

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

**DETERMINANTS OF JOB SATISFACTION AMONG NURSES IN CHRISTIAN
HEALTH ASSOCIATION OF GHANA (CHAG) HOSPITALS IN THE SEKYERE
SOUTH DISTRICT OF THE ASHANTI REGION**

SAMUEL ATUAHENE

2025

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BY

SAMUEL ATUAHENE

(8222030011)

A thesis submitted to the School of Graduate Studies, 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 Public Health.

NOVEMBER, 2025

DECLARATION

Candidate's Declaration

I hereby declare that this thesis, with the exception of quotations and references contained in published works which have been duly acknowledged; is the result of my own original work and that no part of it has been presented for another degree at this university or elsewhere.

Samuel Atuahene

Signature: Date:

Supervisors' Declaration

We hereby declare that the preparation and presentation of this 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.

Dr. Ernest Osei (Principal Supervisor)

Signature: Date:

Rev. Dr. Denis Dekugmen Yar (Co-Supervisor)

Signature: Date:

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DEDICATION

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LIST OF ABBREVIATIONS

AORs	-	Adjusted Odds Ratio
CI	-	Confidence Interval
CINAHL	-	Cumulative Index to Nursing and Allied Health Literature
CHAG	-	Christian Health Association of Ghana
CHRE	-	Committee on Human Research and Ethics
EmBase	-	Excerpta Medica Database
ERG	-	Existence, Relatedness and Growth
GHS	-	Ghana Health Service
GRNMA	-	Ghana Registered Nursing and Midwifery Association
GSS	-	Ghana Statistical Service
HRM	-	Relations Management
NaBCO	-	Nation Builders Corp
WHO	-	World Health Organization
SDG	-	Sustainable Development Goal
UENR	-	University of Energy and Natural Resources
PRISMA	-	Preferred Reporting Items for Systematic Reviews and Meta - Analyses

ABSTRACT

The level of job satisfaction that nurses have is critical to the quality of care that they provide, particularly in healthcare systems that are experiencing staffing shortages and restricted resources. This study assessed the level of job satisfaction among nurses working in Christian Health Association of Ghana (CHAG) hospitals in the Ashanti Region, and to identify the key factors influencing their satisfaction. A cross-sectional study involving 257 nurses was conducted using multi-stage sampling. Data was obtained through the use of questionnaires, interviews, and observations made in the field. The focus was on demographics, demographic characteristics, the working environment, institutional support, and overall job satisfaction. A combination of descriptive and inferential statistics were deployed in the analysis of the data using SPSS version 25.0. Prior to the procedure of data collection, both ethical approval and informed permission were made available. Most (76.0 %) of the nurses reported moderate to high job satisfaction, 44.4 % expressed a strong commitment to staying long-term at their current hospitals. Job satisfaction was significantly influenced by rank ($\chi^2=6.17$, $p=0.046$); nurse officers were 65% less likely to be satisfied compared to Certified Registered Nurses and Senior Nurse Officers [AOR=0.35 (0.13–0.91), $p=0.032$]. Environmental factors that significantly influenced job satisfaction included manageable workload ($\chi^2=16.7$, $p<0.001$), adequate staffing ($\chi^2=11.6$, $p=0.001$), workplace safety ($\chi^2=26.8$, $p<0.001$), teamwork ($\chi^2=19.4$, $p<0.001$), and decision-making autonomy ($\chi^2=4.3$, $p=0.038$). Those who felt their workload was moderate were twice as likely to feel satisfied [AOR=2.1 (1.11–4.09), $p=0.023$], while those in safe and well-equipped environments were 6 times more likely to be satisfied [AOR=5.9 (1.97–17.90), $p=0.002$]. Teamwork improved

satisfaction by 3 times [AOR=3.1 (1.51–6.23), p=0.002]. Still, many nurses identified understaffing and job-related stress as ongoing concerns. Institutional support also influenced job satisfaction. There was a twofold increase in satisfaction rates among nurses who reported feeling supported by administration. [AOR=2.02 (1.02–4.48), p=0.043], and those who experienced open communication were nearly twice as likely to be satisfied [AOR=1.93 (1.01–3.96), p=0.038]. Yet, many expressed dissatisfaction with the lack of recognition for their efforts and the perceived unfairness of their compensation. In conclusion, while most nurses in CHAG hospitals are moderately to highly satisfied with their jobs, several factors, including staffing challenges, emotional stress, and inadequate recognition, continue to affect morale. To improve job satisfaction, the study recommends collaboration between CHAG and the Ghana Health Service to establish fair workload guidelines and enforce minimum staffing standards.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

In every region of the world, nurses are at the centre of healthcare systems, playing an essential role in ensuring that patients receive high-quality care and contributing to the overall delivery of excellent services (Tabish, 2024). They make up nearly half of the world's health workforce and are often the first point of contact for patients in many settings (Alsahli et al., 2024; David-Olawade et al., 2024). As such, their well-being and job satisfaction have become important areas of focus across both high- and low-income countries. When nurses are satisfied with their jobs, it positively affects not only their performance but also patient outcomes and the smooth running of healthcare services (Rau et al., 2025). Concern over what makes nurses happy in their work has been on the rise in recent years due to the fact that this question has serious consequences for the sustainability and efficiency of healthcare systems globally (Maghsoud et al., 2022).

Assuring healthy lifestyles and fostering well-being for people of all ages is the primary focus of Sustainable Development Goal 3, which is a goal that they play a crucial part in achieving (Monaco, 2024). Despite this essential role, global reports indicate a growing trend of dissatisfaction among nurses, leading to high turnover rates, increased absenteeism, and reduced commitment to duty (Ren et al., 2024). Several studies have reported that about 40% of health professionals globally are projected to leave the workforce within a decade due to job dissatisfaction,

contributing to a forecasted global shortfall of 12.9 million health workers by 203 (Ayalew et al., 2021; Saha et al., 2024).

The phenomenon of job dissatisfaction among nurses is often attributed to several interrelated factors. Studies have shown that dissatisfaction is influenced by poor working conditions, inadequate remuneration, limited professional growth opportunities, and heavy workloads, which can lead to stress and burnout (Jahan et al., 2023; Olaniran et al., 2022). The term "job satisfaction" refers to the degree to which workers take pleasure in their work and are pleased with their position. (Amiri et al., 2023), affects not only the well-being of nurses but also the quality of patient care. Nurses who are content in their work are more likely to stay with the organisation, do a good job, and help patients have good experiences (Gkliati & Saiti, 2022). Conversely, dissatisfaction compromises productivity, lowers morale, and contributes to a decline in service delivery quality (Mohamed et al., 2024).

In the Ghanaian context, particularly within remote settings, job dissatisfaction among nurses has become a growing concern (Carthon et al., 2021). Factors such as inadequate healthcare infrastructure, brain drain, limited resources, and high nurse-to-patient ratios have been cited as contributors to nurse dissatisfaction (Olowolaju et al., 2025; Zulu, 2024). Despite government investments in nursing education and training, a significant number of nurses continue to migrate abroad in search of better opportunities, draining the local health system of skilled personnel (Olowolaju et al., 2025). Reports from the Ghana Health Service (GHS) indicate that the nurse-to-patient ratio in the Ashanti Region has worsened over the years, rising from 1:450 in

2017 to 1:605 in 2022, far below the World Health Organization's recommended ratio (Dapilah, 2011).

A key healthcare provider in this environment, particularly in rural communities, is the Christian Health Association of Ghana (CHAG). (Walker, 2022; Yeboah & Buckle, 2017). CHAG hospitals are known for their patient-centred and faith-based care approach, often attracting a high number of patients. While this increases their relevance in national healthcare delivery, it also places a substantial workload on nurses working in these facilities. The growing patient load, combined with resource constraints and possible institutional inefficiencies, may adversely affect nurses' satisfaction and retention within these facilities (Olatunde, 2024). Few studies have actually measured the satisfaction nurses are with their jobs at CHAG, despite the fact that the organisation has made significant strides in improving healthcare delivery in Ghana. (Adamopoulos & Health, 2022).

Considering how vital nurses are to the delivery of healthcare, it's important to pay attention to what affects their job satisfaction, especially in a system where their dissatisfaction can have serious impacts. In the Ashanti Region of Ghana, CHAG hospitals rely heavily on nurses to keep services running smoothly (Buabeng-Baidoo, 2023). Understanding what makes these nurses feel satisfied or dissatisfied in their roles can help guide better policies, improve how healthcare staff are managed, and ultimately lead to better care for patients. It has become imperative to explore how satisfied nurses working in CHAG hospitals are and to examine how their work environment and institutional factors shape their experiences.

1.2 Problem Statement

Nurses play a central role in Ghana's healthcare delivery, especially in CHAG hospitals, which serve many hard-to-reach communities (Laar et al., 2019). Despite being faith-based and historically known for compassionate and high-quality care, CHAG facilities are experiencing a noticeable decline in service quality, nurse motivation, and patient satisfaction (Oland, 2018). This trend raises concerns about job satisfaction among nurses, which is critical to healthcare outcomes and staff retention.

Although it is widely assumed that CHAG nurses enjoy high job satisfaction due to incentives like mission allowances, recent reports and anecdotal evidence suggest otherwise (Zulu, 2024). The satisfaction levels of nurses working in public hospitals were shown to be greater than those in private and religious institutions, according to multiple studies (Amoah, 2024; Christmals et al., 2018). Institutional constraints, lack of motivation, and poor work environments have been cited as contributing factors (Christmals et al., 2018). Furthermore, Agyei et al. (2020) found significant service quality gaps in CHAG hospitals, calling for deeper investigations into staff experiences.

An already overburdened healthcare system was further overwhelmed by the COVID-19 pandemic, which added emotional and mental strain on nurses (Koontalay et al., 2021). Despite growing research on nurse satisfaction in Ghana, limited studies have focused specifically on CHAG hospitals, particularly in the Ashanti Region, where 88 of CHAG's 374 facilities are located. In light of this knowledge gap, the purpose of this research is to investigate what variables affect nurses' levels of job satisfaction in

CHAG hospitals across the region specifically in the Sekyere South District of the Region.

1.3 Objectives of the Study

The key goal of the study was to explore the determinants of job satisfaction among nurses in CHAG facilities within the Sekyere South District of the Ashanti Region.

1.3.1 Specific Objectives

The study's specific goals are to:

1. Determine the overall extent of job satisfaction among nurses in CHAG hospitals in the Sekyere South District of the Ashanti Region.
2. Examine the influence of work environment determinants on job satisfaction among nurses in CHAG hospitals in the Sekyere South District of the Ashanti Region.
3. Determine institutional determinants influencing job satisfaction among nurses in CHAG institutions within in the Sekyere South District of the Ashanti.

1.4 Research Questions

1. What is the overall level of employment satisfaction among nurses employed at CHAG hospitals in the Sekyere South District of the Ashanti Region?
2. What are the factors that influence the job satisfaction of nurses in working environments at CHAG hospitals in the Sekyere South District of the Ashanti Region?
3. What institutional factors influence the job contentment of nurses in CHAG hospitals in the Sekyere South District of the Ashanti Region Ashanti Region?

1.5 Justification

Job satisfaction is key to retaining skilled health professionals and maintaining quality healthcare delivery (Parveen et al., 2017). The Christian Health Association of Ghana (CHAG) plays a crucial role in delivering healthcare in Ghana, especially in marginalised communities. Nonetheless, the possibility for CHAG nurses to face unique institutional and environmental obstacles affecting their job satisfaction is indicated by apprehensions about nurse discontent, burnout, and relocation to government facilities or overseas (Hudays et al., 2024).

Existing literature has addressed job satisfaction among nurses in general, but there is limited empirical evidence focusing specifically on CHAG hospitals. Datuah et al. (2021) and Agyei et al. (2020) highlighted concerning gaps in service delivery and staff satisfaction within CHAG institutions, yet no detailed study has explored the factors behind these trends. With nurses forming the backbone of healthcare systems, understanding what influences their satisfaction is vital for effective workforce management and improved patient care outcomes.

1.6 Significance of the Study

The study is significant since it can be used as a reference for academics, GRNMA, CHAG hospitals, the Ministry of Health, and GHS. In addition, the study would provide these parties with recommendations for how to boost nurses' happiness on the job. The outcomes of this study would shed light on some of the factors that influenced job satisfaction and discontent among nurses, as well as the steps that stakeholders ought to follow in order to reduce job dissatisfaction among nurses in the country. Additionally, the research would contribute to the broader field of health

workforce studies by highlighting how faith-based healthcare systems can better support their staff. The outcomes would also help inform national efforts to strengthen the healthcare workforce as Ghana works toward achieving Universal Health Coverage and improving health service delivery. Finally, the study's recommendations could be used to make informed decisions on how to improve the nursing profession among CHAG hospitals across the country.

1.7 Scope of the Study

The purpose of this study is to investigate the characteristics that influence satisfaction with one's job among nurses working in hospitals run by the Christian Health Association of Ghana (CHAG) in the Ashanti Region. Within the scope of the research project, each and every nurse who is employed in CHAG facilities located within the Ashanti Region was carefully considered. To be more specific, the study focused on the level of job satisfaction among nurses, as well as the institutional and environmental elements that influenced job satisfaction.

1.9 Thesis Organization

The research is organized into six principal chapters. The initial chapter discusses the study's history, problem statement, aims, research questions, justification, significance, scope, and organisation. The second chapter meticulously analysed pertinent literature associated with this research issue. Chapter three delineates the subject area and the technique utilised for the investigation. Chapter four presents the study data. Chapter five examined the study's findings. Finally, chapter six presents a summary of the results, draws inferences based on the principal findings, and offers recommendations derived from the study's outcomes.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The literature pertinent to the subject at hand was surveyed in this chapter. The study's theoretical and empirical foundations were outlined, and it also considered the opinions of subject-matter experts. The literature review began with a brief history of job satisfaction, a definition of the term, a discussion of the many theories that have attempted to explain it, an examination of the relevant empirical evidence, and finally, a conceptual framework based on Herzberg's Two-Factor theory (1968), which was used and modified for this study.

2.1 Theoretical Review

This section reviews four major theories of motivation and job satisfaction that are relevant to the study of nurses' satisfaction in healthcare settings. Herzberg's Two-Factor Theory, Maslow's Hierarchy of Needs, Vroom's Expectancy Theory, and Alderfer's Existence, Relatedness, and Growth needs (ERG) Theory exemplify similar theories. Theoretical frameworks like Herzberg's, which emphasises job content and work environment, provide the foundation for comprehending the factors influencing nurses' job satisfaction in CHAG facilities in the Ashanti Region.

Introduced in 1943, Maslow's Hierarchy of requirements Theory postulates that individuals are driven to act in accordance with their innate desires to fulfil a set of requirements that are structured in a five-tiered hierarchy (Calicchio, 2023). The hierarchy of needs, ordered from fundamental to sophisticated, encompasses

physiological needs (including sustenance, hydration, shelter, and rest), safety needs (such as employment security and protection from danger), social needs (including affection, belonging, and acceptance), esteem needs (such as acknowledgement, respect, and status), and self-actualization needs (the aspiration to achieve one's full potential and personal development). Maslow posits that individuals must fulfil lower-tier needs prior to advancing to higher-tier demands. In the workplace context, this implies that job satisfaction among nurses would be enhanced when their basic physiological and safety needs are met, thereby enabling them to pursue higher psychological and self-fulfillment goals. Those who disagree with Maslow's theory point out that it is not grounded in reality and is too simplistic (Saif, 2024). It does not account for individual or cultural variations, and the rigid hierarchical structure may not universally apply, especially in dynamic organizational settings like healthcare (Boltvinik, 2025).

In 1959, Herzberg and his colleagues developed the Two-Factor Theory, which differentiates between two categories of factors that influence job satisfaction: hygienic aspects and motivators. This theory was built upon the foundation that Maslow had established. Motivators are fundamental elements associated with the job's inherent characteristics, including achievement, acknowledgement, responsibility, and prospects for advancement. These factors contribute to favourable job satisfaction when they are present. Conversely, hygiene factors are external components like remuneration, organisational policies, supervision, working environment, and job security (Hipos et al., 2023). Their absence induces dissatisfaction, yet their mere presence does not guarantee satisfaction. Herzberg's theory posits that boosting hygienic elements just mitigates discontent, whereas

genuine motivation and fulfilment arise from the improvement of motivators. The framework developed by Herzberg is particularly applicable in healthcare settings such as CHAG hospitals. This is because it places a strong emphasis on the importance of providing nurses with supportive work environments, fair compensation, appropriate supervision, and opportunities for professional growth as essential factors that determine job satisfaction. Despite the fact that this theory has been widely accepted, there are some academics who contend that the classification of hygienic elements and motivators may not always be straightforward and that individual responses to working conditions may differ depending on personal and environmental factors.

An alternative approach is taken by Vroom's Expectancy Theory, which was published in 1964. This theory focuses on the cognitive processes that individuals employ to make decisions regarding their behaviour while they are at work (Vroom et al., 2015). This theory posits that motivation is influenced by the expectation that effort will result in performance (expectancy), that performance would yield specified results (instrumentality), and that these outcomes will hold value for the individual (valence). This hypothesis, applicable to nurses in CHAG hospitals, posits that satisfaction is determined by the degree to which nurses perceive their efforts will lead to effective performance, subsequently rewarded in significant manners. Nurses are more likely to be motivated and satisfied if they consider promotions, salary increases, or recognition as directly linked to their efforts and accomplishments (Baljoon et al., 2018). However, if these links are unclear or unreliable, motivation may diminish.

Alderfer's ERG Theory, developed in 1969, reconfigures Maslow's hierarchy into three fundamental domains: existence, relatedness, and development. Alderfer posits, in contrast to Maslow's hierarchy of needs, that individuals can be simultaneously motivated by several needs, and his frustration-regression theory elucidates how individuals may revert to more fundamental desires when their higher-level needs remain unfulfilled. For example, a nurse who is denied opportunities for growth may focus more on securing job stability or improving relationships with colleagues. In this way, the ERG theory allows for more flexibility in understanding employee motivation and better reflects the complex nature of job satisfaction in diverse organizational settings like CHAG hospitals.

Together, these theories provide a comprehensive lens through which the determinants of job satisfaction can be examined. Maslow and Alderfer emphasize the role of human needs in motivation, while Herzberg identifies specific job-related factors that influence satisfaction or dissatisfaction. Additionally, Vroom incorporates a psychological aspect by taking into account the individual's expectations and impressions of the outcomes. Among these, Two Factor Theory by Herzberg is the most relevant framework for this study because it places a direct emphasis on both the working environment and the conditions of the institution, which are two fundamental components that are investigated in the specific aims of this research (Thant & Chang, 2021). Understanding how these theoretical perspectives intersect helps to explain why nurses in CHAG hospitals may experience varying levels of job satisfaction depending on their working conditions, institutional support, and personal motivations.

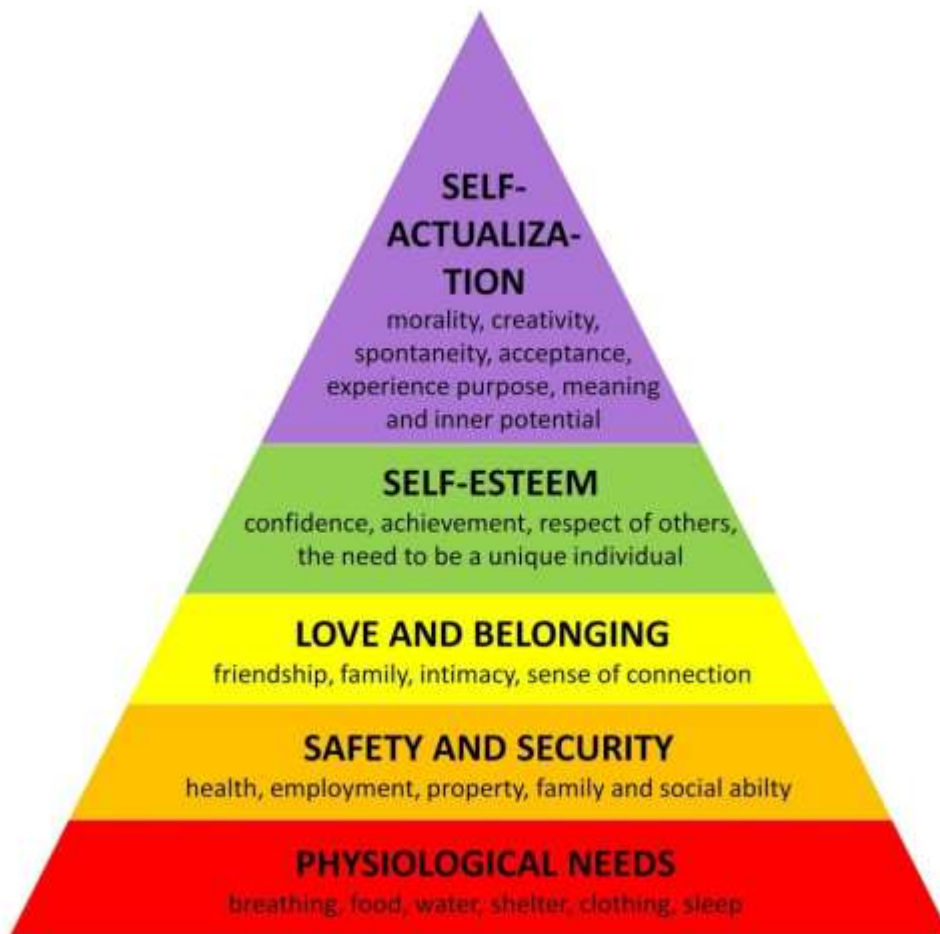


Figure 2.1: Abraham Maslow's Hierarchy of Needs (1943)

2.2 Empirical Review

This section provides a summary of previous empirical studies that have been conducted on the topic of job satisfaction, with a particular focus on research findings that are very congruent with the objectives of this one. In addition to the definitions and aspects of job satisfaction, it discusses the historical development of job satisfaction as well as the empirical gaps that the current study aims to fill.

2.2.1 Historical Overview of Job Satisfaction

It is possible to trace the origins of the study of job satisfaction all the way back to the 1930s, when the Human Relations Movement (HRM) was a response to growing labour unrest and unhappiness with Taylorist models of industrial work organisation. Pioneers such as Elton Mayo and his colleagues highlighted the significance of employee emotions and social relationships in workplace productivity, laying the groundwork for subsequent research in the field (Enrique & Rafael, 2014). Hoppock (1935) provided a definition of job satisfaction that described it as a mix of psychological, physiological, and environmental variables that lead an individual to say, "I am satisfied with my job."

The influential Hawthorne Studies (Roethlisberger & Dickson, 1939), often attributed to Elton Mayo, found that improvements in working conditions, recognition, and attention to workers' well-being led to increased productivity an effect known as the "Hawthorne Effect" (Raju, 2018). These early works spurred the development of classic motivation theories in the 1950s, such as Maslow's Hierarchy of Needs (1943), Herzberg's Two-Factor Theory (1968), and Vroom's Expectancy Theory (1964), which continue to inform contemporary understanding of job satisfaction.

Campbell et al. (1970) later classified these into two main groups: content theories, which identify specific needs that motivate behavior (e.g., Maslow, Herzberg), and process theories, which explain how different variables interact to influence motivation (e.g., Equity Theory, Expectancy Theory). These foundational theories provided a theoretical framework that continues to guide empirical research on job satisfaction.

2.2.2 Meaning and Dimensions of Job Satisfaction

Job satisfaction has been defined in various ways over time. Locke (1976) described it as “a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experiences.” Cook et al. (1981) viewed it as an evaluative attitude toward one's job and organization in relation to personal goal attainment. More recently, Lambert et al. (1999) conceptualized job satisfaction as the extent to which work fulfills or gratifies an individual’s needs.

From these definitions, job satisfaction can be understood as both an emotional and evaluative construct that influences employee motivation, performance, and retention. Herzberg et al. (1959) classified the determinants of job satisfaction into two categories: intrinsic (motivators) and extrinsic (hygiene factors). Intrinsic factors include achievement, recognition, the nature of the work, responsibility, and opportunities for growth. This contributes directly to job satisfaction. On the other hand, extrinsic factors such as salary, organizational policies, job security, and working conditions do not inherently motivate but can lead to dissatisfaction when absent or perceived as inadequate (Ogunbanjo & Practice, 2021).

2.2.3 Empirical Studies on Determinants of Job Satisfaction

A number of empirical investigations have been conducted to investigate the factors that influence job satisfaction among nurses all around the world, including in Ghana. A study by Agyemang and Ofei (2013) A study conducted at public hospitals in Ghana revealed that nurses' job satisfaction was markedly affected by their work environment, managerial support, and prospects for professional advancement. Similarly, Amoako and Bediako (2019) nurses' job satisfaction was found to be

influenced by both intrinsic and extrinsic motivational variables, with recognition and fair remuneration emerging as essential components at the same time.

In a related study, Boateng and Owusu (2021) interviewed healthcare personnel employed by Ghanaian mission hospitals to gauge their level of contentment with their jobs. The study concluded that although many nurses felt fulfilled by their spiritual calling and community impact, job dissatisfaction was high due to poor institutional support, limited career progression, and inadequate salaries.

Yet, despite the growing interest in job satisfaction research, most existing studies have focused on public healthcare institutions, leaving a gap in the literature regarding faith-based organizations such as CHAG hospitals. CHAG facilities differ in structure and administration from public hospitals, often integrating religious values and mission-driven leadership that may influence job satisfaction in unique ways. Within the Ashanti Region, there have been a limited number of studies that have directly employed Herzberg's Two-Factor Theory in order to investigate the level of job satisfaction experienced by CHAG nurses.

2.2.4 Identified Research Gaps

Although numerous researchers have looked at how satisfied nurses are with their jobs. in Ghana, there remains limited empirical focus on CHAG hospitals, which play a critical role in healthcare delivery, especially in rural and underserved communities. Additionally, there is a lack of evidence on how Herzberg's intrinsic and extrinsic factors interact to influence nurses' satisfaction in this unique institutional setting.

Most existing research tends to focus on general workplace factors without dissecting them through established motivational theories.

Moreover, there is insufficient region-specific data on the degree to which nurses working in CHAG facilities in the Ashanti Region are satisfied with their jobs, despite the region's strategic importance in Ghana's health system. These gaps present a challenge to effective human resource management in faith-based healthcare institutions and justify the need for the present study, which seeks to provide context-specific and theory-driven evidence.

2.3 Level of Job Satisfaction among Nurses

Sabria (2013) carried out a study at Muhimbili National Hospital to investigate the factors that influence the level of job satisfaction experienced by nurses. The goal was to evaluate the amount of job satisfaction as well as the factors that determine it, and the conceptual framework that was utilised was Herzberg's idea on the relationship between cleanliness and motivation. The research looked at a variety of demographic factors, such as gender, age, marital status, years of experience in the workforce, and educational attainment. In order to collect the required information, a total of 286 nurses were selected through the utilisation of a selection technique known as convenience sampling. In addition, structured questionnaires were utilised in order to collect the data.

The results indicated that over fifty percent of the participants expressed satisfaction with their occupation. Key institutional factors influencing job satisfaction included job independence, supervision, coworker relationships, and overall conditions of

service. In addition, the study indicated that job satisfaction varied significantly by age, marital status, and years of experience in the workforce, but not by gender or degree of education. Based on the findings, Sabria recommended that hospital management adopt human resource policies that improve job authority, autonomy, clear responsibilities, and stability in their employment to boost nurses' contentment.

In a similar vein, Umuhari (2013) performed a study to evaluate the degree of job satisfaction among nurses at the Bolgatanga Regional Hospital in Ghana. The study utilised a cross-sectional survey design to recruit 93 nurses by a simple random sampling method. The findings indicated that both cleanliness and motivational elements influenced nurses' job satisfaction. A key discovery was that insufficient compensation substantially exacerbated the deficit of nurses in healthcare institutions. Therefore, the study advised that the Ministry of Health (MOH) and the Ghana Health Service (GHS) allocate resources for the training of additional nurses, ideally with financial assistance, to mitigate staffing shortages in the sector.

A comparative analysis of the two studies reveals some methodological distinctions. While Sabria (2013) relied on a convenience sampling method, Umuhari (2013) utilized a simple random sampling technique, which is generally more representative and improves the generalizability of research findings. In addition, Sabria used inferential statistics, which are more robust, to find significant connections between variables by using t-tests and ANOVA. Nevertheless, both studies agree that nurses' level of job satisfaction is heavily influenced by extrinsic and institutional factors, such as their working environment, autonomy on the job, and pay.

Collectively, these studies highlight the complex nature of job satisfaction within the healthcare sector and affirm the significance of Herzberg's Two-Factor Theory in elucidating how internal and extrinsic factors influence nurses' professional experiences.

2.4 Work Environment Factors that Influence Job Satisfaction among Nurses

The environment in which nurses work has a profound influence on how they feel about their profession and the quality of care they deliver. However, evidence from existing studies shows varying conclusions about which environmental factors matter most and how these factors interact with individual and institutional circumstances. A closer review of selected studies across different settings helps to clarify existing knowledge while also revealing several areas that remain underexplored.

A study by Alotaibi (2022) in Saudi Arabia examined how the work environment relates to nurses' satisfaction using surveys adapted from the Minnesota Satisfaction Questionnaire and the Nursing Work Index. The results indicated a moderate level of both job satisfaction and perception of the work environment, with a significant positive relationship between the two ($r = 0.55, p < 0.05$). Supervisors and diploma holders reported slightly higher satisfaction than their peers, while experience showed a small but positive influence on work happiness. Although Alotaibi's work provides useful statistical associations, it gives little insight into why certain groups felt more satisfied. The study also relied solely on self-reported data, which limits understanding of the deeper organisational or cultural factors that might drive satisfaction. These gaps make it difficult to translate the findings into practical policies for improving the nursing workplace.

In Ghana, Coudounaris et al., (2020) investigated nurses' satisfaction levels at Kintampo Municipal Hospital using a descriptive design. Institutional factors such as pay, work conditions, and flexibility of schedules were identified as major sources of dissatisfaction. Staff nurses were generally more satisfied than auxiliary nurses, suggesting that job roles and levels of autonomy may influence perceptions of the work environment. Compared with Alotabi's (2022) findings, Coudounaris reported that environmental factors played a smaller role than institutional and administrative issues. This contrast may be explained by differences in national health systems, available resources, and expectations within the nursing profession. It also points to the need for research that compares how local institutional cultures shape job satisfaction across different regions.

Other Ghanaian studies have reinforced the importance of both interpersonal and organisational factors. Bempah (2013) found that salary, recognition, and relationships at work were strong predictors of job satisfaction among community health workers, while demographic characteristics such as age, gender, and years of service had no significant effect. Similarly, Datuah et al. (2023) reported that most nurses and midwives in the Bole District viewed intrinsic elements such as goal achievement, recognition, and responsibility as stronger influences on satisfaction than external rewards. Interestingly, these findings differ from Wang and colleagues (2006), who found that in China and Sweden, both intrinsic and extrinsic factors carried equal importance. The difference between these results may stem from variations in work culture and the level of professional autonomy afforded to nurses in different countries.

Evidence from South Asia and Turkey provides further perspective. Syed and colleagues (2018) observed that salary and empowerment had positive effects on job satisfaction, while clarity of duties and supervisor support did not show significant influence. On the other hand, Aşiret et al. (2017) found a strong negative relationship between work environment quality and satisfaction among Turkish nurses ($r = -0.772$, $p = 0.000$). This suggests that even when resources and staffing appear adequate, other hidden pressures such as workload expectations or limited recognition can create dissatisfaction. The variation among these studies underlines the complex nature of job satisfaction and suggests that no single factor operates independently of others.

Taken together, these studies highlight that both intrinsic factors, such as recognition and professional growth, and extrinsic factors, such as pay and working conditions, are central to nurses' job satisfaction. Yet, several gaps remain in the existing body of research. First, most studies use cross-sectional survey designs, which show relationships but not cause and effect. Second, little attention has been given to how personal attitudes, leadership style, or organisational culture mediate the relationship between the work environment and job satisfaction. Third, within Ghana, limited research has explored how changes in policy, resource allocation, or management practices influence satisfaction over time. Future studies could benefit from mixed methods and longitudinal designs that capture both the experiences and the evolving workplace realities of nurses. Such work would help health administrators design evidence-based strategies to enhance motivation, retention, and quality care delivery in the nursing profession.

2.5 Institutional Factors Influencing Job Satisfaction among Nurses

Aloisio (2021) examined the individual and organisational determinants of nurses' job satisfaction in long-term care settings. The study aimed to investigate characteristics related to job satisfaction among nurses in nursing homes from both human and organisational perspectives using a deductive methodology. The research utilised a systematic literature review across seven internet databases: EmbASE, CINAHL, PsychINFO, Medline, PubMed, Scopus, and Web of Science. A total of twenty-eight (28) research studies were incorporated into the analysis. Among them, 20 research were quantitative, 6 were qualitative, and 2 employed a mixed-methods approach.

According to the results, there are two main types of variables that contribute to nurses' happiness on the job: organisational and personal. Ownership of the facility, support from supervisors and managers, available resources, headcount, and interpersonal connections are all aspects of the organisation that play a role. However, age, health status, psychological empowerment, job participation, job tiredness, and stress were the individual characteristics that were connected with job satisfaction among nurses. The study found that demographic characteristics were less influential than institutional factors. In order to increase nurses' happiness on the job, the study suggests a novel strategy.

At the Regional Hospital in Ghana, Constance (2023) investigated how institutional variables affected nurses' levels of work satisfaction. This article set out to examine the institutional variables that contribute to nurses' levels of job satisfaction at Ghana's Regional Hospital. The research strategy used in the study was a descriptive cross-sectional one.

Overall, 233 nurses participated in the survey by way of a simple random sampling method. The respondents, however, provided the main data by filling out a self-administered questionnaire. We used STATA Version 15 to evaluate the data. The establishment of relationships and the testing of their strength were both accomplished using a linear regression model. A p-value less than 0.05 was considered statistically significant. Nurses reported a low level of job satisfaction of 2.9 (SD=0.6), according to the study's results.

A low level of satisfaction (2.9; SD=0.7), (2.8; SD=0.9), (2.7; SD=0.9), and (2.3; SD=0.8) were also achieved by institutional elements such policies, promotion, incentive, and compensation. While supervision came in at 3.6 (SD=0.5) and teamwork at 3.3 (SD=0.7), overall job satisfaction was good. This being the case, the study urged the country's leadership to reconsider institutional measures including pay, benefits, and advancement opportunities in order to boost nurses' contentment on the job.

Chiara et al. (2022) conducted a study on extrinsic and intrinsic factors that serve as barriers or facilitators in the implementation of clinical practice guidelines by nurses. The study aimed to discover intrinsic and extrinsic factors affecting nurses' compliance. The study employed a mixed-methods design utilising a convergent technique. A total of sixty (60) studies were evaluated, categorised into two primary themes: intrinsic and extrinsic components. The study utilised the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist and the JBI Mixed Methods Review Methodological Guidance. The internal characteristics identified in the study were knowledge and abilities, nurses' attitudes, and a sense of

belonging. Extrinsic elements can be categorised into environmental and institutional components.

These encompass organisational and environmental issues, workload, guideline framework, and the attitudes of patients and carers. The study's results indicated that resource scarcity and environmental conditions significantly influence nurses' compliance in hospitals, contributing to their job happiness. The study strongly advocates that the government and relevant stakeholders must furnish the necessary environmental conditions to guarantee nurses' compliance and, most importantly, satisfaction with their jobs.

Firew et al. (2019) conducted a study on job satisfaction and motivation among nurses at public health facilities in Ethiopia. The main aim was to investigate job satisfaction, motivation, and related characteristics among nurses in Ethiopia's public health facilities, to enhance performance and productivity within the healthcare system.

The research employed a cross-sectional design. A total of 125 healthcare centres, comprising around 424 nurses, were randomly selected for the investigation. The study employed interviews to gather data from the respondents. Multilevel analysis was used to account for various clustering effects. The degree of job satisfaction among nurses was assessed, and composite mean scores (range: 1–5) were determined for motivating factors. Adjusted odds ratios were calculated to investigate the relationship between these parameters and total work satisfaction. The study's findings indicate that around 61% of nurses expressed job satisfaction. The composite

mean ratings for intrinsic and extrinsic motivational variables were 3.5 and 3.0, respectively.

The levels of job satisfaction were considerably higher for female nurses (65.6%, $p = 0.04$), as well as for those nurses who were older than 29 years (67.8%, $p = 0.048$) and had more than ten years of work experience (68.8%, $p = 0.007$). Satisfaction with remuneration (adjusted odds ratio = 2.04, 95% confidence interval = 1.36, 3.06), recognition (adjusted odds ratio = 2.21; 95% confidence interval = 1.38, 3.53), professional advancement (adjusted odds ratio = 1.54; 95% confidence interval = 1.06, 2.29), features of the work itself (adjusted odds ratio = 1.65; 95% confidence interval = 1.20, 2.91), and nurses' work experiences from five to ten years (adjusted odds ratio = 0.37, 95% confidence interval = 0.17, 0.79) were identified as being significantly associated with overall job satisfaction. In light of this, the research suggested that the Ministry of Health should strengthen the human resource management system and practices in order to increase the overall job satisfaction and motivation of nurses.

The variables impacting the contentment of the nursing staff at Kenyatta National Hospital were studied by Ong'ayo (2008). The researchers at Kenyatta National Hospital set out to discover what makes nurses content in their jobs (Ong'ayo, 2008). The study's primary variables are administrative policies, job stability, pay, communication, empowerment, workload, advancement opportunities, workplace safety, supervision, and job expansion. All of the nurses at Kenyatta National Hospital were included in the sample because the research used total population sampling (Ong'ayo, 2008). The respondents' primary data was collected using self-administered

questionnaires. In order to understand the correlation pattern within the variables that were detected in the study, factor analysis was performed to determine the variables. Every one of the identified characteristics had an impact on work satisfaction, either positively or negatively, according to the study's findings. The nurses who participated in the survey expressed satisfaction with their job security, supervision, and opportunities for professional advancement. Nevertheless, the nurses voiced their discontent with the increasing workload, distribution of resources, empowerment, and communication. Findings from the study highlight the significance of addressing both the positive and negative aspects of work satisfaction.

2.6 Conceptual Framework

Figure 2.2 shows the relationship between extrinsic factors and job satisfaction through a conceptual framework. When we talk about what influences a worker's experience on the job, we are talking about extrinsic factors. Salary, managerial oversight, working environment, job stability, company policy, and rapport with coworkers and superiors are all examples of such factors. While these are not strictly necessary for the job, they do affect how a nurse feels about their workplace and the support they receive from management.

The theory suggests that these extrinsic factors play a crucial part in determining the degree of satisfaction that nurses experience as a result of their profession. For instance, nurses are more likely to have better levels of job satisfaction when they are provided with adequate salary, when they are well supervised, and when they work in workplaces that are both supportive and well-equipped. On the other hand, insufficient extrinsic conditions, such as low pay, a lack of professional recognition,

or unfavourable work environments, can result in dissatisfaction decreased morale, and increased intents to leave the organisation.

The paradigm highlights a direct and potentially linear correlation between extrinsic variables and job happiness, consistent with Herzberg’s two-factor theory, which asserts that although extrinsic elements may not inherently foster strong motivation, their absence can lead to discontent. Thus, for healthcare administrators and policymakers, the model serves as a guide to focus on improving these external conditions to enhance satisfaction and retention among nursing staff. Ultimately, enhancing extrinsic factors can improve service delivery and the overall effectiveness of healthcare institutions.

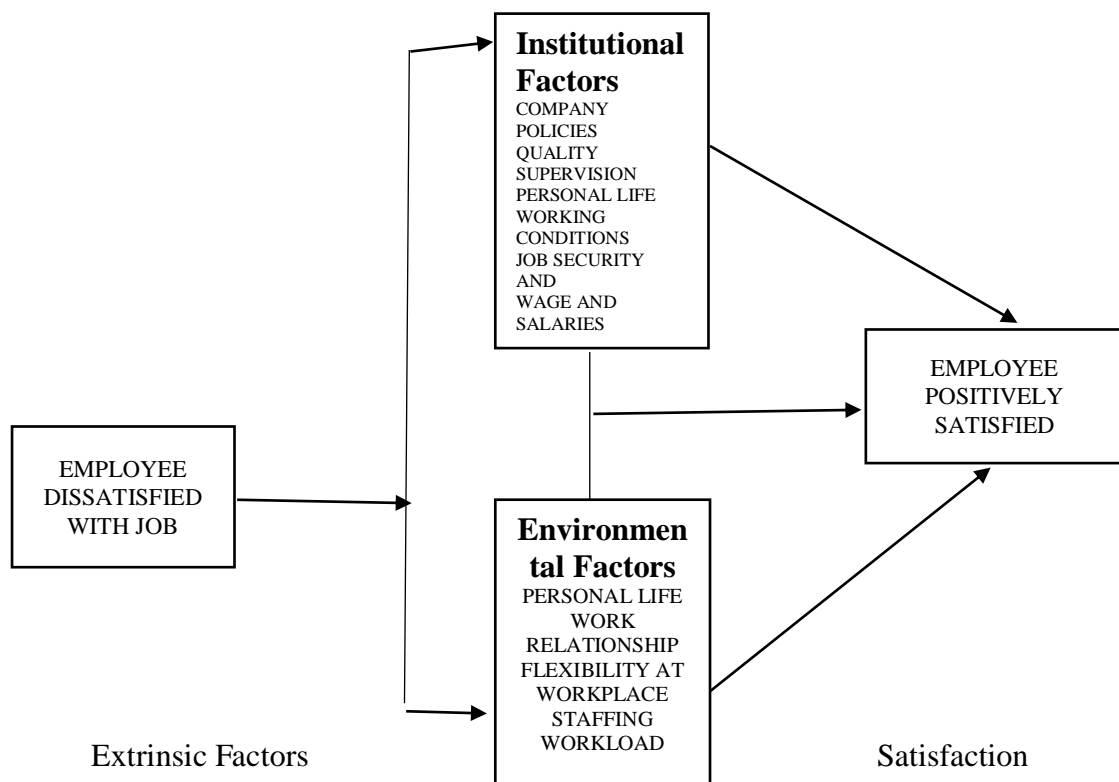


Figure 2.2: Conceptual Frame

The conceptual framework was adapter from Rao & Karumuri, (2019).

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This section delves into the methods used to conduct the research. It describes in great depth the following parts: Various aspects of the study, including its design, location, population, inclusion and exclusion criteria, sampling methods, data collection tools and techniques, data processing, statistical analysis, data management, and ethical review and clearance.

3.1 Study Design

This research utilised analytical cross-sectional design approach to investigate the determinants of job satisfaction among nurses in CHAG hospitals in the Sekyere South District of the Ashanti Region over a period of nine months (from October 2024 to June 2025). This timeframe was chosen to capture variations in the population and reduce potential biases due to the sampling technique.

3.2 Study Area

The Ashanti Region of Ghana was the location where this study was carried out. According to the Ghana Statistics Service (GSS), the Ashanti Region is one of the sixteen administrative regions in Ghana. It is situated in the middle of the country and encompasses an area of approximately 24,389 square kilometres. As of the Population and Housing Census in 2021 (GSS, 2021), it has a population of more than 5.4 million people, making it the most populous area in the country. Because of the region's highly developed infrastructure, which includes road networks, educational

institutions, and healthcare facilities, it has become a significant hub for commercial and industrial activities as well as for the provision of medical services. Kumasi, the capital of Ashanti region and the second- largest city in the country and acts as the administrative and commercial centre of the nation's neighbouring regions (Asubonteng, 2025).

In the Ashanti Region, there are 88 health institutions that are operated by CHAG, which constitutes a significant portion of the 374 CHAG facilities that are located across the country (Buabeng-Baidoo, 2023). These facilities are located in both urban and rural settings and provide a wide range of health services, often serving hard-to-reach and underserved populations. Regional CHAG hospitals are well-known for their community-centered care, faith-based orientation, and partnerships with the Ghana Health Service and the Ministry of Health to provide vital health services (Salam & Aseweh, 2021). However, nurses working in these facilities often encounter challenges related to workload, motivation, and institutional support, which can influence their job satisfaction.

The Ashanti Region was chosen as the study area due to its high concentration of CHAG hospitals and its strategic importance in Ghana's healthcare delivery landscape. The variation in facility size, location, and service delivery levels created an appropriate environment for analysing the determinants of job satisfaction among nurses. The region also allowed for meaningful comparisons across various CHAG institutions to better understand how workplace environment and institutional policies impact nurse satisfaction. This made the Ashanti Region an ideal location for the study.

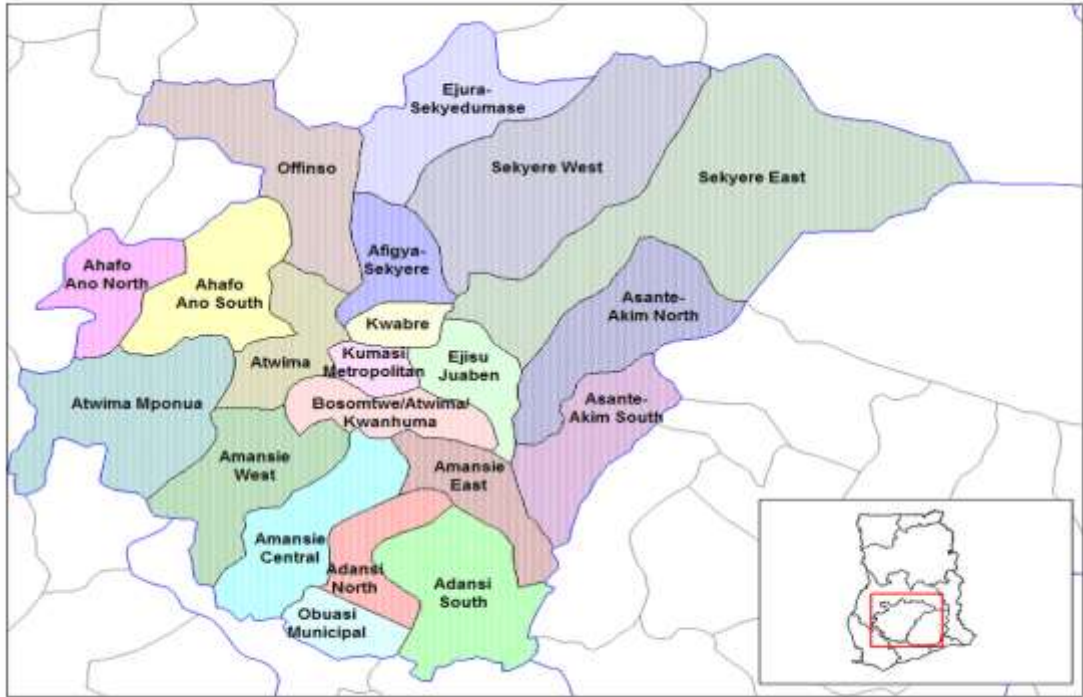


Figure 3.1: Map of Ashanti Region (Source: GSS, 2021)

3.2.1 Study Site

In the Sekyere South District of the Ashanti Region, the research was carried out in four hospitals that were chosen by the Christian Health Association of Ghana (CHAG). It was on design that these hospitals were selected in order to provide a balanced representation of rural and peri-urban healthcare settings. This was done in order to bring about an increase in the diversity and relevancy of the data that was collected. The Seventh Day Adventist Hospital in Abena Kwabena-Asamang, the Salvation Army Hospital in Wiamoase, the Seventh Day Adventist Hospital in Wiamoase, and the Pope John Paul II Medical Centre in Jamasi were among the facilities that took part in the study. These establishments were chosen for participation in the research project because of their accessibility, institutional capacity, and willingness to take part in the investigation. The incorporation of these health workers made it possible to investigate the level of job satisfaction experienced

by nurses working in a variety of institutional and geographical settings within the CHAG network in the Ashanti Region.

3.3 Study Population

Nurses employed by the Christian Health Association of Ghana (CHAG) in Ashanti Region hospitals made up the research population. An extensive array of healthcare services are provided by the several CHAG-operated health institutions spread around the region, including both rural and urban centres. These nurses include registered general nurses, enrolled nurses, and midwives working in various departments such as outpatient, maternity, inpatient, and emergency units. Staffing levels at CHAG institutions were determined by taking into account the fact that nurses have a pivotal role in patient care and are thus subject to institutional regulations and working conditions that impact their level of job satisfaction.

3.3.1 Inclusion and Exclusion Criteria

Professional nurses and midwives who were officially appointed to work at CHAG hospitals by the Ghana Health Service (GHS) and have practicing certificates from the Nursing and Midwifery Council of Ghana were included in the study. In order to be considered for this study, participants needed to have a minimum of six months of continuous practice in an Ashanti Region CHAG facility before their data was collected. Respondents met this requirement because they were qualified to evaluate their own degree of job satisfaction based on their level of experience in their present positions.

Although the study focused on registered nurses and midwives working in CHAG hospitals within the Ashanti Region, certain individuals who met the general inclusion criteria were excluded for specific reasons. Those excluded comprised registered nurses and midwives who were either on study leave, serving under temporary or contractual arrangements, or close to retirement. They were exempted because their employment status and future job security could influence their level of job satisfaction, potentially introducing bias into the findings.

3.4 Sample Size Estimation

The sample size for the study was determined using Yamane's (1967) formula for finite populations, expressed as:

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

where n represents the sample size, N is the population size, and e denotes the margin of error, which was set at 0.05 (5%). The formula was applied to each participating hospital based on its staff population to ensure proportional representation.

For the Seventh-day Adventist Hospital (Abena Kwabena–Asamang) with a population of 106, the computed sample size was 83.79, approximated to 84. The Salvation Army Hospital, Wiamoase–Ashanti, with a population of 65, yielded a sample size of 55.91, rounded to 55. The Seventh-day Adventist Hospital, Wiamoase–Ashanti, with a population of 66, produced a sample size of 56.65, rounded to 56. Lastly, the Pope John Paul II Medical Centre, Jamasi–Ashanti, with a population of 99, had a computed sample size of 79.36, adjusted to 78.

To maintain proportional balance across facilities, minor rounding adjustments were made, resulting in a total sample size of 273 respondents, distributed as follows: 84

from Abena Kwabena–Asamang, 55 from Salvation Army Hospital, 56 from SDA Hospital Wiomoase, and 78 from Pope John Paul II Medical Centre.

Detailed calculation of the sample size using the Yamane’s formula is given below;

Sample Size Calculation for Seventh-day Adventist Hospital (Abena Kwabena – Asamang

$$n = \frac{106}{1 + 106(0.05)^2}$$

$$n = 83.794 \approx \mathbf{84}$$

Sample Size Calculation for Salvation Army Hospital, Wiomoase-Ashanti

$$n = \frac{65}{1 + 65(0.05)^2}$$

$$n = 55.913$$

$$n = 55.913 \approx \mathbf{55}$$

Sample Size Calculation for Seventh-day Adventist Hospital Wiomoase-Ashanti

$$n = \frac{66}{1 + 66(0.05)^2}$$

$$n = 56.652$$

$$n = 56.652 \approx \mathbf{56}$$

Sample Size Calculation for Pope John Paul II Medical Centre Jamasi-Ashanti

$$n = \frac{99}{1 + 99(0.05)^2}$$

$$n = 79.358$$

$$n = 79.358 \approx \mathbf{78}$$

$$\mathbf{Total Sample Size = 84 + 55 + 56 + 78 = 273}$$

After accounting for non-response and incomplete questionnaires, 257 completed responses were used for the final analysis.

3.5 Sampling Techniques

A multistage sampling technique was employed to select participants for the study. This approach was adopted to ensure that the sample accurately represented nurses working in different Christian Health Association of Ghana (CHAG) hospitals within the Ashanti Region. The sampling was conducted in three distinct stages, each employing a method suited to the specific level of selection.

Stage One: Selection of Hospitals

At the first stage, purposive sampling was used to select CHAG hospitals from various districts within the Ashanti Region. This method was appropriate because it enabled the inclusion of both rural and urban healthcare facilities, thereby ensuring diversity in institutional characteristics and work environments. The hospitals were chosen based on their operational size, accessibility, and willingness to participate in the research.

Stage Two: Determination of Nurse Quotas

In the second stage, quota sampling was applied to determine the number of nurses to be selected from each participating hospital. Quotas were established according to the total number of nurses in each facility, ensuring that institutions with larger nursing staff contributed proportionately more participants. This stage enhanced representativeness and reduced the likelihood of over- or under-sampling from any facility.

Stage Three: Selection of Individual Participants

The final stage involved the use of convenient sampling to identify individual nurses who were available and willing to take part in the study during the data collection period. This method was deemed appropriate due to the irregular work schedules and shift systems of nurses, which made it impractical to employ a purely random approach. The use of convenient sampling facilitated timely data collection while maintaining adequate representation across the selected hospitals.

Justification for the Multistage Sampling Approach

The multistage sampling technique was considered most appropriate for this study because it allowed for the combination of probability and non-probability sampling methods, thereby enhancing both feasibility and representativeness. This approach provided a structured yet flexible means of selecting participants from a wide geographical area while accounting for operational and logistical constraints often encountered in hospital-based research. In the first stage, hospitals under the Christian Health Association of Ghana (CHAG) within the Sekyere South District were purposively selected based on their size, accessibility, and availability of qualified nursing staff. In the subsequent stage, proportional sampling was employed to determine the number of participants from each selected hospital according to its staff population. Finally, simple random sampling was used to select individual respondents from the staff list in each facility, ensuring that every eligible nurse had an equal chance of being included. This systematic approach improved the representativeness and generalizability of the findings across different institutional contexts.

The inclusion criteria comprised all registered nurses and midwives who had been employed in any of the selected CHAG hospitals for at least six months and were available and willing to participate in the study at the time of data collection. These participants were considered suitable because they possessed sufficient experience and familiarity with the institutional work environment, which was essential for assessing job satisfaction accurately.

The exclusion criteria included student nurses, midwives on clinical placement, and individuals engaged through temporary government interventions such as the Nation Builders Corps (NABCO). Additionally, retired nurses and midwives working under contractual arrangements were excluded to minimize variations in job satisfaction that might arise from non-permanent employment status or retirement-related factors. Overall, the use of the multistage sampling approach, combined with clearly defined inclusion and exclusion criteria, ensured that the study sample was both manageable and representative of the broader nursing population within the selected CHAG hospitals.

3.6 Data Collection Tool(s)

Using a standardised, self-administered questionnaire, data were obtained. Questionnaire topics included respondent's demographics, level of job satisfaction, aspects of their immediate work environment (including workload, supervision, and physical conditions), and aspects of their organization's structure (including compensation, advancement prospects, and training programs). Using a 5-point Likert scale, the majority of questions were closed-ended; however, a small number of questions were open-ended, allowing participants to provide more detailed responses.

3.7 Validity and Reliability

The questionnaire was assessed by specialists in public health, nursing administration, and human resource management to guarantee its substance and face validity. The experts assessed whether the items adequately captured the domains of job satisfaction being studied.

At CHAG hospitals in the Ahafo region, thirty nurses who were not included in the main study participated in pretest study that was carried out. Prior to the primary data collection, the pretest research assisted in clarifying questions that were unclear and enhancing clarity during the process.

3.8 Data Collection Procedure

The data collection occurred over a duration of four weeks. Trained study assistants visited the designated CHAG institutions and delivered structured questionnaires to the sampled nurses during off-peak times to minimise disruption to healthcare services. Participation was optional, and written informed consent was secured from all participants. All participants were asked to fill out the surveys anonymously and send them back in sealed envelopes to protect their privacy. All completed surveys were double-checked every day for accuracy and consistency; the research assistants were consulted immediately to find a solution where there were any discrepancies.

3.9 Data Management and Statistical Analysis

3.9.1 Data Management

The principal investigator (PI) ensured that all data collected from the field were thoroughly reviewed for completeness, consistency, and clarity before data entry. The

responses from completed questionnaires were first entered into Microsoft Excel (version 2016) for initial organization, cleaning, and validation. Incomplete or unclear responses were cross-checked and corrected or removed where necessary to enhance data accuracy. After being cleaned, the dataset was then exported into version 27.0 of IBM SPSS Statistics so that statistical analysis could be performed on it. During the process of data handling and storage, password security and restricted access were implemented in order to safeguard the confidentiality of the participants and the integrity of the data. Every single piece of data, both physical and electronic, was safely stored.

3.9.2 Statistical Analysis

Analysis of the data was carried out using both descriptive and inferential statistical approaches. A summary of the demographic features of respondents and the levels of job satisfaction among nurses was compiled with the help of descriptive statistics, which included both frequencies and percentages.

Given that the questionnaire items using a five-point Likert scale (i.e., Very Agree, Agree, Neutral, Disagree, Very Disagree) for measurement purposes.), to make statistical analysis easier, responses were grouped. Specifically, for the purposes of the Chi-square test and binary logistic regression, the responses were grouped into two categories: 'Yes,' if 'Strongly Agree' and 'Agree' are combined, and 'No,' where 'Neutral, Disagree, and Strongly Disagree' are combined. Because of this division, correlations and predictors might be better understood.

The relationship between gender, years of experience, and job satisfaction, along with other categorical variables, was examined by chi-square tests. Additionally, to identify any significant predictors of job satisfaction, The researcher employed binary logistic regression analysis. This was executed with an emphasis on the workplace and organisational matters. A p-value superior to 0.05 was considered indicative of a robust model fit when assessing model fitness with the Hosmer-Lemeshow goodness-of-fit test before doing logistic regression (Assoah et al., 2025).

Statistical significance was defined as a p-value less than 0.05, and the results of the regression analysis were given as Adjusted Odds Ratios (AORs) with associated 95% Confidence Intervals (CIs).

3.10 Ethical Review and Clearance

Ethical approval for this work was secured from the Committee on Human Research and Ethics (CHRE) of the University of Energy and Natural Resources (UENR), under approval reference number CHRE/AP/364/025. Further institutional approval was conferred by the Akenten Appiah-Menka University of Skills Training and Entrepreneurial Development (AAMUSTED). Formal authorisation was obtained from the Christian Health Association of Ghana (CHAG) and the administrative leaders of the chosen hospitals in the Ashanti Region.

The aim, methods, risks, and benefits of the study were explained to participants before any data was collected. They were given the assurance that their involvement was totally optional and that they may stop at any time without facing any penalties. All participants were asked to sign a written informed consent form. We took great

care to protect the respondents' privacy by not recording any personally identifiable information and by making sure their answers were anonymised. The data was stored in a safe place where no one other than the research team could access it.

CHAPTER FOUR

RESULTS

4.0 Introduction

The results of the study are presented in this chapter in a manner consistent with the objectives mentioned in the first chapter. Participant demographics, nurse work satisfaction, environmental factors, and institutional issues are the main areas of investigation, and the results are organised thematically according to these questions.

To emphasise noteworthy correlations and patterns found in the data, each part incorporates pertinent descriptive statistics and, when appropriate, inferential analysis.

Findings are bolstered by the use of tables and figures to supplement the textual presentation.

4.1 Demographic Characteristics of Participants

In Table 4.1, the majority (60.3%) of the participants were female; 47.9% were single; 53.3% were aged between 30 and 39 years; 42.4% had a diploma education; 51.4% were ranked as senior nurse officers; and 47.1% had a job experience ranging from one to five years.

Table 4.1: Demographic Characteristics of Participants

Demographic Characteristics	Frequency (N= 257)	Percentage %
Gender		
Male	102	39.7
Female	155	60.3
Marital status		
Single	123	47.9
Married	119	46.3
Separated/widowed	15	5.8
Age range in years		
20-29	80	31.1
30-39	137	53.3
40 and more	40	15.6
Education		
Certificate	41	16.0
Diploma	109	42.4
Bachelor degree	96	37.4
Masters/PhD	11	4.3
Rank		
Certified Registered Nurse	90	35.0
Nurse Officer	35	13.6
Senior Nurse Officer	132	51.4
Working experience		
< 1 year	33	12.8
1-5 years	121	47.1
6-10 years	56	21.8
> 10 years	47	18.3

(Data Source: Field Data, 2025)

4.2 Levels of Job Satisfaction among Nurses

Figure 4.1 indicates that 76% of respondents were content with their roles as nurses. Table 4.2 shows that most respondents (57.2% to be exact) strongly agreed that they were satisfied with their job ($p < 0.001$). Additionally, 58.8% reported that their job provides a sense of purpose and fulfillment, while 44.4% indicated a commitment to their hospital and an intention to remain long-term ($p < 0.001$). Furthermore, 52.9% agreed that they feel recognized and valued in their workplace, and 52.1% affirmed that there are adequate opportunities for career advancement.

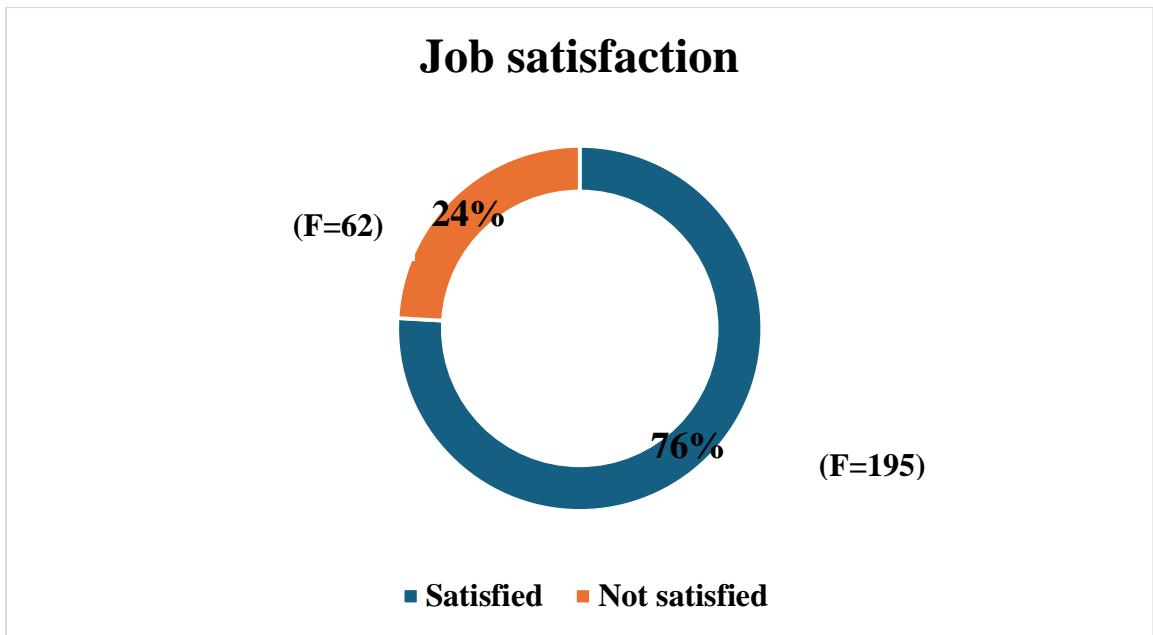


Figure 4.1: Job Satisfaction among Participants

Source: Field data (2025)

Table 4.2: Levels of Job Satisfaction among Nurses

Variables	Responses					P-value
	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)	
I am satisfy with my job as a nurse	48 (18.7)	147 (57.2)	30 (11.7)	27 (10.5)	5 (1.9)	< 0.001
My job gives me a sense of purpose and fulfillment	60 (23.3)	151 (58.8)	31 (12.1)	13 (5.1)	2 (0.8)	< 0.001
Committed to my hospital and planned to stay long-term	32 (12.5)	114 (44.4)	66 (25.7)	34 (13.2)	11 (4.3)	< 0.001
I feel recognized and valued in my workplace	49 (19.1)	136 (52.9)	43 (16.7)	22 (8.6)	7 (2.7)	< 0.001
There are enough opportunities for career advancement	61 (23.7)	134 (52.1)	29 (11.3)	26 (10.1)	7 (2.7)	< 0.001

(Data Source: Field Data, 2025)

Table 4.3 shows that the rank of nurses in Ashanti region influence their job satisfaction ($\chi^2=6.17$, $p= 0.046$). Participants who ranked as nurse officer were 65% less likely to be satisfied with their job than the Certified Registered Nurse and the Senior Nurse Officer [AOR= 0.35 (0.13 – 0.91) $p= 0.032$]. However, gender, marital status, age, education and working experience had no significant influence on participant’s job satisfaction ($p > 0.05$).

Table 4.3: Association between Demographics and Levels of Job Satisfaction among Nurses

Variables	Job Satisfaction		X ² (P-value)	AOR (95% CI) P-value
	Satisfied (%)	Not Satisfied (%)		
Gender				
Male	75 (73.5)	27 (26.5)	0.51 (0.476)	Ref: 1.33 (0.71, 2.49) 0.371
Female	120 (77.4)	35 (22.6)		
Marital status				
Single	96 (78.0)	27 (22.0)	1.09 (0.580)	Ref: 0.44 (0.09, 2.06) 0.296 0.48 (0.12, 2.01) 0.316
Married	89 (74.8)	30 (25.2)		
Separated/widowed	10 (66.7)	5 (33.3)		
Age range in years				
20-29	65 (81.3)	15 (18.8)	1.90 (0.387)	Ref: 0.71 (0.18, 2.81) 0.628 1.20 (0.40, 3.58) 0.747
30-39	100 (73.0)	37 (27.0)		
40 and more	30 (75.0)	10 (25.0)		
Education				
Certificate	32 (78.0)	9 (22.0)	0.89 (0.828)	Ref: 1.18 (0.20, 6.93) 0.854 0.74 (0.16, 3.44) 0.705 0.77 (0.18, 3.37) 0.729
Diploma	85 (78.0)	24 (22.0)		
Bachelor degree	70 (72.9)	26 (27.1)		
Masters/PhD	8 (72.7)	3 (27.3)		
Rank				
Certified Registered Nurse	75 (83.3)	15 (16.7)	6.17 (0.046)	Ref: 0.35 (0.13, 0.91) 0.032 1.45 (0.60, 3.49) 0.412
Nurse Officer	22 (62.9)	13 (37.1)		
Senior Nurse Officer	98 (74.2)	34 (25.8)		
Working experience				
< 1 year	22 (66.7)	11 (33.3)	2.03 (0.567)	6.37 (1.45, 27.88) 0.014 1.74 (0.57, 5.27) 0.330 1.36 (0.45, 4.05) 0.585 Ref:
1-5 years	95 (78.50)	26 (21.5)		
6-10 years	42 (75.0)	14 (25.0)		
> 10 years	36 (76.6)	11 (23.4)		

(Data Source: Field Data, 2025)

Table 4.4 shows that Workplace factors such as Job given a sense of purpose and fulfillment ($\chi^2=57.3$, $p < 0.001$), Committed to hospital and planned to stay long-term ($\chi^2=22.8$, $p < 0.001$), feeling recognized and valued in my workplace ($\chi^2=22.6$, $p < 0.001$), and there are enough opportunities for career advancement were all significant factors to influence their job satisfaction among participants. Participants that indicated that their Job given them a sense of purpose and fulfillment were 7 times more likely to be satisfied with their job than their counterpart [AOR= 6.9 (3.10–15.21) $p= 0.001$]. Participants that indicated that they are Committed to their hospital and planned to stay long-term were 2 times more likely to be satisfied with their job than those that are not [AOR= 2.4 (1.17–4.96) $p= 0.017$]. Participants that indicated that there are enough opportunities for career advancement were 3 times more likely to be satisfied with their job than their counterpart [AOR= 2.7 (1.29–5.63) $p= 0.008$].

Table 4.4: Association between Workplace Factors and Job Satisfaction among Nurses

Variables	Job Satisfaction		X ² (P-value)	AOR (95% CI) P-value
	Satisfied (%)	Not Satisfied (%)		
Job gives me a sense of purpose and fulfillment				
Yes	180 (85.3)	31 (14.7)	57.3 (< 0.001)	6.9 (3.10, 15.21) 0.001
No	15 (32.6)	31 (67.4)		
Committed to my hospital and planned to stay long-term				
Yes	127 (87.0)	19 (13.0)	22.8 (< 0.001)	2.4 (1.17, 4.96) 0.017
No	68 (61.3)	43 (38.7)		
I feel recognized and valued in my workplace				
Yes	155 (83.8)	30 (16.2)	22.6 (< 0.001)	1.4 (0.63, 2.94) 0.439
No	40 (55.6)	32 (44.4)		
There are enough opportunities for career advancement				
Yes	161 (82.6)	34 (17.4)	19.8 (<0.001)	2.7 (1.29, 5.63) 0.008
No	34 (54.8)	28 (45.2)		

(Data Source: Field Data, 2025)

4.3 Environmental Factors Influencing Job Satisfaction

As shown in Table 4.5, the majority (54.1%) of respondents significantly agreed that their workload is reasonable and manageable ($p < 0.001$). Additionally, 31.9% disagree that their hospital/workplace has adequate nursing staff, while 33.5% disagree that their workplace is safe and well equipped ($p < 0.001$). The majority (62.6%) of participants agreed that teamwork and collaboration among staff are encouraged, 44.7% agreed that they are given enough autonomy to make decisions in my role, and 54.5% agreed that their job is emotionally and physically demanding. Furthermore, most (62.6%) agreed that they balance their work and personal life effectively, and 41.6% strongly disagree that their salary and benefits are fair for my work.

Table 4.6 shows that workload, adequate staff, workplace safety and equipped, teamwork, and staff given enough autonomy to make decisions in their role were environmental determinants that influences job satisfaction among nurses in the Ashanti region ($\chi^2=16.7$, $p < 0.001$), ($\chi^2=11.6$, $p= 0.001$), ($\chi^2=26.8$, $p < 0.001$), ($\chi^2=19.4$, $p < 0.001$), and ($\chi^2=4.3$, $p= 0.038$), respectively. Job satisfaction was twice as high among participants who said that their workload is acceptable and controllable as among their counterparts. [AOR= 2.1 (1.11–4.09) $p= 0.023$]. Employees who had a safe and well-equipped workplace were six times more likely to be satisfied with their job than those who did not. [AOR= 5.9 (1.97–17.90) $p= 0.002$]. Collaboration and teamwork among staff were three times more likely to enhance job satisfaction among nurses in the Ashanti regio [AOR= 3.1 (1.51–6.23) $p= 0.002$].

Table 4.5: Environmental Factors

Variables	Responses					P-value
	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)	
My workload is reasonable and manageable	21(8.2)	139(54.1)	46(17.9)	37(14.4)	14(5.4)	< 0.001
The hospital has adequate nursing staff	15(5.8)	77(30.0)	50(19.5)	82(31.9)	33(12.8)	< 0.001
My workplace is safe and well equipped	11(4.3)	75(29.2)	60(23.3)	86(33.5)	25(9.7)	< 0.001
Teamwork and collaboration among staff are encourage	43(16.7)	161(62.6)	36(14.0)	13(5.1)	4(1.6)	< 0.001
I am given enough autonomy to make decisions in my role	14(5.4)	115(44.7)	68(26.5)	49(19.1)	11(4.3)	< 0.001
My Job is emotionally and physically demanding	81(31.5)	140(54.5)	19(7.4)	14(5.4)	3(1.2)	< 0.001
I can balance my work and personal life effectively	36(14.0)	161(62.6)	35(13.6)	18(7.0)	7(2.7)	< 0.001
My salary and benefits are fair for my work	5(1.9)	29(11.3)	35(13.6)	81(31.5)	107(41.6)	< 0.001

(Data Source: Field Data, 2025)

Table 4.6: Association between Environmental Factors and Job Satisfaction

Variables	Job Satisfaction		X ² (P-value)	AOR (95% CI) P-value
	Satisfied (%)	Not Satisfied (%)		
My workload is reasonable and manageable				
Yes	135 (84.4)	25 (15.6)	16.7 (<0.001)	2.1 (1.11, 4.09) 0.023
No	60 (61.9)	37 (38.1)		
The hospital has adequate nursing staff				
Yes	81 (88.0)	11 (12.0)	11.6 (0.001)	1.8 (0.83, 4.05) 0.131
No	114 (69.1)	51 (30.9)		
My workplace is safe and well-equipped				
Yes	82 (95.3)	4 (4.7)	26.8 (< 0.001)	5.9 (1.97, 17.90) 0.002
No	113 (66.1)	58 (33.9)		
Teamwork and collaboration among staff are encouraged				
Yes	167 (81.9)	37 (18.1)	19.4 (<0.001)	3.1 (1.51, 6.23) 0.002
No	28 (52.8)	25 (47.2)		
I am given enough autonomy to make decisions in my role				
Yes	105 (81.4)	24 (18.6)	4.3 (0.038)	1.2 (0.59, 2.28) 0.663
No	90 (70.3)	38 (29.7)		
My job is emotionally and physically demanding				
Yes	165 (74.7)	56 (25.3)	1.3 (0.259)	0.5 (0.17, 1.40) 0.181
No	30 (83.3)	6 (16.7)		
I can balance my work and personal life effectively				
Yes	153 (77.7)	44 (22.3)	1.5 (0.224)	1.0 (0.47, 2.10) 0.989
No	42 (70.0)	18 (30.0)		
My salary and benefits are fair for my work				
Yes	30 (88.2)	4 (11.8)	3.3 (0.071)	1.3 (0.38, 4.65) 0.666
No	165 (74.0)	58 (26.0)		

(Data Source: Field Data, 2025)

4.4 Institutional Factors Influencing Job Satisfaction

In Table 4.7, 36.2% of the participants significantly agreed that their hospital administration values and supports nurses ($p < 0.001$). In addition, 44.7% agree that management communicates openly with staff, however 39.3% disagree that nurses receive adequate recognition and rewards for their work ($p < 0.001$). Also, majority (56.8%) agreed that their hospital provides training and professional development opportunities, and 44.7% agreed that job security is guaranteed ($p < 0.05$).

Table 4.8 shows that administrative supports, communication with staff, adequate recognition and rewards, staff training, and job security were institutional factors that influences job satisfaction among nurses in the Ashanti region ($\chi^2=14.11$, $p = 0.000$), ($\chi^2=14.72$, $p= 0.000$), ($\chi^2=7.04$, $p = 0.008$), ($\chi^2=7.17$, $p = 0.007$), and ($\chi^2=6.70$, $p= 0.010$), respectively. There was a twofold increase in job satisfaction among participants who reported feeling valued and supported by their administration compared to those who did not [AOR= 2.02 (1.02-4.48) $p= 0.043$]. Employees who reported open lines of communication with management were also twice as likely to be satisfied with their jobs overall [AOR= 1.93 (1.01-3.96) $p= 0.038$].

Table 4.7: Institutional Factors Influencing Job Satisfaction

Variables	Responses					P-value
	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly disagree (%)	
The hospital administration values and supports nurses	9(3.5)	93(36.2)	73(28.4)	51(19.8)	31(12.1)	< 0.001
Management communicates openly with staff	10(3.9)	115(44.7)	63(24.5)	56(21.8)	13(5.1)	< 0.001
Nurses receive adequate recognition and rewards for their work	6(2.3)	50(19.5)	66(25.7)	101(39.3)	34(13.2)	< 0.001
The hospital provides training and professional development opportunities	19(7.4)	146(56.8)	55(21.4)	27(10.5)	10(3.9)	< 0.001
Job security is guaranteed	13(5.1)	115(44.7)	65(25.3)	49(19.1)	15(5.8)	< 0.001

(Data Source: Field Data, 2025)

Table 4.8: Institutional Factors Influencing Job Satisfaction

Variables	Job Satisfaction		X ² (P-value)	AOR (95% CI) P-value
	Satisfied (%)	Not Satisfied (%)		
Administration values and supports nurses				
Yes	90(88.2)	12(11.8)	14.11(0.000)	2.02 (1.02, 4.48) 0.043
No	105(67.7)	50(32.3)		
Management communicates openly with staff				
Yes	108(86.4)	17(13.6)	14.72(0.000)	1.93 (1.01, 3.96) 0.038
No	87(65.9)	45(34.1)		
Nurses receive adequate recognition and rewards				
Yes	50(89.3)	6(10.7)	7.04(0.008)	1.33 (0.47, 3.72) 0.592
No	145(72.1)	56(27.9)		
Provides training and professional development opportunities				
Yes	134(81.2)	31(18.8)	7.17(0.007)	1.40 (0.74,2.64) 0.296
No	61(66.3)	31(33.7)		
Job security is guaranteed				
Yes	106(82.8)	22(17.2)	6.70(0.010)	1.48 (0.36, 1.29) 0.236
No	89(69.0)	40(31.0)		

(Data Source: Field Data, 2025)

CHAPTER FIVE

DISCUSSION

5.0 Introduction

This chapter delineates the principal findings of the study, which investigates the determinants of job satisfaction among nurses in CHAG facilities within the Ashanti Region. The discourse is organised according to the study's explicit objectives, concentrating on the degree of job satisfaction among nurses, environmental determinants affecting job satisfaction, and institutional factors influencing nurses' job satisfaction within the Christian Health Association of Ghana hospitals in the Ashanti Region. This chapter analyses the data in relation to current research and health accessibility frameworks.

5.1 Levels of Job Satisfaction among Nurses

The present survey indicated that a majority of nurses (76%) reported overall job satisfaction, with 57.2% strongly agreeing with their satisfaction. This corresponds with research conducted in Ethiopia by Ayalew et al. (2019) and in Taiwan by Tung et al. (2020), where intrinsic motivators, including a sense of purpose and emotional fulfilment, were crucial factors influencing job satisfaction among nurses. The present study revealed that 58.8% of participants concurred that their employment provides them with a feeling of purpose and fulfilment, so corroborating Herzberg's two-factor theory, which asserts that motivational elements like meaningful work substantially enhance employee satisfaction (Alrawahi et al., 2020; Susetyo et al., 2025).

Additionally, job fulfilment is impacted by things like organisational dedication and professional growth chances. Specifically, 44.4% of respondents expressed a strong

sense of commitment to their hospital and intended to remain in their current roles long-term. Additionally, 52.1% reported that there were adequate opportunities for career advancement. These findings are consistent with several studies, which emphasized that structured career development programs and institutional support are positively correlated with retention and job satisfaction among healthcare workers (Gkliati & Saiti, 2022; Wu & Liu, 2022; Yarbrough et al., 2017). Similarly, some studies found that retention among nurses in Ghana's mission hospitals was largely influenced by supportive management practices and promotional prospects, which aligns with the present findings (Addai-Duah, 2024; Donkor et al., 2021). Such institutional enablers not only enhance satisfaction but also reduce turnover, which is critical for healthcare systems facing persistent staffing shortages (Owuor, 2024).

Recognition and workplace appreciation were also significant contributors to job satisfaction, with 52.9% of respondents indicating that they feel valued and acknowledged at work. This observation is supported by other researchers, who argue that non-monetary factors such as interpersonal relationships, staff recognition, and managerial respect are central to positive workplace morale (Mokhniuk & Yushchyshyna, 2018; Ngatia, 2017). However, despite these high levels of reported satisfaction, the study also indicates a need for continuous monitoring of organizational climate, as satisfaction can be context-sensitive and may vary with changes in leadership or workload (Salameh-Ayanian et al., 2025). The study therefore recommends that CHAG facilities should institutionalize staff recognition programs and provide continuous professional development opportunities to sustain and enhance nurse satisfaction levels.

This study's findings indicate that nurses' rank significantly affects their job satisfaction levels in CHAG facilities in the Ashanti Region. Nurses designated as Nurse Officers had a 65% lower likelihood of job satisfaction compared to Certified Registered Nurses and Senior Nurse Officers [AOR = 0.35 (0.13–0.91), $p = 0.032$]. This aligns with previous research indicating that hierarchical status frequently correlates with enhanced working circumstances, augmented decision-making authority, and higher job recognition, all of which enhance job satisfaction (Anicich et al., 2016; Van-Dijke et al., 2018). The study indicated that socio-demographic characteristics, including gender, age, marital status, education, and years of experience, did not exert a statistically significant effect on job satisfaction ($p > 0.05$). This indicates that structural and institutional variables may exert a more significant influence on nurses' job satisfaction than individual traits, a pattern similarly observed in certain studies of the multi-country nursing workforce (Bawafaa et al., 2015; Dilig-Ruiz, 2017).

Additionally, several workplace characteristics were substantially correlated with job satisfaction. Nurses who regarded their work as meaningful and rewarding were nearly seven times more likely to express job satisfaction [AOR = 6.9 (3.10–15.21), $p < 0.001$]. This corresponds with Herzberg's Two-Factor Theory, which emphasises the significance of intrinsic motivators including performance, acknowledgement, and the meaningfulness of work in improving job fulfilment. (Wong,2024). In addition, there was a strong correlation between job satisfaction and a number of workplace-related variables. The odds of nurses reporting job satisfaction were nearly seven times higher for those who saw their work as meaningful and satisfying [AOR = 6.9 (3.10-15.21), $p < 0.001$]. Consistent with Herzberg's Two-Factor Theory, which

stresses the significance of intrinsic motivators like accomplishment, acknowledgement, and the significance of work in elevating job happiness, (Banaszak-Holl et al., 2015; King et al., 2021).

This study highlights how crucial it is for hospital administrators and decision-makers to focus on the workplace conditions that directly affect nurses' satisfaction. Creating clear paths for career growth, recognizing the efforts of nurses, and helping them find purpose in their work can go a long way in keeping them motivated and reducing staff turnover. Interestingly, the findings also show that personal factors like age, gender, or marital status don't have much impact on job satisfaction. Instead, it's the environment nurses work in and the support they receive that make the difference. CHAG hospitals should, therefore, prioritize building supportive and inclusive workplaces, where nurses feel valued and have opportunities to grow. Improving healthcare facility performance and the quality of care provided relies on a dedicated and enthusiastic nursing staff, which these initiatives can assist keep (Delima et al., 2024).

5.2 Environmental Factors Influencing Job Satisfaction

This study revealed that the environmental factors within CHAG hospitals significantly influence job satisfaction among nurses. A majority (54.1%) of respondents significantly agreed that their workload was reasonable and manageable, suggesting that work allocation was generally perceived as fair. This finding aligns with other research indicating that moderate workloads enhance job satisfaction and mitigate burnout among nurse (Alzoubi et al., 2024; Maghsoud et al., 2022). However, despite this positive perception, a considerable proportion (31.9%) of

participants disagreed that their hospital had adequate nursing staff. This finding aligns with research conducted in Nigeria, where nurse shortages were found to contribute to increased workload and emotional fatigue (Ugwuoke et al., 2024). Furthermore, 33.5% of nurses reported that their workplace was not safe or well-equipped, a challenge also documented in similar health settings across sub-Saharan Africa where poor infrastructure and limited resources affect the work environment (Bailey et al., 2016; Barteit et al., 2019).

The importance of teamwork and collaboration was highlighted, with 62.6% of nurses stating that staff cooperation is promoted. This resonates with earlier findings that strong team dynamics and mutual support among healthcare workers lead to improved morale and job retention (Watson et al., 2025). Autonomy in decision-making was affirmed by 44.7% of respondents, highlighting a moderately empowering work culture. Autonomy is a known driver of job satisfaction, as supported by studies in South Africa and the Philippines, where nurses with decision-making power experienced a higher sense of professional fulfillment (Cubelo et al., 2024; Labrague et al., 2019). However, 54.5% of respondents reported that their jobs are emotionally and physically demanding, a finding that mirrors the global nursing context, particularly in faith-based institutions that often function with limited personnel and high patient loads (Olorunfemi et al., 2024).

Work-life balance was another noteworthy factor, with 62.6% of nurses indicating that they effectively manage their personal and professional lives. Nonetheless, 41.6% of the respondents vehemently opposed the notion that their compensation and benefits are equitable in relation to their labour. This reveals a disconnection between

workload and remuneration, an issue extensively reported in studies from Ghana and Ethiopia, where nurses expressed dissatisfaction with compensation relative to their responsibilities (Asare, 2019; Ayalew et al., 2019). Inadequate remuneration can contribute to low motivation and increased staff turnover. To enhance job satisfaction among CHAG nurses, healthcare administrators must prioritize staffing adequacy, improve workplace safety, ensure fair compensation, and sustain teamwork and decision-making autonomy. In order to improve the quality of care that is provided within CHAG facilities and to increase the number of nurses who remain in their positions, it will be essential to address these environmental variables in a holistic manner.

According to the findings of the study, the environmental conditions that existed within the workplace had significant effects on the level of job satisfaction experienced by nurses who were employed in CHAG facilities located in the Ashanti Region. Workload, adequacy of staff, workplace safety and equipment, teamwork, and autonomy in decision-making were key environmental determinants of satisfaction. Notably, participants who perceived their workload as reasonable were twice as likely to be satisfied with their job [AOR=2.1 (1.11–4.09), $p=0.023$]. The results of this study provide credence to the conclusions of earlier research that highlighted the connection between a manageable workload and job satisfaction (Inegbedion et al., 2020; Jäppinen et al., 2022; Kwame & Petrucka, 2024). Excessive workload often leads to stress, burnout, and low morale among nurses, undermining performance and retention (Alzoubi et al., 2024). Similarly, the study indicated that nurses' levels of satisfaction were roughly six times higher when they reported working in a workplace that was both safe and well-equipped [AOR=5.9 (1.97–

17.90), $p=0.002$], highlighting the importance of conducive physical working environments for the well-being and motivation of healthcare professionals. This aligns with researchers, who reported that adequate infrastructure and safety provisions contribute to improved job satisfaction and patient outcomes (Hoxha et al., 2024).

Moreover, the study showed that teamwork significantly contributed to job satisfaction among CHAG nurses, with participants who reported effective collaboration being three times more likely to be satisfied [AOR=3.1 (1.51–6.23), $p=0.002$]. This finding resonates with research by (Başoğul, 2021), who concluded that teamwork among nurses reduces role conflict, enhances communication, and boosts morale. In nursing settings, collaborative work environments foster trust, reduce isolation, and facilitate effective sharing of responsibilities, which are essential for improving job satisfaction. In addition, the study found that autonomy in decision-making, although less frequently discussed in local literature, was a statistically significant factor influencing job satisfaction ($p=0.038$). This result agrees with what has been found by (Jung et al., 2014), who discovered that nurses report more happiness, higher levels of professional identity, and self-efficacy when they have more say in clinical decision-making.

Promoting teamwork through team-building programs and empowering nurses with more autonomy in clinical decision-making are also essential interventions. As (Alzahrani, 2022) emphasized in its recommendations for strengthening the nursing workforce, improving environmental and organizational conditions is key to enhancing nurse retention, performance, and ultimately, the quality of patient care. In

order to maintain high-quality healthcare delivery in CHAG facilities and increase job satisfaction, it is crucial to address certain environmental variables.

5.3 Institutional Factors Influencing Job Satisfaction

This current study found that institutional factors such as administrative support, communication, and professional development significantly affect nurses' levels of contentment in their jobs in CHAG hospitals in the Ashanti Region. Specifically, 36.2% of participants agreed that their hospital administration values and supports nurses, while 44.7% affirmed that management communicates openly with staff. These results agree with those of other research which suggest that supportive management and effective communication foster a positive work environment, thereby enhancing staff motivation and satisfaction (Karsim et al., 2023; Majid et al., 2020). When management is perceived as responsive and inclusive, it promotes trust, collaboration, and a sense of belonging among nurses (Kwame & Petrucka, 2024). On the other side, the study found that 39.3% of participants do not think they get enough credit for what they do, which is in line with previous research showing that healthcare employees are severely demotivated due to a lack of proper incentive and recognition systems (Donkor et al., 2021; Osei et al., 2025).

A majority of participants (56.6%) expressed satisfaction with the training opportunities provided by their hospitals for professional growth. This finding supports studies by (Obeng et al., 2025), who reported that training and skills enhancement programs are critical in improving nurses' competence, confidence, and satisfaction. Access to continued education not only equips nurses with current knowledge but also reflects an institution's commitment to employee growth. Also, in

agreement with results by, 44.7% of respondents felt their job security was assured (Osei et al., 2025), who asserted that assurance of long-term employment contributes to job satisfaction by reducing anxiety and turnover intentions.. However, the moderate number also reveals the prevalence of uncertainty among a considerable segment of the workforce, indicating the need for employment rules that are more transparent and job security pledges that are more specific.

Furthermore, while positive views on administrative support and development opportunities exist, the overall findings indicate mixed perceptions about institutional support. The lack of adequate recognition and perceived inequalities in reward systems point to underlying structural challenges that need to be addressed to improve morale and performance. Similar observations have been made in studies from Nigeria and Kenya, where despite institutional frameworks for healthcare delivery, many nurses feel underappreciated and undervalued (Agubuzo, 2024; Ngure, 2018). This suggests that CHAG hospitals must enhance internal reward mechanisms, promote fair and transparent staff evaluation systems, and ensure that feedback and contributions from nurses are acknowledged and acted upon. When these institutional shortcomings are addressed, it has the potential to greatly increase work satisfaction, employee retention, and ultimately the quality of care provided to patients.

According to the findings of the study, a number of institutional characteristics have a substantial impact on the level of job satisfaction experienced by nurses who are employed in CHAG hospitals located in the Ashanti Region. Administrative support, open communication, recognition and awards, opportunity for professional development, and job stability were among the most important of these factors.

According to the data, nurses who considered that their administration valued and supported them were twice as likely to report being satisfied with their jobs in comparison to their counterparts [AOR = 2.02 (1.02–4.48), $p = 0.043$]. This finding aligns with the work of Lu et al. (2019), who emphasized that supportive management practices are critical to enhancing morale and satisfaction among nurses. Similarly, open communication between hospital management and staff was found to be statistically significant, with nurses who received consistent communication being nearly twice as likely to be satisfied [AOR = 1.93 (1.01–3.96), $p = 0.038$]. These findings are in agreement with prior studies that show how transparent communication fosters trust, reduces workplace conflict, and enhances overall job satisfaction among healthcare workers (Woime & Shato, 2025).

Furthermore, recognition and reward systems were significantly associated with job satisfaction, although 39.3% of the nurse's reported dissatisfaction in this regard. This echoes the conclusions of (Woime & Shato, 2025), who argued that perceived inequities in recognition contribute to emotional exhaustion and dissatisfaction among health personnel. Equally, the availability of training and professional development opportunities as well as job security emerged as important institutional elements in determining job satisfaction. The majority (56.8%) of participants acknowledged receiving training and career advancement support, while 44.7% expressed confidence in job stability. The results of this study are in agreement with the findings of (Vermeir et al., 2017), who came to the conclusion that further education and job security not only improve job satisfaction but also reduce staff turnover in healthcare settings. Given the crucial role nurses play in delivering quality healthcare, it is essential that hospital administrators prioritize inclusive and supportive workplace

policies. Interventions such as establishing formal reward systems, ensuring regular staff engagement, and investing in professional development can significantly enhance job satisfaction and retention.

CHAPTER SIX

SUMMARY OF FINDINGS, CONCLUSION, AND RECOMMENDATIONS

6.1 Introduction

The study's primary findings from its investigation of the factors that contribute to the satisfaction of nurses in the Christian Health Association of Ghana (CHAG) hospitals of the Ashanti Region are summarised below. This chapter concludes with recommendations for how CHAG hospitals and similar organisations can enhance employee retention rates and job satisfaction.

6.2 Summary of the Key Findings

The majority of participants (60.3%) were female, 53.3% were aged between 30–39 years, and 47.9% were single. Most held a diploma qualification (42.4%) and were ranked as senior nurse officers (51.4%), with 47.1% having 1–5 years of working experience.

A large proportion of respondents (76%) reported being satisfied with their jobs. Over half (58.8%) indicated that their job provides a sense of purpose and fulfillment, and 44.4% expressed long-term commitment to their hospital. Additionally, 52.9% felt recognized and valued at work, while 52.1% agreed that there are enough opportunities for career advancement. Notably, job satisfaction was significantly influenced by rank ($\chi^2=6.17$, $p=0.046$); nurse officers were 65% less likely to be satisfied compared to Certified Registered Nurses and Senior Nurse Officers [AOR=0.35 (0.13–0.91), $p=0.032$]. There was no statistically significant relationship

between satisfaction and demographic variables such as age, marital status, education, or job experience ($p > 0.05$).

Workplace factors such as feeling a sense of purpose ($\chi^2 = 57.3$, $p < 0.001$), commitment to the hospital ($\chi^2 = 22.8$, $p < 0.001$), feeling recognized ($\chi^2 = 22.6$, $p < 0.001$), and career advancement opportunities significantly contributed to job satisfaction. Participants who reported a sense of purpose were nearly 7 times more likely to be satisfied [AOR=6.9 (3.10–15.21), $p = 0.001$]; Satisfaction was twice as frequent among people who were dedicated to their hospital. [AOR=2.4 (1.17–4.96), $p = 0.017$]; and contentment levels were three times higher among individuals who had room to advance in their careers. [AOR=2.7 (1.29–5.63), $p = 0.008$].

Environmental factors also played a significant role. A majority (54.1%) felt their workload was manageable ($p < 0.001$), but 31.9% disagreed that their workplace had adequate nursing staff, and 33.5% disagreed that the workplace was safe and well-equipped. More than half (62.6%) noted strong teamwork, and 44.7% reported having autonomy in decision-making. However, 41.6% strongly disagreed that their salary and benefits were fair. Workload management, staffing levels, workplace safety, teamwork, and decision-making autonomy were recognised as environmental elements that had a substantial impact on job satisfaction ($\chi^2 = 16.7$, $p < 0.001$), $\chi^2 = 11.6$, $p = 0.001$), $\chi^2 = 26.8$, $p < 0.001$), and $\chi^2 = 19.4$, $p < 0.001$), respectively. There was a 2.2-fold increase in satisfaction among those who reported a moderate workload (AOR=2.1, $p = 0.023$), and a 5.9-fold increase among those who reported working in a safe and well-equipped environment (1.97-17.90, $p = 0.002$). Working in a team increased happiness by a factor of three [AOR=3.1 (1.51-6.23), $p = 0.002$].

Institutional factors such as administrative support, communication, recognition, training opportunities, and job security were also significant. About 36.2% agreed that administration values and supports nurses, and 44.7% said communication with management was open. However, 39.3% disagreed that nurses receive adequate recognition, even though 56.8% acknowledged professional development opportunities and 44.7% felt job security was guaranteed. Administrative support ($\chi^2=14.11$, $p<0.001$), open communication ($\chi^2=14.72$, $p<0.001$), recognition and rewards ($\chi^2=7.04$, $p=0.008$), staff training ($\chi^2=7.17$, $p=0.007$), and job security ($\chi^2=6.70$, $p=0.010$) were all significantly linked to job satisfaction. There was a twofold increase in satisfaction among those who reported feeling supported by administration. [AOR=2.02 (1.02–4.48), $p=0.043$], and those who experienced open communication were nearly twice as likely to be satisfied [AOR=1.93 (1.01–3.96), $p=0.038$].

6.3 Conclusion

The majority of nurses in Christian Health Association of Ghana (CHAG) institutions within the Ashanti Region indicated moderate to high levels of job satisfaction. Approximately 76% of participants reported contentment with their employment, with a substantial number reporting that their roles provide a feeling of purpose and fulfilment, and they are dedicated to remaining in their current hospital for the long term. Rank was a significant socio-demographic factor influencing satisfaction, with nurse officers significantly less likely to be satisfied compared to their senior counterparts.

Factors within the work environment significantly influence nurses' job satisfaction. Nurses who regarded their workload as manageable, operated in safe and well-equipped settings, experienced robust teamwork, and possessed autonomy in their employment were markedly more likely to report satisfaction. Teamwork and a safe work environment, in particular, had strong associations with increased satisfaction levels. Nonetheless, issues such as inadequate staffing and emotional strain from job demands were noted as barriers to satisfaction in some hospitals.

Institutional factors such as administrative support, open communication, recognition and reward systems, training opportunities, and job security also significantly influenced job satisfaction. Nurses who perceived recognition and support from their hospital administration and had access to professional development opportunities exhibited higher job satisfaction. However, a substantial number of respondents disagreed that they received adequate recognition or fair compensation for their work.

6.4 Recommendations

Based on the findings of the study, the following recommendations are proposed under three broad categories: policy, practice, and future research. These recommendations aim to enhance job satisfaction among nurses and promote a supportive and sustainable work environment across healthcare institutions in Ghana.

6.4.1 Policy Recommendations

- Ghana Health Service (GHS) should collaborate with the Christian Health Association of Ghana (CHAG) to standardize workload assessment tools

across all healthcare facilities. This will help ensure equitable task distribution and promote fairness among nursing staff.

- The GHS should develop and enforce clear policies on minimum safe staffing levels and ensure their implementation in both mission and public hospitals to reduce excessive workloads.
- The Ministry of Health (MoH) should review and revise the compensation structures for nurses to reflect workload, experience, and responsibilities, ensuring fairness and equity across different levels of practice.
- The MoH should integrate job satisfaction indicators into the national health performance monitoring and evaluation framework to track trends and identify early warning signs of staff dissatisfaction.
- The Nurses and Midwives Council (NMC) of Ghana should strengthen existing policies that promote nurse autonomy, professional accountability, and ethical decision making as these are key drivers of job satisfaction and retention.

6.4.2 Practice Recommendations

- The GHS should prioritize continuing professional education for nurses, including periodic training in leadership, effective communication, emotional resilience, and stress management.
- CHAG should design and implement structured staff recognition programs to acknowledge nurses' contributions to healthcare delivery regularly.
- CHAG should establish transparent career development pathways that encourage professional growth, skill advancement, and long-term retention within mission hospitals.

- CHAG should advocate for improved staffing ratios and facilitate the deployment of more qualified nursing personnel to reduce workload pressures and burnout.
- The MoH should invest in improving healthcare infrastructure, especially safety equipment, rest areas, and workspaces that enhance nurses' comfort and safety during duty hours.
- The NMC should promote mentoring and peer support programs that pair junior nurses with experienced professionals to strengthen professional identity, confidence, and career progression.
- Health training institutions, including nursing schools and universities, should incorporate job satisfaction and emotional intelligence training into their curricula to better prepare students for the realities of clinical practice.
- Nursing education institutions should develop modules on leadership, communication, teamwork, and conflict resolution to improve interpersonal relations and workplace harmony.
- Health training institutions should also organize clinical internships or practicum experiences in both CHAG and GHS hospitals to expose students to diverse institutional cultures and management systems

6.4.6 Future Studies Suggestion

- ✚ Explore the comparative effects of job satisfaction factors between CHAG and GHS facilities to inform unified national health workforce policies.
- ✚ Investigate the cost-benefit implications of increasing nurse remuneration and workplace improvements on national health outcomes.

- ✚ Assess how pre-service exposure to different health environments influences new nurses' job satisfaction and retention in the first five years' post-graduation.

6.5 Study Limitation

This study predominantly utilised self-reported data gathered via standardised questionnaires, perhaps leading to recollection bias or the inclination of participants to offer socially acceptable responses. The precision of certain responses may be affected by individual views or the inclination to portray oneself positively. To mitigate this risk, participants were guaranteed anonymity and confidentiality to promote truthful and precise responses.

A further drawback is the study's scope, confined to CHAG facilities in the Ashanti Region. The findings offer valuable insights into the determinants of job satisfaction among nurses in this particular environment; however, they may not be applicable to nurses employed in government or commercial hospitals, nor to those in other regions of Ghana. The use of non-probability sampling approaches may constrain the representativeness of the study population and diminish the capacity to generalise the findings to the broader nursing community.

Notwithstanding these limitations, the study substantially enhances the current understanding of nurse job satisfaction in Ghana. It provides relevant and actionable data for hospital administrators, health policymakers, and other stakeholders who seek to improve working conditions and enhance job satisfaction among healthcare professionals in faith-based and similar healthcare institutions

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APPENDIX

QUESTIONNAIRE FOR THE STUDY

I humbly request your attention on this instrument to solicit information on the topic “FACTORS INFLUENCING JOB SATISFACTION AMONG NURSES IN SELECTED CHRISTIAN HEALTH ASSOCIATION OF GHANA HOSPITALS IN THE ASHANTI REGION”. I am an M.Phil. Public Health student from the Akenten Appiah-Menka University of Skills Training and Entrepreneurial Development. I would be grateful if you could answer the questions bearing in mind that your honest responses will go a long way to determine the overall success of this exercise. This work is strictly for academic purposes, so the information given will be treated with absolute confidentiality.

Thank you for your cooperation.

Please tick the appropriate option of the answers provided for closed and open-ended questionnaires below:

SECTION A

DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

1. Gender: Female [0] Male [1]
2. Marital status: Single [0], Married [1], Separated [2], Widowed [3],
Widower [4]
3. What was your age at your last birthday?
4. What is your highest level of education? -----
5. How long have you been into the nursing profession? -----
6. Which category of nursing do you belong? -----
7. What is your rank or position?

- i. Certified Registered Nurse [1]
 - ii. Senior Staff Nurse [2]
 - iii. Nurse Officer [3]
 - iv. Senior Nurse Officer [4]
 - v. Principal Nurse Officer [5]
 - vi. Deputy Director of Nursing [6]
 - vii. Director of Nursing [7]
6. Number of years of experience

SECTION B

LEVEL OF OCCUPATIONAL STRESS AMONG NURSES

Please tick (✓) against the word or sentence that is most applicable to you.

Key: 1=Disagree; 2=Moderate; 3=Agree

JOB SATISFCATION AMONG NURSES	Disagree (1)	Moderate (2)	Agree (3)
Overall, I am very satisfied with my work.			
I am proud to work as a nurse.			
I like the type of work I do.			
I am proud to work for this hospital.			
My performance is affected by my job satisfaction.			
I will recommend nursing profession to people at any given moment.			
I believe the quality of care we provide is affected by employee job satisfaction.			

SECTION C

ENVIRONMENTAL FACTORS THAT INFLUENCE JOB SATISFACTION AMONG NURSES.

Please tick (√) against the word or sentence that is most applicable to you.

Key: 1=Very Dissatisfied; 2=Dissatisfied; 3=Neutral; 4=Satisfied; 5=Very Satisfied.

ENVIRONMENTAL FACTORS	Very Dissatisfied (1)	Dissatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (5)
The way hospital policies are put in to practice.					
My pay (salary) and the amount of work I do					
There is adequate staffing which reduces the workload					
Working conditions such as cleanliness of the work place, healthy environmental condition, enough tools and supplies. This thing encourages					

me to work					
There is flexibility at workplace which promote innovation					
The way my co-workers get along with each other.					

SECTION D

INSTITUTIONAL FACTORS THAT INFLUENCE JOB SATISFACTION AMONG NURSES.

Please tick (√) against the word or sentence that is most applicable to you.

Key: 1=Very Dissatisfied; 2=Dissatisfied; 3=Neutral; 4=Satisfied; 5=Very Satisfied.

INSTITUTIONAL FACTORS	Very Dissatisfied (1)	Dissatisfied (2)	Neutral (3)	Satisfied (4)	Very Satisfied (4)
The policies of the hospital is adhered to.					
The chance for advancement on this job.					
Supervision is of high quality.					
The remuneration is very good.					
There is flexibility at work.					
Job security is guaranteed.					

Identify two measures that should be adopted to improve job satisfaction among nurses in Ghana.....

PARTICIPANT CONSENT FORM

Statement of person obtaining informed consent:

I have fully explained the research to.....
and provided enough information about procedures, risks, and benefits for the prospective participant to make an informed decision whether to participate or not.

Name: **Date:**

Statement of person giving consent:

- I have read or had information about this study/research, or have it translated into a language I understand. I have also discussed it with the interviewer to my satisfaction.
- I am informed that my participation is voluntary without any compulsion.
- I understand enough about the research study's objective, methodology, risks, and benefits to determine if I wish to participate.
- I understand that I am allowed to withdraw from this study at any moment without explanation.
- I have received a copy of the information leaflet and consent form to keep for myself.

Name:

Date:..... **Signature/Thumbprint**.....

ETHICAL APPROVAL LETTER



UNIVERSITY OF ENERGY AND NATURAL RESOURCES, SUNYANI COMMITTEE FOR HUMAN RESEARCH AND ETHICS

P. O. Box 214, Sunyani www.uenr.edu.gh +233 (0) 302 290 385 chreg@uenr.edu.gh

OUR REF.: CHRE/AP/364/025

DATE: 12th May, 2025

Applicant:
Samuel Atuahene

Akenten Appiah -Menka University of Skills Training and Entrepreneurial Development.

Dear Applicant,

LETTER OF APPROVAL

Protocol Title: Factors influencing job satisfaction among nurses in selected Christian Health Association in the Ashanti Region

Proposed Site: Mampong-Ashanti Region
Sponsor: Principal Investigator

Your submission to the Committee on Human Research and Ethics on the above-named protocol refers. The Committee has considered the ethical merit of your submission and has approved the protocol. The approval is for a fixed period of one year, beginning February 2025 to January 2026 renewable thereafter. The Committee may however, suspend or withdraw ethical approval at any time if your study is found to contravene the approved protocol.

Data gathered for the study should be used for the approved purposes only and should adhere to the provision of the Ghana data Protection Act, **Act 843 2012**. Permission should be sought from the Committee if any amendment to the protocol or use, other than submitted, is made of your research data.

The Committee should be notified of the actual start date of the project and would expect a report on your study, annually or at the close of the project, whichever comes first. It should also be informed of any publication arising from the study.

Thank you for your application.
Yours faithfully,


Samuel Atuahene
Chairman

