

UNIVERSITY OF CAPE COAST

JOB SATISFACTION AMONG NURSES AT THE REGIONAL HOSPITAL IN
BOLGATANGA

BY

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DECLARATION

Candidate's Declaration

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

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Supervisor's Declaration

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

Supervisor's Name: Dr. Kwabena Barima Antwi

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ABSTRACT

The purpose of the study was to examine the level of job satisfaction among nurses at the regional hospital in the Upper East Region of Ghana specifically the Bolgatanga hospital. The study employed the cross-sectional design where the simple random sampling technique was used and the stratified sampling procedure was employed with 93 respondents who formed the sample size for the study. Results from the study indicated that the satisfaction among nurses are determined by both hygiene and motivation factors. Again, the findings show that the shortages of nurses in our health centers are mostly due to the absence or lower remuneration on their job. Motivation is a key tool in our work set up, even if we cannot motivate our employees fully, we can minimise dissatisfaction by providing our employees with better condition of services to enable them work harder to increase productivity.

It is therefore recommended that the Ministry of Health (MOH) and the Ghana Health Service (GHS) would open more training centres to train more nurses who would come out and serve in the health institutions. The training should be made free to allow more people to be enrolled. When undergoing the training, the nurses should be made to sign bond to work in a centre for some ample number of years and any nurse who may want to leave before the bonded period for any personal reasons, would be made to pay the amount of money used for their training to the Ghana health service.

DEDICATION

To my Lovely kids Nawal Gariba, Farouk Gariba, Adinan Gariba and Nadia Gariba. They have been sources of inspirations, aspirations and blessings to my life.

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LIST OF ACRONYMS

AACN	-	American Association of Nurses
GHS	-	Ghana Health Service
HR	-	Human Resource
MOH	-	Ministry of Health
SPSS	-	Statistical Product and Service Solution
UK	-	United Kingdom
WHO	-	World Health Organisation

CHAPTER ONE

INTRODUCTION

Background to the study

Health care is a key to national development as a healthy mind lives in a healthy body. Job satisfaction among nurses is of utmost importance because of the various consequences it has on the quality of human resources in the Ghana Health Service. Nurses play very important roles in our various communities, districts, regions as well as the nation at large, particularly as they are the first line of contact to members of the society who access health care services. The main role of nurses is to provide health care services to patients as well as to those who are healthy as well. According to Van der Wal (2006), caring is “generally the hallmark of the nursing profession; it is a collective noun representing a whole array of humanistic tenets as well as ethical and moral principles”. Val der Wal adds further that the nurse management and leadership style essentially determines the caring quality of his or her office.

Job Satisfaction is generally regarded as an employee’s attitude towards the job and the job situation. Spector (1997) defines job satisfaction as “the degree to which people like their jobs”. Some people therefore enjoy work and consider it a central part of their lives while others do it because they have to do so. At the same time one has to take in to consideration that the degree to which persons are satisfied with their job varies from occupation to occupation or profession to profession and country to country due to the differences in their respective working conditions.

According to Stasses (1997), ignoring nurses 'job satisfaction' concerns could be detrimental to health care. The author demonstrated that nurses' job satisfaction is a primary factor of how patients view their hospitals due to the kind of care given to them by nurses. A number of nurses left the domestic nursing profession to seek greener pastures elsewhere due to the fact that they were not satisfied with their job. The introduction of the National Health Insurance Scheme (NHIS) which came to increase the work load on nurses, tend to worsen the situation and it is for these reasons that, government tried to motivate them by increasing their salaries as well as improved upon their standard of living by given them some benefits and allowances to retain and maintain them in the health sector in order to (and) improve upon the health care delivery system of its country.

Nursing is a vital component and the backbone of the health care delivery system. The nursing profession had its own professional identity which made the profession unique and different from other health professions. Nurses take care of sick people and are concerned about the need of other people more than themselves. The changing technology and economic crises as well as multiple roles played by nurses such as heavy workloads, lack of administrative support, inadequate service training and insufficient remuneration and other benefit packages have in a way affected the health care delivery system. An underlying assumption exists that given adequate measuring tools, we are likely to discover that there would a direct correlation between productivity and job satisfaction and the satisfied employee is a productive individual person. High turnover and

absenteeism are said to be related to job dissatisfaction and nurses who frequently absent themselves from work might not be satisfied with their job. Most researchers tend to focus attention on the cognitive processes rather than on the underlying needs.

Gcaba (1997, P. 26) states that, besides its caring function, nursing is the only profession in the health sector that keeps the health services operational. Job satisfaction is a complex phenomenon recently, acknowledged by the multiple variables included in the studies. Identifying the variables with the largest and the most consistent effect would assist further work in refining the theoretical model of job satisfaction and in the development of management interventions.

The assessment of employee attitudes such as job satisfaction had become a common activity in every organisation in which management is concerned with the physical and psychological well-being of people. Job satisfaction is one of the factors of work effectiveness. The high level of employee job satisfaction at the health service, contribute to low employee turnover and outstanding dissatisfaction among health workers especially nurses. There are important reasons why we needed to be concerned with job satisfaction, which can be classified according to the focus on the employee or the organisation at large. It is generally an attitudinal variable. In the past, job satisfaction was approached by some researchers from the perspective of need fulfillment that is whether or not the job met the employee's physical and psychological needs for the things provided by the job, such as pay (e.g. porter, 1962 wolf, 197). However, Gcaba (1997, P. 26) emphasizes that although nursing is the "backbone of the health care

system, it is not protected or cared for as a delicate profession. The lack of motivation had led to the migration of nurses to other places where their services are needed with better remuneration as well as better working conditions. It had created a serious gap in terms of the shortage of nurses due to dissatisfaction.

Gcaba (1997) opined that, the migration of nurses from South Africa some of the advanced countries had increased since the mid-1990s. Statistics showed that more than 23,400 health care professionals from South Africa currently practice in Australia, Canada, the United States of America (USA), New Zealand, the United Kingdom, (UK). Ehlers (1989, P. 24) found that most nurses left the country because of poor remuneration. In Italy, factors that influenced nurses job dissatisfaction were related to role management style, relationships with other health professionals such as medical doctors and relationships with patients and their families. Many public health nurses in Canada mentioned that their job dissatisfaction was related to organisational policy.

However, in Hong Kong, demographic factors and organisational climate played a major role in job dissatisfaction among nurses. Understanding job satisfaction of nurses and the influencing factors would assist the administrators of health care institutions to set up programmes and develop strategies that would not only lead to better job satisfaction of nursing workforce but also increase their productivity, efficiency and the quality of health care delivery which is likely to increase patients satisfaction in our health centers indirectly.

Statement of the problem

The shortages of nurses has become a global phenomena, the American Association of Nurses (AACN) is concerned about the shortages of registered nurses (RN) and had worked with schools, policy makers, kindred organisations, and the media to create the awareness of the implication of the crises to the notice of all concerned for better health care. AACN is working to enact legislation, identify strategies, and form collaborations to address the nursing shortage. This fact sheet had been developed along with a companion web resource for the way forward.

In the American state of California and the Australian state of Victoria, legally enforceable ratios of nurses to patients were introduced. These ratios had positive effect on the training of nurses, patients' safety as well as the working conditions in the hospitals. An overview of the South African situation stated that South Africa was ahead of the rest of the rest of Africa in terms of health workers per capita. The absolute minimum standard set by the World Health Organisation (WHO) was 228 health workers for every 100,000 people (or 438 people per health workers, maximum). Africa as a whole falls below this standard of 185 health workers to every 100,000 people. South Africa rises just above the WHO's minimum standard, the organisation reported that, there were only 468 health workers for every 100,000 people. The definition of health workers included doctors, registered nurses, auxiliary nurses and other medical personnel. The minimum ratio of nurses to patients was 200:100 000(or 500 people per nurse, maximum). The South African Nursing Council once had enough nurses, but

more than 500 left the country to take higher paying jobs in wealthy countries. The previous year's departure nearly triple that of 1999 and more than double the number of nurse graduates produced in 2000. In the history of Ghana's biggest hospital, Korle Bu, in the capital city of Accra, had 62 newborn babies crammed into an intensive care unit due to the inadequacy of nurses which was a serious challenge to the health care system. The government run hospital once assigned six or seven nurses per shift all in the effort to find solution to the crises.

In Ghana, poor working conditions, awful pay and lack of training opportunities drive nurses to look elsewhere for better jobs. In the early 1990's the salaries of nurses was cut down in an austerity move making the profession unattractive to all, which made a job in Nigeria looked attractive to a nursing job in Ghana (The Wall Street Journal, 2001). Most governments spent monies on the health sector with the notion that when the people within the nation are healthy, it will surely be reflected on the human resource and the output of work, leading to an improvement on the economy of the nation. The most serious problem facing the nursing profession and the nation as a whole was the rate at which nurses left the profession for other jobs of relative better remuneration as well as seeking greener pastures elsewhere. Even though, government spends so much money in the training of these professionals (nurses) so that they can provide quality health care to the people, just a few of them remain in the sector with poor services rendered to patients as a result of job dissatisfaction.

The 2004 annual health report indicated that in the Upper East Region, there was a serious shortfall of health professionals and specialist. Also there was

the difficulty of retaining the products of the health training schools in the region, refusal of some of these nurses accepting postings in the region. There was high attrition rate of health professionals due to 'Push and Pull factors. At the regional hospital the expected number of nurses in an ideal situation as at 31st July 2011 should have been 250 nurses at post but the situation wasn't so, the actual number of nurses at post as at the stated date was 155 nurses with a short fall of 95 nurses (GHS, 2011).

At the time of the study, the ratio of nurse to patient at the Bolgatanga Regional Hospital was one (1) nurse to 3000 patients (the 2004 annual report on health), which was too much for a nurse to handle and provide quality care especially with the government advocacy for quality health care delivery. The problem cuts across the other health centers within the region. It is for these reasons that the researcher seeks to investigate the level of job satisfaction among nurses at the regional hospital in Bolgatanga in order to come out with findings so as to make suggestions that could lead to possible solutions to the problem of nurses shortages in the health institutions.

The problem is a global one and most researchers have examined the issue on job satisfaction among nurses, made suggestions but the problem still persist in our health institutions leading to continuous rate of attrition where many of our nurses have left the profession and the nation for greener pasture elsewhere.

Objectives of the study

The main objective of the study was to examine the level of job satisfaction among nurses at the Regional hospital in Bolgatanga. The specific objectives were to;

- Identify the factors that determine the level of job satisfaction among nurses at the Regional hospital in Bolgatanga;
- Determine the hygiene factors that influence nurses on their job;
- Ascertain the motivation factors that influence nurses' satisfaction on the job; and
- Examine the push factors that influence nurses to leave their job for other jobs or other countries.

Research questions

The study was guided by the following questions;

- What is the level of job satisfaction among nurses at the Regional Hospital in Bolgatanga?
- What are some of the motivation factors that influence nurses to stay on their job?
- How do some of the hygiene factors influence nurses to stay on their job; and
- What are some of the push factors that influence the nurses to seek greener pastures elsewhere?

Significant of the study

The study is of great importance to all individuals such as the nurses, ordinary people who have interest on job satisfaction, institutions, organisation, politicians, government and the nation at large. This is because the research findings will provide an insight on not only to the dimension of the shortage of nurses in our health centers but also making recommendations, suggestions in finding possible solution to the problem in order to bring the problem to its barest minimum.

It is the wish of the researcher that, the findings of this study will bring to light some of the influencing factors that lead to job satisfaction and dissatisfaction among nurses. Various governments have tried their possible best to bring the problem to its barest minimum but to no avail. More hospitals and training centers have been built, the salaries of nurses have been increased as well as other remunerations, providing them with descent accommodation as well as equipping our health sectors with modern facilities and equipments all in attempt to retain and maintain them in our health sectors have prove fugal. It is for these reasons that this research work is carried out to come out with the possible factors leading to job dissatisfaction. The result of the study could be used to make informed decision that would improve the nursing profession, the quality of health care delivery system as well as a reference material for future research work.

Limitation of the study

The research study is not without challenges, the choice of a cross sectional design had to be the only option to be adopted due to the fact that the sample size (93) of the study was large. A survey would have been a better option where these nurses would have been interviewed to get a first hand information from them but due to the smaller sample size of a survey, made it impossible to use for this research.

Organisation of the study

The research work is structured in five chapters. Chapter One contains the following items: Introduction, Background to the study, Problem statement, Purpose of the study, Research questions, Objectives of the study, Significance of the study, Scope of the study, Organisation of the study, Operational definition of terms. Chapter Two is the review of related literature while Chapter Three is the methodology and contains the following items: Study design, data and source, target population, sampling size, sampling procedures, research instrument, field work, data analysis, ethical issues and challenges faced on the study. Chapter Four is made up of result and discussion and Chapter Five is made up of the summary, conclusion and recommendations.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Introduction

This chapter examined the relevant literature on job satisfaction and reviewed some of the writings of experts and researchers on the subject under study. Among some of the themes reviewed were job satisfactions, motivation as well as the conceptual framework of the study.

Conceptualizing job satisfaction

Job satisfaction had been defined as “feelings or affective response to facets of the (workplace) situation” (Smith, Kindall, & Hulin, 1969, p. 6). More recently, researchers have acknowledged that job satisfaction is a phenomenon best described as having both cognitive (thoughts) and affective (feelings) the character. Brief and Weiss (2002) suggested that employee time of reporting at work can be used to measure job satisfaction and that affective experiences while on the job was the cause of job satisfaction. In other words, employee job satisfaction was the affective state of employees regarding multiple facets of their jobs (Brown & Peterson, 1993), so job satisfaction comprises employee feeling regarding multiple aspects of the job. There is also the cognitive component to job satisfaction (Organ & Near, 1985).

This cognitive component was made up of judgments and believes about the job whereas the affective components comprise of feelings and emotions associated with job. Job satisfaction is also believed to be dispositional in nature.

This dispositional view point assumes that, measuring personal characteristics can assist in the prediction of job satisfaction (Staw & Ross, 1985). The dispositional source of job satisfaction had been supported by studies that showed stability in job satisfaction, both overtime and over different situations. (See Ilies & Judge, 2003). One reason for this dispositional nature of job satisfaction could come from the individual's genetic makeup. Aryee, Bouchard, Segal, and Abraham (1989) found support a genetic component to job satisfaction in their study of monozygotic, or identical, twins trained separately. They found that even when they were not raised together, identical twins tended to have job satisfaction levels that were significantly correlated. The fact being that the identical twins though having the same genetic makeup but were raised differently and as such do not have the same environmental influences, had significant influence on their job satisfaction ratings was argued as a genetic component.

Another study that supported the dispositional nature of job satisfaction found a strong and consistent relationship in attitude overtime as well as a relationship across different situations or setting (Staw & Ross, 1985). The dispositional approach of job satisfaction was not a mirage and individual dispositions do indeed affect job satisfaction (Staw & Cohen- Charash, 2005).

Satisfaction at workplace is valuable to study for multiple reasons:

- Increased satisfaction is suggested to be related to increased productivity;
- and

- Promoting employees' satisfaction had inherent humanitarian value (Smith et al., 1969).

In addition, job satisfaction is also related to other positive outcomes in the workplace such as increased organisational citizenship behaviours (Organ & Ryan, 1995), increased life satisfaction (Judge, 2000), decreased work behaviors (Dalal, 2005), and decreased absenteeism (Hardy, Wood & Wal, 2003). Each of these outcomes was described in the organisations, and as such shows the value of studying and understanding job satisfaction.

Job satisfaction is defined as the workers appraisal of the degree to which the work environment fulfills the individual's need (Locke, 1976). To measure job satisfaction, the original instrument developed by Wood et al. (1986), Purani and Sahadev (2007) was used. Six facts of job satisfactions were asked. They are satisfaction with supervisor (4 items), satisfaction with variety (5 items), satisfactions with closure (2 items), and satisfaction with compensation (5 items), satisfaction with co-workers (4 items) and satisfaction with co-workers and H R policies (4 items). The measures of the job satisfaction are the original work o Wood et al. (1986) and also adopted from the work of Purani and Sahadev (2007). These items were rated as the five-point Likert type of scales ranging from '1' "strongly disagree" to '5' "strongly agree". The items of respective factors of job satisfaction are computed as average summated score for the purposes of data analysis.

Job satisfaction is also defined as the attitude that the individuals had toward their jobs. It is the extent to which one feels either positively or negatively

in terms of the individuals' intrinsic or extrinsic aspect of one's job (Bhuiyan & Menguc, 2002; Hunt et al., 1985). Job satisfaction has been an interesting construct for researchers in understanding employee behaviours and attitudes. It is an important work-related attitude in work force research for several reasons (Boles et al, 2003). First satisfaction with the job is directly related to organisation commitment (Brown & Peterson, 1993). Second, job satisfaction is either directly (Netemeyer et al., 1994) related to an employees turn over intentions. Turns over intension are perhaps the best indicator of the future turn over (Futrell & Parasuraman, 1984). Thus job satisfaction can influence a variety of important attitude, intentions and behaviors in a nursing work force.

To accurately measure job satisfaction, a number of characteristics of the job may need to be evaluated if one hopes to obtain a broader measure of employee beliefs and attitudes about the job (Churchill et al., 1974). These characteristics or facts may not be of equal importance to every individual. For example, a nurse may indicate that he/she is very satisfied with his/her supervisor, salary and company policies, but is dissatisfied with the other aspects of work such as the actual work itself. Organisational research indicated that employees develop attitudes towards their job based on the 5 facets of work such as variety of pay, promotion, co-workers, company policies and supervisors (Johnson & Johnson, 2000, Taber & Alliger, 1995). One of the most comprehensive and widely used measures for job satisfaction is presented by Wood Chonko, and Hunt (1986) and Purani and Sahadev (2007). In the study, job satisfaction is characterized as a multi-dimensional and had six major dimensions namely:

- Satisfaction with supervisor;
- Satisfaction with variety;
- Satisfaction with closure;
- Satisfaction with compensation;
- Satisfaction with co-workers; and
- Satisfaction with management and Human Resource (HR) policies.

Satisfaction with supervisor

According to Wood et al. (1986) this facet of job satisfaction determined the level of job satisfaction of employees, the perception as to how much they are satisfied with their job depended on the information or guide lines provided to them by their supervisors to carry out their job.

Satisfaction with variety

Satisfaction with variety is another dimension of job satisfaction, where by employees perceived the level of satisfaction by having variety of tasks that are challenging but not routine. That also assists them to perceive that there are a lot of opportunities available for them to grow in the organisation. Furthermore, this dimension also measured the employee perception of job satisfaction through the level of perceived freedom on the job.

Satisfaction with closure

Satisfaction with closure is another dimension of perceived job satisfaction which determined how much the employee perceived his/her job as a source of opportunity to complete their work from start to finish.

Satisfaction with compensation

Compensation is one of the most extrinsic indicators of job satisfaction. The dimension determined the level of job satisfaction of employees on the basis of how much they are satisfied with the pay or compensation or any other security been provided to them by their job. Churchill et al. (1974) considered compensation as one of the dimensions of job satisfaction that would have great influence on ones job either positively or negatively as a result of the compensation plan. However, the extent to which a nurse who is satisfied with the compensation package to stay back would also depend on his/her overall assessment of various factors like the compensation package in the organisation in relation to the work load and possibility of getting better compensation packages.

Satisfaction with co-workers

Satisfaction with co-workers is the dimension of perceived job satisfaction, which determined how an employee perceived his/her job in terms of the accomplishment of the job with the support or the presence of their co-worker's attitude and behaviour such as selfishness, friendly or supportive (Purani & Sahadev, 2007).

Satisfaction with management and HR

A major dimension of job satisfaction that emerged from Purani & Sahadev's research (2007) provided a factor of job satisfaction which related to the overall satisfaction with the human resources policies and strategies of the organisation. This is often verbalised in terms of such statements like "This company always acts for the well being of its personnel" or the "I am satisfied with the overall working conditions". That is a reflection of the trust in the organisation's inclination in favor of its employees. Purani and Shahadev (2007) argued that while issues like supervisory behavior and compensation on the part of the micro issues regarding a sales person's engagement with the organisation, the overall policies and strategies regarding the personnel is associated with a macro perspective with regard to the person's evaluation of the organisation.

For instance even if a particular supervisor is fair and empathetic, if the overall policies of the organisation with regard to personnel are not up to the satisfaction level of the nurse, he/she may be inclined to quit the job.

Theoretical issues on job satisfaction

Satisfaction theory

Maslow (1954) outlined a hierarchy of human needs from the lowest to the highest level which included psychological needs, safety, love and belonging, self esteem, and self actualization. He thought that the most normal individuals are both partially satisfied and dissatisfied in all these basic needs at the same time. Only when the need at one level have been at least partially satisfied does the

individual normally seek to satisfy those, at the next level. This need is the basis for job satisfaction. Maslow (1943) concluded after his lengthy research that, employees have five levels of needs physiological, safety, social, ego, and self-actualization as illustrated in the author's diagram.

Briefly, there are four basic hypotheses of Maslow;

- To satisfy the needs in the increasingly higher level.
- Structure of needs of most people is complicated which affects each persons behavior.
- The higher needs will not be a priority when the low level of the needs is not met.
- There are methods that can respond to the needs more.

Maslow described human motivation as a hierarchy of five needs ranging from the most basic human needs to the highest human needs for self actualization.

Physiological needs

The requirement for meeting survival needs include food, water, shelter clothing, medicine, sex, and comfort. In the job environment a manager could satisfy these needs by offering salaries and wage that allow employees to buy these basic human needs.

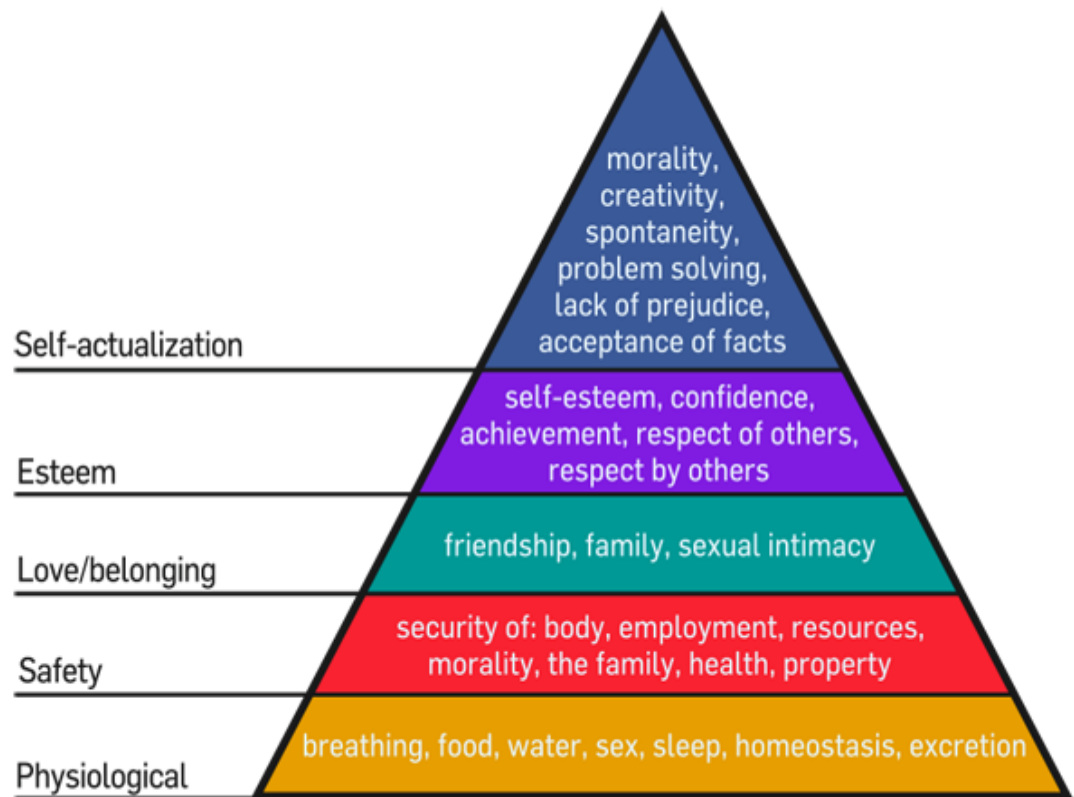


Figure 1: Maslow’s hierarchy of needs

Source: Maslow (1943)

Security needs

After the physiological needs are met, people desire security. Security means managing of risk and danger, free from threats to their physical and emotional sense of security. A person desire for physical safety and protection as well as job security are represented in these category. Managers could support this need by providing salaries job security safe physical and emotional on the job and health insurance.

Social needs

An individual desire for social relationship and affection is addressed both inside and outside the work environment. These needs relate to social interaction. People desire companionship, friendship and inclusion in the group. Managers might satisfy social needs by organizing sports team, parties and work group.

Self esteem needs

This level of needs is to work, hold a position of prestige, receive public recognition, and demonstrate competence and the feel for self-esteem. Lack of job satisfaction can result in feelings of weakness, helplessness and inferiority. Work related activities include successfully completing projects, being recognised by peers and supervisors and being offered organisation titles.

Self-actualization

In the top of the needs pyramid, Maslow placed the self actualization stage of human needs, a desire to grow or develop to full potential. To represents the needs to maximize the use of one's skills, abilities and potential. Managers could help employees meet their self actual employees meet their self actualization by providing appropriate autonomous assignments, a chance for training and flexible work schedule. When a person work to achieve self actualization needs, their skill and ability will grow stronger, but they may completely be fulfilled. The needs theory of Maslow has received wide recognition, particularly among practicing managers Maslow provided no empirical substantiation for this theory and several

studies that sought to validate it found no support. However, Maslow's work provided insight into the nature of motivation and how needs and desires tend to influence our action.

Besides giving us a convenient window through which to view human nature, his hierarchy has view human nature, his hierarchy has stimulated research on motivation and led important change in how managers view human endeavour. It has also given managers a personal understanding of their own needs and the potential of those needs for stimulating behaviour.

Organisations and managers play various role with respect to employees, needs according to Maslow, the lowest level of needs do not necessarily motivated an individual. However, once lower needs levels are met, a person will act to satisfy needs at the next higher levels. Motivation is increased at work particularly when the esteem and self actualization needs are being satisfied. Consequently, research has indicated that there are actually only two or three relevant categories of need relevant to employees and that the order of their importance varies from one individual to another. In addition, Maslow's theory cannot be labeled as universal due to the cross cultural variation in sequencing of needs. In the late 1950's Frederick Herzberg, a US clinical psychologist, published his hygiene motivation theory in "the motivation to work", considered by many of pioneer in motivation theory, interviewed a group of employees to find out what made them satisfied and dissatisfied on the job. This theory and study focused on working climate and environment to support the employees to have job satisfaction and have willingness in working. Herzberg, Mosner and

Synderman, (1959) studied about the worker attitudes by interviewing two hundred (200) accountants and engineers from (9) nine workplaces in Pittsburg about what makes employees less satisfied with the job. They asked the employees essentially two sets of questions:

- Think of a time when you felt good about your job. Why did you feel that way?
- Think of a time when you felt especially bad about your job. Why did you feel that way?

From these interviews, Herzberg went on to develop his theory and that there are two dimensions to job satisfaction “Motivation” and “Hygiene issues, according to Herzberg, employers cannot motivate employees completely but can minimize dissatisfaction, unless handled properly. In other words, they can only be dissatisfied if they are absent or mishandled. The study found that there is related to good feelings and bad feelings of the interviewers and can be separated into two categories, which are:

Motivation factors in an institutional setup

Motivation Stimulates a person to be satisfied with his/her job and brings in positive attitudes to appreciate their job leading to efficiency on the job. Employees would feel motivated by any of the following:

Achievement: It means completion of the job, ability to solve the problems, see the job result, clarity of the job which can be measured from achievement of the target which is on time, ability to solve the problem in working, satisfaction

working. Recognition, it means acceptance by the superior, colleagues and someone asking for advice or receiving admiration congratulations, to make them willing, or any expression of acceptance or praise of one's abilities when the job is achieved, means good or bad feeling towards the job characteristics. The job is boring, the job is challenging, innovative easy or difficult. It can be an interesting and exciting job or can provide employees opportunities to learn.

Responsibility: means satisfaction that comes from new job assignments and has full authority to take responsibility.

Advancement: It means an opportunity for subordinates to get adjustment or be promoted to a higher position or to get support to have more training, skill and be able to have skills in working and support to have higher education.

Hygiene factors in an institutional setup

Where hygiene factors are negative or absent, dissatisfaction results. These hygiene factors included company policy and administration, supervision, salary interpersonal relations and working conditions. The presence of positive hygiene factors by themselves indicated dissatisfaction but does not lead to satisfaction. Motivation factors are specifically related to the work content (intrinsic factors). The factors presumed to cause dissatisfaction are hygiene factors which are related to the work environment. According to Herzberg, Changing the environment alone will not enhance employee motivation. They following are some example of hygiene factors: Salary and benefit compensation

from work such as wages incentives and other income including welfare and vacation.

Supervision: It means the ability of the supervisor in managing, promoting organisational fairness and equity including the willingness of the supervisor to give subordinates suggestions, advice helps and responsibility. According to Neuhauser, (2002:476) indicate that the relationship of worker with his supervisor determines 50% of work-life satisfaction and managers/administrators are often the reason for people leaving, therefore managers/administrators should be made accountable for the successful retention of health workers Working condition is represents physical conditions that facilitate work such as light, ventilation, tools and equipment, building and facilities. This factor includes provision of enough equipment and balance of work load and the amount of workforce in the organisation. Security is about feeling the person who is secure in working, secure in the organisation, secure in all their work period and the working condition is not too risky. Job security and safety related to interpersonal relationship means relationship among peers subordinates and superiors to learn the job through their commander. Support from the commander with honesty, willingness to listen to suggestion from their subordinates and gain the trust of their subordinates would enhance satisfaction on the job. In an organisation with high quality supports systems, the employees would enjoy working in such organisation leading to increase in high productivity. Policy and administration of the organisation has both positive and negative influence on the worker depending on the kind of policy the organisation is working with. Policies that best enhances satisfaction

would make a clear direction, appropriate work distribution and promote participative management. It means that where the policy direction of the organisation are made clear, employees would work to the expectation of their organisations. There are strong relationships between Maslow's Theory and Herzberg's theory the following are some comparison made between Herzberg hygiene factors and Maslow's lower need, higher needs and motivation factors.

There are many definitions about job satisfaction. Job satisfaction is a multi dimensional construct with a variety of definition and related concepts, which have been studied since the beginning of the 20th century social psychologist and scholars were interested in job satisfaction, they have conducted many studies on job satisfaction. Job satisfaction is an individual's reaction or cognitive, affective and evaluation reactions towards their job. It was proposed that job satisfaction was not as a result of absolute positive factors. Instead, satisfaction was perceived from the individual's perspective. The individual nurse was influenced by the trait, needs and experiences to interact with the work environment to produce felt satisfaction or dissatisfaction.

Job satisfaction is the degree to which individuals feel positively about their general job, working conditions, supervision, compensation and co-worker in their organisation. Nurses respond emotionally to their tasks or professions and may refer to any other factors. Nurses would exhibit higher job satisfaction when they have good attitude towards their job.

According to Armstrong (2006), the term 'job satisfaction' refers to the attitudes and feelings people have about their work. Positive and favorable

attitudes towards the job indicate job satisfaction. Negative and unfavorable attitudes towards the job indicate dissatisfaction. According to Vroom (1994) Job satisfaction is the result that the person has in participating in the job that they are doing positive attitude will show the satisfaction condition of the job. The terms of job satisfaction and job attitudes were typically used interchangeably. Both refer to affective orientation on the part of individuals toward work roles which they were presently occupying. Positive attitudes toward job were conceptually related to job satisfaction. Negative attitude towards the job were equivalent to job dissatisfaction.

Herzberg et al. (1950) stated that job satisfaction is feeling or attitude of a person to job that they are doing which result from responsiveness, sufficient motivating and hygiene factors. Organ & Bateman defined job satisfaction as a person's attitude toward or about their job. In general, job satisfaction comprises the attitude towards the job as a whole. Reffisa, (1997) (as cited by Iskander (2001) mentioned that job satisfaction is a critical factor in organisational behaviour. It needs to be understood, monitored and dealt with so as to avoid some of the potential by producers of dissatisfaction like decreased morale, lack of motivation, lower productivity, and waste of limited resources, ineffectiveness and inefficiency by deviating fit between individual and organisational goals. Various researchers support these consequences.

As a manager of organisational behaviour, we are vitally interested in the nature of the attitudes of our employees towards their job, the organisation and their careers. One criterion by which we evaluate organisation is through

employee's level of job satisfaction. Job satisfaction varies greatly from individuals to individuals and from organisation to organisation. Job satisfaction is individual employees' evaluation of the work environment. Identifying the sources of the job satisfaction is one of the most heavily researched areas in organisational behavior.

In the 1980s and 1990s, many researchers have addressed nurse's job satisfaction. The understanding of nurses' job satisfaction and its contributing variables are important for any health organisation to exist and prosper. Job satisfaction is defined as the degree to which employees enjoy their jobs. Nurses play an important role in providing health care services to people, their families, communities and the nation at large. General Job satisfaction is influenced by organisational climate, psychological distress and demographic variables. Generally some demographic variables and some fact of organisational climate are significant predictors of job satisfaction and absenteeism. Working conditions have be consistently positive correlation with working condition and job satisfaction feature such as temperature, humidity, ventilation, lightening noise, hours of work, cleanliness of the work place and adequate tools and equipment all affect job satisfaction. It means work itself has a role on job satisfaction, promotion and supervision.

Factors influencing job satisfaction

Previous literature had indicated several independent variables that contributed to job satisfaction or dissatisfaction among employees and had focused mainly on various aspects of the conditions of work.

Socio-demographic factors

Age, gender, marital status, education, distance to work, employment status and professional training are the socio demographic factors that some studies have shown to have relationship with job satisfaction. These factors could contribute to both job satisfaction and job dissatisfaction. Regarding age, job satisfaction increases with age, whereas the lowest to job satisfaction was reported by the younger worker (2004 annual report of the Ghana health service). Many young staff nurses were disappointed with their first jobs because they failed to find sufficient challenge and responsibility. Older nursing staffs were more satisfied than youngest staff nurses with their jobs. Older staff nurse reporting greater job congruence, higher salaries and rank and higher internal locus of control. The adjustment of the individual to the job or differences in the job between younger and older accounts for the age satisfaction relationship, including a better match between desired and actual job condition and higher salary.

The older staff nurses may bring certain rewards that result in higher satisfaction. Njuki (2001) mention that age of nurses has relationship with salary and has significant correlation with job satisfaction. Marital status has a role in

job satisfaction. According to Suwanna, (2001), nurse living with spouses had more job satisfaction than those living single or living alone, because married nurses receive emotional and mental support from their spouse.

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

The Bolgatanga regional hospital handle cases within the Bolgatanga township as well as handling transfer cases from the other districts in the Upper East region as far as health matters are concern within the region. Day in day out, nurses at the regional hospital vacate post with or without any tangible reasons to other places of their interest making the work load on the few nurses left behind very cumbersome leading to poor delivery of health services at the regional hospital. Government puts in so much effort to improve the health sector as well as the living standard of these nurses most especially on matters concerning

increase in their salaries and other benefits in order to retain them in the sector but all to no avail.

The problem still exist and it is for this reasons that the researcher has taking the opportunity offered by higher education to investigate the problem so as to come out with findings as well as making some recommendations on the issue as take and came out with the topic Job satisfaction among nurses at the regional hospital in Bolgatanga in the Upper East Region.

CHAPTER THREE

METHODOLOGY

Introduction

This chapter describes the methodology used in carrying out the research work as well as the techniques followed by the researcher to conduct the study. It describe the research design, data sources, target population, sample size, sampling procedures, research instrument, data collection, data analysis, ethical issues and challenges from the field work.

Research design

A research design is a procedural plan that is adopted by the researcher to answer questions validly, objectively, accurately and economically. According to Selltiz et al. (1962, p. 50)' a research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure' Based on the above definition of a research design, it is simply an outline or a detailed plan of action that serves as a guide to be followed by the researcher to execute a complete (task) study. Basically the choice of a design is based on the study population, the nature of the investigation as well as the reference period of the study. It is based on this that has informed the researcher's choice of the cross- sectional design due to the population size and the kind of investigation the researcher wants to undertake. Considering the topic under study, job satisfaction among nurses, the design will be the most appropriate tool to be used for the study.

The reasons for the choice of the design is due to the fact that the research study population was large and based on the category of nurses to be used for the sample size. Questionnaire was distributed to all the respondents to provide answers and to be returned within the giving time frame by the researcher. The design has its numerous strengths, of these are: It is very convenient to use, makes the accessing of data possible and deals with facts and figures, provide a wider variety of techniques of data collection. The possibility of data reliability and validity was high. It also guides the researcher from gathering irrelevant materials with the use of research questions. The design is not without challenges and some of which are: The use of the design is time consuming since there is the need to test for every item mentioned. The design sees the researcher as an observer and independent entity from the actual research work. It also deals with large sample size rendering the collection of data very tedious.

Study population

The study population of this research was all nurses working at the Regional hospital in Bolgatanga during July 2011. At the regional hospital there are categories of nurses such as General nurses who are specifically trained to handle any type of cases (illness) that may come their way, Midwives who are also trained to care for pregnant women and to ensure safe delivery, the other category are the community health nurses who are trained to handle antenatal cases and post natal, we also have the ENT (Ear, Nose and Throat) nurses, and many others who form part of the researcher's population which was based on

the categories of nurses working at the hospital. The population of nurses at the hospital as at 31st July 2011 was 155 nurses, this served as the study population for the research study, the table below indicates the breakdown of the various category of nurses that form part of target the population.

Sample size

This refers to the small group of respondents from whom the researcher obtained his/her information and were selected out of the study population. Based on the population of 155 nurses, representing 100% of the population, the researcher decided to take 60% of the population of 155 nurses giving a sample size of 93 nurses to be considered for the study. The researcher used the formula to come out with the study population $n = (60 \div 100 \times 155)$. In determining the sample size, the researcher stratified the study population into males and females, decided on what percentage of the 60 would be represented by males and females respectively. The researcher used the total number of males, $(39 \div 155 \times 60) = 15\%$. For the females $(116 \div 155 \times 60) = 45\%$. Based on the percentages arrived at; the researcher came out with the actual number of respondents for both males and females that would be considered for the study. Table 1 indicates the breakdown for classification according to males and females.

Table 1: Sample size by gender

Sex	Population	Sample
Male	39	23
Female	116	70
Total	155	93

Source: Fieldwork, 2012

Table 2: Nursing staff strength at the Bolgatanga hospital

Staff Category	Male No.	Female No.	Sub -Total
General Nurses	29	31	60
Midwives	0	45	45
Community Health Nurse	0	11	11
Enrolled Nurses	2	22	24
Ear Nose & Throat Nurses	0	2	2
Psychiatric	3	0	3
Eye nurses	1	1	2
Nurse Anesthetics	3	0	3
Contract	0	3	3
Public health nurses	1	1	2
Total	39	116	155

Source: Fieldwork, 2011

Sampling procedure

In considering a sampling procedure to be used for the study, the researcher decided on the probability sampling technique. This was because all the elements under consideration have given equal chance of being selected. As such the choice of one element in the sample was not influenced on the choice of another by other considerations such as personal preference. Since they are all nurses, it meant that the choice of one element is not dependent on the choice of another element in the sampling. Hence, every element had equal and independent chance of being selected.

Based on the extent of variability or heterogeneity of the study population, with respect to the characteristics that had strong correlation with the nursing profession and job satisfaction that the researcher hopes to ascertain, it therefore, meant that the heterogeneity in the population could be reduced by some means so as to come out with a smaller sample size in order to achieve greater accuracy, this led to the choice of the stratified random sampling method. The choice of this technique was most appropriate for the study due to the study population which is made up of various categories of nurses that were considered for the study. It was in an attempt to stratify the population of the various categories in a way that the population within the stratum is homogeneous with respect to the characteristic on the basis of the categories.

The researcher stratified the nurses based on their various categories such as general nurses, community health nurses, ear, nose and throat nurses, midwives, eye nurses, psychiatry nurses, anesthetics, contract nurses public

nurses, and also categorised them into males and females. The table below illustrates the various categories of nurses considered for the study.

Hence the choice of stratified random sampling specifically, the proportionate stratified sampling was used where the number of elements from each stratum in relation to its proportion of the total population was selected.

Data collection methods

The actual study was conducted at the regional hospital, both the primary and secondary methods of collecting data was used to gather information. With the primary method of collecting data, the researcher used questionnaire to gather the information from the respondent and the use of both structured and unstructured interviews. On the part of the secondary method of collecting data the researcher used documents such as the hospital records, the Ghana health service annual report, publications and the use of books written by some renowned authors were used to gather information.

Data collection instrument

The tools used in carrying out the study were self administered questionnaire and interviews to obtain first hand information. The questionnaires were based on the research questions set for the study under the categories of nurses that formed part of the population and sample size, on areas concerning the socio-demographic factors, hygiene factors, motivation factors and push factors on nurses job satisfaction. Some of the strengths of the technique were as follows;

it is faster when properly administered. Less time consuming, make respondents freely express themselves, respondents found the method convenient compared to face to face interview and serves as reference for future research since responses are documented. The questionnaire was not without challenges, an example of a questionnaire that asked respondents to indicate the range of their true salary poses some difficulty to the respondent since no one would like to disclose the actual salary. The cost of printing questionnaire was also expensive. The likelihood of not retrieving all questionnaires was very high; some respondents may feel reluctant and may copy the responses of their colleagues rendering the reliability and validity of the technique very slim.

Study population

The study population of this research was all nurses working at the Regional hospital in Bolgatanga during July 2011. At the regional hospital there were various categories of nurses such as general nurses who are specifically trained to handle any type of cases (illness) that may come their way, midwives who are also trained to care for pregnant women and to ensure safe delivery, the other category are the community health nurses who are trained to handle antenatal cases and post natal. There was also the ENT (Ear, Nose and Throat) nurses, and many others who formed part of the researcher's population which was based on the categories of nurses working at the hospital. The population of nurses as at 31st July 2011 was 155 nurses, this served as the target population

for the research study, the table below indicates the breakdown of the various category of nurses that form part of study population.

Pre-testing of instrument

The pre-testing was to finalised the content, to measure the validity, reliability and to ensure that the actual research work is free from bias. It was also to provide the researcher the opportunity to actually test the questionnaires without any hindrance. Ten nurses participated in the pre-testing of the questionnaires since they do not constitute the sample size, but were rather working at the Bolgatanga clinic. The questionnaire was distributed to the respondents and they were to use two days in answering the questionnaire after which it was collected. The two days grace period given was to enable them have enough time to provide the needed, sincere and honest responses without been in a rush and as well respond to all the questionnaires given to them. The data was administered and collected by the researcher herself, this was to clarify any ambiguity should the need arises.

Data collection

The actual research study was conducted at the regional hospital, the questionnaire were printed and distributed to the 93 nurses. The distribution of the questionnaire was done according to the various nursing units. Each unit was giving some number of questionnaires based on their number. The researcher herself with the help of two nurses did the distribution, the researcher gave the

nurses the opportunity to ask questions for clarification, after which she allowed them to use two days for the filling of the questionnaire for onward collection.

Data processing and analysis

After all questionnaires were collected, it was coded and analyzed using the software SPSS version 13. The socio- demographic factors and personal characteristics of respondents such as age, sex, marital status, education level, professional training and employment status were used for the descriptive statistics. The results were presented in the form of frequencies, percentages, mean, standard deviation. Motivation factors such as promotions, achievements, recognition, work itself, advancement, responsibility were analyzed using the descriptive statistic: such as frequencies, percentages, mean, standard deviation, minimum and maximum. In the same way it was done for the hygiene factors and push factors. The chi square test was used to establish the association that exists between motivation factors of nurses and job satisfaction of nurses. The statistical significant level was set at 0.05 points. The same method was used to establish the association that exists between the hygiene factors and job satisfaction.

Fieldwork challenges

The researcher encountered numerous challenges when undertaking the research work. The researcher had earlier arranged to interviewed the leaders of the nurses such as the hospital director, administrator as well as the hospital matron but it was not successful because they were at a meeting. Another date

was scheduled again but both the administrator and the hospital matron went on leave and so it was not possible. The researcher had to schedule another date to interview those who were acting on their behalf just to enable her gather some information on the various subjects such as: the total number of nurses working at the time of the research, the ratio of nurse to patients, how frequent as leaders they do supervise their nurses, how many hours a nurse is expected to spend at the work place and many others proved futile.

Unwillingness on the part of some nurses to provide responses was also another challenge. Some also found the questionnaire voluminous and ambiguous which made them felt very reluctant to provide answers to the questions. The number of days given them to respond to the questionnaires elapsed, yet many did not answer the questionnaire. It took the researcher a whole week to retrieve the entire responded questionnaire, even though the initial plan was to use two days. It was not easy gathering the data, but with the help of the acting matron, the hospital director's secretary, and other influential personality at the time, really contributed to the success of my research work, without these personalities, it would have been extremely difficult having access to information.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter presents and discusses the results of the data collected. The purpose of the study was to examine the level of job satisfaction among nurses. The issues to be discussed in are the socio-demographic characteristics of the respondents; include factors that influenced the level of nurses' job satisfaction, insight on the motivation factors that determined nurses' satisfaction on their job. It also analysed the push and the hygiene factors that influenced the nurses on their

Socio-demographic characteristics of respondents

Table 3 describes the sex composition of the respondents. The results indicated that 24 of the respondents are males and 69 are females, with reference to gender of nurses working at the hospital at the time of the study. From the result of the data, it implied that more females were into the nursing profession than males, it can be concluded that females find satisfaction into the nursing profession than their male counterparts due to their representation in the profession in terms of numbers compared to their male counter parts.

Table 3: Gender of respondents

Item	Frequency	Percent
Male	24	25.8
Female	69	74.2
Total	93	100.0

Source: Field work 2011

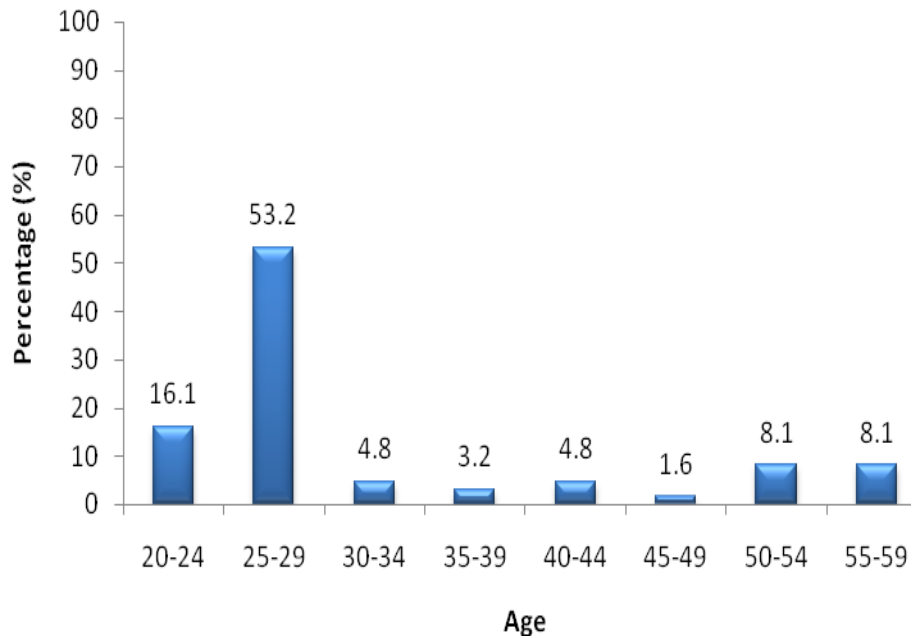


Figure 2: Age of respondents

Source: Field work, 2011

Age is among the variables that are vital to the study of a given population. From Figure 2 (16.1%) of the nurses were between the ages 20-24 (53.2%) were between the ages of 25-29 (4.8%) were between the ages 30-34 (3.2%) were between the ages 35-39 (4.8%) were between the ages 40-44 (1.6%).

The results above shows that most of the nurses were within the active population group and are youthful in nature, they are those whose contributions are enormous towards the health status of the people. The research findings supports Herzberg theory of job satisfaction which indicated that nurses are more satisfied with their job as they grow older in the profession than their younger counterparts this is as a result of some higher benefits they enjoy due to so many years of experience. From the research findings, older staff nurses are reporting greater job satisfaction in terms of higher salaries, rank or positions and higher internal loses of control. The findings also supports Njuku (2001) who mentioned that age of nurses has relationship with salary and has significant correlation with job satisfaction.

Like sex and age, marital status is believed to have an influence on the working conditions of respondents. Table 4 shows that 42 of the respondents are married, 46 of the respondents are single while 2 and 3 are widower and widow respectively.

Table 4: Marital status

Marital status	Frequency	Percent
Married	42	45.1
Single	46	49.5
Widower	2	2.2
widow	3	3.2
Total	93	100.0

Source: Fieldwork, 2011

Marital status had a role to play in job satisfaction. It could be inferred from the result that those who were married find greater satisfaction due to the

love, comfort and emotional stability they enjoyed from their spouses supported them on their work.

According to Suwanna (2001), nurses living with their spouses had more job satisfaction than those living alone or single this is because the married nurses receive emotional and mental support from their partners.

Level of education of respondents

Education plays a major role in job satisfaction, it was found out that job satisfaction turn to increase with the level of education. From Table it is clear that 12 of the respondents were senior high school certificate holders, 17 were diploma holders, 45 were degree holders, O & A Level holders were 8 ,11 had other certificates.

Respondents with the higher level of education responded positively to job satisfaction while those with the lower level of education responded negatively to job satisfaction. It was found that job satisfaction increases with the higher level of education, the more opportunity the nurses are given to go for higher education, the more skillful, creative and efficient they will become leading to high performance on the job. However, some studies have shown that education has slight negative relationship with job satisfaction, the higher the formal education the more likely a person is to be dissatisfied with the job. People with higher level of education have higher expectations with greater fulfillment and responsibility according to Herzberg et al (1951). The finding of the study support Herzberg's idea of the influence of education on job satisfaction.

Table 5: Educational levels of the respondents

Educational level	Frequency	Percent
Secondary/High school	12	12.9
Diploma	17	18.3
Degree	45	48.4
O & A Level	8	8.6
Others	11	11.8
Total	93	100.0

Source: Fieldwork, 2011

Respondents number of years at work

The time spent by an individual in an organisation is acknowledged to have a bearing on the performance and experience of the fellow. Table 6 shows that out of the total number of respondents, 66 had worked between 0-5 years, 4 of the respondents have worked from 11-15 years, 2 of the respondents had worked between 16-20 years, 1 had worked between 26-30 years, and 12 worked for 31 and above years in the nursing profession. From the research findings, the longer the experience of work, the higher the level of job satisfaction and the lower the experience of work, the lower the level of job satisfaction and vice versa.

Table 6: Number of years of work

Number of years worked	Frequency	Percent
0-5	66	70.9
6-10	8	8.6
11-15	4	4.3
16-20	2	2.2
26-30	1	1.1
31.00	12	12.9
Total	93	100.0

Source: Fieldwork, 2011

Table 7 described the various categories of nurses in the hospitals. It showed that 35 of the respondents were general nurses, 7 of them were preventive nurses, enrolled nurses were 9 out of the total respondents, clinical nurses were 4. Community health nurses were 23 and psychiatry nurses also were 3, ophthalmic nurses were 5, midwives at the time of the research work were also 5, the least represented category were the ward assistants and they were only 2. This implied that majority of the respondents were enrolled in general nursing than in the other areas of the profession.

Table 7: Category of nurse covered

Category of nursing belonged	Frequency	Percent
General nursing	35	35.2
Preventive nursing	7	6.7
Enrolled nursing	9	8.6
Clinical nursing	4	3.8
Community Health nursing	23	21.9
Psychiatry	3	2.9
Ophthalmic nursing	5	4.8
Mid-wife	5	4.8
Ward Assistant	2	1.9
Total	93	100.0

Source: Fieldwork, 2011

Table 8 reveals the ranks/positions of nurses in the hospital. Table 8 shows that 23 of the respondents were community health nurses representing 24.7 percent, 15 held position as orientation nurses representing 16.1 , 13 were nursing officers whiles those who held position as enrolled nurses were 9, 5 of them were midwives and 22 were staff nurses, only 2 of the respondents were ward assistants. Nurses who held higher position found higher satisfaction in their job than those with lower position/rank even though most jobs do not satisfy their expectations. The differences in the level of positions/ranks were affected by the differences in the level of job satisfaction.

Table 8: Position of respondents

Rank or position	Frequency	Percent
Community health nursing	23	24.7
Orientation nurse	15	16.1
Nursing officer	13	14.1
Enrolled nursing	9	9.7
Mid-wife	5	6.5
Ward in charge	4	3.2
Staff nurse	22	35.5
Student	2	3.2
Total	93	100.0

Source: Fieldwork, 2011

Table 9 describes the hours of work of the respondents, 11 of the respondents spent 6 hours at the work place, 14 of the nurses spent 7 hours at work, 27 also spent 8 hours at work while 24 of the respondents spend 9 hours at the workplace, 8 spent 10 hours at work and 6 spent 12 hours at work. It is clear from the data analysed that, majority of the respondents spent between a minimum of 6-9 hours at the hospital.

Table 9: Hours respondents spent at work places

Hours spent at work	Frequency	Percent
6.00	11	11.2
7.00	14	15.1
8.00	27	29.3
9.00	24	25.8
10.00	8	8.6
12.00	6	6.5
13.00	4	4.3
Total	93	100.0

Source: Fieldwork, 2011

Number of patients attended to per day

Table 10 shows the average number of patients attended to by the respondents on daily basis. On the average working day, 43 of these nurses said they attended to not less than 20 patients. Another set of 23 nurses also said they attended to patients between 21- 40 in a day, while 18 attended to patients between 41- 60 in a day and the least were 9 nurses who said they attended to patients between 100 on daily bases.

Table 10: Average number of patients attended to on daily bases

Average patients	Frequency	Percent
<20	43	46.2
21-40	23	24.7
41-60	18	19.4
100+	9	9.7
Total	93	100.0

Source: Fieldwork, 2011

It could be inferred from the findings that as the number of patients attended to on daily basis increases, the correspondent level of job satisfaction reduces and vice versa by the respondents. This implied that as the workload on people increases with very little or no motivation, their level of job satisfaction reduces drastically.

Table 11: Perception of difficult nature of work by respondents

Description of work	Frequency	Percent
Cumbersome	32	43.4
Less cumbersome	18	19.4
Very cumbersome	43	46.2
Total	93	100.0

Source: Fieldwork, 2011

Challenges faced by respondents at the work place

Table 12 shows the nature of the work on the level of whether the job is cumbersome, very cumbersome and less cumbersome. From the respondents perspective, 32 responded positive, given an indication that the work was cumbersome while 43 indicated the work was very cumbersome and 18 also indicated that the perception of the nursing work been cumbersome and very cumbersome depended on how dissatisfied they are with their job.

Table 12: Challenge respondents face at their work place

Challenges with work	Frequency	Percent
Workload	32	34.4
Inadequate protective	1	2.0
Inadequate equipment	13	26.5
Associated risk	5	10.2
Attitude of patients	6	12.2
No motivation	34	37.7
Language barrier	1	2.0
Total	93	100.0

Source: Fieldwork, 2011

The nature of work scheduled could impact positively or negatively on the satisfaction of the employees. To this end, the research resort to find out the challenges that the respondents faced. Table 12 showed that out of the total respondents of 93, 32 of them indicated that the workload was much with limited

tools to work with, these possess lots of challenges on the job. About 13 of them also indicated that they worked with inadequate or no equipments and this exposed them to higher risk when handling patients. About 34 also reiterated that they were not motivated at the work place to encourage them put up their maximum best on the job; the results indicated that not much effort was attached to the job.

Satisfaction related issues

Respondents' views on their job satisfaction related issues

Personal feeling played an important role on the individuals' attitude towards the job. The kinds of attitude one exhibit on the job would be determined by the level of job satisfaction of the individual. The data analysis indicated that, 28 responded positive and would like to be in the profession for the next 10 years, this is because they found satisfaction on their job and 65 did not want to be in the profession for the next 10 years because they were not satisfaction on the job.

As to whether nurses were given the opportunity to use their skill and expertise on their job, 44 responded positive while 49 responded negative. The results confirmed that those who were given the opportunity to use their skills and expertise found satisfaction on their job compared to those who were not given the opportunity to use their skills and expertise.

Table 13: Respondents level of satisfaction on the job

Level of satisfaction	Yes		No		
	Freq.	%	Freq.	%	
I like to be in profession for the next 10 years	28	30.1	65	69.9	93
I find satisfaction in the job	25	26.9	68	73.1	93
I am given the opportunity to use my skills and expertise	44	47.3	49	52.7	93

Source: Fieldwork, 2011

Personal achievements contribute significantly to job satisfaction. Results presented on Table 14 showed that 58 had set standards and achievable goals for the position they held while 35 did not set standards and achievable goals for the position they held. The fact that nurses were able to set their own standards and achieve their goals, motivated them to find satisfaction on their achievements, while those who are not able to set their own standards and achieve their goals do not find satisfaction on their job. The fact that one is able to set out goals and objectives, they go a long way to achieve it and hence increase the level of satisfaction, these goals may include marriage, further studies, increase in salaries etc.

Table 14: Setting standard, clear and achievable goals

Achievements	Yes		No		Total
	Freq.	%	Freq.	%	
Standards and achievable goals have been set	58	62.4	35	37.6	93
Present is job challenging	59	63.4	34	36.6	93
Attend regular workshops, seminars to update knowledge	28	30.1	65	69.9	93

Source: Fieldwork, 2011

Motivation factors among respondents

Recognition in work places played significant role on the morale and satisfaction of the staff. Table 15 shows the nature of recognition when goals are achieved, Thirty-one of the respondents said their contributions were recognized where as sixty-two of the respondents indicated that their contributions were not recognized. As to whether the nurses had any formal programme of recognising the achievements made, 10 of them indicated that they had a formal programme, 83 indicated that there's no formal programme of recognition. When nurses are recognised for their achievements, it motivates them to work better and harder, but where the achievements of people are not recognised, it does not motivate them to put up their best (Herzberg's theory of motivation).

Table 15: On the job recognition of respondents

Factors	Yes		No		Total
	Freq.	%	Freq.	%	
My contributions are recognized	31	32.4	62	58.6	93
We have a formal program of recognition	10	10.8	83	89.2	93

Source: Fieldwork, 2011

Table 16: Opportunities for continue education

Statement	Yes		No		Total
	Freq.	%	Freq.	%	
There are opportunities for continuity in my education	37	39.8	56	60.2	93
I have been promoted	35	37.6	58	62.4	93
I find satisfaction in my profession	21	22.6	72	77.4	93
I will encourage the youth into the nursing profession	32	34.4	61	65.6	93

Source: Fieldwork, 2011

From Table 16 when the respondents were asked whether there were any opportunity for continue education, 37 indicated yes, 56 respondents indicated no, this is an indication that majority of the nurses have not had the opportunity to further their education. When asked whether they were promoted, 35 of the respondents responded yes and 58 (62.4%) expressed a contrary view. From the table, there is a further indication that majority of the respondents had not been

promoted. About 21 found satisfaction on their job and 72 indicated that they did not find satisfaction in their profession. Some 32 responded positive to the statement I will encourage the youth into the nursing profession and 61(65.6%) responded negative to the statement giving an indication that they do not find the profession motivating to encourage the youth to join.

Table 17: Commitment of respondent to the job

Commitment	Frequency	Percent
Very committed	53	56.9
Committed	40	43.0
Total	93	100.0

Source: Fieldwork, 2012

Motivation plays a very important role on the level of job satisfaction. From Table 17, the findings revealed that achievement had significant role to play on the level of job satisfaction. When nurses are able to set their own goals, standards and they are able to achieve those goals, in itself serve as a motivation to them and this could lead to greater commitments and satisfaction on their job. When employee's contributions are well recognised in the form of rewards, it motivates them to put up their best on the job, they become satisfied with their jobs. Where people are committed to their jobs and are allowed to use their own discretion to execute their task, it could increase their level of job satisfaction. Another motivating factor is the opportunity to go for further studies. From the findings of the study, it is clear that if the nurses were given the opportunity to

advance in their education it could serve as a morale booster hence leading to greater satisfaction on their job.

Table 18: Nurses are not motivated enough to put up their best

Level of Agreement	Frequency	Percent
Agree	21	22.6
Partly agree	18	19.4
Strongly agreed	42	45.2
Disagree	9	9.7
Strongly disagree	3	3.2
Total	93	100.0

Source: Fieldwork, 22

Table 18 discussed the responses made by the respondents. From the table when the statement was made to find out whether nurses were not motivated enough to put up their best, 21 agreed to the statement, 18 partially agreed to the statement while 42 strongly agreed to the statement, 9 of the respondents disagreed to the statement and 3 of them strongly disagreed to the statement. From the results of the study, there is a clear indication that nurses were not motivated enough to put up their best on their job as a result of the large number of respondents who strongly agreed to the statement. The finding could be attributed to the lack of motivational factors at the work place.

Table 19: Signs exhibited by highly motivated nurses

Nature of signs	Frequency	Percent
Punctuality	13	14.0
Committed to work	55	59.1
Hardworking	23	24.7
No complain	2	2.2
Total	93	100.0

Source: Fieldwork, 2011

Table 19 reveals the kind of signs exhibited by the nurses when they were highly motivated, thirteen of the respondents indicated that they were punctual at work, fifty-five indicated that they were committed to their job, twenty-three of the respondents indicated that they worked harder. From the results of the findings, there is a clear indication that, motivation is an incentive for good work and could also push employees to deliver.

Table 20: Aspect of the profession that motivates respondents to work

Motivation factor	Frequency	Percent
Respect	21	22.6
Money	47	50.5
Recognition	25	26.9
Total	93	100.0

Source: Fieldwork, 2011

Even though working conditions may not be the best in most cases, there is something that keeps workers on their jobs. Table 20 indicates the aspect of the profession that motivates the nurses to be on their job, Twenty-one of the respondents (22.6%) indicated that the respect for their profession by the public motivates them to work, 47 of the respondents (50.5%) indicated that the money aspect motivates them to work and 25 also (26.9%) said the recognition for the profession informed their decision to be in the profession which served as a source of motivation. From the Table.18 it is clear that, money motivates these nurses to be in the profession.

The findings of the study also revealed that motivation played a key role on the job and the motivating factors comprises of promotion, achievements, recognition, responsibility, advancement and the work itself. The presence of these factors at the work place leads to higher commitment to work leading to satisfaction on the job and the absence of these factors would lead to dissatisfaction on the job. Motivation have great influence to job satisfaction, Herzberg (1957) theorized that employers cannot provide all the needs of their employees but can minimise dissatisfaction by ensuring that certain factors are present and their absent can lead to dissatisfaction at the work place and vice versa.

Hygiene factors among respondents

Policy documents in an organisation served as the blue print by which the activities of the institution were based on or guided. Table 21 reveals the hospital

policy for the nurses, when asked whether the hospital had a clear written down policy, thirty-six of the respondents responded positive to the statement and fifty-seven responded negative to the statement given a clear indication that the hospital had no written down policy.

Table 21: Existence of clearly written policy for nurses

Nature of policy	Yes		No		Total
	Freq.	%	Freq.	%	
The hospital has clearly written down policy for all nurses	36	38.7	57	61.3	93
The policy ensures fairness to all	25	26.9	68	73.1	93
I am given the opportunity to take part in decision making process	32	34.4	61	65.6	93

Source: Fieldwork, 2011

As to whether the policy ensured fairness to those who answered yes previously, twenty-five responded yes to the statement and sixty-eight of the respondents responded in a negative manner, given an indication that the policy does not ensure fairness to the staff. The respondents were further asked if they were given the opportunity to take part in decision making, from the result of the findings, thirty-two responded positive and sixty-one were on the contrary. This is a clear indication that majority of these nurses were not involved in the decision making process and could lead to dissatisfaction to their job.

Supervision of respondents

Table 22 sought to analyse the issues regarding supervision at the work place. It reveals that seventy-two of the respondents said they were regularly supervised, twenty-one said they were not regularly supervised. This is a clear indication that the nurses were regularly supervised. As to whether the leaders exhibit some leadership skills during supervision, sixty-four of the respondents responded positive and twenty-nine responded negative to the statement.

Table 22: Regular supervision of respondents at work place

Level of supervision	Yes		No		Total
	Freq.	%	Freq.	%	
I am supervised regularly at work	72	77.4	21	22.6	93
I have seen leadership skills in the style of supervision	64	68.8	29	31.2	93
I am given feedback on my performance	39	41.9	54	58.1	93

Source: Fieldwork, 2011

This is an indication that the leaders exhibited their leadership skills during supervision. When asked whether they were given feedback on their performance, thirty-nine responded yes and fifty-four responded no given an indication that not all the nurses were given feedback on their performance or some of them refused to go for their results.

Salaries rate among nurses

When asked whether the respondents were fairly paid, twenty-five responded yes and fifty-eight responded no. This is a clear indication that the nurses believed that they were not fairly paid, in other words, they are not satisfied with their salary. As to whether they were given allowances apart from their salary, twenty-one responded positive to the statement and seventy-two responded negative to the statement.

Table 23: Satisfaction of nurses with the salary structure

Remuneration structure	Yes		No		Total
	Freq.	%	Freq.	%	
I am fairly paid for what I do	25	26.9	58	62.4	93
I am given some allowance apart from my salary	21	22.6	72	77.4	93
I am satisfied with the current remuneration	11	11.8	82	88.2	93

Source: Fieldwork, 2011

This is a clear indication that majority of the nurses were not given allowances but relied only on their salary. On the part of been satisfied with their current remuneration, eleven of the respondents responded yes to the statement where as eighty-two of the respondents responded no to the statement. It was a clear indication that the nurses were not satisfied with their current remunerations.

Table 24: Range of salary of respondents

Salary	Frequency	Percent
GH¢ 500-1000	52	55.9
GH¢ 1100-1500	9	9.7
GH¢ 2100-2500	8	8.6
GH¢ 2600-3000	3	3.2
< GH¢500	21	22.6
Total	93	100.0

Source: Fieldwork, 2011

Table 24 shows the salary range of the nurses and it indicates that fifty-two said their salary ranges between GH¢500- GH¢1000, nine said their salary ranges between GH¢1,100- GH¢1,500 eight said their salary ranges between GH¢2,100-GH¢2,500, three of the respondents indicated that their salary ranges between GH¢2,600-GH¢3,000, twenty-one also indicated that, their salary were less than GH¢500. This is a clear indication that majority of the respondents have their salary ranging from GH¢500-GH¢1,000 meaning they were not satisfied with their salary, but it could be inferred that the range of salaries are normal and correspond with most workers in the public sector of the economy.

Table 25: Respondents level of socialization with co-workers

Statement	Yes		No		Total
	Freq.	%	Freq.	%	
I find time to play games with co-workers	39	41.9	54	58.1	93
I make time to sit over a drink with my co-workers after work	48	51.6	45	48.4	93
I make time to visit night club to dance out my stress with my co-workers	15	16.1	78	83.9	93
I visit my co-workers in their homes on weekends	22	23.7	71	76.3	93
I go out for shopping with my co-workers	13	13.9	80	86.0	93

Source: Fieldwork, 2011

Table 25 shows the kind of socializations nurses execute with their co-workers as well as with their superior. When asked whether they find time to play games such as ludu, oware, volleyball etc, thirty-nine of the responded positive and fifty-four responded negative to the statement. As to whether the nurse find time to sit over a drink after the day's work, forty-eight responded yes to the statement where as forty-five responded no to the statement. When the statement on whether the nurse make time for night club in order to socialize with the co-workers, 15 of the respondents responded yes where as seventy-eight responded no to the statement. Twenty-two of the respondents said they visited their co-workers over the weekend to have some conversation where as seventy-one said they do not visit their co-workers on weekends. When asked whether they went

out shopping with their co-worker in the form of socialization, thirteen responded yes to the statement where as eighty responded no to the statement.

Table 26: Am given the needed tools to work with

Statement	Yes	%	No	%	Total
I am given the necessary tools to execute my job	35	37.6	58	62.3	93

Source: Fieldwork, 2011

Table 26 reveals that out of the total number of ninety-three respondents, thirty-five of the respondents responded yes to the statement that the nurses were given the needed tools to work with whereas fifty-eight responded no to the statement. From the result of the study, it is a clear indication that the nurses were not given the necessary tools for the treatment of the patients.

From Table 27 it could be inferred that most nurses leave the profession due to issues related to motivation.

Table 27: Perceived reasons for attrition

Causes of attrition	Frequency	Percent
Low salaries	23	24.7
Poorly motivated staff	31	33.3
Search for greener pastures	28	30.1
Risk associated work	11	11.8
Total	93	100.0

Source: Fieldwork, 2011

Table 28 shows the means by which the nurses can be motivated to retain them in their profession. From Table 28, twelve of the respondents indicated that respect from their senior staff would encourage them to remain in the sector for as long as they are on their job. Forty-one of the respondents also indicated when they have better condition of service as a motivating factor it could keep them on their job.

Table 28: Retention of nurses

Ways of retaining nurses	Frequency	Percent
Respect from senior staff	12	12.9
Motivation	41	44.1
Study leave	16	17.2
Increased pay	21	22.6
Provision of equipments	3	3.2
Total	93	100.0

Source: Fieldwork, 2011

Again sixty-one said when they are allowed to go on study leave, it would help retain them to improve their skills and expertise, twenty-one also indicated that increased in their pay could also motivate them to remain in the sector. From the result of the findings, motivation seems to play a key role in job satisfaction. When nurses are well motivated, they would execute their task efficiently and effectively. This supports Maslow's theory of motivation which described human motivation as a hierarchy of five needs ranging from the most basic human need

to the highest human needs for self actualization. Herzberg (1950) theorised that employers cannot motivate their employees completely but could minimise dissatisfaction at the work place by ensuring that the factors of motivation which stimulates a person to be satisfied in his/her job in order to bring in positive attitudes to like and love their job are present at the work place, since their absent will lead to dissatisfaction.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The chapter sums the results of the study on the job satisfaction among nurses at the regional hospital in Bolgatanga in the Upper East Region. It contains the major findings, conclusions from the findings, and some recommendation to improve the retention rate of nurses in the study area.

Summary

The study was structured in five chapters to presents the views of the respondents on job satisfaction and motivation. The study was conducted using simple random sampling technique, 93 respondents were selected for the study. These included nurses, midwives, psychiatry, ward assistant, community health nurses and among others. A semi structured interview guide, questionnaire, were the main instruments for the collection of the data.

Major findings of the study

The major findings of the study includes the following

- The study revealed that the presence of both motivation and hygiene factors can lead to job satisfaction as well as increase in productivity, on the other hand their absence can also bring about dissatisfaction on the job leading to nurses living the health centre's to look for jobs that are well paying.

- Again socio-demographic factors could also have an influence on the level of job satisfaction, these factors comprises of gender, age, marital status, educational level, rank/position. All these factors played a very important role on the level of job satisfaction.
- Also the age and the number of years of service of the individual also contributed significantly to the level of job satisfaction. As the nurses grow older, they enjoyed certain benefits such as increment in salary, free accommodation, allowances, opportunity to go on study leave with pay and many others, all these contributed to their satisfaction on the job compared to their younger ones who may not find satisfaction on their job since they do not enjoy some of these benefits as beginners.
- Another important finding was that motivation and goal setting played a very important role on the level of job satisfaction. When people are able to set their own goals, standards and they are able to achieve those goals, it would serve as a motivation to the nurses and that could lead to greater commitments and satisfaction on their job. When nurses contributions are well recognised in the form of rewards, it would go a long way to motivate them to put up their best on the job and be satisfied with their job.
- The hygiene factors which contributed to job satisfaction comprises of the policy and administration at the work place, supervision, salary, interpersonal relation with both supervisors and co-workers. Where the policy ensure fairness in the administrative work, nurses will be satisfied with their job on the other hand where the opposite existed, dissatisfaction

would be the ultimate. Given the opportunity to take part in decision making would contribute greatly to job satisfaction. When nurses realised that their views, contributions and suggestions are implemented, they felt part and parcel of the organisation, hence become very much committed to their job leading to higher satisfaction on their job.

- The push factors which led to the drift of these nurses to leave the profession to other places of better remuneration are the absence of both the motivation and hygiene factors at the work place leading to most nurses fleeing the sector to seek greener pastures elsewhere. These push factors are poor motivation, high risk in the execution of their work, lack of remuneration, inadequate modern equipments to work with as well as low salary.

Conclusions

Based on the findings, the following conclusions are drawn;

- The shortages of nurses in our health centers are mostly due to the absence or lower remuneration on their job. Motivation is a key tool in our work set up, even if we cannot motivate our employees fully, we can minimise dissatisfaction by providing our employees with better condition of services to enable them work harder to increase productivity.
- Again it can be concluded that recognition and respect are significantly valued by the respondents than higher salaries. Most of the respondents

indicated that they will prefer to work in organisations where they will be recognized and respected than earning higher salaries.

- The absence of both the motivation and hygiene factors at the work place will lead to dissatisfaction on the job and vice versa, when dissatisfaction on the job sets in, the only option is for employees to look elsewhere for jobs with better remuneration, better condition of service and higher pay.

Recommendations

Based on the findings and conclusions of the study the following recommendations are made:

- The Ministry of Health (MOH) and the Ghana Health Service (GHS) should open more training centres to train more nurses who will come out and serve in our health institutions. The training should be made free to allow more people to be enrolled; each region as well as municipal assembly should have a training centre this will go a long way to help. When undergoing the training, they should be made to sign bond to work in a centre for some ample number of years and any nurse who may want to leave for any personal reason be made to pay the amount of money used for their training to the Ghana health service.
- The nurses should be provided with free uniform as well as free medication due to the higher risk in the profession. Thus the government should put in place motivational policies and conditions service aimed at ensuring the improvement in the lot of the nurses.

- Ministry of Health should put in place a policy that will allow the nurses to further their professional training after some number of years of work to update themselves in order to improve upon the delivery of health service.
- The government of Ghana (GOG) through the Ghana Health Services (GHS) should make available better conditions of service by ensuring that both the motivation and hygiene factors are present and recognized at the work place, this will go a long way to retain and sustain these nurses in our health centres in order to reduce the rampant shortages.

Areas for further study

Future research needs to be carried out to find out why there are more females in the nursing profession than males, what is the reason behind that? This is because researches have shown that, there are more female nurses in the various hospitals than males. Secondly, there is a need for a study to be conducted on psychiatrist nurses. Why do we have few psychiatrist nurses in our hospitals? It is an issue that needs to be looked at in future. This is because the regional hospital had only 3 psychiatrist nurses at the time that this research took place in the region.

REFERENCES

- Armstrong, M. (2006). *At hand book on human resource management*, (10th ed.).
by sage publication.
- Bauman, et al. (2004). Migration and shortage of nurse
<http://www.ncbi.nlm.nih.gov/pmc/articles/pmc1955372b7>.
- Bhuian, S. N., & Menguc, B. (2002). Evaluation of job characteristics,
organisational commitment and job satisfaction in an expatriate, guest
worker, sales setting. *Journal of Personal Selling and Sales Management*,
22, 1-12.
- Boles, J.S., Judge, A., & Johnson, J. (2003). Interrelationships of role conflict,
role ambiguity and work family conflict with different facets of job
satisfaction and the moderating effects of gender. *Journal of Personal
Selling and Sales Managers*. 22, 1-12.
- Brown, S. P., & Peterson, R. A. (1993). Antecedents and consequences of sales
persons job satisfaction meta-analysis and assessment of causal effects.
- Brown, S. P., & Peterson, R. A. (1994). The effect of efforts on sales performance
and job satisfaction. *Journal of Marketing*, 58(2), 70-80.
- Buchan, P., & Sochalski, L. (2003). Annual report on the number of registered
nurses applicants from Canada. [http://www.ncbi.nlm.nih.gov/pmc/articles/
pmc1953372/b9](http://www.ncbi.nlm.nih.gov/pmc/articles/pmc1953372/b9).
- Canadian Institute for Health Information (CIHI) (2003). Shortage of nurses in
Canada. <http://www.ncbi.nlm.nih.gov/pmc/articles/pmc>.

- Canadian Nurses Association (CAN) (2002). *Nurse migration, nurse shortage, nursing workforce*.
- Churchill, et al (2002). *Marketing research: Methodology foundation* New York
- Cohen, R. J., & Swerdlick, M. E. (2002). *Psychological testing and assessment: An introduction to test and measurement*. (5th ed.). New York: McGraw-Hill.
- Dalal, R. S. (2005). A meta-analysis of the relationship and counter-productive work behavior journal of applied psychology, 90, 124-12255.
- De Voretz, K. (1999). *A report on nurses applying for lincebsyre*
<http://www.ncbi.nlm.nih.gov/pmc/articles/pmc1955372/b16>.
- Ehlers, V. (1989, p. 24). Transient trade or permanent profession? *Nursing RSA*, 4(11), 24-27.
- Futrell, A., & Parasuraman, A. (1984). The relations of satisfaction and performance of sales force turnover. *Journal of Marketing*, 48, 33-40.
- Gcaba, R. S. (1997 p. 26). The effects of violence on primary health care nurses in selected areas of the former Natal Region. *Curationis*, 20(1), 26-28.
- Herzberg, F. (1959). The motivation of work
- Herzberg, F. M., Monsner, B., & Peterson, R. O. (1957). *Job attitudes: A review of research and opinions*. Pittsburgh: Psychological services of Pittsburg.
<http://www.ncbi.nlm.nih.gov/pmc/articles/pmc1955372/b10>.
<http://www.worldhealthorganisation.com>.

- Ilies, R., & Judge, T. A. (2002). Understanding the relationships among personality, mood and job satisfaction: A dispositional approach to job attitudes. *Journal of Applied Psychology*, 70, 469-480.
- Ilies, R. & Judge, T. A. (2002). Understanding the dynamic relationships among personality, mood, and job satisfaction: A field experience sampling.
- Johnson, G. J., & Johnson, W. R. (2000). Perceived our qualification, positive and negative, affectivity and satisfaction with work. *Journal of Social Behavior and Personality*. 15(2), 167-185.
- Locke, E. A. (1976). The nature and causes of job satisfaction, in Dunnette, M. D (Ed), *Handbook of industrial and organisational psychology*, Chicago: Rand MC Nally.
- Malugani in Nadeau, Whewell, & Williamson (2000). Baumann et al (2004). *Trends in nurse migration*. <https://www.google search>.
- Maslow, A. (1954). motivation theory hierarchy of human needs from the lowest to the highest.
- Netemeyer, R. G., Johnson, M. W., & Burton, S. (1990). Analysis of role conflict and role ambiguity in a structural equation frame work. *Journal of Applied Psychology*, 75(27), 147-157.
- Organ, N. (1997). *Organisational behaviour*. Boston: Irwin McGraw-Hill.
- Purani, A., & Shaved, H. (2007). Contributions of job content and social information on organisation commitment and job satisfaction. *Journal of Occupational and Organisational Psychology*. 3(2), 147-157.

- Ryan, et al. (1998). The relation between job level and job satisfaction (Electronic version) *Group and Organizational Management*, 23(4), 470-495.
- Smith, P. C., Kendall, L. M., & Hulin C. L (1985). *The revised job descriptive index*. Bowling Green, OH: Department of Psychology, Bowling Green state University.
- Smith, P. C., Kendall, L. M., & Hullin, C. L. (1969). *The measurement of satisfaction in work and retirement*. Chicago: Rand McNally.
- Spector, P. E (1997). *Job satisfaction: Application assessment, cause and consequences*. the Unsaid Oaks. C. A.: Sage Publications, Inc.
- Staw, A., & Row, F. (1995). *Psychological dimensions of organisation behavior*, (2nd ed.). New Jersey: Prentice Hall.
- Taber, T. D. Alliger, G. M. (1995). A task level assessment of job satisfaction. *Journal of Organisation Behavior*, 16(2), 101-21.
- Van der Wall, D. M. (2002). Caring in nursing management. *Journal of nursing and Midwifery*, 4(2), 16-18.
- Vroom, V. (1964). *Work and motivation*. New York: Wiley.
- Weiss, H. M., & Brief, A. P. (2001). Affect a work: An historical perspective. In R. L. Payne and C. L. Cooper (Eds.), *The psychology of work: Theoretically based on empirical research*. (pp. 23-45). New York: Wiley.
- Wood, V. R., Chonko, L. B., & Hullin, A. (1986). Measurement of satisfaction in work and retirement. Chicago Rand MC Nally.

Wood, V. R., Chonko, L. B., & Hunt, S. (1986). Social responsibility and personal success: are the incapable? *Journal of Business Research*, 14, 193-212.

Zhao, D., & Murray, A. (2000). *Report on the migration and shortage of nurses in Canada*. <http://www.ncbi.nlm.nih.gov/pmc/articles/pmc1955372/b27>.

APPENDIX

QUESTIONNAIRE FOR NURSES AT THE REGIONAL HOSPITAL- BOLGATANGA ON JOB SATISFACTION

The questionnaire is designed as part of the study on the level of job satisfaction among nurses, the researcher would be very grateful if you could be sincere and honest in providing your responses. All information provided would be treated as confidential.

Tick where appropriate

Section A: Socio-demographic characteristics of respondents

Personal /educational information

1. Gender Male () Female ()

2. Age

A. 20-24 () B.25-29 () C.30-34 ()

D.35-39 () E. 40-44 () F. 45-49 () G.50-54 ()

H. 55-59 ()

3. Marital status

a. Married b. Single c. Divorced

d. Widow e. Widower

4. What is your highest level of education-----

5. How long have you been into the nursing profession-----

6. Which category of nursing do you belong?-----

7. What is your rank or position-----

WORK ITSELF

8. How many hours do you spend at work-----

9. On the average, how many patients do you attend to on daily bases-----

10. Will you describe your work as?

- a. Cumbersome
- b. Less cumbersome
- c. Very cumbersome
- d. Not cumbersome

11. Please mention a challenge you face at the work place

a.-----

12. Will you like to be in the profession for the next 10years?

YES () NO ()

13. To what extent are you satisfied with the job?

a. Very satisfied b. satisfied c. not satisfied d. not satisfied at all.

14. Are you giving the opportunity to use your skills and expertise on the job?

YES () NO ()

Achievement

15. Have you set any standard, clear and achievable goals for your position?

YES () NO ()

16. Do you see your job as a challenging one?

YES () NO ()

17. Are you giving regular workshops, seminars to update your knowledge and skills on the job?

YES () NO ()

Recognition

18. To what extent are your contributions on the job recognized?

a. very low b. Low c. High d. Very high

19. Do you have a formal programmed of appreciation, recognition and ways of awarding nurses on their achievement on their job?

YES () NO ()

Responsibility

20. How committed are you on your job?

a. Very committed b. Committed c. Not committed

21. Are you satisfied with the extent to which you are allowed to use your own discretion on the job?

a. very satisfied b. satisfied c. not satisfied d. Not satisfied at all

Hygiene Factors

Hospital policy and administration

22. The hospital have a clearly written down policy for all nurses?

a. strongly agreed b. agreed c. Disagreed d. Strongly disagreed

23. Does the policy ensure fairness to all?

YES () NO ()

24. To what extent are you giving the opportunity to take part in the decision making process?

- a. very high b. high c. low d. Very low

Supervision

25. How do you fine the supervision in the hospital?

- a. Very good b. Good c. Bad d. Very bad

26. Do you fine some level of leadership skills in the style of supervision of your supervisors?

YES () NO ()

27. Are you giving feedback on your performance on the job?

YES () NO ()

28. Does the hospital have a consistent, timely and fair method of evaluating the performance of nurses on their job?

- a. The evaluation of my performance is consistent
b. The evaluation of my performance is timely
c. The evaluation of my performance is fair

Salary

29. Are you satisfied with the pay you get for the work you do?

- a. Very satisfied b. Satisfied c. Not satisfied d. Not satisfied at all

30 .What range of salary do you receive?

- a.GH¢ 500—1000 b. GH¢1100—1500 c. GH¢1600-2000
d. GH¢ 2100—2500 e.GH¢ 2600---3000

31. How will you rate the extra allowance you receive aside your salary?

a. Very good b. Good c. Bad b very bad

32. Are you satisfied with the remunerations you are enjoying?

YES () NO ()

Interpersonal Relations

33. How often do you fine time to socialize with your co-workers?

a. very often b. Often c. Not often at all

34. How cordial is your relationship with your superiors?

a. Very cordial b. Cordial c. Not cordial

35. Are you giving the necessary tools and equipments for your job?

YES () NO ()

36. Do you have modern equipments to enable you execute your task with ease?

YES () NO ()

37. Is your working environment comfortable?

a. Comfortable b. Very comfortable c. Not comfortable

38. Are you enjoying some incentives to boost your morale on the job

YES () NO ()

Advancement

39. Are there any opportunities for continue education?

YES () NO ()

40. To what extent are you satisfied with the level of promotion at the hospital?

a. Very satisfied b. Satisfied c. Not satisfied d. Not satisfied at all

41. Do you find satisfaction in the profession?

YES () NO ()

42. If your answer for question 39 is yes, please give reason for your answer

a.-----

43. If your answer in question 39 is no, give reason for your dissatisfaction

a.-----

44. Will you encourage the youth into the nursing profession?

YES () NO ()

Motivation factors

45. Nurses are not motivated enough to put up their best

a. Agree b. Partly agree c. Strongly agreed e. Strongly

disagree

46. Which of the following signs will you exhibit if you are highly motivated?

a. Punctuality b. Committed to work c. Hardworking d. No complain

47. What aspect of the profession motivates you to work here?

a. Respect b. Money c. Recognition d. Ease of work

Push factors

48. Do you think more nurses are leaving the profession for other jobs?

YES () NO ()

49. What factors do you think encourage some nurses to leave the profession?

a.-----

50. What do you think can be done to retain you in the profession so that you don't leave our hospitals?

a.-----