

Influence of Institutional Factors on Job Satisfaction among Nurses at a Regional Hospital Setting

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DOI: <https://doi.org/10.63163/jpehss.v4i2.1636>

Abstract

Job satisfaction among nurses is critical since it enhances commitment, retention, and turnover, which subsequently influence the quality of care and patient satisfaction. This paper investigated institutional factors associated with job satisfaction among nurses at a Regional Hospital in Multan. A descriptive cross-sectional design using quantitative methods was applied to collect data from a total of 233 full-time employed professional nurses of all categories who had worked continuously for more than two years. Data were gathered using a structured questionnaire administered to the nurses who were selected using a simple random sampling technique. Statistical analysis of data was done using SPSS-25. Descriptive analysis was carried out, and a linear regression model was used to establish associations and test the strength of associations, respectively. Statistical significance was accepted at a p-value (<0.05). The results showed that overall, there was low job satisfaction, 2.9 (SD=0.6). There was low satisfaction with regards to the policies, 2.9 (SD=0.7), promotion, 2.8 (SD=0.9), and motivation, 2.7 (SD=0.9), with remuneration, 2.3 (SD=0.8), recording the least. However, there was high satisfaction with teamwork, 3.3 (SD=0.7), and supervision, 3.6 (SD=0.5), concerning nurses. This paper recommends the need for management and policymakers to relook at the policies regarding nurses, including promotion, motivation, remuneration, and nurses' involvement in decision-making.

Introduction

While patient complaints have been identified as a valuable resource for monitoring and improving patient safety, evidence available shows that lower nurse staffing levels in hospitals are associated with worse patient outcomes (Reader, Gillespie, & Roberts, 2014; Ball, Murrells, Rafferty, Morrow, & Griffiths, 2014). Subsequently, some studies determined whether hospitals with a good organization of care (such as improved nurse staffing and work environments) could affect patient care and nurse workforce stability in European countries and found that deficits in hospital care quality were common in all countries, suggesting that improvement of hospital work environments might be a relatively low-cost strategy to improve safety and quality in hospital care and to increase patient satisfaction (Aiken, Sloane, Bruyneel, Van den Heede, & Sermeus, 2012). Strong empirical evidence supports a causal relationship between job satisfaction, patient satisfaction, and quality of care (Aron, 2015). Hence, the suggestion is that improving the practice environment, including patient-to-nurse ratios, holds promise for retaining a qualified and committed nurse workforce and may benefit patients in terms of better quality care (Coetzee, Klopper, Ellis, & Aiken, 2013).

Perhaps what has yet to come out clearly is the issue of job satisfaction, which is a critical human factor in the healthcare system as it organises and utilises other resources for the production of intended output (Geleto, Baraki, Atomsa, & Dessie, 2015). Many researchers have defined job

satisfaction in their own style due to its critical and complex nature, but the most cited definition is ‘the way people feel about their job and its various aspects’ - it has to do with the extent to which people like or dislike their job (Spector, 1997). Bulgarella (2005) argues that modern organisations seek to achieve customer satisfaction with all efforts - the hospital system is no exception to that cause and course, since it is a very complex system with multidisciplinary professionals collaborating to achieve a common goal: patient satisfaction through quality care delivery. Antón (2009) observes that job satisfaction is currently considered to be a measure that should be included in quality improvement programmes in healthcare organisations. Additionally, job satisfaction ensures the sustainability of healthcare professionals in the health system, while dissatisfied healthcare providers are more likely to be inefficient (Medgyesi & Zólyomi, 2016). Medgyesi and Zólyomi (2016) note that dissatisfied staff may provide poor quality care and may react irrationally, leading to unnecessary costs.

Possibly, the recent trend of strike actions among healthcare workers calls for an assessment of job satisfaction among nurses, since there is evidence that medical doctors are more satisfied than nurses, even though they all work in the hospital irrespective of their educational background (Iliopoulos & Priporas, 2011). Manning and Petrongolo (2017) argue, however, that striking in healthcare provision is the worst thing to happen as it causes disastrous outcomes. Thus, it is very important to determine factors associated with job satisfaction since this will ensure the provision of quality care, as well as organisational efficiency and effectiveness (Gursoy, Chi, & Karadag, 2013). Moreover, the need to recognise the determinants of job satisfaction among healthcare workers is supported by the argument that nurses form the majority of the hospital working population who are the healthcare cadre that need to avoid future occurrences of strikes (Naburi et al., 2017).

Additionally, nursing is one of the most stressful jobs in the health sector, and therefore, factors such as policies, supervision, promotion, motivation, remuneration, and others that influence their satisfaction must receive attention since previous strikes of health workers were usually initiated by these nurses who often reported about their poor institutional factors that hinder their efforts to provide quality care (Roelen, Koopmans, & Groothoff, 2008). Earlier research also revealed that institutional factors and socio-demographic characteristics strongly affect job satisfaction among nurses (Hayes, Bonner, & Pryor, 2010). It is argued that good institutional factors and individual characteristics are the foundations of job satisfaction and subsequently, organisational commitment - these have a direct impact on job satisfaction (Özden, Arslan, Ertuğrul, & Karakaya, 2017). Özden et al. (2017) showed that these factors affect the contextual performance of the nurse and must be investigated adequately to find remedies to avoid occurrences of future strikes and also to improve the quality of care.

The satisfaction of nurses is a key interest in the health system in this era to prevent the brain drain of nurses, which almost rendered the nation’s hospitals to total emptiness in the late ‘90s through the early part of the year 2000, due to nurses’ dissatisfaction as a result of bad policies, suppression from their supervisors, lack of a good promotion system, remuneration, as well as lack of motivation compounded with the nurses’ own factors (see Nyonator & Dovlo, 2005).

Arguably, the nursing profession in Ghana to date has no written document on their conditions of service (see Kwamie, Asiamah, Schaaf, & Agyepong, 2017). In the Ghanaian setting, where there is a high unemployment rate, some employees find it difficult to change their job and will remain and pretend to be working, which retards the progress of the organisation as a result of job dissatisfaction (Agyepong et al., 2004). Notably, hospitals in Ghana are seeking to regain their former reputation as a result of frequent patients’ reports in the media about their dissatisfaction with health care provision - with the nurses being the main target; and job satisfaction has become an issue as a result of increased workload, expansion of some facilities, and the introduction of the National Health Insurance Scheme (Agyepong et al., 2004).

It appears that limited evidence exists on the efforts being made to bring a solution to the problem

of job (dis) satisfaction among nurses in hospitals. The most current research focused on the stress level and job satisfaction between nurses at the Ridge and Pantang Hospitals; and shift work, work-related stress, and hypertension among healthcare workers at the 37 Military Hospital (Assibi, Atindanbila, Prudence, & Abepuoring, 2013; Abubakari, 2018). Therefore, the general objective of this study was to examine institutional factors influencing job satisfaction among nurses at a Regional Hospital in Ghana. This paper recommends the need for management of healthcare institutions and policymakers to re-examine policies regarding nurses, including promotion, motivation, remuneration; and ensure nurses' involvement in decision-making processes.

Literature Review

In this study, job satisfaction is described as the extent to which individuals like (satisfaction) or dislike (dissatisfaction) their job (Spector, 1997). This definition suggests that job satisfaction may be a general or global emotive reaction that individuals hold regarding their job. However, other researchers argue that satisfaction is subjective and may solely be determined by the person experiencing the phenomenon (Kucharska, 2017). Job satisfaction is the key ingredient that leads to recognition, income, promotion, and also the accomplishment of different goals that result in a sense of fulfilment (Kaliski, 2007). The emphasis of this subject of job satisfaction is the fact that people are rewarded adequately for the work they are entrusted to do (Johnson, 2015).

The traditional theoretical model of job satisfaction focused on individuals' feelings about their job (Crossley, Bennett, Jex, & Burnfield, 2007). Yet, being satisfied does not only rely on the type of job, but also on certain attributes that enhance an individual's fulfilment (Healy & McKay, 2000). The premise is that nurses' job satisfaction is very essential to healthcare organisations and their sources of satisfaction are relatively similar, globally (Bhatnagar, 2012). There are some institutional factors that could have a considerable influence on job satisfaction among nurses - the working environment, teamwork, supervision, promotion, remuneration, responsibility, working hours, and recognition, among others (Healy & McKay, 2000).

Health policy is involved in analysing health laws, regulations, public policies and strategies, and advocating for policy changes, planning, and implementing new policies in healthcare (Sharma, 2017). Well-written and sound health human resource policies result in job satisfaction and, consequently, patients' quality care (Kwenin, Muathe, & Nzulwa, 2013). The premise is that organisations that examine their human resource needs are more likely to succeed than those that do not (Harcourt et al., 2001). Importantly, well-defined policies and well-managed human resource policies will enhance organisational efficiency and effectiveness (Kwenin et al., 2013). The negative outcome will be that institutions offering special treatment or selective human resource policy among staff will instigate staff demoralisation and organisational inefficiency (Gupta, 2008). For this reason, research conducted in the past has made suggestions on the need to strengthen organisational policies to increase job satisfaction among health workers, especially nurses, due to the increasing need for the best possible care supply in order to increase the quality of service (see Andrioti, Mingione, & Polizzi, 2012).

Supervision: Research has demonstrated that effective supervision is associated with job satisfaction, commitment to the organisation, and retention (Carpenter, Webb, Bostock, & Coomber, 2012). This is why the leader-member exchange theory tries to understand the quality of each relationship and its effects on organisational outcomes (Sonfield & Lussier, 2004). For instance, nursing supervision had been very rigid in the past, and with the current generation and contemporary nursing, that type of leadership style has failed to answer the question of job satisfaction (Wallace et al., 2016). Abusive supervision, which contradicts ethical supervision, results in a negative influence on job satisfaction and, in turn, influences intentions to quit as well as increases turnover in the hospital (Palanski, Avey, & Jiraporn, 2014). To ensure human-centred supervision, some researchers suggest that transformational and transactional leadership styles

should be taught and encouraged among nurse managers to positively influence their job satisfaction and the quality of care (Borman & Abrahamson, 2014).

Teamwork has been associated with a higher level of job satisfaction (Chang, Ma, Chiu, Lin, & Lee, 2009). It should be remembered that nursing work is about coordinating activities among other team members (Temkin-Greener, Cai, Zheng, Zhao, & Mukamel, 2012). Indeed, nursing success and adequacy is about teamwork, correlating with job satisfaction, which is embodied in team training, effective communication, facilitating activities, identification of shared values, and good interpersonal relationships (Kalisch, Lee, & Rochman, 2010).

It has been suggested that effective communication in ascending and descending order, as well as good interpersonal relationships, would facilitate quality care at the hospital (Chang, Yang, & Yuan, 2014). Chang et al. (2014) pointed out the need to focus on nursing teamwork on client care. These researchers recommended seven evidence-based strategies to develop, enhance, and sustain successful team training, which include: alignment of team training objectives and safety aims with organizational goals, providing organizational support, encouraging participation of frontline leaders, effective training of the staff and the environment for team training, determination of resources and required time commitment, facilitation of the application of acquired teamwork skills, and measurement of the effectiveness of the team training programme.

Promotion and recognition have an influence on job satisfaction (Haynie, Hartman, & Lundberg, 2007). The point of view is that, usually, promotions include more responsibility for the employee to be consistent and task-oriented to produce a high quality of work (Haynie et al., 2007). Price and Reichert (2017) contend that promotion in the nursing profession is usually not by merit, but mostly given according to the number of years served in addition to the level of education and the policy at hand. Some researchers posit that naturally, when employees are promoted in an organization, it creates loyalty and enthusiasm, which will all lead to job satisfaction (Mangset, Maxwell, & Van Zanten, 2017). Research has shown that employees' value promotion and even the expectation that one would be getting a promotion in the next couple of years would encourage them not to quit a job (Kosteas, 2009).

Motivation can be described as the desire within a person to do something (McLaughlin, Moutray, & Moore, 2010). Bright (2008) defines it as the psychological forces that determine the direction of a person's behaviour in an organisation, a person's level of effort, and a person's level of persistence. There is a definite relationship between motivation and job satisfaction because employees' commitment is enhanced when they are motivated, even though motivation varies in different forms (Mooney, Harris, & Ryan, 2016). The contrary view is that when employees are not motivated and dissatisfied, they tend not to pursue additional tasks and do not show any commitment, which tends to hinder the growth of an organisation (Salman, Mahmood, Aftab, & Mahmood, 2016). Relatedly, when nurses are dissatisfied with their job, they also tend to be unconcerned about certain decisions at the hospital, and this attitude endangers the lives of patients (Ulrich, Lavandero, Woods, & Early, 2014). This provides the reason to consider the goal-setting theory, which suggests that specific and challenging goals lead to high motivation and success; and the equity theory, which jointly specifies that managers ought to promote high levels of motivation by ensuring that people believe in the outcome (Ramlall, 2004).

One of the assertions of job (dis) satisfaction is that when the salary is too low, it is more likely that an employee will become frustrated and not be able to do their best for the organisation and eventually leave for one with better remuneration - this shows how important salary and rewards determine a person's choice of employment (Cheng et al., 2012). Arguably, most employees, especially nurses, have repeatedly resorted to strikes at the expense of ordinary patients due to a fight for better conditions of service and better remuneration (Skinner, Madison, & Humphries, 2012).

Methodology

Research Design

A cross-sectional design using a quantitative method was used to collect empirical data.

Study Location

The study was conducted at a hospitals of Multan.

Study Population and Sampling

The target population of the study was male and female nurses of Nishtar hospital Multan, Children hospital Multan, Multan institute of cardiology Multan.

Data Collection

The overall job satisfaction, which was the dependent variable, and the independent variables; institutional factors (policies, supervision, teamwork, promotion, motivation, remuneration), aside from the socio-demographic characteristics (age, sex, marital status, rank, among others), were measured using a 5-point Likert-type scale. This was a structured questionnaire, which was modified to suit the context of this study and was designed according to the modified index of job satisfaction, which had closed-ended questions and with Cronbach's alpha values of above 0.70 (Martins & Proenca, 2012). A reliability analysis was carried out on the scale. Cronbach's alpha showed the questionnaire to reach acceptable reliability, $\alpha = 0.939$, as well as each institutional factor: policies ($\alpha = 0.786$), supervision ($\alpha = 0.787$), teamwork ($\alpha = 0.837$), promotion ($\alpha = 0.839$), motivation ($\alpha = 0.847$), and remuneration ($\alpha = 0.892$). The questionnaires were distributed to the nurses with the help of two research assistants at a general meeting organized by the head of nursing in two subsequent meetings. The questionnaires were self-administered within 20 minutes and were collected back after completion.

Data obtained from the questionnaires were entered into Microsoft Excel and also transferred to SPSS-25 for cleanup, merging, and analysis. Univariate and bivariate regressions were performed where continuous variables were summarised as means and standard deviations. Two methods were used for the analysis of the Likert scale responses. Firstly, the answers were coded on a scale from strongly disagree = 1, disagree = 2, neutral = 3, agree = 4, and strongly agree = 5, and analysed numerically. The composite score was calculated for the variables on job satisfaction. The composite mean was then calculated using Stata Version 15. The connection between the dependent variable (job satisfaction) and independent variables such as the socio-demographic characteristics and institutional factors were analysed by first using univariate (simple) linear regression analysis. Multiple linear regression analysis was done to exclude highly intercorrelated independent variables. A mean of less than three (neutral) - in regard to the Likert scale - was considered as low job satisfaction, and a mean above neutral was considered as high satisfaction. A similar approach had been employed in previous studies (Martins & Proenca, 2012). A 95% confidence interval was used to show significant relations between the dependent and independent variables. Regression was used because the outcome variable (job satisfaction) was a continuous variable and is normally distributed. Normality was determined by using histogram and q-q plot commands in Stata version 15. The results were presented in frequencies, means, and percentages.

Quality Assurance

Quality assurance was applied to ensure accuracy, appropriateness of methods and technologies used to control biases and minimise errors by including only professional nurses and nurses of all categories who had worked at the hospital for two (2) years and above. Validity and reliability were measured by pre-testing the questionnaire on 25 professional nurses at the medical department of the hospital with similar characteristics as the sample population used in the study (see Shuttleworth, 2008). This proved extremely useful and helped in restructuring the research

topic to include only experienced professional nurses.

Ethical consideration

Written informed consent with a thorough explanation was given to the respondents who participated in the study for their approval. Participants who were willing to participate in the study signed the consent form.

Results

Table I. Socio-demographic Characteristics of Respondents

Variable	Frequency (N=233)	Percent (%)
Sex		
Male	40	17.2
Female	193	82.8
Age group (years)		
18-30	142	60.9
31-40	57	24.5
41-50	24	10.3
51-60	10	4.3
Level of education		
Certificate	64	27.5
Diploma	90	38.6
Bachelor	70	30.0
Masters	9	3.9
Marital status		
Single	118	50.6
Married	101	43.4
Divorced	14	6.0
Years of practice		
1-5	104	44.6
6-10	74	31.8
11-15	15	6.4
16-20	22	9.4
above 20	18	7.7
Years of practice at GARH		
1-5	125	53.6
6-10	71	30.5
11-15	19	8.2
16-20	14	6.0
above 20	4	1.7
Position/rank		
Enrolled nurse	46	19.7

Staff nurse/midwife	65	27.9
Nursing/midwifery officer	35	15.0
Senior staff nurse/midwife	28	12.0
Senior nursing/midwifery officer	33	14.2
Principal nursing/midwifery officer	26	11.2
Hours of work per day		
8 hours	168	72.1
Above 8 hours	65	27.9
Nature of the ward		
Very heavy ward	116	49.8
Heavy ward	87	37.3
Slightly heavy	30	12.9

The majority, 193 (82.8%), of the respondents were females. More than half, 142 (60.9%), of the respondents were in the age group of 18-30 years, followed by 57 (24.5%) for the age group of 31-40 years, while the least, 10 (4.3%), were in the age groups of 51-60 years and 30-39 years, respectively. More than one-third, 90 (38.6%), of the respondents had a Diploma education, while 70 (30.0%) had a Bachelor's degree, and the fewest, 9 (3.9%), had a Master's degree. More than half, 118 (50.6%), of the respondents were single, while 101 (43.5%) were married. Almost half of the respondents, 104 (44.6%), had 1-5 years, while 18 (7.7%) had more than 20 years of nursing experience. The majority, 125 (53.6%), had worked at the hospital for 1-5 years, followed by 71 (30.5%) for 6-10 years, while 4 (1.7%) had worked there for more than 20 years. More than one-fourth, 65 (27.9%), were staff nurses/midwives, while 46 (19.7%) were enrolled nurses, and 33 (14.2%) were senior nursing/midwifery officers.

Overall Job Satisfaction

Overall, there was low satisfaction, 2.9 (SD=0.6). There was low satisfaction with regard to the policies concerning nurses, 2.9 (SD=0.7), promotion, 2.8 (SD=0.9), and motivation, 2.7 (SD=0.9), with remuneration, 2.3 (SD=0.8), recording the least. However, there was high satisfaction with teamwork, 3.3 (SD=0.7), and supervision, 3.6 (SD=0.5). Results of the overall assessment of job satisfaction and the various dimensions of satisfaction are presented.

Table II. Overall Job Satisfaction

Variable	Observations	Mean	Standard Deviation	Min	Max
Policy	233	2.9	0.7	1.3	4.4
Teamwork	233	3.3	0.7	1.0	4.8
Supervision	233	3.6	0.5	1.9	5.0
Promotion	230	2.8	0.9	1.0	5.0
Motivation	229	2.7	0.9	1.0	4.5
Remuneration	229	2.3	0.8	1.0	5.0
Overall Job Satisfaction	233	2.9	0.6	1.0	5.0

Overall, there was very low job satisfaction based on the respondents' assessment of institutional factors. Both the adjusted and unadjusted regression showed significant relationships ($p < 0.001$).

Respondents experienced lower job satisfaction with promotion (adjusted $k = 0.12$; 95% CI = [0.12, 0.13]; $p < 0.001$) compared with policy (adjusted $k = 0.21$; 95% CI = [0.20, 0.21]; $p < 0.001$) or supervision (adjusted $k = 0.21$; 95% CI = [0.20, 0.21]; $p < 0.001$). There was clear evidence of associations between job satisfaction and institutional factors. The results of the relationship between nurses' job satisfaction and institutional factors are outlined.

Table III. Relationship Between Nurses' Job Satisfaction and Institutional Factors

Exposure Variable	Crude Analysis		Adjusted Analysis	
	k (95% CI)	p-value	k (95% CI)	p-value
Policy	0.56 (0.62, 0.75)	<0.001*	0.21 (0.20, 0.21)	<0.001*
Reference	1.00 (0.80, 1.21)	0.000		
Supervision	0.54 (0.43, 0.66)	<0.001*	0.21 (0.20, 0.21)	<0.001*
Reference	1.05 (0.63, 1.47)	0.000		
Teamwork	0.59 (0.51, 0.66)	<0.001*	0.17 (0.16, 0.17)	<0.001*
Reference	1.05 (0.78, 1.31)	0.000		
Promotion	0.52 (0.47, 0.56)	<0.001*	0.12 (0.12, 0.13)	<0.001*
Reference	1.50 (1.44, 1.69)	0.000		
Motivation	0.61 (0.56, 0.65)	<0.001*	0.14 (0.14, 0.15)	<0.001*
Reference	1.32 (1.21, 1.44)	0.000		
Remuneration	0.44 (0.39, 0.49)	<0.001*	0.15 (0.14, 0.15)	0.000
Reference	2.00 (1.88, 2.11)	0.000	-0.01 (-0.02, 0.001)	

Discussion

The results showed that overall, there was low satisfaction with regard to institutional factors, 2.9 (SD=0.6). The current finding is consistent with a study among healthcare professionals at South Rand Hospital, Gauteng, which showed that almost 80% of the participants were not satisfied (Ramasodi, 2010). Semachew, Belachew, Tesfaye, and Adinew (2017) found that only 42% of nurses in Ethiopian public hospitals were happy with their jobs. The low job satisfaction, or lack thereof, identified in this current study and previous studies could be attributed to many factors, including the following discussed. The study found that there was low satisfaction with regard to the policies concerning nurses, 2.9 (SD=0.7). Arguably, participants were not pleased with the extent of their involvement in doctrines and implementation choices. There was no medical insurance for the nursing staff, an inadequate number of nurses, and a lack of an occupational health and safety plan for nurses to avoid work-related diseases and occupational hazards. The challenges in relation to policy identified in this current study may be a result of structural, managerial, or a lack of good health system's leadership qualities among the governing body of the facility, which is generally a problem in developing countries. However, this challenge could be rectified by considering the suggestion that well-written and sound human resource policies would result in job satisfaction and consequently, patients' quality care (Kwenin *et al.*, 2013).

The assessment based on teamwork showed that there was a high level of job satisfaction among the nurses, 3.3 (SD=0.7). There was a good interpersonal relationship among the nurses and other health professionals - 62% agreed to this. This confirmed the assertion that nursing work is about coordinating activities among other team members (Temkin- Greener *et al.*, 2012). The study found that the majority of the respondents (67.7%) agreed that they had trust and confidence in their colleague nurses for quality health care delivery. However, there was ineffective communication and coordination among nurses at the hospital. This indicates a gap that needs to be worked on. Nevertheless, the findings are consistent with the argument that teamwork is associated with a higher level of job satisfaction (Chang *et al.*, 2009).

The study showed that there was high satisfaction with the level of supervision, 3.6 (SD=0.5), as supervisors acknowledged and recognised the role of the nurses in working as a team. Moreover, the nurses were informed when their work needed improvement (74.2%). Similarly, the nurses were encouraged to attend workshops and seminars, and supervisors helped them to solve personal problems as a motivation for productive work (63%). The management of hospitals would have to ensure regular supervision of staff, especially nurses, as earlier findings contend that sensible direction would be related to job satisfaction, commitment to the organisation, and retention (Carpenter *et al.*, 2012).

Employees value promotion to the extent that even the expectation of receiving a promotion in the next couple of years would encourage them not to quit a job (Kosteas, 2009). However, the study found that there was low satisfaction with regard to promotion, 2.8 (SD=0.9), and showed a lack of a fair promotional system in place for nurses (42.1%). This finding confirmed an earlier study where there was a lack of job satisfaction as a result of delayed promotion (Asegid, Belachew, & Yimam, 2014). Moreover, promotion did not come with benefits when people who had received recent promotions were assessed (40%). This finding should also be seen from the perspective that merit is not normally a key consideration when it comes to promotion in the nursing profession, as the caveat seems to hinge on the duration of service, their educational qualification, and the policy of a particular organisation (see Mangset *et al.*, 2017). The argument is that when employees are unmotivated and dissatisfied, they tend not to pursue additional tasks and do not show any commitment, which tends to hinder the growth of an organisation (Salman *et al.*, 2016).

There was low satisfaction with regard to motivation, 2.7 (SD=0.9). Overall, nurses disagreed that hospital management acknowledged their role in healthcare delivery periodically. This, in the long term, will affect the quality of care. Similar studies have shown low job-related stress and the level of job satisfaction among nurses in Ghana (Assibi *et al.*, 2013; Abubakari, 2018). Thus, the management of hospitals should understand that there is a definite relationship between motivation and job satisfaction because employees' commitment is enhanced when they are motivated (Mooney *et al.*, 2016).

The findings of the study revealed that there was low satisfaction with regard to remuneration, 2.3 (SD=0.8). This was the most affected dimension of satisfaction in this study. The findings showed that the majority of the nurses disagreed that their pay level compared with their work was reasonable. Moreover, they did not receive any reasonable allowance package compared with other professionals with similar qualifications. Similar findings were obtained in previous studies in Serbia, where participants were discontent with their salaries (Jović-Vraneš, 2008). The findings should be considered against the argument that employees would become frustrated and not able to do their best for the organisation and eventually leave the organisation for one with better remuneration, demonstrating the importance of salary and reward in determining a person's choice of employment (Cheng *et al.*, 2012). However, since many nurses in the Ghanaian setting are constrained due to a high unemployment rate, they may find it difficult to change their job despite experiencing job dissatisfaction (Agyepong *et al.*, 2004). Nonetheless, management of health institutions should not take undue advantage of nurses' employment challenges or vulnerability but seek to enhance policies on promotion and remuneration so as to create loyalty and enthusiasm,

which would all lead to job satisfaction (Mangset *et al.*, 2017).

Conclusion

The study examined factors that influence job satisfaction among nurses at a Regional Hospital in order to establish the link between job satisfaction and institutional factors. This was achieved by applying quantitative methods to gather data. The study concludes that, overall, there was low job satisfaction with respect to the institutional factors among the nurses. Generally, the findings showed that the institutional factors: policy, supervision, teamwork, motivation, promotion, and remuneration, which were considered for this study, were all significantly related to job satisfaction among nurses, 2.9 (SD=0.6). These findings confirm a previous study, which stated that policies were linked to job satisfaction (Maicibi, 2013). Nurses were not satisfied with the level of policies regarding their promotion, motivation, and remuneration. Meanwhile, it has been shown that well-written and sound human resource policies result in job satisfaction as they lead to organizational efficiency and effectiveness, which will also result in good quality care (Kwenin *et al.*, 2013). Indeed, remuneration was the most affected dimension of satisfaction. Similar findings were documented in previous studies in Ghana (Assibi *et al.*, 2013; Abubakari, 2018). Additionally, studies that assessed the relationship between staff characteristics and teamwork and job satisfaction showed that teamwork was highly correlated with job satisfaction - increased teamwork would lead to safer and higher quality of care (Kalisch *et al.*, 2010; Sørensen *et al.*, 2013). Indeed, there was a significant relationship between motivation and job satisfaction - employees' commitment is enhanced when they are motivated (see Mooney *et al.*, 2016).

Contribution to Policy and Practice

The findings of the study indicate that job satisfaction is crucial to organizational outcomes, especially in the health sector. Therefore, policymakers should put in place appropriate measures for employers and employees to negotiate a favourable system in order to build the confidence level of staff for quality delivery of care. This view is supported by the evidence that employees' perspectives of high-performance work systems were positively related to individual general service performance through the mediation of employee human capital and perceived organizational support and were positively related to individual knowledge-intensive service performance through the mediation of employee human capital and psychological empowerment (Liao, Toya, Lepak, & Hong, 2009).

In addition, there should be a relook at the policies regarding nurses in hospitals, including promotion, motivation, and remuneration. The processes and benefits of promotion should be made transparent. There should be more involvement of nurses in the decision-making process of issues concerning them, taking into account their welfare and professional development. Hospital management should work towards improving employee job satisfaction as far as it is related to patient satisfaction and quality of care. Management of hospitals should implement policies such as giving awards, financial support, and recognition like letters of compliments that would motivate staff to give their best. Management of hospitals should work with policymakers, especially in the healthcare environment, to achieve successful implementation of policies in the sector. This could be achieved by observing the following. Firstly, there is the need to train healthcare managers to take bold decisions to implement policies that would motivate staff to give their best towards improving patient care. Secondly, there should be the institution and frequent reviews of employees' conditions of service such as promotions, salaries, and other factors that influence staff satisfaction. Thirdly, the hospital management should work with the staff in order to identify institutional problems that dissatisfy other employees. The benefits from doing all these would mean that management's perspective of high-performance work systems would be related to employee human capital and service performance such that the overall knowledge-intensive service performance would also be positively associated with customer

(patient) overall satisfaction with the service (see Liao *et al.*, 2009).

Limitations to the Study and Future Research

This study had some limitations. Firstly, since the focus was on nurses at a Regional Hospital, the conclusions drawn may not be generalised to other unrelated populations. However, it could be extended to nurses of health facilities that share similar characteristics. Secondly, it is a fact that the data might be subject to bias by how the questionnaire was structured and the sincerity of respondents' answers. The study was limited to one Regional Hospital and as such had a limited sample size. The study did not also include other health professionals at the facility so as to establish differences based on professional backgrounds. The delay in the publication process means that new evidence might have emerged since the study was conducted. In spite of all these limitations, the internal and external validity of the study was not adversely affected (see Shuttleworth, 2008). Based on these limitations, it is recommended that further studies should seek to determine the quality of care at the Regional Hospital, since nurses' job satisfaction is linked with the quality of care they provide. Additionally, further studies on job satisfaction are recommended in other regional health facilities in Ghana. There will be a need to increase the sample size by including more nurses or other professionals to establish differences based on professional backgrounds. Moreover, future studies could apply qualitative methods to identify the reasons underlying the responses provided to the quantitative questions by the respondents. This would also ensure that the findings are explained based on a particular theory to draw the needed conclusions.

References

- Abubakari, M. (2018). Shift work, work-related stress, and hypertension among healthcare workers at the 37 Military Hospital, Accra Ghana. Doctoral Dissertation, University of Ghana. Retrieved June 12, 2018, from ugspace.ug.edu.gh.
- Agyepong, I. A., Anafi, P., Asiamah, E., Ansah, E. K., Ashon, D. A., & Narh-Dometey, C. (2004). Health worker (internal customer) satisfaction and motivation in the public sector in Ghana. *The International Journal of Health Planning and Management*, 19(4), 319-336. <https://doi.org/10.1002/hpm.770>
- Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., & Sermeus, W. (2013). Nurses' reports of working conditions and hospital quality of care in 12 countries in Europe. *International Journal of Nursing Studies*, 50(2), 143-153. <https://doi.org/10.1016/J.IJNURSTU.2012.11.009>
- Andreotti, A., Mingione, E., & Polizzi, E. (2012). Local welfare systems: a challenge for social cohesion. *Urban Studies*, 49(9), 1925-1940.
- Antón, C. (2009). The impact of role stress on workers' behaviour through job satisfaction and organizational commitment. *International Journal of Psychology*, 44(3), 187-194. <https://doi.org/10.1080/00207590701700511>
- Aron, S. (2015). Relationship between nurses' job satisfaction and quality of healthcare they deliver. Masters Dissertation, Minnesota State University. Retrieved June 20, 2018, from <https://cornerstone.lib.mnsu.edu/etds/506>
- Asegid, A., Belachew, T., & Yimam, E. (2014). Factors influencing job satisfaction and anticipated turnover among nurses in Sidama Zone public health facilities, South Ethiopia. *Nursing Research and Practice*, 1:26. <https://doi.org/10.1155/2014/909768>
- Assibi, R. A., Atindanbila, S., Prudence, P. M.-N., & Abepuoring, P. (2013). The causes of stress and job satisfaction among nurses at Ridge and Pantang Hospitals in Ghana. *International Journal of Asian Social Science*, 3(3), 762-771. <http://www.aessweb.com/journal-detail.php?id=500>
- Ball, J. E., Murrells, T., Rafferty, A. M., Morrow, E., & Griffiths, P. (2014). 'Care left undone'

- during nursing shifts: Associations with workload and perceived quality of care. *BMJ Quality & Safety*, 23(2), 116-125. <https://doi.org/10.1136/bmjqs-2012-001767>
- Bhatnagar, J. (2012). Management of innovation: Role of psychological empowerment, work engagement and turnover intention in the Indian context. *The International Journal of Human Resource Management*, 23(5), 928-951. <https://doi.org/10.1080/09585192.2012.651313>
- Bormann, L., & Abrahamson, K. (2014). Do staff nurse perceptions of nurse leadership behaviors influence staff nurse job satisfaction? The case of a hospital applying for Magnet® designation. *JONA: The Journal of Nursing Administration*, 44(4), 219-225. <https://doi.org/10.1097/NNA.0000000000000053>
- Bright, L. (2008). Does public service motivation really make a difference on the job satisfaction and turnover intentions of public employees? *The American Review of Public Administration*, 38(2), 149-166. <https://doi.org/10.1177/0275074008317248>
- Bulgarella, B. C. C. (2005). Employee satisfaction & customer satisfaction: Employee satisfaction & customer satisfaction. *_Guide Star*, (February), 1-6.
- Carpenter, J., Webb, C., Bostock, L., & Coomber, C. (2012). *Effective supervision in social work and social care*. Bristol, UK: Social Care Institute for Excellence.
- Chang, W.-Y., Ma, J.-C., Chiu, H.-T., Lin, K.-C., & Lee, P.-H. (2009). Job satisfaction and perceptions of quality of patient care, collaboration and teamwork in acute care hospitals. *Journal of Advanced Nursing*, 65(9), 1946-1955. <https://doi.org/10.1111/j.1365-2648.2009.05085.x>
- Chang, Z. X., Yang, G. H., & Yuan, W. (2014). Competency-based management effects on satisfaction of nurses and patients. *International Journal of Nursing Sciences*, 1(1), 121-125. <https://doi.org/10.1016/j.ijnss.2014.02.001>
- Cheng, T. C., Scott, A., Jeon, S.-H., Kalb, G., Humphreys, J., & Joyce, C. (2012). What factors influence the earnings of general practitioners and medical specialists? Evidence from the medicine in Australia: Balancing employment and life survey. *Health Economics*, 21(11), 1300-1317. <https://doi.org/10.1002/hec.1791>
- Coetzee, S. K., Klopper, H. C., Ellis, S. M., & Aiken, L. H. (2013). A tale of two systems: Nurses practice environment, well being, perceived quality of care and patient safety in private and public hospitals in South Africa: a questionnaire survey. *International Journal of Nursing Studies*, 50(2), 162-173. <https://doi.org/10.1016/j.ijnurstu.2012.11.002>
- Crossley, C. D., Bennett, R. J., Jex, S. M., & Burnfield, J. L. (2007). Development of a global measure of job embeddedness and integration into a traditional model of voluntary turnover. *Journal of Applied Psychology*, 92(4), 1031-1042. <https://doi.org/10.1037/0021-9010.92.4.1031>
- Geleto, A., Baraki, N., Atomsa, G. E., & Dessie, Y. (2015). Job satisfaction and associated factors among health care providers at public health institutions in Harari Region, Eastern Ethiopia: a cross-sectional study. *BMC Research Notes*, 8(1), 1-7. <https://doi.org/10.1186/s13104-015-1368-5>
- Gupta, A. (2008). International trends and private higher education in India. *International Journal of Educational Management*, 22(6), 565-594. <https://doi.org/10.1108/09513540810895462>
- Gursoy, D., Chi, C. G.-Q., & Karadag, E. (2013). Generational differences in work values and attitudes among frontline and service contact employees. *International Journal of Hospitality Management*, 32(March), 40-48. <https://doi.org/10.1016/J.IJHM.2012.04.002>
- Harcourt, C., van Beek, I., Heslop, J., McMahon, M., & Donovan, B. (2001). The health and welfare needs of female and transgender street sex workers in New South Wales. *Australian and New Zealand Journal of Public Health*, 25(1), 84-89. <https://doi.org/10.1111/j.1467-842X.2001.tb00556.x>
- Hayes, B., Bonner, A., & Pryor, J. (2010). Factors contributing to nurse job satisfaction in the

- acute hospital setting: a review of recent literature. *Journal of Nursing Management*, 18(7), 804-814. <https://doi.org/10.1111/j.1365-2834.2010.01131.x>
- Haynie, J. J., Hartman, S. J., & Lundberg, O. (2007). Personality and job satisfaction in the public health sector. *The Health Care Manager*, 26(3), 240-245. <https://doi.org/10.1097/01.HCM.0000285015.34021.30>
- Healy, C. M., & McKay, M. F. (2000). Nursing stress: The effects of coping strategies and job satisfaction in a sample of Australian nurses. *Journal of Advanced Nursing*, 31(3), 681-688. <https://doi.org/10.1046/j.1365-2648.2000.01323.x>
- Iliopoulos, E., & Priporas, C. V. (2011). The effect of internal marketing on job satisfaction in health services: A pilot study in public hospitals in Northern Greece. *BMC Health Services Research*, 11(261), 1-8.
- Johnson, E. K. (2015). The business of care: The moral labour of care workers. *Sociology of Health & Illness*, 37(1), 112-126. <https://doi.org/10.1111/1467-9566.12184>
- Jovic-Vranes, A. V. (2008). Job satisfaction in Serbian healthcare workers who work with disabled patients. *Versita*, 3(2), 221-224.
- Kaliski, B. S. (2007). *Encyclopedia of business and finance* (2nd ed.). Detroit, USA: Macmillan Reference.
- Kalisch, B. J., Lee, H., & Rochman, M. (2010). Nursing staff teamwork and job satisfaction. *Journal of Nursing Management*, 18(8), 938-947. <https://doi.org/10.1111/j.1365-2834.2010.01153.x>
- Kosteas, V. D. (2009). Job level changes and wage growth. *International Journal of Manpower*, 30(3), 269-284. <https://doi.org/10.1108/01437720910956763>
- Kucharska, W. (2017). Tacit knowledge sharing and project performance. Does the knowledge workers' personal branding matter? *Advances in Economics and Business*, 5(9), 518-529.
- Kwamie, A., Asiamah, M., Schaaf, M., & Agyepong, I. A. (2017). Postings and transfers in the Ghanaian health system: A study of health workforce governance. *International Journal for Equity in Health*, 16(1), 85. <https://doi.org/10.1186/s12939-017-0583-1>
- Kwenin, D. O., Muathe, S., & Nzulwa, R. (2013). The influence of rewards and job satisfaction on employees in the service industry and key words. *European Journal of Business and Management*, 5(12), 22-32.
- Liao, H., Toya, K., Lepak, D. P., & Hong, Y. (2009). Do they see eye to eye? Management and employee perspectives of high-performance work systems and influence processes on service quality. *Journal of Applied Psychology*, 94(2), 371-391. <https://doi.org/10.1037/a0013504>
- Maicibi, A. (2013). *The manager's companion and manual: Organizational behaviour*. Uganda: Fountain Publishers.
- McLaughlin, K., Moutray, M., & Moore, C. (2010). Career motivation in nursing students and the perceived influence of significant others. *Journal of Advanced Nursing*, 66(2), 404-412. <https://doi.org/10.1111/j.1365-2648.2009.05147.x>
- Mangset, M., Maxwell, C., & Van Zanten, A. (2017). Knowledge, skills and dispositions: the socialisation and "training" of elites. *Journal of Education and Work*, 30(2), 123-128. <https://doi.org/10.1080/13639080.2017.1278902>
- Manning, A., & Petrongolo, B. (2017). How local are labor markets?: evidence from a spatial job search model. *American Economic Review*, 107(10), 2877-2907. <https://doi.org/10.1257/aer.20131026>
- Martins, H., & Proenca, T. (2012). Minnesota satisfaction questionnaire - psychometric properties and validation in a population of Portuguese hospital workers. *Economics and Management*, 471(1), 1-20. <http://wps.fep.up.pt/wplist.php>
- Medgyesi, M., & Zólyomi, E. (2016). Job satisfaction and satisfaction in financial situation and

- their impact on life satisfaction. *Research Note*, 6/2016. Retrieved May 10, 2018, from: https://www.researchgate.net/profile/Marton_Medgyesi/publication/319980515-and-Incl.pdf
- Mooney, S. K., Harris, C., & Ryan, I. (2016). Long hospitality careers - a contradiction in terms? *International Journal of Contemporary Hospitality Management*, 28(11), 2589-2608. <https://doi.org/10.1108/IJCHM-04-2015-0206>
- Naburi, H., Mujinja, P., Kilewo, C., Orsini, N., Bärnighausen, T., Manji, K., . . . Ekström, A. M. (2017). Job satisfaction and turnover intentions among health care staff providing services for prevention of mother-to-child transmission of HIV in Dar es Salaam, Tanzania. *Human Resources for Health*, 15(1), 1-12. <https://doi.org/10.1186/s12960-017-0235-y>
- Nyonator, F., & Dovlo, D. (2005). The health of a nation and the brain drain. In M. Takyiwaa (Ed.), *From at home in the world: international migration and development in contemporary Ghana and West Africa*. Accra, Ghana: Sub-Saharan Publishers.
- Özden, D., Arslan, G. G., Ertuğrul, B., & Karakaya, S. (2017). The effect of nurses' ethical leadership and ethical climate perceptions on job satisfaction. *Nursing Ethics*. <https://doi.org/10.1177/0969733017736924>
- Palanski, M., Avey, J. B., & Jiraporn, N. (2014). The effects of ethical leadership and abusive supervision on job search behaviors in the turnover process. *Journal of Business Ethics*, 121(1), 135-146. <https://doi.org/10.1007/s10551-013-1690-6>
- Price, S., & Reichert, C. (2017). The importance of continuing professional development to career satisfaction and patient care: meeting the needs of novice to mid- to late-career nurses throughout their career span. *Administrative Sciences*, 7(17), 1-13.
- Ramasodi, J. M. B. (2010). *Factors influencing job satisfaction among healthcare professionals at South Rand Hospital*. Doctoral Dissertation, University of Limpopo. Available at: <http://ulspace.ul.ac.za/handle/10386/214> (accessed 8 May 2018).
- Reader, T. W., Gillespie, A., & Roberts, J. (2014). Patient complaints in healthcare systems: a systematic review and coding taxonomy. *BMJ Quality & Safety*, 23(8), 678-689. <http://dx.doi.org/10.1136/bmjqs-2013-002437>
- Ramlall, S. (2004). A review of employee motivation theories and their implications for employee retention within organisations. *Journal of American Academy of Business*, 5(1/2), 52-63. <https://doi.org/10.1063/1.2053360>
- Roelen, C. A. M., Koopmans, P. C., & Groothoff, J. W. (2008). Which work factors determine job satisfaction? *Work*, 30(4), 433-439.
- Salman, S., Mahmood, P. A., Aftab, F., & Mahmood, A. (2016). Impact of safety health environment on emplo