., & Finegan, J. (2005). Using empowerment to build trust and respect in the workplace: A strategy for addressing the nursing shortage. *Nursing Economics, 23*(1), 6.

Laschinger, H. K. S., Finegan, J., Shamian, J., & Wilk, P. (2001). Impact of structural and psychological empowerment on job strain in nursing work settings: expanding Kanter's model. JONA: *The Journal of Nursing Administration, 31*(5), 260-272.

Laschinger, H, Wong, C., McMahon, L., &Kaufmann, C. (1999). Leader behaviour impact staff nurse empowerment, job tension, and work effectiveness. *Journal of Nursing Administration, 29*(5), 28-39

Laschinger, H. S., Wong, C. A., & Grau, A. L. (2013). Authentic leadership, empowerment and burnout: a comparison in new graduates and experienced nurses. *Journal of Nursing Management, 21*(3), 541-552.

Lavoie-Tremblay, M., Fernet, C., Lavigne, G. L., & Austin, S. (2016). Transformational and abusive leadership practices: impacts on novice nurses, quality of care and intention to leave. *Journal of Advanced Nursing, 72*(3), 582-592.

Lee, S. Y., & Brand, J. L. (2005). Effects of control over office workspace on perceptions of the work environment and work outcomes. *Journal of Environmental Psychology, 25*(3), 323–333.

Lee, T. H., Gerhart, B., Weller, I., & Trevor, C. O. (2008). Understanding voluntary turnover: Path-specific job satisfaction effects and the importance of unsolicited job offers. *Academy of Management Journal, 51*(4), 651-671.

Leiter, M. P., Price, S. L., Spence, H. K. (2010). Generational differences in distress, attitudes and incivility among nurses. *Journal of Nursing Management, 18*(8), 970–980.

Lindsley, D. H., Brass, D. J., & Thomas, J. B. (1995). Efficacy-performing spirals: A multilevel perspective. *Academy of management review, 20*(3), 645-678.

Locke, E.A. (1976) The Nature and Causes of Job Satisfaction. Handbook of Industrial and Organizational Psychology, 1, 1297-1343.

Lockley, S. W., Barger, L. K., Ayas, N. T., Rothschild, J. M., Czeisler, C. A., & Landrigan, C. P. (2007). Effects of health care provider work hours and sleep deprivation on safety and performance. *The Joint Commission Journal on Quality and Patient Safety, 33*(11), 7-18.

Lohr, R., & Sharon L. (1999). Sampling: Design and Analysis. Albany: Duxbury Press,

Louis, M. R. (1980). Surprise and sense making: What newcomers experience in entering unfamiliar organizational settings. *Administrative science quarterly,* 226-251.

Lu, H., Barriball, K. L, Zhang, X., & While, A. E. (2012). Job satisfaction among hospital nurses revisited: A systematic review. International *Journal of Nursing Studies, 49*(8), 1017-1038.

Lutans, F. (2011) Organizational Behaviour: An evidenced-based Approach (12th ed). New York: McGraw Hill

Luthans, F., & Luthans, B. C. (2004). Positive psychological capital: Beyond human and social capital.

Liu, J., Zhou, H., & Yang, X. (2017). Evaluation and improvement of the nurse satisfactory status in a tertiary hospital using the professional practice environment scale. *Medical Science Monitor*, *23*, 874–880. https://doi.org/10.12659/MSM.902249

Lu, H., Zhao, Y., & While, A. (2019). Job satisfaction among hospital nurses: A literature review. *International Journal of Nursing Studies*, *94*, 21–31. https://doi.org/10.1016/j.ijnurstu.2019.01.011

MacKusick, C. I., & Minick, P. (2010). Why are nurses leaving? Findings from an initial qualitative study on nursing attrition. MEDSURG Nursing: *The Journal of Adult Health, 19*(6), 335-40.

MacNealy, & Mary, Sue. (1999) Strategies for Empirical Research in Writing. New York: Longman

Madjar, N., Oldham, G. R., & Pratt, M. G. (2002). There's no place like home? The contributions of work and nonwork creativity support to employees' creative performance. *Academy of Management journal, 45*(4), 757-767.

Maidani, E. A. (1991). Comparative study of Herzberg's two-factor theory of job satisfaction among public and private sectors. *Public personnel management, 20*(4), 441-448.

Makhdoom, Al-Enezi, Naser, Chowdhury, Rafiqul, Otabi, Mohammed. Determinant of job satisfaction among nurses in Kuwait. The

Marshall, M. N. (1996). Sampling for Qualitative Research. *Family Practice* (13), 522–525.

Martin, C. J. (2015). The effects of nurse staffing on quality of care. MEDSURG *Nursing, 24*(2), 4-6.

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual review of psychology, 52,* 397-422.

Masum, A. K., Azad, M. A., Hoque, K. E., Beh, L. S., Wanke, P. & Arslan, Ö. (2016). Job satisfaction and intention to quit: an empirical analysis of nurses in Turkey. *Peer-reviewed Journal, 26*(4).

Matsumoto, Y., & Yoshioka, S.-I. (2019). Factors influencing psychiatric nurses' job satisfaction levels: Focusing on their frequency of experiencing negative emotions toward patients and support at their workplaces. *Yonago Acta Medica*, *62*(4), 293–304. https://doi.org/ 10.33160/yam.2019.11.006

McCarthy, G., Tyrrell, M. P. & Lehane, E. (2007). Intention to 'leave' or 'stay' in nursing. *Journal of Nursing Management, 15*(3), 248–255.

McClure, M., Poulin, M., Sovie, M., & Wandelt, M. (1983). Magnet Hospitals: Attraction and Retention of Professional Nurses. Kansas City: American Nurses Association.

McLaughlin, D. B., & Olson, J. R. (2012). Health care operations management (2nd ed.). Chicago, IL: Health Administration Press.

Meeusen, V.C., Van Dam, K., Brown-Mahoney, C., Van Zundert, A. A. & Knape, H.T. (2011) Understanding nurse anaesthetists' intention to leave their job: how burnout and job satisfaction mediate the impact of personality and workplace characteristics. *Health Care Management Review, 36*(2), 155-163.

Miller, W., & Crabtree B. (1992). Primary care research: A multimethod typology and qualitative road map. In Crabtree B. F., Miller W. L. (Eds.), Doing qualitative research. Research methods for primary care (Vol. 3). Newbury Park, CA: Sage.

Miranda, E. (2022). Moscow Rules: A Quantitative Exposé. In International Conference on Agile Software Development (pp. 19-34). Springer, Cham.

Mitchell, T. R., Holtom, B. C., Lee, T. W., Sablynski, C. J., & Erez, M. (2001). Why people stay: Using job embeddedness to predict voluntary turnover. *Academy of management journal, 44*(6), 1102-1121.

Mitchell, J. A., & Esnard, T. R. (2014). Socio-economic factors and job satisfaction among public health care registered nurses in Trinidad and Tobago. *International Journal of Business and Social Research, 4*(6), 27-37.

Miyuki T., (2009). A concept analysis of turnover intention: Implications for nursing management. Hiroshima University, School of Health Sciences. Available at ww.sciencedirect.com

Mobley, W. H. (1982). Some unanswered questions in turnover and withdrawal research. *Academy of management review, 7*(1), 111-116.

Mohamed, D. H. (2017). Qualitative Research Approach in LIS Education: Comparative Methodology Study. *IOSR Journal of Research & Method in Education (IOSRJRME), 07*(01), 83–89. https://doi.org /10.9790/7388-0701028389

Moseley, A. Jeffers, L., & Patterson, J. (2008). The retention of the older nursing workforce: A Literature review exploring factors which influence the retention and turnover of older nurses. *Contemporary Nurse, 30*(1), 46-56.

Mueller, C., & McCloskey, J. (1990). Nurses' job satisfaction: a proposed measure. *Nursing Research, 39*(2), 113-117.

Murrells, T., Robinson, S., & Griffiths, P. (2008). Job satisfaction trends during nurses' early career. *BMC nursing, 7*(1), 1-13.

Nachmias, C., & Nachmias, D. (1992). Research methods in the social sciences (4th ed.). New York: St. Martin's Press.

NIOSH (National Institute of Occupational Safety and Health). (2006). Criteria for a Recommended Standard: Occupational Exposure to Asbestos. NIOSH, No. 72-10267. U.S. Department of Health, Education, and Welfare, Public Health Service, Centres for Disease Control, National Institute of Occupational Safety and Health.

Niu, G. Y., Yang, Z. L., Mitchell, K. E., Chen, F., Ek, M. B., Barlage, M., ... & Xia, Y. (2011). The community Noah land surface model with multiparameterization options (Noah- MP): 1. Model description and evaluation with local- scale measurements. *Journal of Geophysical Research: Atmospheres, 116*(D12).

O'Brien-Pallas, L., Griffin, P., Shamian, J., Buchan, J., Duffield, C., Hughes, F., ... & Stone, P. W. (2006). The impact of nurse turnover on patient, nurse, and system outcomes: a pilot study and focus for a multicenter international study. *Policy, Politics, & Nursing Practice, 7*(3), 169-179.

OECD (2013). Health at a glance 2013: OECD indicators. Paris: OECD Publishing

Olatunji, S. O. & Mokuolu, B. O. (2014): The influence of sex, marital status, and tenure of service on job stress, and job satisfaction of health workers in a Nigerian federal health institution. *African Research Review, 8*(1), 126-133.

Oshagbemi, T. (2000). Gender differences in the job satisfaction of university teachers. Women in Management Review.

Oshagbemi, T. (2003). Personal correlates of job satisfaction: empirical evidence from UK universities. *International journal of social economics.*

Ostroff, C. (1992). The relationship between satisfaction, attitudes, and performance: An organizational level analysis. *Journal of applied psychology, 77*(6), 963.

Pocock, J. G. A. (2001). Barbarism and Religion (Vol. 2). Cambridge University Press.

Pallant, J. (2016). SPSS Survival Manual: A Step-by-Step Guide to Data Analysis Using SPSS Program (6th ed.). London, UK: McGraw-Hill Education.

Park, M., & Jones, C. (2010). A retention strategy for newly graduated nurses: An integrative review of orientation programs. *Journal for Nurses in Staff Development, 26*(4), 142-149.

Parry, J. (2003). The changing meaning of work: restructuring in the former coalmining communities of the South Wales Valleys. Work, *employment and society, 17*(2), 227-246.

Pellico, L. H., Djukic, M., Kovner, C., & Brewer, C. (2010). Moving on, up, or out: Changing work needs of new RNs at different stages of their beginning nursing practice. *Online Journal of Issues in Nursing, 15*(1).

Penney, L. M., & Spector, P. E. (2005). Job stress, incivility, and counterproductive work behaviour (CWB): The moderating role of negative affectivity. Journal of Organizational Behavior: The *International Journal of Industrial, Occupational and Organizational Psychology and Behavior, 26*(7), 777-796.

Peterson, S. J., & Luthans, F. (2006). The impact of financial and non-financial incentives on business-unit outcomes over time. *Journal of Applied Psychology, 91*(1), 156.

Petterson, I. (1998). Psychological stressors and well-being in health care workers. *The impact of an intervention programme, Social Science and Medicine, 47*(11), 763-772.

Pillay, R. (2009). Work satisfaction of professional nurses in South Africa: a comparative analysis of the public and private sectors. *Human Resources for Health, 7*(15), 1-10.

Poissonnet, C. M., & Véron, M. (2000). Health effects of work schedules in healthcare professions. *Journal of clinical nursing, 9*(1), 13-23.

Price, J. L., & Mueller, C. W. (1979). A Casual Model of Turnover Estimated for Nurses.

Rafiq, M., Javed, M., Khan, M., & Ahmed, M. (2012). Effect of Rewards on Job satisfaction evidence from Pakistan. *Interdisciplinary Journal of Contemporary Research in Business, 4*(1).

Randolph, G., L., Price, J. L., & Collins, J. R., (2012). The effects of burnout prevention training on burnout symptoms in nurses. *The Journal of Continuing Education in Nursing, 17*(2), 43-49.

Raup, G. H. (2008). The impact of ED nurse manager leadership style on staff nurse turnover and patient satisfaction in academic health centre hospitals. *Journal of Emergency Nursing, 34*(5), 403–409.

Reskin, B. F., & McBrier, D. B. (2000). Why not ascription? Organizations' employment of male and female managers. American sociological review, 210-233.

Ritelli, D., Mingari Scarpello, G., & Brida, J. G. (2008). The Solow model with logistic manpower: a stability analysis. *Journal of World Economics Review, 3*(2), 161-166.

164

Rosseter, R. J. (2012). Impact of education on nursing practice. American Association of Colleges of Nursing.

Saari, L. M., & Judge, T A. (2004). Employee attitudes and job satisfaction. *Human Resource Management, 43*(4), 395–407.

Sabanciogullari, S. & Dogan, S. (2015). Effects of the professional identity development programme on the professional identity, job satisfaction and burnout levels of nurses: A pilot study. *International Journal of Nursing Practice, 21*(6), 847–857.

Salt. J., Cummings, G., & Profetto-McGrath, J. (2008). Increasing retention of new graduate nurses: A systematic review of interventions by healthcare organizations. *Journal of Nursing Administration 38*(6), 287-296

Scarpello, V., & Carraher, S. M. (2008). Are pay satisfaction and pay fairness the same construct? A cross- country examination among the self-employed in Latvia, Germany, the UK, and the USA. *Baltic Journal of Management.*

Schroffel, A. (1999). How does clinical supervision affect job satisfaction? *The Clinical Supervisor, 18*(2), 91-105.

Sell, L., & Bryan, C. (2011). Job satisfaction, work environment, and rewards: Motivational theory revisited. *Labour, 25*(1), 1-23.

Sellgren, S. F., Ekvall, G., & Tomson, G. (2008). Leadership behaviour of nurse managers in relation to job satisfaction and work climate. *Journal of nursing management, 16*(5), 578-587.

Shalley, C. E., & Gilson, L. L. (2004). What leaders need to know: A review of social and contextual factors that can foster or hinder creativity. *The leadership quarterly, 15*(1), 33-53.

Sherif, M., & Sherif, C. W. (1967). Group processes and collective interaction in delinquent activities. *Journal of Research in Crime and Delinquency, 4*(1), 43-62.

Shipp, A. J., & Jansen, K. J. (2011). Reinterpreting time in fit theory: Crafting and recrafting narratives of fit in medias res. *Academy of Management Review, 36*(1), 76-101.

Smith, S., Lapkin, S., Halcomb, E., & Sim, J. (2023). Job satisfaction among small rural hospital nurses: A cross-sectional study. *Journal of Nursing Scholarship*, *55*(1), 378–387. https://doi.org/10.1111/jnu. 12800

Soesanto, E., Yanto, A., Irani, N., Pranata, S., Rejeki, S., & Sasmito, P. (2022). Job satisfaction among primary health care nurses. *International Journal of Public Health Science*, *11*(4), 1416–1423. https://doi.org/10.11591/ijphs.v11i4.21529

Sousa-Poza, A., & Sousa-Poza, A. (2000). Taking another look at the gender/job-satisfaction paradox. International Review of Social Science, 53(2), 135-152.

Sparks, K., Cooper, C., Fried, Y., & Shirom, A. (2018). The effects of hours of work on health: A meta-analytic review. In Managerial, Occupational and Organizational Stress Research (pp. 451-468). Routledge.

Spector, P. (1997). Job satisfaction: Application, assessment, causes and consequences. Thousand Oaks: Sage Publications.

Spreitzer, G. M., Kizilos, M. A., & Nason, S. W. (1997). A dimensional analysis of the relationship between psychological empowerment and effectiveness satisfaction, and strain. *Journal of management, 23*(5), 679-704.

Spurgeon, A., Harrington, J. M., & Cooper, C. L. (1997). Health and safety problems associated with long working hours: a review of the current position. *Occupational and environmental medicine, 54*(6), 367-375.

Stajkovic, A. D., & Luthans, F. (1998). Self-efficacy and work-related performance: A meta-analysis. Psychological bulletin, 124(2), 240.

Strachota, E., Normandin, P.O.Brien, N. Clay, N.A. & Krukow, B., (2003). Reasons for Registered nurses to to leave or change employment status: *Journal of Nursing Administration*

Stewart, N. J., D'Arcy, C., Kosteniuk, J., Andrews, M. E., Morgan, D., Forbes, D., Macleod, M. L., Kulig, J.C., & Pitblado, J. R. (2011). Moving on? Predictors of intent to leave among rural and remote RNs in Canada. *The Journal of Rural Health, 27*(1), 103-113.

Stoltz, K. B., Wolff, L. A., Monroe, A. E., Farris, H. R., & Mazahreh, L. G. (2013). Adlerian lifestyle, stress coping, and career adaptability: Relationships and dimensions. *The Career Development Quarterly, 61*(3), 194-209.

Stone, P., Tourangeau, A., Duffield, C., Hughes, F., Jones, C., O'Brien-Pallas, L., & Shamian, J. (2003). Evidence of nurse working conditions: A global perspective. *Policy, Politics, and Nursing Practice, 4*(2),120-130.

Stone, W. (2001). Measuring social capital. Australian Institute of Family Studies, Research Paper, 24.

Suhonen, R., Charalambous, A., Stolt, M., Katajisto, J., & Puro, M. (2013). Caregivers 'work satisfaction and individualised care in care settings for older people. *Journal of clinical nursing, 22*(3-4), 479-490

Takase, M. (2010). A concept analysis of turnover intention: Implications for nursing management. *Collegian, 17*(1), 3-12.

Tariq, M., Ramzan, M., & Riaz, A. (2013). The impact of employee turnover on the efficiency of the organization. Interdisciplinary. *Journal of Contemporary Research in Business, 4*(9), 700-711.

Thomas, J. G., & Griffin, R. W. (1989). The power of social information in the workplace. *Organizational Dynamics, 18*(2), 63-75.

Thomas, L. (2022). Cross-Sectional Study | Definitions, Uses & Examples. Scribbr. https://www.scribbr.com/methodology/cross-sectional-study/#:~:text=A%20cross%2Dsectional%20study%20is,observe%20variables%20without%20influencing%20them.

Tokuda, Y., Hayano, K., Ozaki, M., Bito, S., Yanai, H., & Kozumi, S. (2009). The interrelationship between corking conditions, job satisfaction, and mental health among hospital physicians in Japan, A path Analysis. *Industrial Health, 47*(2), 166-172.

Tourangeau, A. E. & Cranley, L. A. (2006). Nurse intention to remain employed: Understanding and strengthening determinants. *Journal of Advanced Nursing, 55*(4), 497-509.

Tourangeau, A. E., Cummings, G., Cranley, L. A., Ferron, E. M., & Harvey, S. (2010). Determinants of hospital nurse intention to remain employed: broadening our understanding. *Journal of Advanced Nursing, 66*(1), 22–32

Tull, T. A. (2004). The relationship between perceived level of synergystic supervision received, job satisfaction, and intention to turnover of new professionals in student affairs administration (Doctoral dissertation, The Florida State University).

Tull, A. (2006). Synergistic supervision, job satisfaction, and intention to turnover of new professionals in student affairs. Journal of college student development, 47(4), 465-480.

Tzeng, H. M. (2002). The influence of nurses' working motivation and job satisfaction on intention to quit: an empirical investigation in Taiwan. International journal of nursing studies, 39(8), 867-878.

United Nations (2018). The Sustainable Development Goals Report 2018. Retrieved from https://unstats.un.org/sdgs/files/report/2018/ TheSustainableDevelopmentGoalsReport2018-EN.pdf

United States Census Bureau. (2011). Geer South Carolina. Census Bureau

Upenieks, V. (2013). Recruitment and retention strategies: A magnet hospital prevention model. *Nursing Economics, 21*(1), 7-13

Val Palumbo, M., McIntosh, B., Rambur, B., & Naud, S. (2009). Retaining an ageing nurse workforce: Perceptions of human resource practices. *Nursing Economics, 27*(4), 221-232.

Van Bogaert, P., Clarke, S., Roelant, E., Meulemans, H., Van de Heyning, P. (2010). Impacts of unit-level nurse practise environment and burnout on nurse-reported outcomes: A multilevel modelling approach. *Journal of Clinical Nursing, 19*(11–12), 1664–1674.

Van Dam, K., Oreg, S., & Schyns, B. (2008). Daily work contexts and resistance to organisational change: The role of leader-member exchange, development climate, and change process characteristics. *Applied psychology, 57*(2), 313-334.

Varjus, S., Leino-Kilpi, H., & Suominen, T. (2011). Professional autonomy of nurses in hospital settings - a review of the literature. *Scandinavian Journal of Caring Sciences, 25*(1), 201-207.

Vévoda, J., Vévodová, Š., & Sobotková, H. (2020). Factors influencing job satisfaction and motivation of general nurses. *Practicky Lekar*, *100*, 44–49.

Vroom, V. H. (1964). Work and motivation. New York: John Wiley and Sons

Weick, K. E. (1995). Sensemaking in organizations (Vol. 3). Sage.

Wieck, K. L., Dols, J., & Northam, S. (2009). What nurses want: The nurse incentives project. *Nursing Economics, 27*(3), 169.

Weiss, H. M., & Cropanzano, R. (1996). Effective events approach job satisfaction. In B. M. Staw & L. L. Cummings (1994). Research in organizational behaviour. *Journal of Organizational Behaviour, 15*(2), 193-195

Werner & Eleanor. (1993). Developing and using questionnaires. Retrieved from http://archive.gao.gov/t2pbat4/150366.pdf

White, S. E., & Mitchell, T. R. (1979). Job enrichment versus social cues: A comparison and competitive test. *Journal of Applied Psychology, 64*(1), 1.

Whyte, A., & Tedds, J. (2011). Making the Case for Research Data Management. DCC Briefing Papers. Edinburgh: Digital Curation Centre

Wiley, J., Hoppok, R., & Spielgler. H. (1938). Job satisfaction occupations: *The Vocational Guidance Journal, 16*(7), 636-643.

Williams, M. L., Brower, H. H., Ford, L. R., Williams, L. J., & Carraher, S. M. (2008). A comprehensive model and measure of compensation satisfaction. *Journal of Occupational and Organizational Psychology, 81*(4), 639-668.

Willis-Shattuck, M., Bidwell, P., & Thomas, S. (2008). Motivation and retention of health workers in developing countries: a systematic review. *BMC Health Services Research 8*(247), 1-8.

Witt, L. A., & Nye, L. G. (1992). Gender and the relationship between perceived fairness of pay or promotion and job satisfaction. *Journal of Applied psychology, 77*(6), 910.

Wittmer, J. L., & Martin, J. E. (2010). Emotional exhaustion among employees without social or client contact: The key role of nonstandard work schedules. *Journal of Business and Psychology, 25*(4), 607-623.

Wu, T. Y., Fox, D. P., Stokes, C., & Adam, C. (2012). Work-related stress and intention to quit in newly graduated nurses. *Nurse education today, 32*(6), 669-674.

Xu, W. (2015). Main factors influencing nurse job satisfaction: A follow-up study (Doctoral dissertation).

Yamane, R., & Taro, T. (1967). Statistics: An Introductory Analysis, (2nd Ed.,), New York: Harper and Row.

Yılmazel, G (2013). Mobbing, job satisfaction and affecting factors in the nurse. *Journal of Nursing Science, 5*(2), 55-63.

Youssef, C. M., & Luthans, F. (2007). Positive organizational behaviour in the workplace: The impact of hope, optimism, and resilience. *Journal of Management, 33*(5), 774-800.

Yuan, L., Zhao, F., Zhang, M., Xiao, L., Xing, Q., Wang, Q., … Li, R. (2021). The workload of diabetes specialist nurses and factors influencing job satisfaction: a survey in China. *Chinese Journal of Diabetes Mellitus*, *13*(2), 151–155. https://doi.org/10.3760/cma.j.cn115791-20200710-00432

Zhang, W., Ren, L., Wang, X., Wang, Q., Zhang, X., Li, W., … Yu, F. (2022). Evaluation of staff satisfaction after the implementation of a daily goals sheet in the routine work of an oral outpatient department and its influence on work efficiency. *BMC Health Services Research*, *22*(1). https://doi.org/10.1186/s12913-022-08028-9

Zhu, Y. (2013). A review of job satisfaction. *Asian Social Science, 9*(1), 293-98.

APPENDICES

Appendix I

University of cape coast

School of nursing and midwifery

Master of Nursing student,

Level 800.

10/03/2019

'Thro'

The Dean, School of Nursing and Midwifery.

University of Cape Coast.

The Chairman,
Ethical Clearance Committee, University of Cape Coast.
Cape Coast.
Dear Sir,
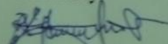
<u>Application for Ethical Clearance to conduct research-Prosper Kwojo Agbanu</u>

<u>(SN/MNS/16/0003)</u>

I wish to apply for ethical clearance to conduct a research on the topic 'attrition intention and job satisfaction among nurses and midwifes'. A case in Tema General Hospital and Tema Polyclinic.

The research would be conducted to write a thesis as part of the requirement for the award of master of nursing degree.

Thank you.

Faithfully,

Prosper Kwojo Agbanu

173

Appendix II

UNIVERSITY OF CAPE COAST
COLLEGE OF HEALTH AND ALLIED SCIENCES
SCHOOL OF MEDICAL SCIENCES
DEPARTMENT OF MICROBIOLOGY AND IMMUNOLOGY

Our Ref:

Your Ref:

11ᵗʰ March, 2019

The Chairman

Institutional Review Board.

UCC

Dear Sir,

RE: APPLICATION FOR ETHICAL CLEARANCE TO CONDUCT A STUDY. MR. PROSPER KWOJO AGBANU.

We forward herewith attached application for ethical clearance from the above mentioned post graduate nursing student from school of nursing and midwifery for your consideration, please.

Yours faithfully

Dr. Samuel Victor Nuvor.

Dean, School of Nursing and Midwifery.

Direct: 03321-38192, Fax: 03321-38191
E-mail Address: hod.mei@uccsms.edu.gh
Website: www.uccsms.edu.gh

174

Appendix III

UNIVERSITY OF CAPE COAST
COLLEGE OF HEALTH AND ALLIED SCIENCES
SCHOOL OF MEDICAL SCIENCES
DEPARTMENT OF MICROBIOLOGY AND IMMUNOLOGY

Our Ref:

Your Ref:

11th March, 2019

The chairman of Institutional Review Board,

University of Cape Coast.

Cape Coast Ghana

Dear Sir/Madam,
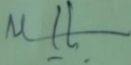
LETTER OF INTRODUCTION: MR. PROSPER KWOJO AGBANU.

The above mentioned person is a level 800 students of the school of nursing and midwifery,
University of Cape Coast with ID number SN/MNS/16/0003.

Mr. .Prosper Kwojo Agbanu is in his final year pursuing Master of Nursing programme. He is
conducting a research on the **topic: 'attrition intention and job satisfaction among Nurses
and midwifes. A case in Tema polyclinic and Tema general hospital'** respectively.

We will be grateful if you could assist him review his work.

Thanks

Yours faithfully,

Dr. Samuel Victor Nuvor
Vice-Dean and **supervisor.**

Direct: 03321-38192, Fax: 03321-38191

175

Appendix IV

UNIVERSITY OF CAPE COAST

INSTITUTIONAL REVIEW BOARD SECRETARIAT

TEL: 0558093143 / 0508878309/ 0244207814   C/O Directorate of Research, Innovation and Consultancy

E-MAIL: irb@ucc.edu.gh

OUR REF: UCC/IRB/A/2016/432

YOUR REF:

OMB NO: 0990-0279

IORG #: IORG0009096   28TH MAY, 2019

Mr. Prosper Kwojo Agbanu

School of Nursing and Midwifery

University of Cape Coast

Dear Mr. Agbanu,

ETHICAL CLEARANCE – ID: (UCCIRB/CHAS/2019/91)

The University of Cape Coast Institutional Review Board (UCCIRB) has granted **Provisional Approval** for the implementation of your research protocol titled **Attrition Intentions and Job Satisfaction among Nurses/Midwives in Tema Metropolis Public Hospital**. This approval requires that you submit periodic review of the protocol to the Board and a final full review to the UCCIRB on completion of the research. The UCCIRB may observe or cause to be observed procedures and records of the research during and after implementation.

Please note that any modification of the project must be submitted to the UCCIRB for review and approval before its implementation.

You are also required to report all serious adverse events related to this study to the UCCIRB within seven days verbally and fourteen days in writing.

Always quote the protocol identification number in all future correspondence with us in relation to this protocol.

Yours faithfully,

Samuel Asiedu Owusu, PhD

UCCIRB Administrator

ADMINISTRATOR

INSTITUTIONAL REVIEW BOARD

UNIVERSITY OF CAPE COAST

30/05/19

176

Appendix V

(MSQ)

MINNESOTA SATISFACTION QUESTIONNAIRE

Description

The Minnesota Satisfaction Questionnaire (MSQ) is designed to measure an employee's satisfaction with his or her job. Three forms are available: two long forms (1977 version and 1967 version) and a short form. The MSQ provides more specific information on the aspects of a job that an individual finds rewarding than do more general measures of job satisfaction. The MSQ is useful in exploring client vocational needs, in counseling follow-up studies, and in generating information about the reinforcers in jobs.

Format

The MSQ is a paper-and-pencil inventory of the degree to which vocational needs and values are satisfied on a job. The MSQ can be administered to groups or to individuals, and is appropriate for use with individuals who can read at the fifth grade level or higher. All three forms are gender neutral. Instructions for the administration of the MSQ are given in the booklet. The MSQ Long Form requires 15 to 20 minutes to complete. The Short Form requires about 5 minutes. Unless the 15 to 20 minutes required for the Long Form is impractical, it is strongly recommended that the Long Form be used, as it provides much more information for the short additional administration time required.

Long-Form MSQ. Measures job satisfaction on 20 five-item scales:

Ability Utilization	Co-workers	Moral Values
Achievement	Creativity	Recognition
Activity	Independence	Responsibility
Advancement	Security	Supervision--HumanRelations
Authority	Social Service	Supervision--Technical
Company Policies	Social Status	Variety
Compensation		Working Conditions

Additionally, a 20-item General Satisfaction scale is also scored.

There are two versions of the long-form MSQ, a 1977 version and a 1967 version.

The 1977 version, which was originally copyrighted in 1963, uses the following five response choices:

Very Satisfied
Satisfied
"N" (Neither Satisfied nor Dissatisfied)
Dissatisfied
Very Dissatisfied

Normative data for the 21 MSQ scales for 25 representative occupations, plus employed disabled and employed non-disabled workers, are in the MSQ manual. A "ceiling effect" obtained with the rating scale used in the 1977 version tends to result in most scale

Appendix VI

MINNESOTA
SATISFACTION QUESTIONNAIRE (MSQ)

Using the following scale, indicate the extent to which you are satisfied with each aspect of your present job. Enter one number next to each aspect.

1 = Extremely dissatisfied
2 = Not satisfied
3 = Neither satisfied nor dissatisfied
4 = Satisfied
5 = Extremely satisfied

___Utilization of your abilities

___Authority

___Company policies and practices

___Independence

___Supervision-human relations

178

Appendix VII: Questionnaire for Nurses on Nurse/Midwife Attrition

TITLE: 'Attrition intentions and job satisfaction among nurses/midwives' in Tema metropolis public hospitals. A Study at Tema.

You have been selected to participate in this study to provide information. Attrition intentions and job satisfaction among nurses. The study is important in the sense that it will provide knowledge which can be useful for developing policies to retain nurses/midwives in the health sector. Please answer the questions as frankly as you can. Whatever you say will be treated as confidential. Your name will not be associated with the responses you will give. Participation in this research study is voluntary, and you have the right to refuse or discontinue your participation in the study at any time. Thank you in advance for your cooperation.

DIRECTIONS: Please tick [√] where appropriate.

This questionnaire has 5 parts: Part 1 nurses' and midwives' socio-demographic characteristics; part 2 context related characteristics: part 3 job satisfaction factors affecting turnover intention of nurses; part 4 items to measure nurses" organizational commitment and part 5 intention measuring items and general job satisfaction items. Each part has its own instruction. Please read each item carefully and give your honest response to each item. If you overlook any item without a response, it will affect the study. So, please check that you have given a response to all items. I thank you for your genuine responses and cooperation.

Section A: Sociodemographic Characteristics

Table 1: Sociodemographic characteristics of nurse/midwives in Tema metropolis public hospitals. Please thick the bracket at the right side of each item correctly.

Institutions

    Polyclinic   (   )

    Hospitals   (   )

Sex /gender

    Male   (   )

    Female   (   )

Marital status

Married   (   )

Single   (   )

Divorced   (   )

Widow   (   )

Others   (   )

Work experience

  1 year   (   )

  1 year–<2 years   (   )

  2 years, <5 years   (   )

  5 years, <10 years   (   )

  ≥10 years   (   )

Educational status

Master's degree   (   )

BSc Nurse and midwifery   (   )

Diploma   (   )

Registered nurse assistant   (   )

Midwifery   (   )

Other   (   )

Age

20–30 years   (   )

31–40 years   (   )

41–50 years   (   )

≥51 years   (   )

Religion

Orthodox   (   )

Muslim   (   )

Protestant   (   )

Others   (   )

Ethnicity

Ga   (   )

Ewe   (   )

Akan   (   )

Fante   (   )

Hausa   (   )

Others   (   )

Section B: Context-related questions on Unit of Work

Please thick the bracket in front of the option you choose on the right side of the

unit of work.

Unit of work

 1. Medical ward …………………………………………….(   )

2. Gynecology and Obstetrics ward……………………… (   )

3. Surgical ward …………………………….. …………….… (   )

4. Pediatrics ward……………………………………....... (   )

5. OPD……………………………………………………. (   )

6. OR…………………………………………………….… (   )

7. Emergency…………………………………………….… (   )

8. ICU……………………………………………………. (   )

9. Orthopedics……………………………………………. (   )

10. Maternal and child health………….. …………………….(   )

11. Others……………………………………………………. (   )

Section C: Job Satisfaction Factors Questionnaire Instruction

There are statements about job satisfaction factors affecting nurses" turnover

intention and each statement has five alternatives with a five-point scale. Read

each item carefully and mark/thick:

1= If you are **very dissatisfied** with the statement.

2= If you are **dissatisfied** with the statement.

3= If you are **neither satisfied nor dissatisfied (neutral)** about the statement.

4= If you are **satisfied** with the statement.

5= If you are **very satisfied** with the statement.

Autonomy	1	2	3	4	5
1.The extent to make an autonomous nursing care decision					
2.The extent to be fully accountable for those decisions					
3.The chance to work alone on the job					
4.The freedom to use your judgment					
Professional opportunities	1	2	3	4	5
1.Opportunities for further education or postgraduate in nursing					
2. Opportunities to participate in morning rounds					
3. Opportunities to participate in nursing research					
4. Opportunities to write and publish					
5. Opportunity to develop in my work					
6. My work is routine and non-stimulating					
7.I have experienced frustration in my work due to limited resources					
8. My work is mentally stimulating.					
Scheduling	1	2	3	4	5
1.The time available to get through my work					

183

	1	2	3	4	5
2.The time available for patient care					
3.Overall staffing levels					
4.The way that I am able to care for the patient					
5.The amount of time spent on administration					
6.The amount of time spent talking with my patients					
Support	1	2	3	4	5
1.The amount of support and guidance I receive from my supervisor					
2.The opportunities I have to discuss my concerns with colleagues					
3.The opportunities I have to discuss my concerns with my supervisor					
4.The support available to me in my job					
5.The overall quality of the supervision I receive in my work					
6.The degree of respect and fair treatment I receive from my superior					
7.The degree to which I feel part of a team					
Nurses and midwives Relationships and interaction	1	2	3	4	5
The relationship I have with other healthcare workers					
The contact I have with colleagues					
The value placed on my work by my colleagues					

The value placed on my work by my patients and/or their relatives					
Pay and benefits	1	2	3	4	5
"The degree to which I am fairly paid for what I contribute to this"					
"The amount of pay I receive in comparison with people in other"					
My rank	1	2	3	4	5
1.My prospects for promotion					
2.The opportunities I have to develop professionally					
3.The match between my job description and what I do					
4.The amount of job security I have					
5.Time off to attend courses					
6.Being sponsored to attend the course					
7.The extent to which I have adequate training for what I do					

Section D: Nurses' Organizational Commitment Questionnaire

Instruction: There are statements about nurses' and midwives' organizational commitment, and each statement has five alternatives on five-point scale. Read each item carefully and circle:

1= If you strongly disagree about the statement.

2= If you disagree about the statement.

3= If you neither agree nor disagree (neutral) about the statement.

185

4= If you agree about the statement

5= If you strongly agree about the statement.

Nurses' and midwives' organizational commitment	1	2	3	4	5
1."My organization has a great deal of personal meaning for me"					
2."I feel a strong sense of 'belonging' to my organization"					
3"I feel like part of the family in this organization."					
4."I owe a great deal to this organization"					
5."I would not leave this organization right now because I feel an obligation to stay"					
6."I feel that I have too few options to consider leaving this organization"					
7."Too much of my life would be disrupted if I decided to leave this organization now"					
8."It would be very hard for me to leave this organization right now, even if I wanted to."					
I have a good working relationship with my colleagues					
"I am happy with the management style here"					
"There is an atmosphere of co-operation between staff & management"					
"I am happy with the management style here"					
"I need my colleagues for support "					
"Management does involve staff in decision making "					

"My manager is concerned about my wellbeing					
"There is a clear channel of communication at my workplace"					
"There is an atmosphere of co-operation between staff & management"					

Section E: Intention to Leave and General Job Satisfaction Questionnaire

Instruction: There are statements about nurses' intent to leave the organization, and each statement has five alternatives on five-point scale. Read each item carefully and circle:

1= If you strongly disagree about the statement.

2= If you disagree about the statement.

3= If you slightly disagree about the statement

4= If you neither agree nor disagree (neutral) about the statement.

5= If you slightly agree about the statement

6= If you agree about the statement

7= If you strongly agree about the statement

Intention measuring items	1	2	3	4	5	6	7
1."where I stay makes me want to leave the organization							
2."As soon as it is possible, I will leave the organization."							
3."I am actively searching for an alternative to this organization."							
4. "I think a lot about leaving the organizations."							

187

Instruction: There are statements about nurses'/midwives, and each statement has seven (7) alternatives with a seven-point scale. Read each item carefully and circle:

1= If you strongly disagree about the statement.

2= If you disagree about the statement.

3= If you slightly disagree about the statement

4= If you neither agree nor disagree (neutral) about the statement.

5= If you slightly agree about the statement

6= If you agree about the statement

7= If you strongly agree about the statement.

General Job Satisfaction	1	2	3	4	5	6	7
1.In general I am satisfied with my work							
2.I really enjoy my work							
3.There is personal growth in my work							
4.My job has more advantages than a disadvantage							
5.I am satisfied in my profession							
6.I will always choose nursing/midwifery career again if I am making a new job decision.							