

## ORIGINAL ARTICLE

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# Determinants of job satisfaction of nurses and midwives within health facilities in the Bole District of the Savannah Region of Northern Ghana.

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Job satisfaction is one of the most important determinants of quality healthcare delivery. However, low job satisfaction is a common phenomenon among nurses and midwives and affects the quality of service rendered to clients in Ghana. This study sought to identify the factors that influence job satisfaction in health facilities in the Bole district. A descriptive cross-sectional study with multistage sampling techniques was employed to select 122 nurses and 34 midwives participants for the study. Descriptive statistics were used to analyse the factors that influenced participants' job satisfaction. The majority (83%) of the respondents found achievement of set goal as a major intrinsic factor influencing their job satisfaction and more than half (60%) of the participants reported that job duties/responsibilities have the highest influence on their job satisfaction. Again, 54% identified recognition as an intrinsic factor that influenced their job satisfaction. Furthermore, the majority (57.4%) of the participants found interpersonal relationships, and (43%) found study leave policy as extrinsic factors that determined their job satisfaction. In conclusion, determinants of job satisfaction identified were achievement of set goals, job duties, recognition, interpersonal relationship, staffing and study leave policy. To boost nurses' and midwives' job satisfaction, emphasis should be placed on intrinsic factors and complement it with reward and fringe benefits.

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## INTRODUCTION

Globally, nurses and midwives are among the key professionals in any healthcare system (Crisp & Refsum, 2018). Their absence in any health system

will result in incomplete healthcare outcomes on the part of the patients. The role of the nurse is paramount in the achievement of the Sustainable Development Goal 3 including universal healthcare coverage and total wellbeing for all (WHO, UNICEF, UNFPA, 2019). Other roles include provision of maximum comfort and happiness by way of pleasant surroundings; provision of comprehensive care to the patient; performing accurate assess-

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ment of illness, health education to the patient and managerial skills as and when it is required. All these challenges cumulatively affect the job satisfaction of health workers in the health system.

Job satisfaction is the measure of a worker's contentedness with his/her job as to whether the individual likes his job and all the aspects of the job (Hajdukova et al., 2015). According to Dehaghi et al., (2013) every individual has two separate needs namely: Intrinsic factors and Extrinsic factors.

Worldwide, job satisfaction of workers is a major interest of organisational research and has a significant impact on employees' physical, emotional, psychological dimensions (Bonenberger et al., 2014). Additionally, job satisfaction is a major attribute of employees' job related behaviours and determines employees' productivity, absenteeism, and strike actions (Uçuk & Güler, 2016). This is because employees' attitude or feelings towards their jobs is based on how their perception of their work and work environment. A positive attitude will create a conducive working atmosphere and most likely increase productivity (Aklilu et al., 2020).

Therefore, understanding the job satisfaction of nurses and midwives is relevant for all organisations that are focused on with quality outcomes, are client-centred, wants to achieve efficiency in outcome and ultimately want to stay competitive in their area of practice (Al jenaibi, 2010). In the health system, nurses and midwives are significant resource because the service they provide contribute to improvement of the quality of maternal and neonatal health outcomes (Dignani & Toccaceli, 2013). As key members of the health system, nurses and midwives' job satisfaction should not therefore be glossed over for they contribute to the delivery of high-quality healthcare (Shin et al., 2021).

In developing countries, studies suggest that low satisfaction among health professionals affects service delivery (Aduo-Adjei et al., 2016). In Ghana, poor job satisfaction has also been reported among nurses and midwives (Elsherbeny & El-masry, 2018). Other studies found opportunity for professional development, having clear and specific job duties, recognition, appreciation, staff relationships promote job satisfaction while low salaries, poor incentives and leadership style, job stress and poor performance appraisal systems are frequently perceived to be responsible for the low satisfaction of health workers (Mekuria Mengistu et al., 2015; Ka-

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higa, 2018).

In a comparison study among diverse organizations including healthcare facilities in the United Arab Emirates, findings showed that heavy responsibilities and unfavorable working conditions are the major dimensions that affect their job satisfaction. Economic tension and promotion opportunities were the two factors that accounted for healthcare professionals' job dissatisfaction in Dubai.

Furthermore, a cross sectional study conducted in South India revealed that extrinsic factors such as extra-duties' allowances and salary determined job satisfaction of health workers (Jathanna et al., 2011). A typical example is observed among mining workers in Ghana, where their performance was found to be positively correlated to their satisfaction with compensation and pay (Agbozo & Jahn, 2021).

In Ghana, some authors (Yé et al., 2014) have explored determinants of job satisfaction of health professionals using qualitative approaches but quantitative studies have not received the needed attention. Extrinsic factors especially salaries, overtime allowances, accommodation for staff, end of year packages and gifts significantly affected healthcare workforce job satisfaction (Bonenberger et al., 2014). The authors also disclosed that participants were satisfied with financial reward, accommodation, and means of transportation for staff that stay far from the hospital (Aduo-adjai et al., 2016). Previous studies (Aduo-adjai et al., 2016) have also identified recognition to have a positive impact on the morale and job satisfaction of healthcare professionals in some health facilities in Ghana (Asiedu, 2017; Biedenbach, 2016.).

Some previous studies were cross-sectional in nature and were limited to only one category of nurses, for example psychiatry nurses and this makes the sample not representative of all nurses in that setting (Hamdan & Alzalabani, 2017). This study therefore seeks to fill gaps in previous evidence by investigating determinants of the job satisfaction of nurses and midwives in the Bole District of the Savannah Region.

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**Table 1.0: Sample size by nurse category per stratum**

<b>Name of Strata</b>	<b>Number of Gen-eral nurses</b>	<b>Number of mid-wives</b>	<b>Number of Nurse assistants</b>
Mankuma Sub-district health facility	2	1	5
Tinga Sub-district health facility	1	2	5
Martyrs of Uganda health center	5	5	10
Mandari health facility	2	1	4
Bole Sub-district health facility	4	3	6
Jama Sub-district health facility	1	1	5
Bamboi Sub-district health facility	3	2	5
Bole District Hospital	20	19	43
Total	38	34	83

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## MATERIALS AND METHODS

### *Study site*

The study was conducted among nurses and midwives in the Bole District of the Savannah Region of northern Ghana. Bole district is located at the extreme western part of Savannah Region and covers a total land area of 9,631km<sup>2</sup>. It is bordered to the north by the Sawla- Tuna-Kalba District, to the west by the republic of Cote D'ivoire with the Black Volta as the boundary. It also shares boundaries with the Savannah Regional capital -Damongo at the East and to the south by the Wenchi Municipal in Brong Ahafo region. The District has 7 sub-districts; Mankuma, Bole, Mandari, Tinga, Jama, Martyrs of Uganda and Bamboi. It has 27 electoral areas with 7 health centres, a district hospital, 18 functional Community-based Health Planning and Services (CHPS) compounds and 21 demarcated CHPS zones (Bole District Health Directorate Third Quarter Report, 2018).

### *Study design and population*

A descriptive cross-sectional quantitative study design was used in this study. The design was appropriate because it gave the opportunity to the researchers to produce numerical and statistical information adequate enough for generalization. It was the best design for the study because it is able to measure multiple variables at a snapshot. Healthcare professionals are of different categories yet work in the same setting for a common objective, which is meeting the needs of clients. With this, it allowed for the formulation of research questions which helped to reveal different opinions on the factors that influence nurses and midwives' job satisfaction.

### *Sample and Sampling procedure*

Two millilitres of venous blood was aseptically obtained from all study participants through a venipuncture into a microtainer containing ethylene di-amine tetra-acetic Acid (EDTA) (BD, USA) and made to settle for 30The study population comprised of nurses and midwives in health facilities within the Bole district. At the time of the study, there were 175 nurses and 34 midwives in the district. Based on the Yamane's sample size formulae,  $n = N / (1 + Ne^2)$  was used to systematically select 122 nurses whilst all the 34 midwives in the district were included in the study. Yamane depicts the formula as  $n = N / (1 + Ne^2)$  (Neilson, 2011). Where

$n$  = Sample size  $e$  = Margin of error  $N$  = Population size.

A multistage sampling technique was employed in this study. The study sites (7 health centres, the district hospital and the 18 functional CHPS compounds) were put into eight strata. The basis for this stratification was geographical location and sub-district categorization. Each of the health centers as well the Bole District Hospital together with their functional CHPS compounds were considered as a stratum. Each stratum had its own register which made it easier to sample the nurses. This procedure was followed with a simple random sampling method. That is, names of all the nurses in each stratum register were written on small pieces of paper and these papers were folded and put in a container and the lottery method was used in the selection of each participant.

Below is the table showing the details of the sample size according to the various strata.

### *Data Collection Tools and Procedures*

The Mueller/McCloskey Nurse Job Satisfaction Scale was used to examine job satisfaction of nurses and midwives because it is a validated tool for the assessment of job satisfaction of workers (Clinton et al., 2015). However, consideration was given to other independent questions that could be used to examine job satisfaction factors among nurses since not much is known about the determinants of nurses' job satisfaction (Mueller & McCloskey, 1990). Thus, fifteen (15) questions were added to the original tool which had 29 questions making a total of 44. The tool measures two satisfaction scales, namely intrinsic factors and extrinsic factors. The demographic factors were age, marital status, sex, educational qualification, working experience (years of service) and job type (nurses, mid-wives and nurse assistants) of respondents. Three trained research assistants assisted in conducting the survey. Study participants indicated their level of job satisfaction on a three-point Likert scale (very satisfied, moderately satisfied and very dissatisfied). Before the actual interviews, a pre-test was done at the Sawla Poly-Clinic among 20 nurses and midwives to ensure the appropriateness of the questions.

### *Data Processing and Analysis*

Data were manually cleaned and entered into Microsoft Excel windows 10, and then exported to

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Statistical Package of Social Science (SPSS) software version 22 for statistical analysis. Further data cleaning was performed by reviewing the results of frequencies and percentages to examine data inconsistencies, missing cases, overstated patterns of response and outliers. One questionnaire was detected not properly filled as one full page was left unanswered. This was excluded in the analysis. Hence, results were presented based on a sample of 155. Multilevel analysis was used where independence chi-square test were done to account for the differences in job satisfaction conditions. For example, the job type of health professionals was put into three categories namely; midwife, nurses (public health nurses, general nurses and psychiatry nurses) and nurse assistant (community health nurses and enrolled nurses). Descriptive statistics were used to do analyses on nurses and midwives' socio-demographic variables, intrinsic and extrinsic factors influencing job satisfaction. Most importantly, cross tabulations were used to determine the level of satisfaction of nurses and midwives with intrinsic and extrinsic factors on their job satisfaction. Hence, chi-square values with their respective P-values were obtained to ascertain the significance of the findings. At a confidence level of 95%, the p-values were set at 0.05. Additionally, frequencies, and percentages were used and these are presented in the form of tables. The factors that influenced their job satisfaction was measured in relation to ranking; lowest influence, neutral and highest influence.

### ***Ethics***

Administrative approval was obtained from the Savannah Regional Health Directorate and the Bole District Health Directorate. Ethical approval was sought from the Navrongo Research Institutional Review Board with reference ID-NHRCIRB346. Written informed consent was obtained from nurses and midwives before the questionnaires were administered.

## **RESULTS**

### ***Socio-demographic characteristics of the study participants***

Table 2.0 shows 99% response rate of the 155 respondents. Majority (71.6%) of the respondents were females. More than half (56.7%) of the re-

spondents were between the ages of 26 and 35 years. Only a nurse of the nurse assistant category was within 46 and 55 years while three midwives fell within the age ranges of 21 and 25 years. On marital status of respondents, more than half (62.6%) of the respondents were married. For the highest level of academic and professional qualification attained by the respondents, majority (56.8%) had certificate in either enrolled nursing or community health nursing and only 1.2% had master degree in nursing. Additionally, 41.9% of the respondents had 4-6 years working experience, 32.9% had 1-3years working experience while only 2% had more than 13 years working experience. With respect to job type by health profession of respondents, 34 were midwives, 38nurses and 83 were nurse assistants (Table 2.0).

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

The study identified some intrinsic and extrinsic factors that influence nurses and midwives' job satisfaction in the Bole District health facilities.

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

The study identified intrinsic factors affecting job satisfaction among nurses and midwives in health facilities in the Bole District of the Savannah Region of Ghana. Respondents ranked the level of influence of intrinsic factors on their job satisfaction. Their responses revealed that 132 (85.2%) feel achievement of set goals has high influence on their job satisfaction. Majority of the respondents (68.4%) believe that investment made in training staff by the GHS, neutrally influence their job satisfaction. Sixty percent (60.0%) indicated that having clear and specific job duties and responsibilities significantly influence their job satisfaction. More than half (56.1%) of nurses and midwives noted that the chances they had in going through promotion as offered by Ghana Health Service (GHS) has neutral influence on their job satisfaction. Also, about two-thirds (54.2%) and slightly above average of the respondents ranked the recognition both clients and peers expressed to them at work as having highest influence on their job satisfaction. Again, (51.0%) of the respondents indicated neutral level of influence on their job satisfaction when

Table 2.0: Socio-demographic characteristics of study participants by type of health profession

<b>Variables</b>	<b>Total (n=155)</b>	<b>Midwife (n=34)</b>	<b>Nurse (n=38)</b>	<b>Nurse Assistant (n=83)</b>
Gender n(%)	155			
Male	44 (28.4)	0	16	28
Female	111 (71.6)	34	22	55
Age n(%)	155			
21-25years	11 (7.1)	3	3	5
26-35years	88 (56.7)	12	19	57
36-45years	51 (33)	17	14	20
46-55years	5 (3.2)	2	2	1
Marital status n (%)	155			
Single	56 (36.2)	10	11	35
Married	97 (62.6)	22	27	48
Divorce	1 (0.6)	1	0	0
Co-habitation	1 (0.6)	1	0	0
Level of education n (%)	155			
Certificate	88 (56.8)	8	13	67
Diploma	50 (32.3)	22	16	12
First degree	15 (9.7)	3	9	3
Masters	29 (1.2)	1	0	1
Working experience n (%)	155			
Less than 1 year	14 (9.0)	2	5	7
1-3years	51 (32.9)	16	11	24
4-6years	65 (41.9)	9	13	43
7-9years	18 (11.6)	3	7	8
10-12years	4 (2.6)	3	1	0
13+years	3 (2)	1	1	1

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Table 3.0: Intrinsic factors that influence job satisfaction among nurses and midwives

<b>Variables</b>	<b>Lowest influence</b>		<b>Neutral influence</b>		<b>Highest influence</b>	
	<b>Freq.</b>	<b>%</b>	<b>Freq.</b>	<b>%</b>	<b>Freq.</b>	<b>%</b>
<b>Achievement</b>						
Personal goals in life	28	18.1	63	40.6	64	41.3
Feelings when objectives at work are achieved	2.0	1.3	21	13.5	132	85.2
<b>Job duties and responsibilities</b>						
	10	6.0	52	34.0	93	60.0
<b>Recognition</b>						
Recognition of work by peers	9.0	5.8	70	45.2	76	49.0
<b>Management/leadership</b>						
Right of nurses/midwives are respect	39	25.2	81	52.3	35	22.6
The organization treat me like person and not a number	15	9.7	79	51.0	61	39.4
Involvement in decision making	45	29.0	79	51.0	31	20
Level of financial transparency exhibited to staff	76	49.0	63	40.6	16	10.3
<b>Professional development</b>						
Chances at promotion	24	15.5	87	56.1	442	28.4
Number of in-service training	40	25.8	83	53.5	32	20.6
Investment made in training and development of nurses/midwives	38	24.5	106	68.4	11	7.1

Table 4.0: Level of satisfaction with intrinsic factors by job type of health profession

<b>Variables</b>	<b>All (N=155)</b>	<b>Mid- wives (n=34)</b>	<b>Reg. Nurses (n=38)</b>	<b>Nurse Assis- tants (n=83)</b>	<b>Chi. Squar e</b>	<b>P-values</b>
<b>Achievement n(%)</b>	155				9.7115	0.046
Very satisfied	132 (85.20)	24	35	73		
Moderate satisfaction	21(13.5)	9.0	2.0	10		
Very dissatisfied	2(1.3)	1.0	1.0	0.0		
<b>Recognition n(%)</b>	155				6.582	0.1597
Very satisfied	50 (32.20)	11	6.0	33		
Moderate satisfaction	74(47.8)	19	22	44		
Very dissatisfied	31(20)	11	12	17		
<b>Leadership style n (%)</b>	155				6.8244	0.1455
Very satisfied	30(19.4)	4.0	4.0	22		
Moderately satisfied	85(54.8)	19	22	44		
Very dissatisfied	40 (25.80)	11	12	17		
<b>Decision making n (%)</b>					6.8244	0.145
Very satisfied	31(20)	6.0	5.0	20		
Moderately satisfied	79(51)	20	17	42		
Very dissatisfied	45(29)	8.0	16	21		
<b>Chances at promo- tion n (%)</b>					1.5967	0.8094
Very satisfied	44(28.4)	10	8.0	26		
Moderately satisfied	87(56.1)	18	24	45		
Very dissatisfied	24(15.5)	6.0	6.0	12		
<b>Professional develop- ment n (%)</b>					4.419	0.3523
Very satisfied	11(7.1)	1.0	1.0	9.0		
Moderately satisfied	106 (68.4)	24	29	53		
Very dissatisfied	38(24.5)	9.0	8.0	21		
<b>Job duties and re- sponsibilities</b>	155				3.4867	0.4799
Very satisfied	93(60)	22	20	51		
Moderately satisfied	52(33.5)	9.0	14	29		
Very dissatisfied	10(6.5)	3.0	4.0	3.0		



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Table 5.0: Extrinsic factors that influence job satisfaction among nurses and midwives

<b>Variables</b>	<b>Lowest influence</b>		<b>Neutrally influence</b>		<b>Highest influence</b>	
	<b>Freq.</b>	<b>%</b>	<b>Freq</b>	<b>%</b>	<b>Freq.</b>	<b>%</b>
<b>Policies</b>						
Disability	84	54.2	59	38.1	12	7.7
Study leave	37	23.9	54	34.8	64	41.3
Sick leave	37	23.9	84	54.2	34	21.9
<b>Reward</b>						
End of year package	77	49.7	61	39.4	171	11.0
Fair reward system	67	43.2	70	45.2	18	11.6
Compensation for weekend work	124	80	25	16.1	6.0	3.9
Appreciation from clients/relatives	14	9.0	58	37.4	83	53.5
<b>Monthly Salary</b>	77	49.7	63	40.5	15	9.7
<b>Physical working conditions</b>						
Availability of equipment and logistics	46	29.7	87	56.1	221	14.2
Prompt maintenance of damages/repairs	75	48.4	66	42.1	14	9.0
Building, grounds and layout	42	27.1	82	52.9	31	20
<b>Staffing</b>	58	37.4	18	11.6	66	42.6
Inadequate staff	58	37.4	18	11.6	66	42.6
<b>Relationship</b>						
Feedback from peers	8.0	5.2	79	51.0	68	43.9
Relationship with co-workers	8.0	5.2	58	37.4	89	57.4

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Table 6.0: Level of satisfaction with extrinsic factors by job type of health profession

Variables	All (N=155)	Mid- wives (n=34)	Reg. Nurses (n=38)	Nurse Assis- tants (n=83)	Chi- Squa re	P- Val- ue
<b>Logistics and equipment n (%)</b>	155				0.7974	0.9388
Very satisfied	22(14.2)	5.0	4.0	13		
Moderate satisfaction	87(56.1)	18	23	46		
Very dissatisfied	46(29.7)	11	11	24		
<b>Physical working environment n (%)</b>	155				5.6072	0.2305
Very satisfied	31(20)	4.0	7.0	20		
Moderate satisfaction	82(52)	18	18	46		
Very dissatisfied	43(28)	12	14	17		
<b>Reward for weekend duties n (%)</b>	155				7.4817	0.1125
Very satisfied	6(3.8)	0.0	0.0	6.0		
Moderately satisfied	25(16.2)	5.0	4.0	16		
Very dissatisfied	124(80)	29	34	61		
<b>End of year package n (%)</b>	155				13.164	0.0105
Very satisfied	17(10.9)	3.0	0.0	14		
Moderately satisfied	61(39.4)	15	11	35		
Very dissatisfied	77(49.4)	16	27	34		
<b>Relationship n (%)</b>	155				8.2021	0.0844
Very satisfied	89(57.4)	14	25	50		
Moderately satisfied	58 (37.4)	16	11	31		
Very dissatisfied	8(5.2)	4.0	4.0	2.0		
<b>Job security n (%)</b>	155				2.0922	0.7188
Very satisfied	38(24.5)	10	7.0	21		
Moderately satisfied	68(43.9)	12	18	38		
Very dissatisfied	49 (31.6)	12	13	24		
<b>Salary n (%)</b>	155				4.2929	0.3678
Very satisfied	20(12.8)	3.0	2.0	10		
Moderately satisfied	63(40.6)	11	20	32		
Very dissatisfied	77(49.6)	20	16	41		
<b>Inadequate staffing n (%)</b>	155				18.529	0.0009
Very satisfied	31(20)	4.0	1.0	26		
Moderately satisfied	66(42.6)	20	17	29		
Very dissatisfied	58 (37.4)	11	20	27		

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it comes to level of involvement in decision making (Table 3.0).

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

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

The results indicated that (85.2%) proportion of the nurses and midwives showed significant satisfaction ( $\chi^2 = 9.7115$ ,  $\alpha = 0.05$ ) with the achievement of set goals during duties they make in their practicing facilities. Also, (60.0%) of the respondents reported high satisfaction ( $\chi^2 = 3.486$ ,  $\alpha = 0.05$ ) as having clear and specific job duties and responsibilities. Yet still majority (54.8%) of the respondents reported moderate satisfaction ( $\chi^2 = 6.8244$ ,  $\alpha = 0.05$ ) with the leadership style practice in the health facilities in the Bole District of the Savannah Region (Table 4.0).

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

This section sought to find out the extrinsic factors that influence nurses and midwives' job satisfaction in health facilities. Respondents were asked to describe the level of influence of extrinsic factors on their job satisfaction by ranking the items under the following themes; policies, physical working conditions, pay, reward, interpersonal relationship and staffing. From Table 5.0, the findings revealed that 124(80.0%) of the respondents found compensations for working weekend to have low influence on their satisfaction. Eighty-nine respondents representing 57.4% of the sample indicated that interpersonal relationship had the highest influence on their job satisfaction while 64(41.3%) of them felt the GHS study leave policy had high influence on their job satisfaction. More than half (53.5%) of the respondents ranked appreciation from clients as having significant impact on their job satisfaction. Finally, 66(42.6%) of the respondents considered

under staffing to significantly influence their job satisfaction (5.0).

### ***Level of satisfaction with extrinsic factors by job type of health profession***

This section sought to find out the level of satisfaction of nurses and midwives with the available extrinsic factors in their practicing health facilities. Respondents were asked to indicate their satisfaction level (very satisfied, moderate satisfaction or very dissatisfied) with respect to physical or otherwise extrinsic job satisfaction factors. These included availability of logistics and equipment. From Table 6.0, 88(57.4%) of the respondents reported to be very satisfied with ( $\chi^2 = 8.2021$ ,  $\alpha = 0.05$ ) with the interpersonal relationship that exists between staff at the health facilities in the Bole District of Savannah Region. While 58(37.4%) showed moderate satisfaction with interpersonal relationship, only 2 expressed low satisfactions with the same variable. Additionally, 77(49.6%) of the respondents reported low level of satisfaction ( $\chi^2 = 4.292$ ,  $\alpha = 0.05$ ) with their salaries. Only 22(14.2%) of the nurses and midwives indicated high satisfaction with the availability of logistics and equipment in their practicing facilities while 87(56.1%) reported moderate satisfaction ( $\chi^2 = 0.7974$ ,  $\alpha = 0.05$ ) with the available equipment and logistics in their facilities.

## **DISCUSSION**

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

The study showed that achievement of set goals is one major factor that determines nurses and midwives' job satisfaction in the Bole District. Employees' sense and zeal of achieving organizational goals are in anticipation of achieving their goals (Dignani & Toccaceli, 2013). It is therefore appropriate that respondents were observed to be influenced by working towards achieving the needs of their clients. The ideal and primary goal for nurses and midwives is to promote health, alleviate pain and restore health. From the finding, respondents' ability to care for all their clients especially seeing them recover from their ill-health is the intrinsic

component that influences them to put some level of efforts into achieving these goals. The findings of the present study is consistent with that of Tshitangano (2013) who documented that healthcare professionals in Ethiopia found achievement as a determinant of their job satisfaction. Also, Aninanya et al., (2016); and Asiedu, (2017) reported that healthcare providers' job satisfaction in Ghana is influenced by seeing their clients in good health state and feelings of satisfaction in diligently performing their duties. It is therefore not surprising that respondents in the present study were influenced by their set goals.

From the finding, respondents' ability to care for all their clients especially seeing them recover from their ill-health is the intrinsic component that influences them to put some level of efforts into achieving these goals. It also appears that high satisfaction level of respondents on achievement intrinsically motivates healthcare professional and gives them confidence in the work they do. Yet still it seems from the finding that respondents are just intrinsically satisfied with their nursing duties and responsibilities. According to Parijat, (2014) for an individual to be sufficiently motivated, the individual must first perceive that their personal expenditure of effort will result in an acceptable level of performance. That is employees have varying expectations and levels of confidence about their own capabilities (Gavel International, 2017). Also, a person will only perform at a certain level if he/she believe that his/her performance will lead to a given expressed outcome. Recognizing and attaching value to employees' contributions in an organization, promotes commitment, motivation and job satisfaction among the employees. This will help the employees achieve belongings and self-esteem needs respectively (Maslow,2013).

As reported earlier, the current study revealed that 57% of the respondents considered recognition expressed by patients and relatives as having serious impact on their job satisfaction. Additionally, the finding supports Ankomah et al., (2016) who reported that Ghanaian healthcare professionals' job satisfaction is significantly influenced by intrinsic factors such as recognition, praise and acknowledgment. In contrast, supervisor's behaviour was found to be the strongest intrinsic factor affecting nurse

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assistants' job satisfaction who work in Nursing Homes in America (Endayani et al., 2019). Recognition and verbal appreciation from customers of healthcare organizations is a positive sign and an indication of client satisfaction of service delivery. It is also a quality indicator of healthcare outcomes. The study revealed job duties and responsibilities as another factor influencing nurses and midwives' job satisfaction in the Bole District. The finding agrees with Al jenaibi, (2010); Burghartz et al., (2017) who reported job responsibilities as the major dimension that affect employees job satisfaction. It appears there is a relationship between clear job duties and achievement of set goals. That is having clear and specific job responsibilities prevent role ambiguity, unnecessary delay in the care process and wastage of logistics. A clear and specific job duty for nurses and midwives seems to be a determinant of quality healthcare (Choi et al., 2013).

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

Lack of intrinsic factors lead an individual to concentrate on the extrinsic factors, which are usually manifested in employees' dissatisfaction (Herzeberg, 1959). The extrinsic factors identified in this study as having high influence on nurses and midwives' job satisfaction included interpersonal relationship, staffing, appreciation from clients and study leave policy. Nurses and midwives at the Bole District equally require extrinsic factors to be motivated which are inconsistent with Herzberg assertion that extrinsic factors do not provide job satisfaction but prevent job dissatisfaction. The study conducted revealed that interpersonal relationships that exist between staff recorded the highest percentage (57.4%) showing that it is a determinant of their satisfaction. It therefore appears that interpersonal relationship influences nurse and midwives' job satisfaction. The current study supports Aunno, (2016) who reported that good interpersonal relationships, among staff and between staff and hospital managers is one of the key conditions that will make clinical nurse practitioners satisfied with their jobs. Mengesha & Tigabu, (2015) identified good interpersonal relationship

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with colleagues at work to have resulted in higher satisfaction levels. Dalkrani & Dimitriadis, (2018) equally found interpersonal relationship as one of the major factors influencing nurses' job satisfaction and quality of healthcare outcomes. In the same fashion, the finding is consistent with a study conducted in South India Drake, (2014) where healthcare professionals job satisfaction was determined by extrinsic factors such as extra- duties allowance and interpersonal relationship. The phenomenon is good because it helps to reduce conflict among staff, for the dissemination of ideas and other vital information among the nurses. It also promotes teamwork and enhances achievement. Job satisfaction among nurses and midwives is very relevant in the nursing profession because it enhances quality service delivery and reduces errors of commission and omission in the field of work. Satisfaction can also bring about commitment and confidence among nurses and midwives.

Healthcare organizations will only be effective and efficient in achieving their goals on a condition that the required workforce is available and appropriately allocated in different departments and geographical areas within the healthcare system (Dignani & Tocaceli, 2013). The consequences of inadequate healthcare workforce include poor health outcomes, workload and stress on nurses and midwives with their associated health implications. About 43% of the study participants reported that inadequate staffing is a key determinant of their job satisfaction. The finding is also a reflection of the general view on the staffing situation of nurses as Willcox et al., (2015) reported a deficit of less than 2.28 nurses in forty-six (46) out of forty-seven (47) countries within Sub-Saharan Africa. Statistics from the Ghana Health Service facts and figures also revealed nurse to patient ratio as 1: 959, with total nurse population as 40859 (GHS, 2017). It appears from the finding that the proportion of nurses and **midwives in the Bole District** is inadequate to care for the populace. Similarly, the inadequate numbers of nurses and midwives in the District is also likely to put stress on the few ones during duties as they will be compelled to do more work to meet the needs of clients. This could lead to poor quality healthcare delivery

and low satisfaction among nurses and midwives. Having the appropriate and competent human resource is a key factor to organizational development.

The findings of the present study showed that 42% of the nurses and midwives consider GHS study leave policy to negatively influence their job satisfaction. The finding is consistent with Mekuria Mengistu et al., (2015) who reported lack of training opportunities as key determinant of healthcare professionals' job satisfaction in Africa. Also, opportunities for further professional development was documented as a factor influencing nurses and midwives job satisfaction in Tilganga-Kathmandu, Nepal, (Chaulagain & Khadka, 2018). However, the study finding did not agree with Kuranchie-mensah and Amponsah-tawiah, (2016) who identified; salaries, over time allowances, accommodation for staff, end of year packages and gifts as the extrinsic factors which significantly affect healthcare workers job satisfaction in Ghana. Qualified, registered and competent nurses and midwives are key stakeholders of the healthcare system because they do most of the clinical work. Continuous professional development for healthcare professionals does not only aim at building human resource capacity but is equally necessary in improving the standard of practice (Abaa et al., 2013). It could also mean that nurses and midwives in the Bole District feel that they are in a deprived District and therefore would have preferred differential opportunities.

## CONCLUSION

The findings of this study provide a clear message to Health services managers, and administrators that leadership plays significant role in promoting, enhancing or impeding, nurse/midwives job satisfaction. This is a truism because only good leaders can balance these identified factors in an organization to ensure achieved goals and objectives. Health facility managers should adopt transformational leadership styles that aim to increase job satisfac-

tion and performance of nurses/midwives. Additionally, GHS managers should ensure equitable posting of nurses and midwives to health facilities. Additionally, regular staff durbars within our health facilities and effective conflict resolution among staff will improve on good interpersonal relationship. Yet still orientation and effective induction ceremonies for nurses and midwives on the GHS study leave policy as well as instilling professional ethics through coaching and mentoring will strengthen recognition on the staff and the service they render to their clients.

### **Study Strengths and Limitations**

The study identified the major intrinsic and extrinsic factors influencing job satisfaction of nurses and midwives. Yet still, as indicated in the discussion, the findings have been affirmed by available evidence and related literature. The study yielded only numerical data without unveiling respondents' feelings and perceptions about their situations.

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### **Conflict of interest**

The authors declare that they have no competing interests whatsoever.

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