

**APPIAH-MENKA UNIVERSITY OF SKILLS TRAINING AND
ENTREPRENEURIAL DEVELOPMENT**

**ASSESSING WORK-LIFE BALANCE ON CAREER DEVELOPMENT AND
JOB SATISFACTION AMONG FEMALE MIDWIFERY AND NURSING
STAFF IN KUMASI**

BY

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**A thesis submitted to the Department of Management at the Akenten Appiah-
Menka University of Skills Training and Entrepreneurial Development in partial
fulfilment of the requirements for the award of a Master of Philosophy degree in
Management**

SEPTEMBER, 2023

DECLARATION

Candidate's Declaration

I hereby declare that the thesis 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.

Gifty Kyeremanteng

Signature:..... Date:.....

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the Akenten Appiah-Menka University of Skills Training and Entrepreneurial Development.

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ABSTRACT

Despite the critical role of female midwifery and nursing staff in Ghana's healthcare sector, there is a noticeable gap in our understanding of how work-life balance influences their career development and job satisfaction. This study examined the effects of work-life balance on female nurses and midwives' career development and job satisfaction in Kumasi. It employed quantitative methods, using primary sources of data. A survey of three sampled public hospitals in Kumasi (Kwame Nkrumah University of Science and Technology's Hospital, Komfo Anokye Teaching Hospital, and, Manhyia District Hospital), involving 48, 110, and 89 respectively were undertaken with nurses and midwives using a questionnaire. Data from the nurses and midwives survey were analyzed using IBM Statistical Package for the Social Sciences (SPSS, version 22). Descriptive statistics including percentages, mean, standard deviation and frequencies as well as inferential (ordinal regression) statistics were used for analyzing the quantitative data. Results show that there are a number of work-life balance practices in the study setting, although some of the work-life practices are not properly observed. The properly observed practices included flexibility of the working arrangement, opportunity in participating in programs and training, taking leaves as required in meeting the family obligations, enjoying children services among others. Those that were not properly observed included the organization understanding each employee's family issues, opportunity to take career break and study leave in furthering education in a shortest possible time. It was also revealed that the career development of female nurses, and midwives with regards to their career goal and professional ability development were progressing. That being said, with regards to their promotion and remuneration, the study found a negative response. This is because they indicated that these were not progression as they anticipated them. Further, the study found that there is a significant positive association between the practices of work-life balance and the career development of female nurses and midwives in the study setting. Furthermore, the study found a positive relationship between work-life balance practices and the job satisfaction of the female nurses, and midwives in the study setting. The study recommends that the ministry of health as well as the management of the sampled study hospitals to design a strategy that will recognize the family issues of workers including the nurses and midwives since the current work-life balances programmes did not capture it properly. In doing so, management at the study hospital could foster a sense of belonging among staff members by providing chances for nurses and midwives to socialize both inside and outside the workplace.

ACKNOWLEDGMENT

My greatest thanks go to Almighty God for the gift of life, wisdom and good health without which the feat could not have been accomplished. I am particularly grateful to my academic supervisor, Dr. Charles Baba Campion, Head of Academics, for his enormous support. But for his quality supervision, constructive criticisms and relentless push, this project would not have come to a successful end. I have really learned a lot for working under your supervision.

I have had enormous support from a number of other people and institutions in the preparation of this thesis that makes it extremely difficult to mention each one of them for the purpose of acknowledgement. That being said, special gratitude goes to, Lawyer Gertrude Acheampong (AAMUSTED LAWYER), Mr. Kwame Frimpong (P.R.O), Komfo Anokye Teaching Hospital and Prof Sampson Antwi (H.O.D. Child Health Directorate) KATH. I owe the successful completion of the project to your valuable diverse contributions. Lastly, I thank, love ones, family and all friends including Joseph Alhassan for contributing to my progress in diverse ways. I say God bless you all.

DEDICATION

To my lovely husband, Mr. Samuel Obeng Mensah, I dedicate this thesis.

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LIST OF ACRONYMS

GSS	:	Ghana Statistical Service
KATH	:	Komfo Anokye Teaching Hospital
KNUST	:	Kwame Nkrumah University of Science and Technology
SPSS	:	Statistical Package for Social Science
SSA	:	Sub-Saharan Africa
WHO	:	World Health Organization
WLB	:	Work-life balance

CHAPTER ONE

GENERAL INTRODUCTION

1.1 Background to the Study

Globally, the balance between work and life has become a significant hitch of today's organizations and employees (Tamunomiebi and Oyibo, 2020), and it has been the subject of numerous academic and research studies (Khoury, 2021). Individual's work-life balance has been challenged due to the changing patterns of the working environment resulting from the new technologies and demands of customers (Vyas, 2022). New communication technologies including email do not allow the employees to completely detach from work to spend their time with their families when at they are home (Vyas, 2022). Additionally, greater work-life conflict has developed over the past several decades as a result of changes in the workforce's demographics and an increase in the percentage of female employees (Lekchiri and Eversole, 2021).

Belarmino and Roberts, (2019) argued that women were thought to be less capable and could only rely on males. However, this has changed, and gender is currently not a barrier or issue when pursuing a career due to the gender equality movement (Belarmino and Roberts, 2019). Women in the health workforce, including midwives and nurses are an example of gender equality. In fact, unlike other workforces where males dominate, females constitute the largest part of the health workforce particularly in sub-Saharan Africa (SSA) including Ghana. Estimates from the World Health Organization (WHO) show that 70% of the health workforce are women equated to 41% in all employment sectors (WHO, 2022). The report further indicates that a large portion of women globally work in the fields of nursing and midwifery.

that nursing and midwifery occupations represent a significant share of the female workforce worldwide.

According to Kieft et al. (2014), nurses must truly pay performance an attention if they want to be able to offer patients the best possible care. Given this, they may require more training in order to enhance their performance and even the caliber of their job. The outcomes of the nurse's performance at work would mostly influence the service's success. Given the present situation of the country, where the patient population is still growing, it is only natural that female nurses and midwives have more tasks, obligations, and demands placed on them than in the past (Cooke et al., 2016). Female nurses and midwives who are already parents are expected to perform at their highest levels both at work and outside of it, which adds to the workload and responsibility they already bear. In order to balance their professional, family, and social lives, employees (in this case female nurses and midwives) must pay attention to work flexibility (Johari et al., 2018; Martono et al., 2018; Wijaya and Suwandana, 2022). The balance between work and life is vital in achieving a healthy balance between work and personal life, but this application needs assistance from the workplace (Saragih, 2021).

Work-life balance (WLB) means that the freedom of female nurses and midwives (workers) to spend their working hours creatively and balance their employment with other obligations as well as furthering education (Moedy, 2013 as cited in Hawa and Nurtjahjanti, 2020; Ranjan and Khatke, 2021). Thus, by implementing WLB programmes at the Ministry of Health, workers (in this case, female nurses and midwives), will still have a life outside of work, such as a family and social obligations. They will not just spend their time working. This would establish a balance that would

make workers (female nurses and midwives) happier and more content with their work lives. Several studies have assessed the impact of WLB on employees including female nursing and midwives. While the favorable impact of work-life balance results in employee job satisfaction, loyalty to the company, retention, and family functioning (Aamir et al., 2016; Adriano and Callaghan, 2020), the unfavorable imbalance outcomes are linked to employees' stress, reduced organizational engagement, job discontent in addition to lower productivity (Wambui et al., 2015). For instance, a poor work-life balance can compromise the long-term effectiveness of women nurses, which would then result in a lack of focus and productivity. Female nurses and midwives need to feel very satisfied with their work in order to achieve the best work-life balance and deliver a high level of performance. In this situation, it is imperative to maximize the professional happiness of female nurses and midwives in order to improve their work ethic, fidelity, and dedication. According to Juliarti et al. (2018), employees' performance levels increase in direct proportion to how happy they are with the work they do (e.g., female nurses and midwives). According to Pawirosumarto et al. (2017), as referenced in Tian et al. (2020), if the targeted goal has been achieved and there is no mismatch between reality and expectations, female nurses often report job satisfaction. If it is consistent with other work-related circumstances in the workplace, the degree of satisfaction of female nurses and midwives is also valued (Usman et al., 2019).

Work-life balance has also been discovered to be favorably associated to professional advancement in the body of literature. According to Hasibuan (2012), career development is an endeavor to enhance employees' technical, theoretical, conceptual, and moral skills in accordance with the requirements of the position or job through education and training. Busro (2018) further pointed out that the advancement of career

is an effort made by every organization or an employee to motivate themselves to perform at their highest level in serving and increasing abilities/skills in carrying out the primary activities and functions of profit- and non-profit organizations and all employment. Granted this, a good work-life balance could help employees (i.e., female nurses and midwives) equipped themselves with skills and knowledge through further education, leading to effective and efficient delivering of quality healthcare and vice versa.

While this is the case a study that assesses the effects of WLB on career development and the satisfaction of job among female nurses and midwives in Ghana are limited. This background motivates the researcher to carry out this study for policy implications in Ghana.

1.2 Statement of Problem

In the past, women's responsibilities in Ghana were primarily limited to caring for children, cleaning, and cooking (Overå, 2007). The study further stressed that they were not allowed to work outside the home since they were seen as housekeepers or caregivers. However, this situation has changed in this contemporary world, due to the gender equality movement, and they are now holding a significant position outside the home (Kabeer, 2021). Women now have more work options because to higher education, and professional women rather than stay-at-home mothers are now seen as role models.

That being said, the role of women at home has continued largely unchanged, and they still cook, do housework, take care of family members, carry out family responsibilities, and manage the home. The work-life balance of a woman is thus, threatened by growing

working pressure and significant responsibilities at home. This is particular worse among women who are into healthcare (service-oriented) professions like nursing and midwifery in urban Ghana including Kumasi due to the increased demand for healthcare services owing to population growth alongside the change of lifestyles of peoples (Owusu-Sekyere et al., 2013). As a result, the strain from long hours, required overtime, the possibility of dying, and the increased stress at work could result in job discontent, which would then result in a lower morale and damage their psychological wellbeing. This situation could be compounded by their mandate to fulfill the roles of "womanhood and motherhood" imposed on them by the society if work-life balance strategies are not put in place by the Ministry of Health or the organization in which they are working with.

The issues raised necessitate the need to comprehend the effects of WLB on career development and the satisfaction of job among female Midwives and Nurses in Kumasi to inform policy decisions, which is poorly understood in the body of literature. Over the past years, the attention of the previous studies in Ghana have mainly been focused on the effects of WLB on the commitments of employees among bankers (Darko-Asumadu, et al., 2018), job performance and turnover intentions (Asiedu-Appiah et al., 2015), and working university students (Tetteh and Attiogbe, 2019), with little attention being paid on female nurses and midwives. Again, while acknowledging that Asiedu-Appiah et al. (2014) has examined the effects of the practices of WLB on career progression of female lecturers in Ghana, female nurses and midwives were not considered in this study.

The aforementioned gap identified motivates the researcher to conduct this study for policy implications. Accordingly, the study examined the effects of WLB on career development and job satisfaction among female nurses and midwives in Kumasi.

1.3 Main objective of the study

The study's primary objective is to investigate how female nurses and midwives' career development and job satisfaction are impacted by work-life balance in Kumasi?

1.3.1 Specific objectives of the study

The specific objectives were to:

1. Identify WLB practices for female nurses and midwives in public health centers and hospitals in Kumasi
2. Ascertain the career development of female nurses and midwives in public health centers and hospitals in Kumasi
3. Establish the effect of WLB programmes on career development of female nurses and midwives in public health centers and hospitals in Kumasi
4. Examine the effect of WLB programmes on job satisfaction of female nurses and midwives in public health centers and hospitals in Kumasi

1.3.2 Research Questions

The following research questions would be sought for answers:

1. Are nurses and midwives practicing WLB in the public health centers and hospitals in Kumasi?
2. What is the career development for female nurses and midwives in public health centers and hospitals in Kumasi?

3. What is the impact of WLB programmes on employee career development of female nurses and midwives in public health centers and hospitals in Kumasi?
4. What is the impact of WLB programmes on job satisfaction of female nurses and midwives in public health centers and hospitals in Kumasi?

1.4 Research Hypotheses

The study was guided by the assumptions that:

H₁: There is a significant relationship between work-life balance and job satisfaction of female nurses and midwives

H₁: There is a significant relationship between WLB and career development of female nurses and midwives.

1.5 Significance of the Study

The significance of this study will be seen in various ways. The study findings and recommendations will provide a basis for effective revision of existing work-life balance programmes as well as development of new ones aimed at improving nurses' and midwives' working environment. This will help prevent the negative effects of working conditions on nurses' and midwives' health, preventing them from resigning from their jobs and the profession itself. Furthermore, the research would help gender activists as well as the whole country to better comprehend the stride made by females to balance work and home obligations and, as a result, progress their careers. High workplace productivity and, consequently, socioeconomic development of Ghana are both products of the successful balancing of work and family life in Ghana. The study will be may further use as material for studies that would carry out on work-life balance programmes and females' nurses and midwives in the future.

1.6 Scope/Delimitation of the Study

The focus of the study was on the effects of WLB on career development and job satisfaction among female nurses and midwives. Geographically, the study was conducted in Kumasi. Specifically, some of the public health centers and hospitals including Kwame Nkrumah University of Science and Technology Hospital, Komfo Anokye Teaching Hospital, and, Manhyia District Hospital were sampled in Kumasi for the study. Kumasi was selected for the study due to the rate of the population growth alongside the change of lifestyles of peoples, putting so much pressure on the health centers, and increasing the workload of female nurses and midwives.

1.7 Limitation of the Study

The major limitation of the study was related to non-availability of some of the nurses and midwives to provide the researcher with the needed information because of their busy schedules. Besides, some nurses and midwives were not willing to provide the researcher with the information due to suspicion of what their information is going to be used for. However, the study was able to carried out successful by adopting a strategy of visiting the nurses and midwives in their work place during their break period. Again, the researcher explained to the respondents (for instance, showing her student ID card) about the purpose of the study (purely academic purposes) and assured them that the information provided was to be kept confidential. Additionally, the study hospitals were not agreement with the data collection due to suspicion about the confidential nature, and the purpose of the study. However, letter of introductions was obtained from the department. Afterwards, this letter was given to each of the study hospital, before the agree for the research to collect the data from their institution. Another constraint of the study was related to the collection of the field data within the shortest time. However,

the researcher employed field research assistants, trained them with the demands of the work and they help to collected data within the shortest possible time.

1.8 Organization of the Study

The study is being organized in five chapters. Chapter one contains the background information, statement of the problem, research questions, hypotheses, objectives, significance, the study' scope, definition of key terms, and how the whole dissertation is being organized. Chapter two contains literature review related to the study. The methodology adopted for the study is containing in the chapter three. Detailed analysis, presentation, and discussion of the data collected from the field are captured in the chapter four. Chapter five provide the study summary, key findings, conclusion, and recommendations for policy and further studies.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The previous chapter captured the background of the study and the problem statement highlighting the knowledge gaps that this study tries to fill. It addresses the study's general and specific objectives, formulates the hypotheses, which the study is hinged and highlights the crucial need for conducting the study. This chapter of the study attempts to explore and summarize some studies conducted on the topic under consideration in order to situate this study in its proper context. The chapter captured review on the theory underpinning the study, the policies of WLB, gender and WLB, female career development, WLB programmes and employee career development, WLB programmes and the job satisfaction of employees, and conceptual framework.

2.2 Conceptual Review

2.2.1 Work-Life Balance

It is a concept of putting "work" (career and aspiration) and "lifestyle" (fun and relaxation) in the appropriate order (fitness, enjoyment, relations and liberty) (Nithya et al., 2022). Ranjan and Khatke (2021) also defined WLB as the ability of a person to balance the demands of work and personal needs. This does not imply that all activities including personal, social, and business activities, should be given equal time, but it does imply that all activities should be given fair consideration (Mohamed and Zaki, 2017). Similarly, in the view of Makabe et al. (2015), it is the management of the desired and real split between one's professional and personal life activities. While "actual" refers to how much time is actually spent on either professional or personal activities, "desired" refers to how much time is actually spent on such activities (Makabe et al., 2015).

It involves managing the desired and real split between personal and professional activity. While "actual" refers to how much time is actually spent on either professional or personal activities, "desired" refers to how much time is actually spent on such activities (Makabe et al., 2015).

2.2.2 Career Development

Career development is the lifetime process of managing learning, employment, leisure, and transitions in order to advance toward a future that is both personally decided and developing, (Hamzah et al., 2020). According to Hasibuan (2012), as mentioned in Parimita et al. (2017), career development is the process of enhancing an employee's technical, theoretical, conceptual, and moral abilities in accordance with the requirements of the position or work. Arifin et al. (2020) also defined it as the process of enhancing individual work talents attained in order to pursue the selected career. Busro (2018) claims that the advancement of career is a stride made by each company or employees to motivate themselves to perform at their best when serving and increasing abilities/skills in carrying out the main duties and functions of companies, as well as all employment.

2.2.3 Job satisfaction

Job satisfaction per the view of Richard et al. (2012), is related to feelings or attitudes regarding the job itself, salary, promotion or education opportunities, supervision, work colleagues, workloads, and others. If the desired hopes and wishes are not realized, the job does not satisfy the employee, and vice versa, if the desired hopes and desires are not realized, the employee is not satisfied with the work.

2.2.4 Nurses

Nurses operate on the front lines of disease prevention, primary health care delivery, including promotion, prevention, treatment, and rehabilitation. They are frequently the first to recognize medical emergencies.

2.2.5 Midwife

According to Smith et al. (2015), a midwife is a person who is acknowledged as in charge and accountable professional, working in partnership with females to provide the needed support and care, during and after pregnancy. This care entails taking preventative steps, encouraging normal birth, identifying difficulties in the mother and child, obtaining medical attention or other necessary aid, and taking emergency action.

2.3 Theoretical Review

According to Wacker (1998), a theory is typically a model that tries to provide a broad-spectrum explanation for how some part of the world works as the ultimate abstraction. Theories are very important to diverse categories of people as well as the activities of research-based (Mensah et al., 2020). According to Sabbagh (2004), theories have a myriad of applicability depending on the type of profession and intent for which they are applied, succinctly. In terms of research-based activities like this study, theories guide our decisions about what to observe and how to make meaning out of the collected data for a specific purpose (Huitt et al., 2009). This study of WLB on career development and the satisfaction of job among female midwifery and nursing staff is underpinned by role scarcity theory.

2.3.1 Role Scarcity Theory

Goode propounded this theory in 1960. The theory centers on the fundamental idea that there is a difference between work and non-work. Per the view of Carlson and Frone

(2003), the role scarcity theory is the interaction between the domains of work and non-work, the behavior of individuals in each place, and the effects of the link between work and life, such as stress and wellbeing. According to this theory, an employee may adopt different behavioral patterns depending on their social identity or personal circumstances (Byron, 2005). Participation in many roles implies competition for limited resources to fulfill the demands of the roles, which leads to conflict (Greenhaus and Powell, 2003), therefore the notion of the role scarcity. People have limited resources, including time and energy (Goode, 1960).

Greenhaus and Powell's (2006) study on the imbalance between the importance of work and family, and presented a model with three potential points of conflictions. These include time, strain and behaviour. The time source of the conflict arises when an individual could not get time to fulfil the requirement of a particular role, due to devoting that time for another role. Stress (the strain of doing one character makes it harder to perform another), and behavior (performing one role's requisite actions makes it difficult to perform another role) (Greenhaus and Powell, 2003). By distinguishing between family to work conflict (i.e., family interfering with work) and work from family conflict (i.e., work interfering with family), a model was developed (Greenhaus and Powell, 2012). This model was intending to understand the causes and effects of the conflict of work and family.

In other words, conflict between work and life is two-way. Work and life can conflict or overlap with one another (for instance, answering calls from the office while out to dinner with friends) and vice versa. Spector et al. (2007) contended that the demands of WLB are flexible and call for attention of the individualized at the period of anticipated and unanticipated. According to Carlson and Frone's (2003) examination of

work-life interferences, conflict between work and life was more frequent when compared with conflict between life and work, suggesting that the lines separating the two are less tight. Conflict between work and life was more frequent than conflict between life and work, suggesting that the lines separating the two are less tight. This was principally brought about by the rigid application of regulations governing incentives and punishment schemes for employment needs, which are mostly absent from demands of daily life (Greenhaus and Powell, 2012). As a result, Carlson and Frone (2003) determined that existence and work are separate conceptions. However, the unequal permeability of the borders of work-life does not imply that the conflict between work and life has a bigger impact on employees' attitudes and behaviors than does conflict between work and life.

Another model was put forth by Carlson and Frone in 2003. They recognized internal and external interference as two different sorts of conflict between the domains of family and work. Intervention that is external comes from a source other than the person (like a doctor's appointment that lets a worker leave work sooner). Internal interference results from self-imposed expectations, such as getting preoccupied with a sick child to the point where it interferes with productivity at work. According to Byron (2005), there are many different causes of the role conflict between work and life that can arise in the work and personal spheres (for example, caregiving obligations).

The theory's application to female midwives and nurses at the public hospitals demonstrates that these workers have unique activities in their work and personal lives that must be balanced in order to prevent conflicts and negatives implications on their career and job satisfactions. Albeit they are expected to put in more effort at work in terms of commitment and regularity, they are also expected to put in more effort at

home in terms of caring for their children and other responsibilities in accordance with the family's sociocultural roles (Kalliath and Brough, 2008). Bowes and Poelmans (2005) as cited in Soomro et al. (2018) identified three variables as limiting the success of female's dual roles in work and non-work, and these are time, resources, and energy. That being said, a fourth component, space, may also have an impact on the effective performance of dual jobs from separate domains (Smith, 1978 cited in Soomro et al., 2018).

This is due to the possibility that people's places of employment are far from their residences, which would prevent them from performing any of their scheduled functions due to distance. The aforementioned factors might not permit female midwives and nurses to effectively perform their roles. As a result, Yuile et al. (2012) suggested that clear boundaries between work and personal life should be established in order to support the maintenance of a good work-life balance. However, Kalliath and Brough's (2008) working life boundary theory explain certain boundaries to preserve WLB. Additionally, the theory contends that if a person (for instance a midwife or nurse) performs the responsibilities in one domain, they may not be able to fulfill the roles required by them in the domain of others. This is due to the fact that certain of the criteria for both domains have time limits, necessitating the neglect of one while attending to the other if conflicting function demands arise. If there is a conflict between the needs of job and family for a midwife or nurse at the public hospitals in Kumasi, it is assumed that they must forego one and attend to the other.

Furthermore, study of the theory of scarcity in female nurse or midwife staff among female midwife or nurse personnel at the public hospitals must take energy or strain into account. The idea is that female midwife or nurse personnel might not have enough

strength to effectively carry out the duties of both domains (Smith, 1978 cited in Soomro et al., 2018). This is due to the energy-saving demands of both realms, which prevent one from successfully performing the functions of the other (Fu and Shaffer, 2001). Failures that would affect the amount of production in both domains may occur if the other domain positions could not be filled. This could lead to work-life conflict (Frone, 2003). The behavior of a female midwife or nurse at the public hospitals is highly important in determining which domains they prioritize because it shows where the pressure is the greatest. According to the resources and possibilities available, the behavior part demonstrates the tactics used by midwife or nurse to assist keep the domains of work and life in balance and be able to develop her career (Greenhaus and Powell, 2006).

2.3.2 Spillover Theory

The spillover model was first presented by Wilensky in 1960. According to Parker (1971), the theory is founded on the notion that experiences from the world of work extend into the world of non-work in such a way that people's perceptions of the social experiences of the worlds of work and non-work are fundamentally boundary-less. Positive and negative spillover have received a lot of work on WLB ideas in the past decades (Zedeck, 1992).

This model was developed in 1960 by Wilensky. The model's foundation is the notion that experiences from the world of work extend into the world of non-work in such a way that a person's perception of the social experience between the worlds of work and non-work is fundamentally boundary-less (Parker, 1971). Positive and negative spillover have received a lot of attention in the literature for most works done on the theories of WLB over the past two decades (Zedeck, 1992).

Spillover has been categorized theoretically as Positive Spillover and Negative Spillover. Extension, generalization, familiarity, identity, isomorphism, continuation, and congruence are just a few of the terms given to positive spillover in the literature (Staines, 1980). According to Vijayakumar and Janakiram (2017), positive spillover describes the process through which fulfilling experiences in one domain led to achievement in a different one. The relationship between the work and non-work spheres is inverse and diametrically opposed, according to the negative approach, which is also known as contrast, complementarity, opposition, regeneration (Staines, 1980).

The spillover effect has been factored into scales by numerous researchers. The first empirical assessment of work-life balance was done in 1990 by Small & Riley, who developed the Work Spillover Scale (WSS). After observing both favorable and unfavorable impacts of work-family spillover, Grzywacz & Marks (2000a) developed a 16-item scale to measure the consequences of spillover. The four-factor model developed by Kinnunen et al. (2006). These four models evaluated the impacts of adverse work-to-family spillover, favorable work-to-family spillover, and favorable family-to-work spillover, was the next.

2.4 Empirical Review

2.4.1 Work-Life Balance Policies

Over the past 20 years, the term WLB has received substantial attention globally (Khallash and Kruse, 2012). For a variety of reasons, concerns regarding WLB have become more important. Per the view of Kim-Appel et al. (2007), as more women enter the workforce as a result of demographic and socioeconomic changes, working mothers start to become the rule rather than the exception. The technological advancement (such as cell phones, email, and fax) has also facilitated the encroachment of work obligations

with family and personal issues. As noted by McCarthy et al. (2010), the shift to global competitiveness has raised the demand on businesses and individual to be more adaptable and change-sensitive.

However, in view of the talent shortage and the potential for an aging workforce, it is essential for businesses to adopt the activities of WLB, so that they can recruit and maintain skillful personnels (Todd and Binns, 2013). Working mothers, mature workers, and other sorts of minorities are among the socioeconomic groups whose lives demand that the balancing of work and life be given more consideration (Preena, 2021). This makes the research on female midwife and nurse working at the public hospitals in Kumasi very crucial. Godbey et al. (2010) as cited in Maglalang (2020) indicated that in order to ensure potential commercial sustainability, businesses should make sure that a realistic and practical WLB approach is not only encouraged but also required, because that is the only way that would aid in meeting the company and its workers' need. Businesses that do not provide opportunities for work-life balance risk attracting more and more irate and unproductive workers, which will increase attrition rates (Bloom and Van Reenen, 2006). It is crucial to create the culture of organization that could encourages the adoption of existing programs rather than just creating a structure for work-life policies (van Beek and Gerritson, 2010). Finding flexible and original solutions for both companies and employees that boost productivity without impairing employees' wellbeing, their relationships with their families, or other parts of their lives is crucial.

Additionally, having work-life policies in place would help with the recruitment and retention of top talent as well as the maintenance of a viable edge in a difficult market (Maxwell and McDougall, 2004). The guidelines of WLB encompass a wide range of

working arrangements, such as part-time employment, flexibility, change work, homework, career vacations among others (Chong and Ma, 2010 as cited in Chong et al., 2021).

The major goal of these work-time regulations, according to Adame et al. (2016), is to find a fair balance between obligations to one's family and one's job that is advantageous to both businesses and employees. The programs that have been implemented after employer and employee input have had the best results (Cabanac and Hartley, 2013). This demonstrates how important employee participation in the creation of WLB strategies is to guaranteeing their success. WLB differs from flex time, when starting and times of closing are taken in pieces, that could indicate a period of time that changes the number of hours worked each week. A flexible contract, the Zero Hours contract does not specify how much hours an employee must spend on their engagement each year (Ginès Fabrellas, 2019).

To reiterate, teleworking allows you to complete duties from home because the environment is adaptable in this case (Ginès Fabrellas, 2019). E-working is a different term for it. Last but not least, a termtime employment is one in which the employee is only permitted to perform duties when the department is in session; days off on holidays are common. Since revenues are spread out throughout the course of the year, compensation is established by constant payment, without payment during holidays (Cameron, 2021).

2.4.2 Gender and Work-Life Balance

In the view of Berntsson et al. (2006) the main finding of various research demonstrating gender differences in work-life balance is that women have a wider work-life balance gap as compared to males. However, research on students in the

United States and engaged individuals in the Netherlands (Jansen et al., 2003) revealed that men experienced significantly higher levels of work-life imbalance than women.

In certain cases, the imbalance's path was significant. For instance, McElwain et al. (2005) stated that there were no gender differences in life-to-work imbalance but that females showed greater levels of imbalance of work-to-family. Other research (for instance, Biggs and Brough, 2005; Stevens et al., 2006; Winslow, 2005) have not shown gender differences in reported work-life balance. Research on work-life balance may be impacted by gender differences in the labor market (Biggs and Brough, 2005).

Although a study conducted by Hämmig and Bauer (2009) on WLB of men and women found no variations, when the occupation was considered, differences were discovered, with women being at the disadvantages. Several works emphasized the gendered nature of the determinants of WL equilibrium. For instance, high levels of job management in Sweden's general population analysis reduced work-life inequality only for women (Gronlund, 2007).

According to a study by Biggs and Brough (2005), males' work-life imbalance decreased as role relevance rose, whereas females' work-life imbalance grew. Similar to this, a study by Emslie et al. (2004) on bank employees shows that whereas there was no significant difference with regards to gender their opinions of the WLB, there significant different between them in the factors that predicted the imbalance. As a result, it was discovered that having children and holding a high-ranking position were factors that predicted work-life inequity for women but not for males. While working odd hours was a stronger indication of the work-life gap for men than for women. Emslie et al.'s (2004) study on dual-earner couples in the United States showed no gender differences in the causes of these benefits and strains, despite the fact that moms

had better work-life balance gains and strains when compared with the parents of fathers. Work-life balance was equally discovered to be influenced by socioeconomic conditions. According to a study of males performing jobs many of the industries in several countries in Europe, those with more job stability were more inclined to "outsource life" (p.119) by engaging domestic help to attain WLB. Contrarily, individuals having less incomes, less career opportunities, and less job security seemed to be responsible for greater caregiving (Halrynjo, 2009).

2.4.3 Female Career Development

Research in the area of professional development supports the claim that women have an equal opportunity to advance up the corporate ladder as men, particularly if they enter the similar work fields, and possess comparable goals and skills as men (Van Veelen and Derks, 2022). Women are thought to have successful jobs by embracing the masculine paradigm and dividing up household responsibilities with their spouse (Burke, 2007 as cited in Sales et al., 2022). The body of evidence in favor of diverse professional growth patterns for men and women is expanding. Four categories of career success drivers were created by Kirchmeyer (1998) as cited by Burke, (2007). This includes measures of both objective and subjective professional success (income, standing within the organization, and success as seen by the individual). They were; factors affecting human capital, factors affecting gender roles, factors affecting supportive connections, and finally factors affecting family status. With the exception of the family status' measures, which indicated having outcomes that were similar for males and females Kirchmeyer (1998) found support for all of the correlations in her study (Burke, 2007).

A diversity of distinctive viewpoints, which are value emphasizing have developed historically as a result of barriers to women's job growth. First of all, it is widely acknowledged that societal discrimination against women in managerial roles occurs, which is likely to cause stress and demotivation (Van Veelen and Derks, 2022). Men and women are equally affected by stress at the highest levels of management, but women claim that their gender makes them more susceptible to stress-related problems. Even though it is prohibited by all written regulations, career progression disputes are another name for workplace discrimination (Gatrell et al., 2013). A theory demonstrated that the structure of organization and personal roles in life are in conflict. Approximately, 70% of females in dual-earner marriages believed to have accountable for caring child more in relative to their male partners, and nearly all women find it extremely challenging to climb the corporate ladder. The demanding dynamics that women experience in the workplace pose about twenty-four seven obstacles to their ascent to the top. A study conducted by Bilimoria and Stewart (2007) argued that the paradigm of the perfect worker does not fit with a woman's real life as an individual who could devote all of the necessary daytime hours on your work.

Another major cause of stress associated with a woman who is very work oriented is the common claim that she is less work-driven than a man with children. In such a paucity of promotion for females in the organization, and opportunity for progression in the higher ladder, the imbalance between men and women in high positions would be disputed (Gatrell et al., 2013). The women career ebbs and flows inversely dependent on relational choices, in contrast to the traditional model of male that is primarily centered on a straight career growth (Gatrell et al., 2022). Because childbearing prevents many women from as they move forward, their directions differ to some extent from men's when they decide to have children.

However, studies also show that in middle adulthood, women rediscover their sense of purpose and become more enthusiastic about their jobs (Bilimoria and Stewart, 2007). It is said that top management jobs for women are more likely to be filled depending on the decision-making process's structure and the responsibility of the decision-makers. Because of this, providing for decision-making process that is unstructured permits for skewed outcomes will unavoidably result in the marginalization of the minority, preventing women from holding senior managerial positions in this scenario. In contrast, the selection procedure for lower levels of management roles is structured and focused on real-world qualifications, which females may vigorously pursue, including education (Powell and Graves, 2003). It is a prevalent misconception that there are several different informal barriers keeping women from obtaining top-level positions. Firstly, because of the persistence of men in leadership roles, women are typically excluded from informal networks and forms of communication. Other potential barriers to women obtaining top jobs include discriminatory selection practices, a lack of preparation for the workplace and even the macho behavior of man coworkers (European Commission, 2008). By outlining thoughts on characteristics that could account for hindered professional development of women in this study, more potential career aids will become clearer.

2.4.4 Work-Life Balance Programmes Impact on Employee Career Development

Several studies have alluded that work-life balance have a relationship with the development of employee's career. For instance, a study by Carless and Wintle (2007) found that employees' career advancement is influenced by organizational life balance. According to the report, this is primarily due to the flexibility of work arrangements, which affects employee career development decisions. An employee may explore more possibilities and choose the best professional path if provided flexible work hours

(Carless and Wintle, 2007; Irungu, 2017). Additionally, Irungu (2017) noted that employers who limit work hours help employees advance their careers by giving them more free time for additional studies. In Pakistan, colleague support and job resources were found by Fathima and Sahibzada (2012) to be positively associated to work-life balance, however unfair criticism at work had a negative relationship with it.

Rajadhyaksha (2012) indicated that work-life balance initiatives that are frequently used by Indian businesses have a strong focus on tackling issues including gender equality, flexibility, stress management, health awareness, and childcare. According to government and private institutions in India, Miryala and Chiluka (2012) emphasized the significance of creating work-life balance policies and initiatives for teachers at various levels. In the Pune region of India, employees of leading corporate entities in the manufacturing, information technology, educational, and banking sectors were the subjects of a research on organizational policies and provisions for work-life balance led by Purohit (2013). The study stressed the significance of successful programs of work-life for upholding symbiotic relationships between the employee and employer to achieve mutual benefits.

According to research by Thompson, Kirk et al. (2010), supervisors can lessen moral tiredness and help employees strike a better work-life balance by having a significant impact on the professional stress experienced by female police officers. Research on work-life balance concerns among Canadian healthcare professionals was done by Duxbury and Higgins in 2010. According to the findings, there is a good correlation between the organization and supervisor support for work-life issues and a decrease in work-to-family conflict. Using a case study approach that included a questionnaire and in-depth interviews, Tremblay et al. (2011) demonstrated the significance of

organizational support to work-life balance in a challenging work environment among police officers and agents in Québec. The results supported the need for organizations to provide both official and informal support to workers so they may strike a balance between work and family responsibilities.

The varied levels of workplace stress experienced by employees in various professions have also been connected to work-life balance (Naithani and Jha, 2012). Australian academics' experiences with work-related stress, health, work-life balance, and conflict were examined by Bell et al. (2012). The findings showed that high levels of workplace stress were adversely correlated with work-life balance and wellbeing and positively correlated with increasing work-family conflict and poor health. Significant research has shown over the past few decades that academic wellness is negatively impacted by anxiety-related job stress (Miryala and Chiluka, 2012). Based on the opinions of experts, Tremblay et al. (2011) looked at the impact of work-related pressures on work-life imbalance.

McLaughlin and Morris (2013) looked into the perceptions of workers in a finance company about the adoption and use of work-life balance policies. Individualism and meritocracy orientations, traditional distinctions between the private and public spheres, and expectations of business travel for workers with and without family responsibilities were among the factors they found that affected the design of work-life benefits. Employees who took advantage of work-life policies reportedly encountered resentment from their peers and learned they had to "use" and "abuse" the rules to avoid being perceived as less committed to their jobs. Ghosh and others (2014).

2.4.5 Work-life balance programmes impact on Employee Job Satisfaction

WLB is doing something to create a balanced split of time between work and outside of work. Haar et al. (2014) noted that, outside of work, there are generally individual behaviours that can make personal conflict and energy for ourselves. Job satisfaction will result from a worker fulfilling his/her duties at work and in his/her function as a family member because they would not be burdened by issues outside of work when they are employed by the company (Maeran et al., 2013). According to Robbins and Coulter (2012), referenced in Kasbuntoro et al. (2020), the WLB program includes resources for employee welfare, parent and child care, and healthy living. As a result, many businesses have developed programs to assist employees in finding a balance between their personal and professional lives. These programs include flexible scheduling, health and wellbeing, work sharing, family-friendly benefits, telecommuting, and others (Kasbuntoro et al., 2020).

According to Nurumal et al. (2017), there are three different categories of work-life programs and policies. These consist of employer-sponsored children, parental leave, and flexible work schedules (Nurumal et al., 2017). McDonald et al. (2005) as cited in Bertola et al. (2020) indicated that work-WLB can results in job redesign, reduce workloads, occupational safety, and formal policies on vacation, sick leave, and absenteeism, cultural support includes informal workplace and social support from managers and coworkers (Bertola et al., 2020; Kossek et al., 2014). According to Lewis et al. (2007), WLB policies are connected to giving employees the option of working flexibly, and the idea of flexible working was first taken into consideration within equal opportunity programs, with a special focus on working mother.

Employee job satisfaction is influenced by a variety of circumstances, and motivated workers are those who are happy with their professions (Ali and Anwar, 2021). The necessity for employees to maintain a work-life balance has increased due to changes in business trends, such as organizational structure, workforce diversity, and the number of female employees working in companies. To help employees successfully complete their tasks and propel the business forward, organizations would offer resources for work-life balance (Parvin and Kabir, 2011). Linnhoff et al. (2014) adds to the discussion by arguing that a well-executed WLB program results in employees experiencing a positive and healthy degree of job satisfaction. In a study on doctors and WLB conducted by Kaliannan et al. (2016), doctors had poor WLB and low levels of job satisfaction due to their workload. The study thus concluded that WLB and job happiness are directly associated.

WLB also has a significant impact on employee job satisfaction. Much research has discovered a high correlation between job satisfaction and WLB, with both beneficial and unfavorable effects. Employees that manage to maintain a flexible and balanced work-life are happier and prouder of their employers, which increases job satisfaction (Wong et al. 2021). The study by Orkibi and Brandt (2015) demonstrated that WLB has a favorable relationship with employee work satisfaction. The study further stressed that employees who have a good attitude toward their jobs are more likely to have less conflict in their personal lives.

However, a study by Sang et al. (2009) found evidence of WLB having a detrimental impact on employee satisfaction. In particular, this study found that employees were unsatisfied with their jobs, and this was due to the poor WLB policies, such as working long hours, which increased the risks to employees' health and wellbeing. The lack of

a work-life balance and employee dissatisfaction were also impacted by time-consuming management strategies that led to longer workdays (Sang et al., 2009). People who have a poor work-life balance, such as those who work long hours or have unstable employment, are more prone than others to be dissatisfied with their careers. Based on the aforementioned and other facts, the study's findings revealed a favorable correlation between WLB policies and work satisfaction (Sang et al., 2009; Kaliannan et al., 2016). However, there is relatively little research on the effects of work-life balance programs on female nurse and midwife staff in Kumasi-Ghana, which underscore the need for this study for policy implications.

2.5 Conceptual framework

Figure 1 is a conceptual framework on the relationship between work-life balance practices and career development and job satisfaction among female employees. When job and non-job responsibilities are balanced, female nurses and midwives can advance their careers. This may indicate that the company has flexible work policies for female nurses and midwives, health programs, providing employee and child care benefits, female nurses and midwives are given the freedom to take their breaks whenever they need to, and they also have good working conditions and low workloads. Concerning the career development, the study adopted the scale put forth by Weng et al. (2010). Four dimensions have been used by this study to measure the scale. The advancement of career goals, the development of professional ability, speed of promotion, and the growth of remuneration are the four dimensions.

From the viewpoint of the researcher coupled with literature review conducted, when female nurses and midwives employed by public hospitals in Kumasi are able to successfully balance their job and personal lives with the assistance of the organization,

they may advance in all the four measures aforementioned. Nevertheless, there will not be any career advancement for female nurses and midwives at the workplace if females nurses and midwives are not able to successfully balance their job and personal lives. In addition, a healthy work-life balance would result in female nurses and midwives being content with their careers, and vice versa.

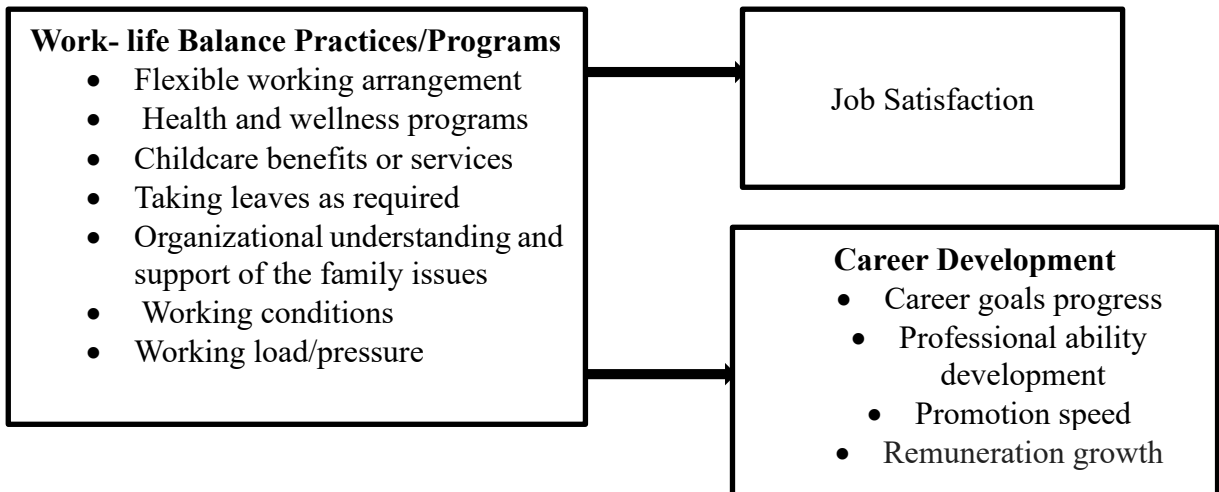


Fig. 1: Effect of work-life balance on career development and job satisfaction of the female nurses and midwives.

Source: Author’s construct (2023)

2.6 Summary of the Chapter

This chapter presents a review of previous study concerning the subject matter as well theories and concepts which are applicable to the study. The explanations of the key concepts including work-life balance, employees’ job satisfaction, career development, nurses and midwives have been enlightened in the chapter. Additionally, theories including role scarcity and spillover have been reviewed, which give directions to the study. Furthermore, several empirical studies have been reviewed, and it is clear that several studies have been conducted in the area of work-life balance impact on employees’ job satisfaction and career development in the world. However, little attention has been paid by the previous scholars on the impact of the work-life practices

on the nurses and midwives in Kumasi. This study thus filled in these significant research gaps.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter is dedicated to the description of the profile of the study area and the methods that the study used. The methodology section covers the research approach, research design, source of data, sample design, data collection, and data processing and analysis. The chapter also captured ethical considerations.

3.1 Research Approach

In the contemporary world, there are numerous philosophical paradigms in which researchers base their work on either a single or multiple of them, often contingent on questions' kind to which answers are being sought. The advancement in the way of human thinking and numerous ways of explaining the occurrences and implications of existing phenomena, according to Adom et al. (2016) are the fundamental reasons for the increasing number of philosophical paradigms globally. The two conventional philosophical paradigms in which other paradigms are emanating from are; positivism and interpretivism. Positivism is a paradigm, which contains a realist ontology and an empiricist epistemology. According to Ngulube (2015), this philosophy is used to guide the strategy of quantitative methodology. Interpretivism on the other hand is used to guide the approaches of qualitative methods. This prescribes typically flexible designs and qualitative methods (Ngulube, 2015).

This study being quantitative in nature espoused the positivism paradigm (Ngulube, 2015), in understanding the effects of work life balance on the career development and job satisfaction of the female nurses and midwives in Kumasi. Quantitative research approach is a systematic investigation of phenomena by gathering quantifiable data and

performing the techniques of statistical, mathematical, or computational. The approach put must emphasis on objectivity in measuring and describing phenomena. The principle in which the quantitative approach is relied on is verifiability, implying, confirmation, proof, corroboration or substantiations. The approach according to MacDonald et al. (2011) comprises the generation of data in quantitative form, which can be subjected to rigorous quantitative analysis in formal and rigid fashion. This study would collect information from the female nurses and midwives in Kumasi through questionnaires administration. In this case, the objective reality can be explained, controlled and predicted by natural laws.

3.2 Research Design

The cross-sectional research design would be employed to examine the WLB's effects on career development and satisfaction of job among female nurses and midwives in Kumasi of Ghana. A cross-sectional research design according to Babbie (1989) is one of the study designs that normally employs to study some phenomenon by taking a cross-section of it at one time. Per the view of Kumar (2011), such studies are cross-sectional with respect to both the study population and time of investigation. Morgan (2013) added that this design is sometimes employed to investigate the associations between risk factors and the outcome of interest. The strength of this design is that it will help the researcher to prove and disprove assumptions (MacDonald et al., 2011). It is less costly to perform and does not take a lot of time. However, the pitfalls of this design are that it can be flawed or skewed if there is a conflict of interest with the funding source (MacDonald et al., 2011). Considering these, the strengths outweigh the flaws of this design. The design was therefore helpful to the study, as it helped the researcher to collect the field data at one time from a sub-group of the population, including female nurses and midwives in the Kumasi within a short period of time.

3.3 Population

A population according to Creswell (2005) is a collection of individuals or individuals with the same or similar qualities in which the researcher is interested. Target population in this context is the elements, objects, or events of a group that meet certain criteria and are the subject of the researcher's intended investigation in order to draw generalizations. In this study, the target population was made up of all female nurses and midwives from Kumasi. Ideally, all the female nurses and midwives that were identified in the study setting should have been included in the study, but ideal conditions are difficult to meet due to financial constraints and time frame for the study. For this reason, all female nurses and midwives in the three public hospitals (KNUST, Hospital, Manhyia Hospital and KATH) in the Kumasi were contacted for information for the study.

3.4 Sampling and Sampling Techniques

In this study, purposive and simple random sampling were adopted by the study in selecting female nurses and midwives in the sampled public hospital for the study. The female nurses and midwives were purposively selected for the study due to their adept knowledge on the topic under considerations. Afterwards, a simple random sampling technique was then employed in selecting the number of female nurses and midwives in each of the study hospitals for the quantitative survey. In this regard, every female nurses and midwives in the study public hospitals was having an equal chance of participating in the study. This technique reduced the level of bias in the selection and ensured that the sample drawn for the study was representative enough for the purposes of generalizability. In all, 250 female nurses and midwives was randomly selected from the study hospitals to respond to the questionnaires. However, not all the questionnaires

were fully completed. Precisely, three (3) out of the 250 questionnaires were not fully completed. Thus, only the completed questionnaires (247) were then used for analysis.

3.5 Data Collection Techniques

Data was collected by administering questionnaires in the form of face-to-face interviews with the sampled female nurses and midwives in the study setting. A questionnaire, as defined by Morgan (2013), is a research instrument, which consists of questions or other forms of prompts with the aim of gathering data from the respondents, or from the field. This type of data collection instrument is suitable for the study because of its less relatively time-consuming and offers greater anonymity. The aforementioned data collection instrument was designed in the form of closed-ended questions. The questions in the questionnaires were adopted from the previous studies (Weng et al., 2010; Brayfield and Rothe, 1951), and were all related to the objectives set forth to be achieved by the study.

The questionnaires were having four sections. These were including socio-demographic characteristics, practices of WLB, career development and satisfaction of job. With the exception of the section A, all the other sections were assessed with the use of a five-point Likert scale (Likert, 1932). A Likert scale is a psychometric scale which is usually used in questionnaires or interview schedules, where participants specify their level of agreement or disagreement to a statement. According to Dawes (2008), the range of answers on the Likert scale provided a more nuanced response option than the categorical dichotomous Yes or No responses. The abovementioned data collection instrument for the study was developed after a thorough and extensive literature search on all issues pertinent to the study and taking into consideration the stated objectives. The questions on the practices of work-life balance were developed based on the

literature. Concerning the career development, the study adopted the scale put forth by Weng et al. (2010). Four dimensions have been used by this study to measure the scale. The advancement of career goals, the development of professional ability, speed of promotion, and the growth of remuneration are the four dimensions. Additionally, for the job satisfaction, the study adopted the questions developed by Brayfield and Rothe (1951) on job satisfaction.

3.6 Validity and Reliability of the Instrument

Validity of instrument refers to the appropriateness of the study instrument used to measure the variable. The validity and reliability of the questionnaires given was ensured in this study by the researcher.

The researcher scrutinized all items on the questionnaires and was satisfied that they related very well with the issues that are under investigation. The drafted set of questionnaires was given to experienced colleagues to read through and make modifications where necessary. The proof-reader made appropriate modifications to ambiguous questions. The questionnaire's face and content validity were pre-tested by the researcher. Content validity, as opposed to face validity, refers to whether an instrument adequately covers a topic. Face validity discussed the possibility that a question was misread or misinterpreted. The content validity of the questionnaire was established with the aid of expert comments, literature searches, and pre-testing. This allowed for the determination of the instrument's validity.

Reliability of a study's instruments can be defined as the instrument's consistency in producing the same or similar results when given the same conditions on different occasions. It is the degree to which an instrument, such as a questionnaire or an interview, can measure a subject or a variable on a different occasion and all locations

and consistently give the same results. The researcher pre-test the questionnaire. As is the rule, this pre-testing of the research instruments not carry out on the sample of the population studied, but different set of population. All the problems identified during the pre-testing of the research instruments were accordingly revised before the real data collection. Areas considered in the pre-testing of the research instruments were include; unambiguousness of the specific questions to the respondents, the right length, the time required administering the instruments, the willingness of the respondents in answering specific questions, the correctness of sequence of questions, response rate, adequacy of spaces for responses amongst others. This exercise is essential because no amount of academic practice can replace testing methods that involve speaking with everyday people (Backstrom and Hursch, 1963).

3.7 Data analysis Techniques

Data gathered through the field survey was reviewed and updated in order to ensure the accuracy of responses. Quantitative technique was employed to analyze the data. In doing so, the collected data through the questionnaire administration was coded and entered into the Statistical Package for Social Science (SPSS, version 22) software. Simple descriptive statistics including the frequencies, mean and standard deviations was used to analyze objectives one and two. Interpretation was purely based on the mean values. A mean value above 2.90 were considered as higher, while a value below 2.90 were consider as lower, and this interpretation was based on a previous study (Dess et al., 2005). Inferential statistics, particularly ordinal linear regression was used to model WLB's impact on the career progression and job satisfaction of female nurses and midwives, objective three and four respectively. A value less than 0.05 was considered as a statistically significant.

3.7.1 Variables

For the objective three and four, the independent variable used in each of the them was WLB, which were measured using Likert scale questions (11 questions). The responses were then transformed into mean before it was use for the model. In this case, the independent variable was now a continuous variable. For the objective three, the dependent variable was career development (advancement) for female nurses and midwives. Similarly, this were measured using Likert scale questions (15 questions), and the responses transformed into mean before using it for the model. In this case, the variable was also a continuous variable. Job satisfaction was also used as the dependent variable for the objective four. Here, similar process to that of the previous once was used, which also change it to a continuous variable, before performing the model. The Likert scale questions here was 6 questions (indicators).

3.8 Ethical Considerations

According to the World Medical Association's 1964 Declaration of Helsinki, ethical issues considered and addressed before the collection of field data as well as writing of the report. Before data collection, permission was sought from the leaders of the sampled government hospitals to gain entry into the hospitals for the field data collection. Besides, earlier contacts were made with the sampled government hospitals leaders to notify them of the study's purpose and to seek their consent during the reconnaissance visits to the hospitals. In particular, the department provided the researcher with an introduction letter, which was delivered to these public hospitals. All the research participants gave their consent preceding being interviewed. Informed consent, according to Kusi (2012), entails informing participants about the study, how it will be conducted, the nature of their participation, the time commitment, the type of

data to be collected, how it will be used, and how it will be reported. Participation in the study would be entirely voluntary. In addition, the researcher assured the participants of her absolute commitment to secure their privacy and confidentiality of the information they provided, and that their information would only be used for academic purpose and nothing else.

3.9 Profile of the Study Area

Kumasi is a city in the Ashanti region and is the second largest city after Accra in Ghana. It is located within the latitude 6°41'18 N and longitude 1°37'27" W (Ghana Statistical Service [GSS], 2014). Historically, Kumasi is the Ashanti Empire's commercial, industrial, and cultural capital, located near Lake Bosomtwe in a rain forest zone (GSS, 2014). It lies around 500 km north of the Equator and 200 km north of the Gulf of Guinea. The city (Kumasi) is an important link connecting Ghana's northern and southern regions. The central location of Kumasi has the potential to draw not only trade and business from all around Ghana but also migrant settlers.

There are government and private medical facilities that cater for the residents' health requirements. Some of the government hospitals are KNUST Hospital, Manhyia Hospital, Kumasi South Hospital, Komfo Anokye Teaching Hospital, South Suntreso Hospital, Tafo Government Hospital, Manhyia District Hospital among others. Among these medical facilities, KNUST, Manhyia Hospital and Komfo Anokye Teaching Hospital are randomly selected for the study. Thus, female nurses and midwives working in these hospitals would be contacted for information to aid answer the study questions.

3.10 Summary of the Chapter

This chapter described the methods that are study used. These include the research approach, research design, sample design, data collection, and data processing and analysis. The chapter also captured ethical considerations and a brief profile of the study settings.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSIONS

4.0 Introduction

After establishing the empirical basis of the study and the appropriate methodologies described in chapters two and one respectively, this present chapter dedicated to the presentation of results on data collected on the effects of WLB on female nurses and midwives in the public hospitals of Kumasi. The chapter equally discussed the results in light of the policy implications and pertinent previous studies conducted. The chapter however begins with analysis and presentation of the respondents' socio-demographic characteristics. Afterward, the stated objectives of the study are analyzed, presented with a discussion based on how it is stated in chapter one in an orderly manner.

4.1 Socio-Demographics Characteristics of the Respondents

Understanding the data that emanates from the nurse and midwives, who participated in the study necessitates also understanding their demographic characteristics. This will aid the researcher in disaggregating the data along some of these characteristics and identify some of the motivations behind respondents' responses. Detailed of these demographic characteristics are captured in Table 4.1 and Figure 4.1, 4.2 and 4.3.

The respondents were from three public hospitals in Kumasi. These were KATH (44.5%), Manhyia (36.0%) and Kwame Nkrumah University of Science and Technology (19.4%). The overwhelming majority (89.9%) of the respondents were Christians, while the rest of the respondents were affiliated to Islam (10.1%). This result is consistent with the Ghana Statistical Service (GSS, 2014), who reported that Christians are dominating in the Ashanti region of Ghana. The educational qualifications of the respondents were studied, and the results show that the majority

are holding diploma certificate (61.5%). This was followed by those who are degree holders (36.0%) with the rest being higher diploma holders (2.4%). This result suggests that diploma holders nurse and midwives are dominating the study hospitals, and thus the need for the work-life policies, enabling them to further their education. Concerning the marital status, majority of respondents are married (58.3%). This was followed by those who are single (32.8%), cohabiting (6.9%), and the least being those who are widowed (2.0%). Again, the results indicated that all respondents are having at least 1 child. This emphasizes the need for work-life balance practices in the work place in the way that the respondents could have time to perform other duties for their children and family.

Table 4.1: Socio-demographics characteristics of the respondents

Variable	Category	Freq.	%
Hospital	KNUST	48	19.4
	KATH	110	44.5
	Manhyaia	89	36.0
	Total	247	100.0
Religious	Christianity	222	89.9
	Islam	25	10.1
	Traditional	0	0.0
	No religious	0	0.0
	Total	247	100.0
Level of education	Diploma	152	61.5
	HND	6	2.4
	First degree	89	36.0
	Second degree	0	0.0
	PhD	0	0.0
	Total	247	100.0
Marital status	Never married	81	32.8
	Cohabiting	17	6.9
	Married	144	58.3
	Widowed	5	2.0
	Divorced	0	0.0
	Total	247	100.0
Number of children	1	71	28.7
	2	79	32.0
	3	41	16.6
	4 and above	49	19.8
	5	7	2.8
	Total	247	100.0
Ethnicity	Akan	176	71.3
	Gonja	19	7.7
	Dagomba	11	4.5
	Mamprusi	0	0.0
	Ewe	29	11.7
	Konkomba	0	0.0
	Bono	12	4.9
	Total	247	100.0

Source: Field work (2023)

Further, the findings show that overwhelming majority (71.3%) of the respondents are Akan. This is not surprising giving that Kumasi is a home for the Ashanti. Other

ethnicities were included Gongga (7.7%), Dagomba (4.5%), Ewe (11.7%) and Bono (4.9%) (Table 4.1).

The respondents' age category was identified as between 21-30 years as the least and 50-60 years as the highest age cohorts, respectively at 10 years interval. More than half (57.9%) of the participants, however, emanated from the 30-39 age cohort; the category that can be described to some extent as the active working-aged group. The next majority were those who emanated from the age category of 20-29 with 35.6% representing this percentage. The rest of the respondents emanated from the age category of 40-49 (24.9%).

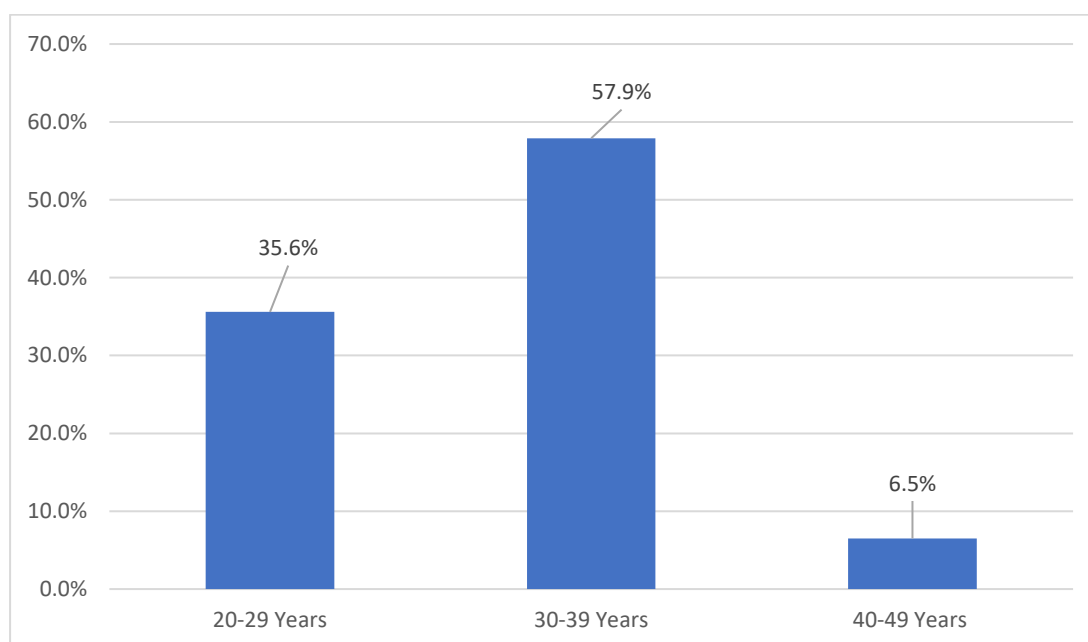


Fig 4.1: Age of the respondents

Source: Field work (2023).

Furthermore, the findings shown that 65.2% of the respondents were nurses, while the rest of the respondents were midwives. With regards to the number of years that the study respondents have worked in their profession, the majority of them indicated to have been working for less than 5 years. This was followed by the respondents who

have been working for 5-10 years (37.7%), while the rest of the respondents to have been working for more than 10 years now. This suggests that the respondents have an adequate knowledge work-life balance.

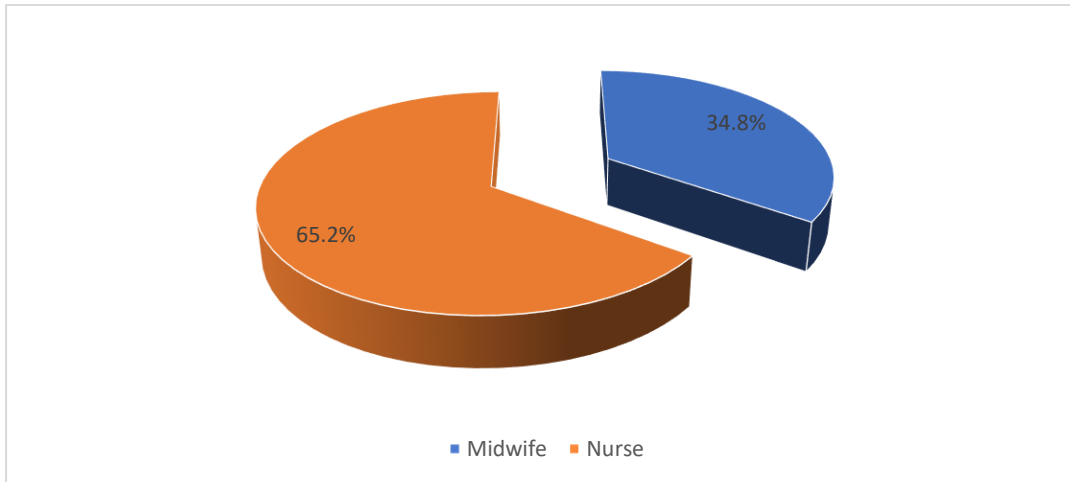


Fig 4.2: Profession of the respondents

Source: Field work (2023)

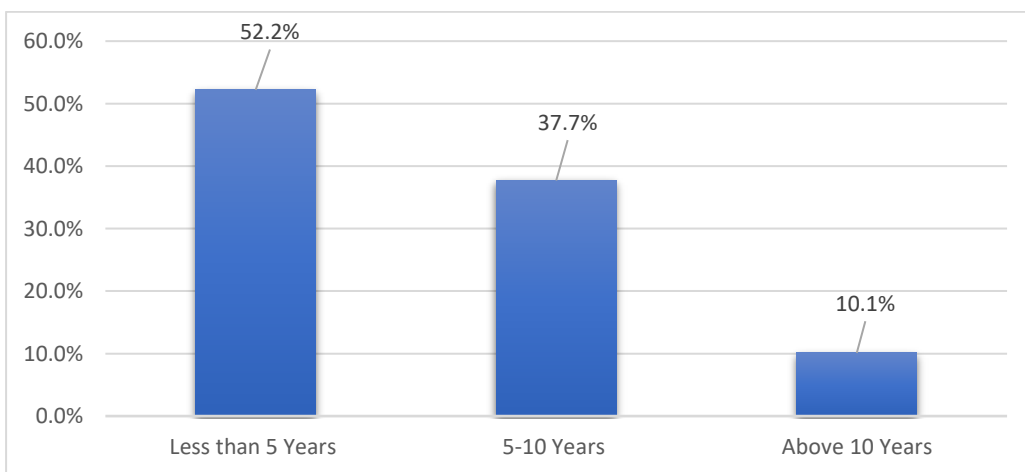


Fig 4.3: Number of years work

Source: Field work (2023)

4.2 Work-Life Balance Practices for Nurses and Midwives in Kumasi

The first objective of the study was to examine work-life balance practices for female Nurses and Midwives in the study public hospitals in Kumasi. Eleven variables were used in measuring the practice of WLB using Likert scale as a tool of assessment, and

these indicators were based on the literature. The Likert scale was measured toward a negative direction (i.e., Strongly Agree (5), Agree (4), Neutral (3), Disagree (2), and Strongly Disagree (1)). Results of these enquire are summarized and captured in Table 4.2 in the form of the descriptive statistics (frequencies, percentage, mean and standard deviation). The interpretation of the result is based on the mean value obtained from the five-point Likert scale items. The scale's midpoint was 2.9 (Dess et al., 2005). A mean score value above 2.90 indicated a high for the item evaluated, whilst any value less than 2.90 indicated a low for the item examined (Dess et al., 2005). As indicated by Wan et al. (2014) that there is the need to compute for the variation whenever central tendency measurements are calculated. The mean represents the central tendency in this context, but the standard deviation represents the variation. However, it is significant to emphasize that there is no acceptable variation threshold and that any variation can be compared to other variations of items belonging to the same construct.

The results have shown that female nurses and midwives in the public hospitals in Kumasi are able to take leave including maternity leave in meeting the need of their family ($M=4.03$, $SD=1.201$). The results also indicated that the study public hospitals have been organizing training and development programs for the female nurses and midwives. This is reflected by its mean score and standard deviation ($M=3.98$, $SD=1.008$). With regards to the working environment, female nurses and midwives indicate to have no problem with the current working environment in the study hospitals ($M=3.64$, $SD=1.225$). Again, the study found that there is a flexibility for the arrangement of working in the study setting ($M=3.89$, $SD=1.171$), female nurses and midwives are able to take emergency leave ($M=3.39$, $SD=1.323$), participate and enjoy health and wellness programs ($M=3.66$, $SD=1.225$), and receiving benefit and services for their children ($M=3.74$, $SD=1.216$). Furthermore, work-life balance policies and

programs were found to be available, and that the study public hospitals in Kumasi are also using them ($M=3.21$, $SD=1.246$) (Table 4.2).

However, respondents indicated that taking study leave ($M=2.76$, $SD=1.181$) and career break leave ($M=2.33$, $SD= 1.308$) to further their education is a problem. In other words, their institutional policies with regards to granting them a study leave are not favorable. Although the policies are there, they have to work for a long time before they are given study leave. This result may have a negative implication on the nurses and midwives in equipping themselves with further knowledge, that will enable them to impact positively on the health of the general populations. Additionally, the respondents indicated that their institutions did not have understanding of their families' issues ($M=2.43$, $SD=1.105$). This may be because family issues are broad, and complex, and as a result may be difficult for the institutional policies to accommodate all. Notwithstanding, this result may not encourage the nurses and midwives to put in all their best in the general health the pregnant women, and the general the population, as they may have a conflict between their families' issues with the work issues.

Table 4.2: Work-Life Balance Practices for Nurses and Midwives in Kumasi

Variable	Category	Freq.	%	Mean	Std. Deviation
Taking leave as required to meet family needs such as a maternity leave	SD	12	4.9		
	D	24	9.7		
	N	30	12.1	4.03	1.201
	A	60	24.3		
	SA	121	49.0		
	Total	247	100.0		
Training and development programs	SD	6	2.4		
	D	13	5.3		
	N	53	21.5	3.98	1.008
	A	84	34.0		
	SA	91	36.8		
	Total	247	100.0		
Taking study leave	SD	8	3.2		
	D	36	14.6		
	N	64	25.9	2.76	1.181
	A	38	15.4		
	SA	101	40.9		
	Total	247	100.0		
Taking career breaks leave	SD	45	18.2		
	D	24	9.7		
	N	43	17.4	2.33	1.308
	A	77	31.2		
	SA	58	23.5		
	Total	247	100.0		
Work environment empowerment	SD	19	7.7		
	D	23	9.3		
	N	62	25.1	3.64	1.225
	A	67	27.1		
	SA	76	30.8		
	Total	247	100.0		
Taking emergency leave	SD	33	13.4		
	D	25	10.1		
	N	64	25.9	3.39	1.323
	A	63	25.5		
	SA	62	25.1		
	Total	247	100.0		
Flexible working arrangement	SD	7	2.8		
	D	34	13.8		
	N	39	15.8	3.89	1.171
	A	65	26.3		
	SA	102	41.3		
	Total	247	100.0		
Health and wellness programs	SD	13	5.3		
	D	42	17.0		
	N	37	15.0	3.66	1.225

	A	79	32.0		
	SA	76	30.8		
	Total	247	100.0		
Childcare benefit or services	SD	13	5.3		
	D	35	14.2		
	N	40	16.2	3.74	1.216
	A	75	30.4		
	SA	84	34.0		
	Total	247	100.0		
Organizational understanding of my family issues	SD	9	3.6		
	D	51	20.6		
	N	69	27.9	2.43	1.105
	A	62	25.1		
	SA	56	22.7		
	Total	247	100.0		
Usage of the WLB policies/programs	SD	24	9.7		
	D	47	19.0		
	N	79	32.0	3.21	1.246
	A	46	18.6		
	SA	51	20.6		
	Total	247	100.0		

Source: Fieldwork (2023)

Note: SD=Strongly disagree, D=Disagree, N=Neutral, A=Agree, SA=Strongly agree

4.3 Career Advancement for Female Nurses and Midwives in Public Health Centers and Hospitals

The second objective of the study sought to investigate the career development for female nurses and midwives in the sampled public hospitals in Kumasi. In achieving these objectives, fifteen indicators grouped under four categories (career goal progression, professional ability development, promotion speed, remuneration growth) were used in measuring the career development of the respondents. Central tendencies measures were used to make these measurements (see Table 3). Here again, the response was quantitatively scored, with higher scores indicating greater agreement with each item (indicator). The interpretation of the result is based on the mean value

obtained from the indicators with a five-point Likert scale. Similar to that, 2.90 was the scale's midpoint (Dess et al., 2005). A mean score value above 2.90 denoted a high for the item evaluated, while any value below 2.90 indicated a low for the item measured.

The results indicate that the female nurses and midwives in the sampled public hospitals in Kumasi are progression in term of their career goals, and this is due to their present profession. These are reflected by the mean value of the indicators measured under it. For instance, respondents indicated that their present job have moves them closer to their career goals ($M=3.56$, $SD=1.296$), being relevant to their career goal and vocational growth ($M=3.73$, $SD=1.113$), have sets the foundation for the realization of their career goals ($M=3.60$, $SD=1.222$) and provided them with good opportunities to realize their career goals ($M=3.57$, $SD=1.214$). Additionally, finding of the study have shown that there is a positive advancement of the professional development of the respondents, and this is due to their current job. For instance, the respondent confirm that their present job has encourages them to continuously gain new and job-related skills ($M=3.82$, $SD=1.201$), enables them to continually improve their professional capabilities ($M=3.85$, $SD=1.162$), accumulate richer work experience ($M=3.49$, $SD=1.189$), as well as motivating them to consistently acquire new knowledge relevant to their jobs ($M=3.49$, $SD=1.189$).

However, in terms of the promotion speed for female nurses and midwives, it was revealed that the organization does not promote them as it supposed to be. In other words, the promotion speed of the respondents is not progression. This is due to the fact that the recorded mean values for each of the indicator measures here is low. For example, respondents indicated that their promotion speed in the present organization is low ($M=2.58$, $SD=1.350$), and the probability of them being promoted in the

organization is also low ($M=2.71$, $SD=1.398$). Additionally, they indicated that their current position in their work place is not an ideal, when compared with previous organization and attainable jobs ($M=2.76$, $SD=1.181$), and, that they are not being promoted as faster as colleagues in different organization ($M=2.14$, $SD=1.077$).

Similarly, the study found the remuneration growth of the respondents is very low. This is evidently from the mean value score for each of the indicators measured (see Table). Specifically, the respondents indicated that their salary is not growing quickly in their present organization as they have anticipated ($M=1.72$, $SD=0.830$), and that the possibility of their salary being increased is very low ($M=1.98$, $SD=1.124$). Further, respondents believe that their salaries have grown more slowly when compared with their colleagues working in different fields ($M=1.15$, $SD=1.214$).

Table 4.3: Career advancement for female nurses and midwives in public health centers and hospitals

Item	Category	Freq.	%	Mean	Std. Deviation
Career goal progression					
My present job moves me closer to my career goals	SD	31	12.6		
	D	21	8.5		
	N	36	14.6	3.56	1.296
	A	97	39.3		
	SA	62	25.1		
	Total	247	100.0		
My present job is relevant to my career goal and vocational growth	SD	12	4.9		
	D	24	9.7		
	N	51	20.6	3.73	1.113
	A	92	37.2		
	SA	68	27.5		
	Total	247	100.0		
My present job sets the foundation for the realization of the career goals	SD	18	7.3		
	D	30	12.1		
	N	54	21.9	3.60	1.222
	A	75	30.4		
	SA	70	28.3		
	Total	247	100.0		
My present job provides me with good opportunities to realize my career goals	SD	19	7.7		
	D	30	12.1		
	N	53	21.5	3.57	1.214
	A	81	32.8		
	SA	64	25.9		
	Total	247	100.0		
Professional ability development					
My present job encourages me to continuously gain new and job-related skills	SD	18	7.3		
	D	24	9.7		
	N	24	9.7	3.82	1.201
	A	100	40.5		
	SA	81	32.8		
	Total	247	100.0		
My present job enables me to continually improve my professional capabilities	SD	13	5.3		
	D	29	11.7		
	N	23	9.3	3.85	1.162
	A	100	40.5		
	SA	82	33.2		
	Total	247	100.0		
My present job encourages me to accumulate richer work experience	SD	26	10.5		
	D	24	9.7		
	N	40	16.2	3.49	1.189
	A	116	47.0		
	SA	41	16.6		
	Total	247	100.0		
My present job encourages me to continuously gain new job-related knowledge	SD	20	8.1		
	D	29	11.7		
	N	35	14.2	3.62	1.203
	A	103	41.7		
	SA	60	24.3		
	Total	247	100.0		

Item	Category	Freq.	%	Mean	Std. Deviation
Promotion speed					
My promotion speed in the present organization is fast	SD	87	35.2		
	D	17	6.9		
	N	74	30.0	2.58	1.350
	A	50	20.2		
	SD	19	7.7		
	Total	247	100.0		
The probability of being promoted in my present organization is high	SD	82	33.2		
	D	17	6.9		
	N	61	24.7	2.71	1.398
	A	64	25.9		
	SA	23	9.3		
	Total	247	100.0		
Compared with previous organizations and attainable jobs, my position in the present one is ideal	SD	55	22.3		
	D	38	15.4		
	N	70	28.3	2.76	1.181
	A	79	32.0		
	SA	5	2.0		
	Total	247	100.0		
Compared with my colleagues, I am being promoted faster	SD	90	36.4		
	D	66	26.7		
	N	63	25.5	2.14	1.077
	A	23	9.3		
	SD	5	2.0		
	Total	247	100.0		
Remuneration growth					
My salary is growing quickly in my present organization	SD	122	49.4		
	D	77	31.2		
	N	42	17.0	1.72	0.830
	A	6	2.4		
	SA	0	0.0		
	Total	247	100.0		
In this organization, the possibility of my current salary being increased is very large	SD	120	48.6		
	D	50	20.2		
	N	39	15.8	1.98	1.124
	A	38	15.4		
	SA	0	0.0		
	Total	247	100.0		
Compared with my colleagues, my salary has grown more quickly	SD	95	38.5		
	D	74	30.0		
	N	43	17.4	1.15	1.214
	A	17	6.9		
	SA	18	7.3		
	Total	247	100.0		

Source: Field work (2023)

Note: SD=Strongly disagree, D=Disagree, N=Neutral, A=Agree, SA=Strongly agree

4.4 Job Satisfaction of Female Nurses and Midwives

Table 4 is descriptive statistic (frequencies, percentages, mean and standard deviation) for female nurses and midwives' job satisfaction in the study public hospitals. From the Table, it is clear that respondents are satisfied with their current profession. This is reflected by the mean value of the each of the indicators measured. For instance, respondents indicated they are not often bored with their profession ($M=2.20$, $SD=1.130$), pleased with their job for the time being ($M=3.14$, $SD=0.999$), and are enthusiastic about their work in most cases ($M=3.13$, $SD=1.057$). Additionally, they indicated that they like their job better than the average worker does ($M=3.26$, $SD=0.937$) and I find real enjoyment in their work ($M=2.91$, $SD=1.270$). However, the results show that the female nurses and midwives are too feeling well satisfied with their job ($M=2.76$, $SD=1.198$), perhaps their salary is so low.

Table 4.4: Job Satisfaction of Female Nurses and Midwives

Variable	Scale	Freq.	%	Mean	Std. Deviation
I am often bored with my job	SD	75	30.4		
	D	90	36.4		
	N	58	23.5	2.20	1.130
	A	5	2.0		
	SA	19	7.7		
	Total	247	100.0		
I feel fairly well satisfied with my present job	SD	43	17.4		
	D	59	23.9		
	N	84	34.0	2.76	1.198
	A	36	14.6		
	SA	25	10.1		
	Total	247	100.0		
I am satisfied with my job for the time being	SD	18	7.3		
	D	35	14.2		
	N	108	43.7	3.14	0.999
	A	67	27.1		
	SA	19	7.7		
	Total	247	100.0		
Most days I am enthusiastic about my work.	SD	17	6.9		
	D	52	21.1		
	N	79	32.0	3.13	1.057
	A	79	32.0		
	SA	20	8.1		
	Total	247	100.0		
I like my job better than the average worker does	SD	12	4.9		
	D	23	9.3		
	N	125	50.6	3.26	0.937
	A	62	25.1		
	SA	25	10.1		
	Total	247	100.0		
I find real enjoyment in my work	SD	32	13.0		
	D	68	27.5		
	N	74	30.0	2.91	1.270
	A	30	12.1		
	SA	43	17.4		
	Total	247	100.0		

Source: Fieldwork (2023)

Note: SD=Strongly disagree, D=Disagree, N=Neutral, A=Agree, SA=Strongly agree

4.5 Impact of work-life balance on the career progression of female nurses and midwives in Kumasi

The third objective of the study was to examine the impact of work-life balance on the career development of the female nurses and midwives in sampled study hospitals in Kumasi. To achieve this objective, Likert scales questions were used to solicit responses from the female nurses and midwives concerning their level of the work-life balance practices and the career progression. Their responses were transformed to means using SPSS, and analyzed inferentially based on the ordinal regression. The assumption and test of the fitting of the model were checked, and the results indicated this model (Ordinal regression) is well fit for the data. This is reflected from the significant value (0.000) obtained under the model fitting information (see below) and non-significant values Pearson (0.067) under the goodness of fit. Additionally, the test of Parallel Lines for the p-value was 0.072. This value is above 0.05, signifying that the ordinal regression model is well fit, and could be used for the data set.

Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	1352.184			
Final	1319.468	32.716	1	.000

Link function: Logit.

Goodness-of-Fit

	Chi-Square	df	Sig.
Pearson	3681.133	727	.067
Deviance	1265.958	727	.000

Link function: Logit.

Pseudo R-Square

Cox and Snell	.124
Nagelkerke	.124
McFadden	.021

Link function: Logit.

Test of Parallel Lines^a

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	1319.468			
General	834.460 ^b	485.009 ^c	27	.072

The results indicate that there is a positive association between work-life balance and the career development of the nurses and midwives in the study setting. Work-life balance practice was found to be a significant positive predictor of nurses and midwives career progression in the study setting. For instance, a unit increase in the work-life balance practice, was significantly associated with an increase in the odds of the career development of the nurses and midwives with an odds ratio of .728 (95 % CL, 0.490 to 0.966), Wald=36.067, P<0.001 (see Table). In other words, for every one unit increase in work-life balance practices, there is a predicted increase of 0.728 in the Log odds of being at a higher level of the career progression of the nurses and midwives. The value of Nagelkerke obtained (.124), means that 12% of the variation of nurses and midwives' progression can be explained by work-life balance practices. Indirectly, 88% of the variations can be explained by other factors, which could include their own determination, resources as well as family background. Based on the results the study fails to accept the Null Hypothesis that states that there is no significant relation between work-life balance practice and the career development of the nurses and midwives.

Table 4.5: Impact of work-life balance on the career progression of female nurses and midwives in Kumasi

		Parameter Estimates						
		Estimate	Std. Error	Wald	df	Sig.	95% Confidence Interval	
							Lower Bound	Upper Bound
Threshold	[Career = 1.60]	-1.341	.572	5.488	1	.019	-2.462	-.219
	[Career = 1.80]	.212	.451	.220	1	.639	-.673	1.096
	[Career = 2.00]	.470	.445	1.116	1	.291	-.402	1.343
	[Career = 2.07]	.918	.440	4.348	1	.037	.055	1.781
	[Career= 2.13]	1.138	.440	6.689	1	.010	.276	2.001
	[Career = 2.27]	1.195	.440	7.366	1	.007	.332	2.058
	[Career = 2.33]	1.275	.441	8.377	1	.004	.412	2.139
	[Career = 2.40]	1.301	.441	8.712	1	.003	.437	2.165
	[Career = 2.53]	1.589	.443	12.848	1	.000	.720	2.457
	[Career = 2.60]	1.804	.446	16.353	1	.000	.929	2.678
	[Career = 2.67]	2.053	.450	20.806	1	.000	1.171	2.935
	[Career = 2.73]	2.124	.451	22.145	1	.000	1.239	3.008
	[Career = 2.80]	2.211	.453	23.820	1	.000	1.323	3.098
	[Career = 2.87]	2.298	.455	25.543	1	.000	1.407	3.189
	[Career = 2.93]	2.547	.460	30.683	1	.000	1.646	3.449
	[Career = 3.00]	2.658	.462	33.054	1	.000	1.752	3.564
	[Career = 3.07]	2.772	.465	35.541	1	.000	1.860	3.683
	[Career = 3.13]	2.960	.469	39.791	1	.000	2.040	3.880
	[Career = 3.33]	3.072	.472	42.367	1	.000	2.147	3.996
	[Career = 3.40]	3.220	.475	45.878	1	.000	2.288	4.152
	[Career = 3.47]	3.543	.483	53.729	1	.000	2.595	4.490
	[Career = 3.53]	3.817	.490	60.649	1	.000	2.856	4.778
	[Career = 3.60]	3.864	.491	61.849	1	.000	2.901	4.827
	[Career = 3.67]	4.319	.503	73.588	1	.000	3.332	5.306
[Career = 3.87]	4.512	.509	78.545	1	.000	3.514	5.510	
[Career = 3.93]	4.768	.517	84.954	1	.000	3.754	5.782	
[Career = 4.07]	5.350	.541	97.756	1	.000	4.290	6.411	
[Career = 4.20]	6.510	.634	105.295	1	.000	5.266	7.753	
Location	WLB	.728	.121	36.067	1	.000	.490	.966

Link function: Logit.

Key: Career= Career progression, WLB= Work Life balance

4.6 Impact of Work-Life Balance on Job Satisfaction for the Female Nurses and Midwives

Examining how work-life balance affects the job satisfaction of female nurses and midwives in the study hospitals in Kumasi was the fourth objective of the study. In order to accomplish this objective, female nurses and midwives were also asked about their level of job satisfaction and the practices of work-life balance using Likert scale

questions. Using SPSS, their responses were converted to means, and the ordinal regression was used to do an inferential analysis. The results of the assumption and test of the model's fitting showed that this model (Ordinal regression) is well fit for the data. This is evident from the non-significant value Pearson (0.091) under goodness of fit and the significant value (0.000) obtained under model fitting information (see below). The p-value for the Parallel Lines test was 0.102 as well. This value is more than 0.05, indicating that the ordinal regression model fits the data set well and can be applied.

Model Fitting Information

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	999.523			
Final	963.035	36.488	1	.000

Link function: Logit.

Goodness-of-Fit

	Chi-Square	df	Sig.
Pearson	1673.795	337	.091
Deviance	923.245	337	.000

Link function: Logit.

Pseudo R-Square

Cox and Snell	.137
Nagelkerke	.138
McFadden	.031

Link function: Logit.

Test of Parallel Lines^a

-2 Log Likelihood	Chi-Square	df	Sig.
963.035			
655.479 ^b	307.556 ^c	12	.102

The findings suggest a positive association between work-life balance and job satisfaction of the nurses and midwives in the study setting. The practice of work-life balance was revealed to be a highly significant favorable predictor of job satisfaction for nurses and midwives in the study context. For instance, a unit increase in the practice of work-life balance was significantly associated with an increase of nurses' and

midwives' job satisfaction with an odds ratio of 0.761 (95% CL, 0.520 to 1.001), Wald=38.402, $P<0.001$ (see Table). In other words, there is a predicted increase of 0.761 in the Log odds of being at a higher level of job satisfaction for nurses and midwives for every one-unit improvement in work-life balance practices. According to the value of Nagelkerke obtained (0.138), work-life balance practices account for 13% of the difference in nurses' and midwives' job satisfaction. Explicitly, 88% of the variances of job satisfaction can be explained by other factors, and this include individual's willpower, resources, and family background. Based on the findings, the study fails to accept the null hypothesis, which claims that there is no significant relationship between the practice of work-life balance and job satisfaction of the nurses' and midwives.

4.6 Impact of work-life balance on job satisfaction for the female nurses and midwives

		Parameter Estimates						
		Estimate	Std. Error	Wald	df	Sig.	95% Confidence Interval	
							Lower Bound	Upper Bound
Threshold	[SAT = 1.67]	-1.256	.575	4.766	1	.029	-2.383	-.128
	[SAT = 2.00]	-.486	.493	.972	1	.324	-1.451	.480
	[SAT = 2.17]	.578	.448	1.666	1	.197	-.300	1.455
	[SAT = 2.33]	1.278	.444	8.295	1	.004	.408	2.147
	[SAT = 2.50]	1.764	.448	15.508	1	.000	.886	2.642
	[SAT = 2.67]	2.682	.466	33.111	1	.000	1.768	3.595
	[SAT = 2.83]	2.759	.468	34.799	1	.000	1.843	3.676
	[SAT = 3.00]	3.304	.481	47.192	1	.000	2.361	4.246
	[SAT = 3.17]	4.082	.501	66.419	1	.000	3.100	5.064
	[SAT = 3.33]	4.402	.509	74.659	1	.000	3.404	5.401
	[SAT = 3.50]	4.591	.515	79.504	1	.000	3.582	5.600
	[SAT = 3.67]	5.069	.531	91.248	1	.000	4.029	6.109
[SAT = 3.83]	5.387	.544	98.137	1	.000	4.321	6.452	
Location	WLB	.761	.123	38.402	1	.000	.520	1.001

Link function: Logit.

Key: SAT= Job Satisfaction

WLB= Work Life Balance

4.7 Discussion of Findings

This study examined the impact of work-life balance on female nurses and midwives in the public hospitals in Kumasi. Findings have shown that there exist a number of work-life balance practices/programs in the study settings. These work-life balance programs include the opportunities of female nurses and midwives to take normal leave as well as emergency leave as required in meeting their family needs, participating in training and developmental programs and having flexible working arrangements. Additionally, the study public hospitals are having very good working environment, and as such, nurses and midwives are having no problems with it. Further, the study finding indicated that there are usage of work-life balance policies/programs in the study hospitals, practices of health and wellness programs as well as giving services and benefits to children of female nurses and midwives.

These findings could support the notion that work-life policies will help employers (in this case, nurses and midwives) in the study hospitals attract and keep top talent while maintaining a competitive edge in a tight labor market (Sheppard, 2016). Additionally, the outcome of the flexible working arrangement and health wellness programs could assist in achieving a balance between work and household responsibilities that is fair and advantageous to the government, the employer, and the employees, including the nurses and midwives (Mwangi et al., 2016). Taking leave off as needed to care for family members and making use of work-life balance policies and initiatives is likely to also affect performance in the study hospitals (Chong and Ma, 2010 as cited in Chong et al., 2021). Additionally, the findings of employee behaviors related to work-life balance (i.e., flexible working arrangement), would help to decrease the workload per person in the hospital under study, and boost employee (nurses and midwives) productivity (Shifrin and Michel, 2022). Despite this, the management's failure to adequately grasp the employees' family issues, as was the case in the study setting,

could lead to a reduction of satisfaction of job, less commitment and dedication to organization and work, erratic scheduling and absenteeism, and diminished workplace performance and contribution (Bloom and Van Reenen, 2006; Gragnano et al., 2020, Obrenovic et al., 2020). This emphasizes the need for the management of the study hospitals as well as the Ghana Ministry of Health to design a strategy that could recognize the family issue of its employees (nurses and midwives), or give room for each of them to attend to their family issues while also working hard to seeing the general health of the populations.

Finding of the study also shows that while the professional ability development and career goal of the female nurses and midwives are progression, their promotion and remuneration growth are not progression. With regards to the professional ability development, the study revealed that female nurses and midwives are advancing in the sense that the majority of them are continually gaining new job-related knowledge and skills, accumulating richer work experience, and improving their professional capabilities. This may be so due to the favorable working conditions in the study public hospitals. Additionally, their current profession has provided them with good opportunities to realize their career goals, sets the foundation for the realization of their career goals, and moves them closer to their career goals.

These findings may have positive implications for the employer (government), general public as well as the nurses and midwives, the study participants. For instance, the job-related knowledge and skills as well as experience of which the nurses and the midwives have acquired through their current job, could make them be effective and efficient in discharging their duties and responsibilities of handling patients. This could lead to an improvement of delivering healthcare, improving the quality of healthcare

services in the study public hospitals. Additionally, nurses and midwives will be motivated to work hard, and this is due to the fact that their current job is moving them progressing to their career goals (Kagi et al., 2023).

There could also be several reasons underpinning these findings. Firstly, it is possible that the nurses and midwives in the study's public hospitals developed these successful professions by imitating their male counterparts and collaborating with their partners on household and childcare duties (Mhajida, 2021). It might also imply that female workers (nurses and midwives) have discovered institutional support for all connections with one another, relationships that have an impact on both men and women equally. The female nurses and midwives' staff of the study hospitals might be stated to receiving assistance from above by the management monitoring their record of success and encouraging personnel to develop their professional abilities. The outcome may also suggest that the management of the study's public hospitals has the competence to manage its staff and that its female employees are prepared to take career risks, and has the capacity for toughness, decisiveness, and demand (Navajas-Romero et al., 2020). Furthermore, the findings may suggest that the study's public hospitals actively combat minority groups in society to prevent discrimination from getting in the way of professional advancement (Navajas-Romero et al., 2020). Another possibility is that female nurses and midwives' staff members at the study's public hospitals have found a fresh sense of purpose and more vigor for their jobs, which is helping them advance in their careers. It is also possible that the females possess the qualifications required for the job, which would allow them to participate in the decision-making process.

However, the study equally found that the nurses and midwives (the study participants) were not progression in another component of their careers. These were included their

promotion in the job place, and remuneration growth. In particular, it was revealed that the salary (compensation) of the nurses and midwives is not been increasing as it is supposed to have been, and there is no likelihood that their salaries would even progress in the future. Added to this was that, their compensation in the organization was very low as compared to their colleagues in different organizations. These findings could have a huge detrimental repercussion to the organizations. This is because increment of workers salary is very important in this age of increasingly inflation in Ghana (Forson et al., 2021). Thus, the nurses and midwives may find it a difficult to buy basic necessary things, that could make them more efficient in the work place, if the government fails to increase their salary.

Additionally, some (especially, those who love money), may not be motivated to put in all their effort in delivering healthcare services to the ill patients, given that their efforts have not been always compensated by the government. This emphasis the need for the government of Ghana to increase the salary of nurses and midwives in the country as a whole. Furthermore, the study found that not only the salary of workers (nurses and midwives) was not increasing, but their promotion as well. They indicated that they are not been promoted faster in their work place as compared to their colleagues in different organizations, and the possibility of them being promoted is very low. These findings are consistent with previous study conducted in Ghana. For instance, Ohemeng et al. (2020) indicated that the government workers in Ghana are not always been promoted due to several bureaucratic leadership.

The study also investigated the effect of WLB on career development of nurses and midwives in the study of public hospitals. Findings on this show that the practices of WLB are positively impacting the female nurses and midwives career development in

a significant manner. These results imply that the current work-life balance in the study setting including taking leave as required in meeting family needs, opportunity to participate in the training and development programs, working environment, taking emergency leave, the flexibility of working arrangement, as well as health and wellness programs play critical roles for female nurses and midwives in balancing both their work and life roles (Ibrahim, 2021). This confirms the conceptual framework used in the study, that good work-life balance practices could lead to the positive career development of female nurses and midwives. Although, it is important to note that not all the work-life balance programs at the study public hospitals were favorable to the nurses and midwives, those that were favorable outweigh those that were not, and these generally led to an improvement of the career advancement of the nurses and midwives. These findings corroborate with the previous studies. For instance, Straub (2013) identified that work-life balance practices including the payment of increased wages while a mother is on leave has a beneficial effect on work life balance in the European countries. Additionally, In Pakistan, colleague support and job resources were found by Fathima and Sahibzada (2012) to be positively associated to work-life balance.

The results of this current study could be that work-life balance is subjective and pertain to the perceptions of nurses and midwives who participated in the study, in terms of their level of comfort taking on various roles split between the spheres of work and home life. Female nurses and midwives at the study public hospitals are able to balance the roles of their work and family, and this may be due to the work life balance programs that exist in the study public hospitals in Kumasi. Additionally, the result could be that female nurses and midwives (workers) are able to lighten their workload, which enhances their productivity (Ibrahim, 2021). The finding is inconsistent with those of Mani (2013), who discovered that in India, the roles conflict, lack of recognition,

organizational politics, gender discrimination, issues with caring for the elderly and children, well-being, the management of time issues, and inadequate social backing are the main factors that have an influence on a woman's ability to maintain a healthy work-life balance.

Additionally, the findings are at odds with those of the Shobana and Siddiq (2021) study, which found that a sizable portion of working women reported having trouble juggling work and life due to a heavy workload, a lack of personal time, and the need to live up to others' expectations. The study findings suggest that even though the nurses and midwives in the study public hospitals have limited job duties and home duties, they are able to balance them well in the sense that one role does not downplay the one, negating the role scarcity theory used in guiding the study. For instance, Greenhaus and Powell (2006) in regarding this theory proposed, a model with three sources of conflict. These include time, strain and behaviour. The time source of the conflict arises when an individual could not get time to fulfil the requirement of a particular role, due to devoting that time for another role. Stress (the strain of performing one character makes it harder to do another), and behavior (performing one role's requisite actions makes it difficult to perform another role) (Greenhaus and Powell, 2003). All of these jobs could be combined by study participants without any roles being minimized.

The study further investigated the impacts of the work-life balance practices on the employee (in this case, nurses and midwives) job satisfaction in the study of public hospitals in Kumasi. The results of these investigations indicate that work-life balance practices have a positive impact on the job satisfactions of the employees (nurses and midwives). It is however important to note that respondents were not satisfied with regards to every component of the job, there was a positive relationship between their

job satisfaction in general, and the practices of work-life balance in the study setting. Additionally, it is important to note that other variables which were not included in the model could account for the job satisfaction situation discovered, given that only 13% of it was accounted for by the work-life balance practices. These variables could include employees (nurses and midwives) for the working for the general health of the public. The findings of these study could imply are able to manage to maintain a flexible and balanced work-life, and this led to them being happy with their job, increasing the satisfaction of their job (Wong et al. 2021). It could also mean that their job satisfaction is a result of their opportunity to enjoy the maternity leave, alternative work arrangements, and employer-sponsored child among others (Nurumal et al., 2017).

Although, this result is consistent with some of the previous studies, contradict other studies. In consistently, a study by Orkibi and Brandt (2015) demonstrated that work-life balance practices have a favorable relationship with employee work satisfaction. This study further found that employees who have a good attitude toward their jobs are more likely to have less conflict in their personal lives. In the contrary, a study by Sang et al. (2009) found evidence of WLB having a detrimental impact on employee satisfaction. In particular, this study found that employees were unsatisfied with their jobs, and this was due to the poor WLB policies, such as working long hours, which increased the risks to employees' health and wellbeing. The lack of a work-life balance and employee dissatisfaction were also impacted by time-consuming management strategies that led to longer workdays (Sang et al., 2009).

4.8 Summary

This chapter presents, and discusses the results obtained from the field on the impact of work-life balance on the nurse and midwives career development and job satisfaction.

It is revealed that there are a number of work-life balance practices in the study setting, although some of the work-life practices are properly observed. The proper observed practices included flexibility of the working arrangement, opportunity in participating in programs and training, taking leaves are required in meeting the family obligations, enjoying children services among others. Those that were not properly observed included the organization understanding each employee's family issues, opportunity to take career break and study leave in furthering education in a shortest possible time. It was also revealed that the career development of female nurses, and midwives with regards to their career goal and professional ability development were progressing. That being said, with regards to their promotion and remuneration, the study found a negative response. This is because they indicated that these were not progression as they anticipated them. Further, the study found that there is a significant positive association between the practices of work-life balance and the career development of female nurses and midwives in the study setting, failing to reject the null hypothesis stated in chapter one. Furthermore, the study found a positive relationship between work-life balance practices and the job satisfaction of the female nurses, and midwives in the study setting.

CHAPTER FIVE

SUMMARY OF THE STUDY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

This chapter summarizes the study and the findings obtained from the field survey on the impact of work-life balance practices on job satisfaction and career progression of nurses and midwives in Kumasi. The chapter likewise made a conclusion based on the key findings. The findings have been summarized in chronological order in line with the study objectives stated in chapter one. The chapter likewise made some recommendations based on the identified problems, and suggest recommendation for further studies.

5.1 Review of Research Objectives

The main objective of the study was to examine the impact of work-life balance practices on job satisfaction and career progression of nurses and midwives in Kumasi. Specifically, the study was sought to address the following research objectives:

1. Determine work-life balance practices for female nurses and midwives in public health centers and hospitals in Kumasi
2. Ascertain the career development of female nurses and midwives in public health centers and hospitals in Kumasi
3. Examine the effect of WLB programmes on employee job satisfaction of female nurses and midwives in public health centers and hospitals in Kumasi
4. Establish the effect of work-life balance programmes on employee career development of female nurses and midwives in public health centers and hospitals in Kumasi

5.2 Summary of Findings

The study findings for objective one show that there are a number of work-life balance practices in the study setting, although some of the work-life balance practices are not properly observed. The properly observed practices included flexibility of the working arrangement, opportunity in participating in programs and training, taking leaves are required in meeting the family obligations, enjoying children services, and the existence and usage of the WLB policies/programs by the public study hospitals. Those that were not properly observed included the organization understanding each employee's family issues, opportunity to take career break and study leave in furthering education in a shortest possible time.

Findings for the objective two have revealed that the career development of female nurses, and midwives with regards to their career goal and professional ability development were progressing. However, with regards to their promotion and remuneration, the study found a negative response. This is because they indicated that these aspects of their career are not progressing as they anticipated them.

Further, with regard to the objective three, the study found that there is a significant positive association between the practices of work-life balance and the career development of female nurses and midwives in the study setting. In other words, the practices of work-life balance/programmes have positively impacted on the career development of the female nurses and midwives in the study setting. This means that the null hypothesis stated that there is no significant relationship between work-life balance practices and the career development of the female nurses and midwives cannot be accepted in this regard.

In relating to the study objective four, findings demonstrated that work-life balance practices have positively impacted job satisfaction of the female nurses and midwives in the study setting. In other words, there is a positive association between work-life balance practices/programmes and the job satisfaction of the nurses and midwives in the study setting. This again implies that the null hypothesis stated in chapter one that there is no significant relationship between work-life balance practices/programmes and the job satisfaction of the nurses and midwives cannot be accepted in this regard.

5.3 Recommendations

In light of the identified problem, the study put the following recommendations. Firstly, the study recommends the ministry of health as well as the management of the sampled study hospital to design a strategy that will recognize the family issues of workers including the nurses and midwives since the current work-life balances programmes did not capture it properly. In doing so, management at the study hospital could foster a sense of belonging among staff members by providing chances for nurses and midwives to socialize both inside and outside the workplace. Additionally, the opportunities for nurses and midwives in taking study and career break leave in furthering their education should be prioritized in the country as a whole. For instance, the years that nurses and midwives are supposed to work before granting a study leave should be reduced. This will help them acquire more skills and knowledge through a further education, enabling them to work efficiently and effectively for the health of the general public.

Secondly, the study suggests that the government should strive to increase the pay for nurses and midwives because it was discovered that their compensation was completely unmotivating. If this is taken into account, it will act as inspiration for the nurses and

midwives to give it their all for the public's general health. It will also lead to them being highly satisfied with the job.

5.4 Future Research Direction

The study was limited to include one the nurses and midwives in three public hospitals in Kumasi; thus, the results may be generalized to the whole country as a whole. Further studies should take into consideration a crossed section study that cuts across the whole country. Further, this study was purely quantitative study, with close ended questionnaires. As a result, in-depth knowledge concerning work-life balance impacts on nurses and midwives in the study setting is hugely limited. For future studies, qualitative method approach and mixed approach is highly recommended.

5.5 Conclusion

Perusal of the study has led to the conclusion that there is to some extent existence of work-life balance practices/programmes in the study public hospitals in Kumasi. Also, the career progression of female nurses and midwives in the study public hospitals are progression, especially with regard to their career goals and professional ability development. However, their career development with regard to promotion and remuneration are not progressions. Additionally, the study concludes that the current work-life balance practices/programs in the study setting are positively impacting on the career progress as well as the job satisfaction of nurses and midwives.

5.6 Contributions of the Study

The study has contributed tremendously in the area of methodology, particularly, the quantitative approach and the technique used. This approach and technique would be of guide to students as well as researchers with a rich assemblage of info within which

to develop their own. This work reviews and synthesizes different theoretical perspectives including role scarcity and spillover theories. This undoubtedly will equally offer students, researchers and readers alike with rich assemblage of information within which to analyse the issues of work-life balance and also to develop their own.

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APPENDIX

Akenten Appiah-Menka University of Skills Training and Entrepreneurial Development (AAMUSTED)

A Survey on: work-life balance on career development and job satisfaction among female Midwifery and Nursing Staff in Kumasi-Ghana

This questionnaire seeks to ascertain information from key individuals like you in support of academic study. I am delighted you offered to participate in this interview and want to assure you of my absolute commitment to secure your privacy and confidentiality with information you provide. The information collected will be used for academic purposes only and your name will not be mentioned. Participation is however, voluntary and you may withdraw at any time without penalty, please.

Thank you in advance

Name of the Hospital/Facility.....

Date of the interview.....

A: Socio-Demographic characteristics

Kindly tick appropriate answer to the questions

1. Religious affiliation (Tick)

- a. Christianity []
- b. Islam []
- c. Traditional []
- d. No religion []
- e. Other (specify).....

2. What is your highest level of education? (Tick)

- a. Diploma []
- b. HND []
- c. First degree []
- d. Second degree (masters) []
- e. PhD []

3. What is your current marital status? (Tick)

- a. Never married []
- b. Cohabiting []
- c. Married []
- d. Widowed []
- e. Divorced/separated []

4. Number of children (Tick)

- a. 1 []
- b. 2 []
- c. 3 []
- d. 4 and above []

5. Ethnicity of household (Tick)

- a. Akan []
- b. Gonja []
- c. Dagomba []
- d. Mamprusi []
- e. Ewe []
- f. Konkomba []
- g. Bono []
- h. Other (specify).....

6. Age of the respondent (Tick)

- a. 20-29 []
- b. 30-39 []
- c. 40-49 []
- d. 50-59 []
- e. 60 and above []

7. Profession (Tick)

- a. Midwife []
- b. Nurse []

8. Position/Rank.....

9. Years of work/services

- a. Less than 5 years []
- b. 5-10 years []
- c. Above 10 years []

Section B. Work-Life Balance Practice

For this section, please tick in the box that best suits your response to the questions with respect to work-life balance practices at the hospital, in the respective headings of 5-strongly agree, 4-agree, 3-neutral, 2-disagree, and 1-strongly disagree.

S/n	Work-Life Balance Practices	1	2	3	4	5
1	Taking leave as required to meet family needs such as a maternity leave					
2	Training and development programmes					
3	Taking study leave					
4	Taking career breaks leave					
5	Work environment empowerment					
6	Taking emergency leave					
7	Flexible working arrangement					
8	Health and wellness programs					
9	Childcare benefit or services					
10	Organizational understanding of my family issues					
11	Usage of the WLB policies/programmes					

Section C. Career Development

For this section, please tick in the box that best suits your response to the questions with respect to your career development at the workplace in the respective headings of 5-strongly agree, 4-agree, 3-neutral, 2-disagree, and 1-strongly disagree.

S/n	Career Development	1	2	3	4	5
	Career goal progress					
1	My present job moves me closer to my career goals					
2	My present job is relevant to my career goal and vocational growth					
3	My present job sets the foundation for the realization of the career goals					
4	My present job provides me with good opportunities to realize my career goals					
	Professional ability development					
5	My present job encourages me to continuously gain new and job-related skills					
6	My present job enables me to continually improve my professional capabilities					
7	My present job encourages me to accumulate richer work experience					
8	My present job encourages me to continuously gain new job-related knowledge					
	Promotion speed					
9	My promotion speed in the present organization is fast					
10	The probability of being promoted in my present organization is high					
11	Compared with previous organizations and attainable jobs, my position in the present one is ideal					
12	Compared with my colleagues, I am being promoted faster					
	Remuneration growth					
13	My salary is growing quickly in my present organization					
14	In this organization, the possibility of my current salary being increased is very large					
15	Compared with my colleagues, my salary has grown more quickly					

Section D. Job Satisfaction

For this section, please tick in the box that best suits your response to the questions with respect to how satisfied you are with your profession/job, in the respective headings of 5-strongly agree, 4-agree, 3-neutral, 2-disagree, and 1-strongly disagree.

S/n	Job Satisfaction	1	2	3	4	5
1	I am often bored with my job					
2	I feel fairly well satisfied with my present job.					
3	I am satisfied with my job for the time being					
4	Most days I am enthusiastic about my work.					
5	I like my job better than the average worker does					
6	I find real enjoyment in my work					

Thank you
End