

Determinants of Job Satisfaction among Hospital and Health Services Administrators in Ghana

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ABSTRACT

Background: Hospital and Health Services Administrators oversee the day-to-day operations of hospitals, such as planning, directing, organizing, and coordinating health services. Their overall job satisfaction has been identified as a key driver of high performance, especially in areas where patient care is delivered. This study examines the factors associated with job satisfaction and dissatisfaction among Hospital and Health Services Administrators in public hospitals in Ghana.

Method: A cross-sectional design with a mixed method (quantitative and qualitative approach) was deployed for the study. 150 participants took part in the quantitative study while 10 out of the 150 were additionally interviewed for qualitative responses. Self-administered and Google form questionnaires were used to collect data. Descriptive statistics, regression, and correlation tests were run from SPSS to quantitatively compare and determine the association between demographic, independent variables, and the dependent variable with the range of p-values $.01 < r > .05$ considered statistically significant. The qualitative responses were subjected to thematic and narrative analysis with direct quotations.

Results: The mean (\pm Standard Deviation [SD]) age of all respondents was ($M = 45.82$, $SD = \pm 5.794$) ranging between 33–58 years. Overall, 67.3% of the participants were dissatisfied with their jobs. Demographic variables were statistically significant and predicted job satisfaction: Age ($\beta .31$, $p < .001$), Gender ($\beta .36$, $p < .001$), Professional Category ($\beta .12$, $p < .001$), Level of Education ($\beta .33$, $p < .001$), and Years of Experience ($\beta .01$, $p < .001$) and have both positive and negative correlations with overall job satisfaction: (Age and overall job satisfaction, $r -.430$, $p < .01$), (Gender and overall job satisfaction, $r = .460$, $p < .01$), (Professional Category and overall job satisfaction, $r = -.288$, $p < .01$), (Level of Education and Job satisfaction, $r = .258$, $p < .01$), (Years of Experience, $r = -.175$, $p < .05$), and (Job satisfaction, $r = .257$, $p < .01$). Demographics explain 12% of the variance in the dependent variable. Independent variables explain 71% of the variance in the outcome variable with $F(6, 143) = 59.172$, $p < .001$ and are also negatively and positively correlated: PG ($\beta = .105$, $t = .592$; $p > .005$), MR ($\beta = .847$, $t = 2.716$, $p > .005$), CC ($\beta = -1.359$, $t = -5.645$; $p < .001$), CB ($\beta = -1.982$, $t = -9.361$; $p < .001$), WLB ($\beta = -1.254$, $t = -5.993$; $p < .001$), JS ($\beta = -1.429$, $t = -5.419$; $p < .001$). The qualitative responses revealed a myriad of factors contributing to job satisfaction including recognition, support from colleagues, enhanced compensation package, good salary, fringe benefits, opportunities for further study on leave with pay, corporate health insurance, and good welfare policy. Limited job opportunities, one-man show work environment, limited career growth opportunities, imbalanced work, and personal life, lack of appreciation, recognition, and respect, poor safe work environment, bad manager-employee relationships, poor annual performance appraisal, poor remunerations, lack of professional independence, absence of professional development opportunities, and inadequate staff accommodation were found as contributing to job dissatisfaction.

Conclusion: The study concluded that demographics and a composite of elements under the independent

variables (*Company Culture, Professional Growth, Manager Relationship, Work-Life Balance, and Compensation and Benefits*) all impacted overall job satisfaction and dissatisfaction in various forms.

Recommendations: The study recommended that health policymakers, managers, and other stakeholders develop, implement, and safeguard employee-friendly and effective policies, and make conscious efforts to enhance working conditions within the health sector including the security of tenure, better remunerations, professional growth based on competency-based training, mentorship programs, leadership development, and health and wellness initiatives and also address inequalities in human resource distribution to reduce staff apprehensions with regards to overall job satisfaction not only among Hospital and Health Services Administrators but across all job categories within the health sector

Keywords: Overall job satisfaction; Healthcare professionals; Cross-sectional studies, Ghana, Public hospitals, Hospital administrators, Health Services Administrators

Abbreviations: CC- Company Culture, PG- Professional Growth, MR- Manager Relationship, WLB- Work-Life Balance, CB- Compensation and Benefits, JS- Job Satisfaction, OJS- Overall Job Satisfaction

INTRODUCTION

Hospital and Health Services Administrators are healthcare professionals who oversee the daily operations of a hospital such as planning, directing, organizing, and coordinating health services. Unlike Doctors, Nurses and other clinical staff, Hospital and Health Services Administrators ensure that hospitals are adequately resourced with human, material, and financial resources to function competently (Coursera Staff, 2023). Regarding their work (roles and responsibilities), Hospital and Health Services Administrators make important decisions and embark on significant actions that affect the efficiency, effectiveness, and overall success or failure of their various health facilities especially in terms of quality patient care (AHRQ, 2015). Job satisfaction has been identified as a key driver to high performance in healthcare organizations especially in hospitals where patient care is delivered. Khunou and Davhana-Maselesele, (2016) noted that for effective and efficient functionality, health systems need healthcare professionals who are adequately trained, highly motivated, and essentially supported to deliver, and since Hospital and Health Services Administrators constitute the main anchors of a well-organized, effective, and maintainable healthcare systems, it is imperative to understand the forces that inspire them to continue working or demotivate them to discontinue working in the health sector. As Blaauw et al. (2013) explained, one unavoidable factor that explicates the motivational resolve and the loyalty of health workers to be committed to their work is job satisfaction which by extension manifests in the quality of health services they offer.

Outlying its international policy program on human resources for the health workforce for the attainment of the Sustainable Development Goals (SDGs) targets especially 3.8 by 2030, the World Health Organization (WHO) suggested the improvement in overall performance, quality service delivery, and influence of the health workforce on the global community (WHO, 2016). So far, several studies have been conducted on the nexus between job satisfaction, dissatisfaction, and health workers resolve to stay with or quit their jobs (Akuffo et al. 2021; Geta et al. 2021; Merga & Fufa 2019; Mulugeta & Ayele 2015; Temesgen, Aycheh & Leshargie 2018). Results from a comparative study conducted by Blaauw et al. (2013) in three Southern African countries: South Africa, Malawi, and Tanzania on job satisfaction and the intent to resign or quit various job categories also revealed about 50% job dissatisfaction in South Africa, 30% in Malawi and almost 18% in Tanzania. Outside of Africa, Scanlan et al. (2021) discovered in a similar study in Australia that close to 18% of health workers were dissatisfied with their jobs and were contemplating leaving. However, Singh et al (2019) found a smaller proportion of dissatisfied healthcare professionals less than 3% in their study in India. There is also evidence which supports the importance of health sector employee job satisfaction to the overall performance of the health system. Some of these studies found and associated employee motivation, uninterrupted performance, effectiveness, and job security as drivers of job satisfaction as they aid health institutions in attaining their set plans, goals, and objectives (Blaauw et al. 2013; Merga & Fufa 2019). Some scholars admitted that incentivizing healthcare workers is the surest bet and the potential unshaken pillar for pushing for and upholding and safely sailing towards the accomplishment of SDGs goal by the WHO's deadline of 2030 (Mbindyo et al., 2009). While it is admissible to accept that the assessment of job satisfaction amongst healthcare sector workers, in general,

is not a novel initiative globally, such evaluations are overly skewed in favour of clinical health staff, especially Doctors and Nurses, and exclude other categories such as the Hospital and Health Services Administrator (Payne et al. 2020; Morton et al. 2020; Khunou & Davhana-Maselesele 2016; Khamisa et al. 2015)

In the Ghanaian context, Akuffo, et al (2021) conducted a study on job satisfaction for optometrists and discovered that overall job satisfaction was high at (74.3%), while there was 25.7% reported job dissatisfaction. The study found location of workplace, practice setting, number of working hours, good work-life balance, good salary, availability of non-financial incentives, existence of job security, availability of workplace equipment, good monitoring and supervision, high levels of encouragement and recognition, personal responsibility for work, task differentials, good task controls, teamwork and support from co-workers, prospects of continuing education and career development opportunities as factors contributing to job satisfaction, while it discovered poor or low remuneration, non-availability of financial incentives, and lack of career development opportunities as disincentives that trigger job dissatisfaction. Another study conducted by Datuah et al, (2022) in Ghana discovered job category as a demographic characteristic influencing job satisfaction, however, the study established that there is no association between gender, age, level of education, working experience, and job satisfaction.

Emphasizing the exactness of the findings of previous studies on Healthcare Professionals' Job Satisfaction, this study provides a detailed account of some of the studies as a context for the current study. In Ethiopia, while Mulugeta and Ayele (2015) discovered 65.1% job dissatisfaction in their study, Merga and Fufa (2019) found 61.5% job dissatisfaction among healthcare workers. In their respective studies, Geta et al. (2021) discovered 44.8% job dissatisfaction among healthcare professionals, Scanlan et al. (2021) found 17.0% of the same, and others also found 25.7%, 14.8%, and 2.8% job dissatisfaction respectively (Akuffo et al. 2021; Qiu et al. 2021; Singh et al. 2019). Temesgen et al. (2018) in their cross-sectional study in Ethiopia also found that 68.3% of healthcare providers were not satisfied with their jobs. On the main contributory factors to job dissatisfaction among healthcare workers, previous studies listed inter alia work environment (Akuffo et al. 2021; Bonenberger et al. 2014; Kumar et al. 2013; Mulugeta & Ayele 2015), and organizational climate or culture (Munyewende, Rispel & Chirwa 2014). Synonymous with the current studies', work-life balance was also noticed to have contributed enormously to job dissatisfaction among healthcare professionals especially in India and China (Gulavani & Shinde 2014; Jin et al. 2019) and Guan et al. (2021) and Yang et al. (2019) and Mere et al (2023) attributed such a development to a bad organizational arrangement which does not address issues of shortage of staff, proper planning of duty schedules and training staff as key concerns. Previous studies found that poor remuneration and the absence of other fringe benefits to health staff accounted for a voluminous proportion of levels of job dissatisfaction among them (Akuffo et al. 2021; Anand et al. 2022; Khunou & Davhana-Maselesele 2016; Kumar et al. 2013). Mengistu and Bali (2015) in their study in Ethiopia discovered that neglect of training opportunities for health staff also contributed to their low morale and eventual job dissatisfaction. Some studies also discovered that demographic factors such as age, gender, educational qualification, and work experience of healthcare workers impact their job satisfaction levels (Asegid et al. 2014; Ayalew et al. 2019; Lu et al. 2016) while others also maintained that they do not have any meaningful influence on job satisfaction or otherwise (Chaulagain & Khadkas 2012; Elsherbeny & El-Masry 2018). Against these backdrops, it is obvious that there is limited comprehensive evidence out there on the true picture of job satisfaction for all the categories of healthcare professionals and per the objectives of this study, that of Hospital and Health Services Administrators. Consequently, this study sets out to establish the factors associated with job satisfaction and dissatisfaction among Hospital and Health Services Administrators and to also evaluate the degree to which these factors affect job satisfaction or trigger job dissatisfaction among Hospital and Health Services Administrators in Ghana.

LITERATURE REVIEW

Job Satisfaction

Job Satisfaction plays a major role in how an employee performs his job, and the extent to which an employee can exert his or her energy to work is directly related to the satisfaction or otherwise, that is derived from the work itself and related factors. Raziq and Maulabakhsh, (2015) noted that it is only when the work environment allows employees to work freely without obstructions that they can achieve organizational goals. Abuhashesh et al. (2019) underscored that although employees have different orientations toward job satisfaction, the concept

of job satisfaction is more related to productivity, motivation, work performance, and life satisfaction, implying private lives of employees also affect their job satisfaction. Job satisfaction has been considered as a feeling of employee accomplishments and achievements and is directly associated with productivity, work performance, and personal well-being, and often manifests in employees doing the work they like, doing it to the best of their abilities, and being compensated as such (Kaliski, 2007; Aziri, 2011). Cranny, Smith, and Stone (2014) explained that job satisfaction covers employees' emotional conditions about their jobs in terms of their expectations and what they finally get out of performing the job. Ndulue & Ekechukwu (2016) maintained that job satisfaction is the sentimental or demonstrative retort towards various façades of one's job. Examining job satisfaction from the extant literature, it is evident that a dissatisfied employee is a disgruntled and non-performing employee while a happy employee is a successful, resourceful, and productive employee (Aziri, 2011).

Pietron-Pyszczek, (2010) admitted that there is a strong association between employee satisfaction and the totality of the organization's environment and its activities. Herzberg, et al., 1959 drummed home the essence of job satisfaction when they stated that when employees are motivated for a long time through recognition, and reward for responsibility, they become satisfied with their jobs and this can bring about achievements, with a strong admittance from Pietron-Pyszczek, (2010) that there is a strong correlation between employee satisfaction and the effects of the organization's activities. Yalabik et al. (2013) revealed that job satisfaction influences commitment to work and impacts work performance. Saranya, (2014) maintained that satisfaction and performance have equal associations and that one influences the other, and Pushpakumari, (2008) suggested that a highly fulfilled workforce translates into achieving extraordinary output in an organization because satisfied employees tend to work hard by putting in extra effort to job performance. Weiss, (2002) established that to improve employee efficiency and personal satisfaction, job satisfaction is paramount, but this can only be achieved through the employee's experience in their jobs relative to factors such as the organization's corporate policy and structure, job conditions, and management activities and types of relation with coworkers that have direct and indirect bearings on the employee.

Extant literature revealed that job security is a key contributing factor to job satisfaction and offers employees stability of mind to work (Woods, 2018). The consequences of job insecurity on employee job satisfaction vary and trigger anxieties concerning job losses or retention and whether they can recover in case they forfeit their jobs (Artz & Kaya, 2014). Manager/Leader/Supervisor and employee relationships can also trigger job satisfaction or dissatisfaction. It is documented that a sociable Manager/Leader/Supervisor and employee relationships can boost work environment morale making the employee feel secure, recognized, and valued thereby triggering job satisfaction and consequently resulting in employees striving to do more to achieve organizational and personal goals (Essays UK, 2013)

Empirical Studies on Job Satisfaction

Several studies noted that Job Satisfaction is very complex and multifaceted and is determined together by internal and external factors including work environment, wages (compensation and benefits), working hours, employee autonomy, organizational structure, communication channels between employees and management (Manager-employee relationship), promotion, the work itself and its associated conditions, supervision, relationships with co-workers (social relationships), professional growth, company culture and organizational justice (Armstrong, 2006; Opkara, 2002; Herzberg, 1968; Spector, 2008; Lane, Esser, Holte, & Anne, 2010; Revenio Jr., 2016; Ndulue and Ekechukwu., 2016).

Some studies have also shown that managers, supervisors, and leaders can inspire employee satisfaction, commitment, loyalty, and performance through appropriate leadership styles. Specific mentions were made of the timely availability of managers, supervisors, and leaders to respond to employee needs including the encouragement of inventive thinking and knowledge of the value of employees, and open communication (Schroffel, 1999; Raziq & Maulabakhsh, 2015). Brenninger, (2015) for example noted that four factors essentially induce employee satisfaction: the manager/supervisor/leader, job design, workplace environment, and performance pay or compensation for work done. According to Soonhee, (2002), employee motivation and by extension, job satisfaction as a catalyst for productive organizational performance and success is difficult to detect but can be established through vigorous inclusivity and participation in the life of the organization and its decision-making process. Soonhee, (2002) argued that the presence of participatory management and planning

or otherwise have far-reaching implications on job satisfaction so it is crucial for managers/supervisors/leaders to always gel seamlessly with their employees. Golemann et al., (2004) explained that ignoring the concerns of employees can result in impulse behaviours and unusual results spelling adverse consequences for the organization.

Studies in Pakistan, Spain, and Iran on factors affecting employee job satisfaction by Rukh, Choudhary, and Abbasi (2015), Viñas-Bardolet, Velazco, and Torrent-Sellens (2013), and Mosadegh Rad and De Moraes (2009) discovered that the major contributors to job satisfaction include promotion, employee relations, their characteristics, manager-employee relations, stress, and job security. The authors also discovered that the job satisfaction of employees was drastically impacted by demographic, financial, and other non-financial factors. Park (2020) in a study in Korea on the direct implications of supervisor satisfaction, public service motivation, and job characteristics on job satisfaction mediated by organizational commitment found that all three indicators affect employee job satisfaction. A related study by Abdelmoula and Boudabbous (2021) to identify the factors that determine job satisfaction among professional accountants discovered that the three indirect factors that affect job satisfaction are achievement, the work itself, and recognition, and four direct factors that affect job satisfaction were salary, relationship with the supervisor and co-workers, working conditions, and the company policy.

In a study on the determinants of job satisfaction and its impact on employee performance and turnover intentions by Javed, Balouch, and Hassan, (2014), it was discovered that employee empowerment, workplace environment, job loyalty, and job performance have strong relationships with job satisfaction. The results further indicate that employee empowerment alone accounts for 37% of overall job satisfaction. The results also found that employee dissatisfaction accounts for 32% of employee turnover. In a study that investigated the determinants of job satisfaction among hospital workers, Cheginy, Isfahani, Mohseni, Khakian and Khosravizadeh (2014) discovered that personnel's observations about their working conditions, compensation and benefits, mode of supervision, coworker relationships, and job content have a significant association with job satisfaction

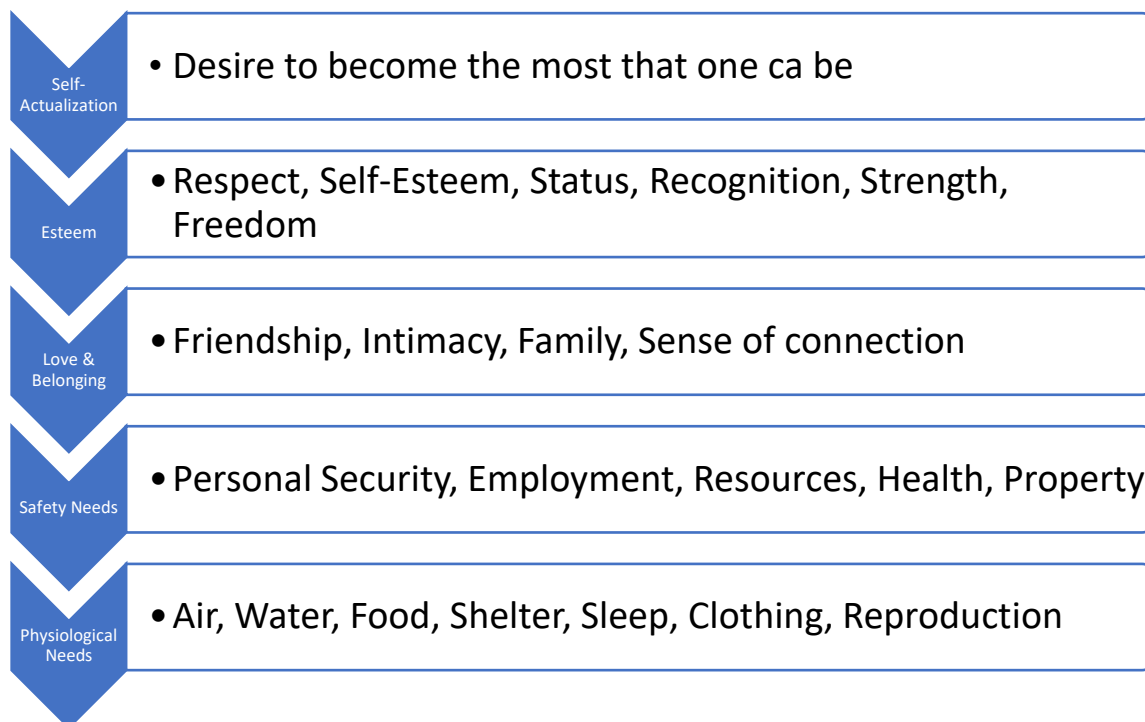
In their study on Job satisfaction and characteristics among staff of public higher educational institutions in Ghana, Amoateng Sabeng, Dominic & Mensah, John. (2023) discovered that social status, recognition, remuneration, and a conducive work environment affect job satisfaction. The study also found that the importance of job responsibility, employee autonomy, and task identity was associated strongly with employee job satisfaction. The study recommended that to ensure employee job satisfaction, managers, leaders, and supervisors must provide sufficient information on work-related conditions and activities, motivation packages, feedback, and a favorable work environment for employees.

Duah, Evans & Ephraim, Richard & Amoah, Samuel & Addy, Nii Armah. (2023) conducted a study on the factors affecting job satisfaction and retention of Medical Laboratory Professionals in Ghana and found multiple factors responsible for job satisfaction and retention. Their study revealed that imbalanced work and personal life, lack of appreciation, recognition, and respect, and poor safety work environment accounted for high job dissatisfaction. Other factors noted in the study to have adverse consequences for job satisfaction include bad manager-employee relationships, poor annual performance appraisal, poor remunerations, lack of professional independence, absence of professional development opportunities, and inadequate staff accommodation. The study further revealed that insufficient appreciation, poor working conditions, and poor benefits influenced job quit tendencies. The study recommended transparent stakeholder engagement to improve job satisfaction and enthusiasm.

Theoretical Framework

This study is grounded on Maslow's Hierarchy of Needs theory which is widely identified as the foundation for understanding job satisfaction (Maslow, 1943). The hierarchy of needs theory in psychology was proposed by Abraham Maslow in his 1943 paper 'A Theory of Human Motivation' (Maslow, 1943; Block, 2011). The theory comprised a five-tier model of human needs; physiological, safety, love and belonging, esteem, and self-actualization, often depicted as hierarchical levels within a pyramid. Maslow opined that the needs lower down in the hierarchy must be satisfied before individuals can attend to the needs of the higher (Saul McLeod, 2018). Maslow (1943) originally maintained that people must satisfy all lower-level needs before progressing to deal

with the next higher-level needs. Maslow (1943, 1954) averred that individuals are spurred to achieve certain needs and that some needs take preference over others. Maslow in his original theory of motivation postulated that for people to achieve their desired motivation or satisfaction, they must move along a pyramid of needs and first satisfy those at the bottom, then move to the next need in that manner until they reach self-actualization. See Maslow's hierarchy of needs (Motivation pyramid) in the diagram below.



Source: Adapted from Elizabeth Hopper [2024, May 14]. "Maslow's Hierarchy of Needs Explained" ThoughtCo.com <https://www.thoughtco.com/maslows-hierarchy-of-needs-4582571>

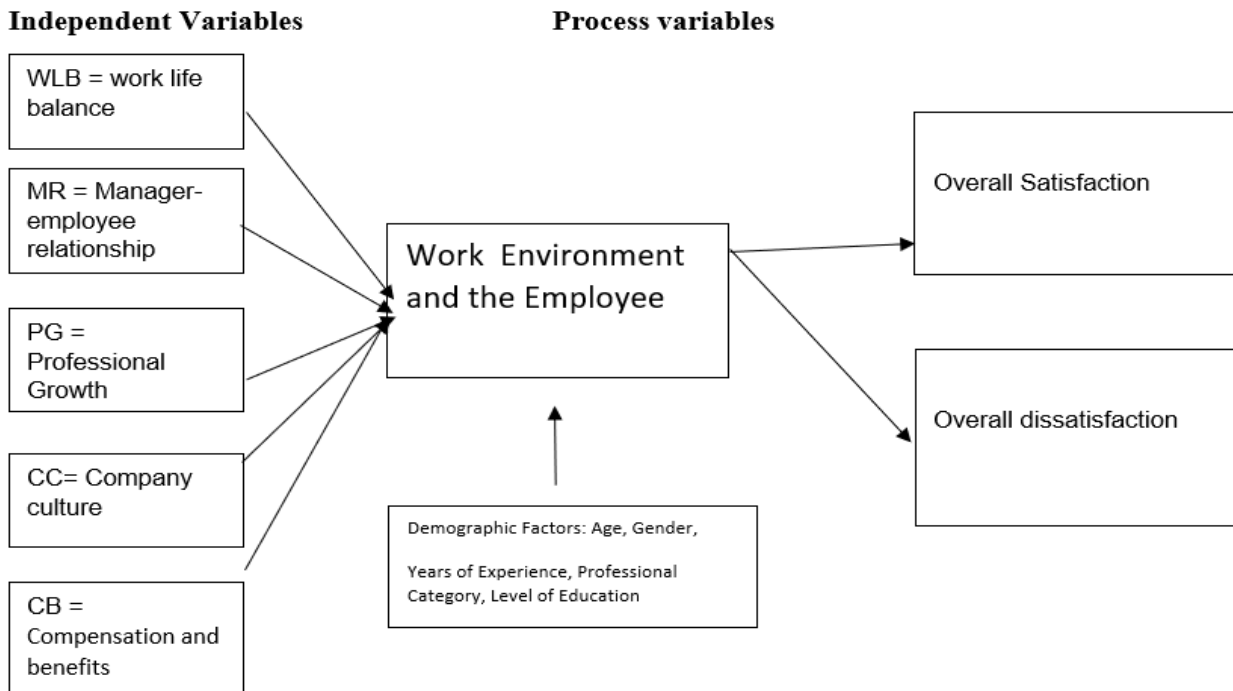
According to Maslow (1943;1954), the most important needs in every individual's life are physiological needs which are considered biological requirements for human survival (necessities of life), such as air, food, drink, shelter, clothing, warmth, sex, and sleep. Maslow maintained that failure to satisfy these needs, the human body cannot function optimally. Maslow considered physiological needs the most important as all the other needs become secondary until these needs are met. The second on Maslow's motivation radar is safety needs which embodies protection from elements, security, order, law, stability, and freedom from fear. Once these are met, the individual is free to cohabit in society.

Third on Maslow's hierarchy of needs pyramid is love and belongingness needs. Maslow explained that once physiological and safety needs have been fulfilled, the next level of human needs is social and concerned feelings of belongingness maintaining that the safety of interpersonal relationships motivates behavior. Among the key elements Maslow considered under this level of need include friendship, intimacy, trust, and acceptance, receiving and giving affection and love, and affiliation (being part of a group, family, friends, and workmates). Maslow (1943;1954) posited that esteem needs which fall into two categories: (i) esteem for oneself (dignity, achievement, mastery, independence) and (ii) the desire for reputation or respect from others (e.g., status, prestige) comes after social needs. Maslow revealed that the need for respect or reputation is most important for children and adolescents and precedes real self-esteem or dignity.

Finally, Maslow talked about self-actualization needs and said if the individual achieves all four needs; physiological, safety, social (love and belonging), and esteem but fails to achieve his or her self-actualization needs which is realizing personal potential, self-fulfillment, seeking personal growth and peak experiences, thus is the desire to become everything one is capable of becoming, then that individual does not reach a satisfaction level in life (Maslow, 1987, p. 64). Maslow later explained that satisfaction of needs is not an "all-or-none" phenomenon, so his earlier proclamations may have given "the false impression that a need must be 100% met before the next need emerges" (Maslow, 1987, p. 69).

Maslow’s ‘Hierarchy of Needs’ is chosen as the theoretical framework for this study because it highlights the fact that a multiplicity of factors work together to maintain a level of satisfaction in humans. The theory is also chosen in that one level of need is not to be completely met before the others can be met. Thus, one can swing in between the needs to survive. For this study, the theory would help in the understanding of the dynamics of factors that shape the job satisfaction or otherwise of the respondents.

Conceptual Framework for the Study



Moderating variables

Rocco and Plakhotnik (2009) maintained that the conceptual framework of a study is an explanation of a researcher's understanding of how variables involved in the study are connected. The conceptual framework typifies the ideas under study using extant relevant literature (Rocco and Plakhotnik, 2009). Conceptual frameworks explain the imaginary relationships between the concepts under study (Rocco and Plakhotnik, 2009; Anfara & Mertz., 2014). The conceptual framework for this study assumes that five factors affect work environments and employees’ level of satisfaction or dissatisfaction. The framework imagines the Company Culture (CC), Work-life balance (WLB), Manager- employee relationship (MER), Professional Growth (PG), Compensation, and benefits (CB), play significant roles in the determination of employees' morale in the workplace. The framework further assumes that the extent to which these factors impact the employees at the workplace makes them either satisfied or dissatisfied with the work. The framework additionally proposes that demographic factors such as Age, Gender, Years of Experience, Professional Category, and Level of Education moderate between the independent variable and the process variables to impact the dependent variables. Thus, based on the nature and bearing of a demographic factor, the pendulum can swing to either job satisfaction or job dissatisfaction.

METHODOLOGY

Design and Initial Study Population

This study used a cross-sectional design with a mixed method (quantitative and qualitative approach). The study was conducted between July and August 2024. The scope of the study was Hospital and Health Services Administrators, and the study population consists of Health and Hospital Administrators from hospitals in Ghana. The total number of Hospital and Health Services Administrators as obtained from the Association of Health Services Administrators Ghana’s records as of the time of the study was 400 made up of 96 Hospital Administrators and 304 Health Services Administrators of various ranks.

Sampling and Sample Size

The sample size for this study was determined by the Yamane’s formula: $n = \frac{N}{1+N(e)^2}$; Where: n is the sample size; N is the population size of Hospital and Health Services Administrators per the inclusion criteria; and e is the sampling error (5%) or (0.05) (Yamane, 1967). The inclusion criteria used for selecting respondents were Hospital and Health Service Administrators with a minimum of 12 years of working experience. This reduces the study population from 400 to 208. Using the sampling formula, $n = \frac{N}{1+N(e)^2}$, $n = \frac{208}{1+208(0.05)^2} = \frac{208}{1+0.52} = \frac{208}{1.52} = 137$. Thus, the sample size for this study was 137. However, to account for non-response, a 10% margin was added yielding 147 which was rounded off to a final sample size of 150.

Data Gathering

Two forms of data collection were employed in this study: Questionnaire Administration (self-administered questionnaire and a Google form online questionnaire) and in-depth face-to-face interview. Hard copies of the questionnaire were distributed to some respondents who opted for it, while others responded via the online Google form. The survey instruments were carefully considered based on applicable literature (Payne et al. 2020; Morton et al. 2020; Khunou & Davhana-Maselesele 2016; Khamisa et al. 2015) and consisted mainly of two parts: first, demographic details and second questions soliciting responses on job satisfaction. Demographic details included in the questionnaire included age, gender, professional category, level of education, and years of experience as a health services or hospital administrator. The second segment of the questionnaire has six dimensions dealing with factors likely to affect an employee’s job satisfaction. These categories include company culture (ten items), job satisfaction (thirteen items), professional growth (seven items), manager relationship (five items), compensation and benefits (five items), and work-life balance (five items). The study collected data between July and August 2024. The study also interviewed 10 hospital administrators for their take on determinants of job satisfaction to triangulate and complement responses from the questionnaire.

Reliability and validity

The Cronbach Alpha test was run to establish the reliability of the survey instrument (Cronbach,1951). The reliability coefficient values of the individual dimensions ranged between 0.799 – 0.869, while the overall reliability coefficient was 0.866 which was considered satisfactory and outstanding (*refer to Table 1*). To ensure the validity of the instrument, experts were consulted to review the instrument and offer suggestions for its improvement which were taken on board. The instrument was piloted before the actual data collection.

Table 1. Instrument Reliability Results

S/N	Research Instrument (Scale)	Number of Items	Cronbach Alpha Coefficient
1	Company culture	10	.848
2	Professional growth	7	.844
3	Manager relationship	5	.856
4	Compensation and benefits	5	.799
5	Work-life balance	5	.869
6	Job satisfaction	13	.866
	Overall	45	.865

Data analysis

Data were analyzed using SPSS version 21. Regression and correlation analysis was run to determine the association between demographic variables and job satisfaction and also between the predictor variable

(Company culture, Professional growth, Manager relationship, Compensation and benefits, Work-life balance) and Job satisfaction with p-values of less than 0.05; ($p < .05$) accepted as statistically significant.

Ethical considerations

Administrative permission was obtained from the Association of Health Services Administrators, Ghana (AHSAG) for the conduct of the study. The consent of all participating respondents was also secured before the data collection. No personal information of respondents was included in the study.

RESULTS

The study recorded a 100% response rate with all 150 participants completing and returning the questionnaire. Online Google form questionnaires recorded a 108 (72%) response rate while the rest 42 (28%) were hard copies. All 10 respondents earmarked for the interview also honoured the session.

Socio-demographic characteristics of Participants

The sample generally was relatively middle-aged. The mean (\pm Standard Deviation [*SD*]) age of all respondents was ($M = 45.82$, $SD = \pm 5.794$) with an age range of 33–58 years. Most participants were males (80%) while (20%) were females. More than half (64%) of the respondents were Hospital Administrators while (36%) of them were Health Services Administrators. A larger percentage of the study participants (64%) had obtained a Master’s Degree, (32%) had First Degrees, and (4%) had Doctorate Degrees. For years of work experience, (16%) of the respondents have worked for 12 years, (22%) of them worked between 13 and 15 years, (46%) of them have worked between 16 and 20 years, while (16%) had worked for over 20 years.

Demographics

Age	No	%
Less than 40 yrs	60	40
40 -45 yrs	42	28
46- 50 yrs	28	18.7
51 -55 yrs	16	10.6
56+ yrs	4	2.7
N	150	100
Gender		
Male	120	80
Female	30	20
N	150	100
Professional category		
HSA	96	64
HA	54	36
N	150	100
Level of Education		
First Degree	48	32

Master's Degree	96	64
Doctorate Degree	6	4
N	150	100
Years of Experience		
Up to 12 years	24	16
13- 15 years	33	22
16- 20 years	69	46
20+ years	24	16
N	150	100

Regression analysis between Demographic Variables and Job Satisfaction

Model Summary^b			
Model	R	R Square	Adjusted R Square
1	.346 ^a	.120	.089
a. Predictors: (Constant), Years of Experience, Professional Category, Gender, Age, Level of Education			
b. Dependent Variable: Job Satisfaction			

ANOVA^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.275	5	.655	3.916	.002 ^b
	Residual	24.085	144	.167		
	Total	27.360	149			
a. Dependent Variable: Job Satisfaction						
b. Predictors: (Constant), Years of Experience, Professional Category, Gender, Age, Level of Education						

Coefficients^a								
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	-.343	.684		-.502	.616	-1.695	1.008
	Age	.023	.011	.310	2.156	.033	.002	.044
	Gender	.379	.104	.355	3.664	.000	.175	.584
	Professional Category	.102	.142	.115	.720	.473	-.179	.383

Level of Education	of	.264	.136	.329	1.938	.055	-.005	.534
Years of Experience	of	.001	.011	.010	.124	.901	-.020	.022
a. Dependent Variable: Job Satisfaction								

The regression tables show the impact of demographic variables on job satisfaction. The R^2 value of .12 revealed that demographic variables collectively predict 12% of the variance in the outcome variable with $F(5, 144) = 3.92, p < .001$. The findings also revealed that all demographic variables positively predicted job satisfaction with Age ($\beta .31, p < .001$), Gender ($\beta .36, p < .001$), Professional Category ($\beta .12, p < .001$), Level of Education ($\beta .33, p < .001$), and Years of Experience ($\beta .01, p < .001$). However, these results indicate only a low or weak positive correlation between demographic variables and job satisfaction. This implies that, although demographic variables of respondents and their level of job satisfaction are related such that the former can impact the latter positively or negatively, such a relationship is not very strong and variations in their demographic characteristics cannot exhaustively explain that job satisfaction or dissatisfaction in general among the respondents.

Pearson correlation: Relationship between Demographic variables and Job satisfaction

	Age	Gender	Professional Category	Level of Education	Years of Experience	Job Satisfaction	Overall job satisfaction
Overall Job Satisfaction	-.430**	.460**	-.288**	.258**	-.175*	.257**	1

** . Correlation is significant at the 0.01 level (2-tailed). * . Correlation is significant at the 0.05 level (2-tailed).

The correlation results between demographic variables and overall job satisfaction indicates a generally moderate correlation and is statistically significant between $.01 < r < .05$ such that between (Age and overall job satisfaction, $r = -.430, p < .01$), (Gender and overall job satisfaction, $r = .460, p < .01$), (Professional Category and overall job satisfaction, $r = -.288, p < .01$), (Level of Education and Job satisfaction, $r = .258, p < .01$), (Years of Experience, $r = -.175, p < .05$), and (Job satisfaction, $r = .257, p < .01$). The results specifically indicate a weak positive correlation between professional category, level of education, internal job satisfaction, and overall job satisfaction such that when the value of any one of these variables decreases or increases, the value of the dependent variable may also tend to decrease or increase (thus the dependent variable may behave the same way as the independent variables) but the effects may not be much significant. Conversely, the results show moderate correlations between age, gender, and overall job satisfaction. The correlation between age and job satisfaction has a negative coefficient, meaning as age increases, job satisfaction falls. Between gender and job satisfaction, there is a positive moderate correlation.

Regression analysis between Company culture, Professional growth, Manager relationship, Compensation and benefits, and Work-life balance and Job satisfaction

Multiple linear regression was run between the independent variables and the dependent variable using SPSS. v21 to determine the regression equation for job satisfaction and the effect of the independent (predictor) variables on the dependent (outcome) variable.

Model Summary			
Model	R	R Square	Adjusted R Square
1	.844 ^a	.713	.701
a. Predictors: (Constant), JS, CC, MR, PG, WLB, CB; where WLB = work-life balance, MR = Manager relationship, PG = Professional Growth, Company Culture, and CB = Compensation and benefits			

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	239.049	6	39.842	59.172	.000 ^b
	Residual	96.284	143	.673		
	Total	335.333	149			
a. Dependent Variable: Overall Satisfaction						
b. Predictors: (Constant), JS, CC, MR, PG, WLB, CB: where WLB = work-life balance, MR = Manager relationship, PG = Professional Growth, Company Culture, and CB = Compensation and benefits						

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	11.939	1.150		10.378	.000
	CC	-1.359	.241	-.315	-5.645	.000
	PG	.105	.177	.034	.592	.555
	MR	.847	.312	.135	2.716	.007
	CB	-1.982	.212	-.643	-9.361	.000
	WLB	-1.254	.209	-.411	-5.993	.000
	JS	-1.429	.264	-.325	-5.419	.000
a. Dependent Variable: Overall Satisfaction						

The regression results show the impact of the independent variables on the dependent variable (overall job satisfaction). The derived regression equation for Overall Job satisfaction, $OJS = 11.939 - 1.359 CC + .105 PG + .847MR - 1.982CB - 1.254WLB - 1.429JS$. The regression equation indicates that apart from keeping with the current momentum, the constant, where all independent variables are assumed to be zero, PG, and MR positively impacts OJS while CC, CB, WLB, and JS have a negative influence on overall job satisfaction among Hospital and Health Services Administrators. The R^2 value of .71 implies that collectively, the independent variables explain 71% of the variance in the outcome variable with $F(6, 143) = 59.172, p < .001$. The findings also further revealed that PG and MR do not have a significant impact on overall job satisfaction with PG ($\beta = .105, t = .592; p > .005$), MR ($\beta = .847, t = 2.716, p > .005$). On the other hand, company culture (CC), Compensation and benefits (CB), Work-life balance (WLB), and Job satisfaction (JS) have statistically significant impact on overall job satisfaction such that CC ($\beta = -1.359, t = -5.645; p < .001$), CC ($\beta = -1.359, t = -5.645; p < .001$), CB ($\beta = -1.982, t = -9.361; p < .001$), WLB ($\beta = -1.254, t = -5.993; p < .001$), JS ($\beta = -1.429, t = -5.419; p < .001$). This means that concerning the respondents, there is a statistically significant inverse relationship between company culture (CC), Compensation and benefits (CB), Work life balance (WLB), internal Job satisfaction (JS), as predictors and Overall Job Satisfaction (OJS) as an outcome.

Pearson correlation: Relationship between Independent Variables and Job satisfaction

	Company Culture	Professional Growth	Manager Relationship	Compensation & Benefits	Work-Life-Balance	Internal Job Satisfaction	Overall, Job Satisfaction
Overall Job Satisfaction	.198*	-.241**	.312**	-.650**	-.655**	-.166*	1

** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

Where CC, PG, MR, CB, WLB, MR, JS imply Company culture, Professional Growth, Manager relationship, Compensation and benefits, Work-life balance, and Job satisfaction

The correlation results between the independent variables and the dependent variable also indicate strong to weak positive and negative associations and statistically significant between $0.001 < r < 0.05$ such that (CC and overall job satisfaction, $r = .198, p < .005$), (PG and overall Job satisfaction, $r = -.241, p < .001$), (MR and overall job satisfaction, $r = .312, p < .001$), (CB and overall job satisfaction, $r = -.650, p < .001$), (WLB and overall job satisfaction, $r = -.655, p < .001$), (job satisfaction and overall job satisfaction, $r = -.166, p < .005$).

These results showed that company culture (CC) and manager relationship (MR) have positive correlations with the dependent variable, overall job satisfaction but these are moderate to weak positive associations. So, their increase or improvement may not trigger substantial effects on overall job satisfaction. The results also show weak to moderate negative correlations between professional growth, internal job satisfaction, and overall job satisfaction. This implies that any deterioration in these indicators will worsen the overall job satisfaction level of Hospital and Health Services Administrations but not to the extent that may cause them to exit their jobs in the short and medium term. The correlation between compensation and benefits, work-life balance, and Job satisfaction is strong. Both compensation and benefits, work-life balance, and overall job satisfaction have strong negative associations. An increase or decrease in the effect of any of these predictors would impact job satisfaction levels and vice versa.

Overall Job Satisfaction among Administrators

Overall Satisfaction	Frequency	Percent	Cumulative Percent
Satisfied	21	14.0	14.0
Somewhat satisfied	9	6.0	20.0
Fully satisfied	10	6.7	26.7
Somewhat dissatisfied	9	6.0	32.7
Totally dissatisfied	101	67.3	100.0
Total	150	100.0	



Concerning the quantitative analysis on the aggregate of current conditions under which Hospital and Health Services Administrators work, 21 of the respondents (14%) said they were satisfied, 9 of them (6%) said they were partially satisfied, 10 of them (6.7%) said they are fully satisfied, 9 respondents (6%) said they are partially

dissatisfied, while 101 (67.3%) said they are completely dissatisfied. This implies that more than two-thirds of all Hospital and Health Services Administrators in Ghana are completely dissatisfied with their jobs.

Qualitative responses for overall Job Satisfaction among Administrators

Overall Satisfaction	Contributory Factors
Satisfied	Recognition, support from my colleagues, and enhanced compensation package.
Somewhat satisfied	Limited job opportunities.
Fully satisfied	Good salary, fringe benefits, opportunities for further study on leave with pay, corporate health insurance, and good welfare policy.
Somewhat dissatisfied	One-man show work environment, limited career growth opportunities.
Totally dissatisfied	Imbalanced work and personal life, lack of appreciation, recognition, and respect, and poor safe work environment accounted for high job dissatisfaction bad manager-employee relationships poor annual performance appraisal, poor remunerations, lack of professional independence, absence of professional development opportunities, and inadequate staff accommodation.

Triangulating the quantitative results with qualitative responses, while 14% of the respondents admitted that they were satisfied with their jobs, qualitative findings revealed that teamwork, recognition, and good remuneration played a significant role in this satisfaction. As one respondent noted, *“My work is highly recognized and I enjoyed support from my colleagues who are always willing to lend a hand, making my job more enjoyable. The organization also offers an enhanced compensation package.”* The quantitative findings revealed that 6% of respondents are only somewhat satisfied with their jobs. The qualitative responses completely support this assertion as two of the respondents alluded, *“ Partially I am satisfied because I have a job, others do not, but I am not been treated fairly” “ We live in a country where jobs are scarce, so if you have a job, you can say there is some satisfaction, but when it comes to expectations on actual job satisfaction, there is a mixed feeling because I don’t get what I want.”* The quantitative results indicate that 6.7% of respondents reported being fully satisfied with their job. The qualitative findings also revealed that good compensation, benefits, and opportunities for professional growth greatly influenced this satisfaction. As one respondent noted, *‘My salary is good. There are also other fringe benefits with opportunities for further study on leave with pay’.* Another respondent said *“ I am fully satisfied with my job because apart from a good salary and other benefits, the welfare of myself and my family is well taken care of. I have corporate health insurance that takes care of our health concerns.”* Supporting the 6% of respondents who reported being somewhat dissatisfied, some respondents interviewed stated *“ Nothing works here. The whole environment is a one-man show. There are limited career growth opportunities. There is very little satisfaction here. Every day there is one problem or the other. If not for staying home without doing anything, I will quit this job.”* The qualitative responses firmly support the quantitative results of 67.3% of employees admitting they are completely dissatisfied with their jobs. Seven out of the ten qualitative respondents variously blamed imbalanced work and personal life, lack of appreciation, recognition, and respect, and poor safety work environment accounted for high job dissatisfaction bad manager-employee relationships poor annual performance appraisal, poor remunerations, lack of professional independence, absence of professional development opportunities, and inadequate staff accommodation as contributors to their high-level job dissatisfaction as evidenced in the following statements. *“ Why should a manager hate you so much? You can’t do anything to please him.” “ I have very little comfort, poor salary, no accommodation, and top of all no opportunity to upgrade. How can you be satisfied with these conditions? “ It is very sad. The organization ranks productivity over employee well-being with a lack of flexibility in scheduling and workload.”*

DISCUSSION

The purpose of this study was to determine the level of job satisfaction and its associated factors among Hospital and Health Services Administrators in public hospitals in Ghana. The findings of the study discovered that

approximately two-thirds (67.3%) of the respondents are completely dissatisfied with their jobs. This finding resonates with previous studies conducted on job satisfaction in other parts of Africa which found that 61.5% (Merga & Fufa 2019) and 65.1% (Mulugeta & Ayele 2015) of healthcare professionals were dissatisfied with their professions. Similarly, the proportion of overall job dissatisfaction revealed by this study far outweighs those discovered in other studies such as 44.8% (Geta et al. 2021), 25.7% (Akuffo et al. 2021), 17.0% (Scanlan et al. 2021), 14.8% (Qiu et al. 2021) and 2.8% (Singh et al. 2019). The overall rate of total dissatisfaction uncovered by this study is however slightly lower by 1% than the 68.3% which was discovered in a cross-sectional study of healthcare workers in Ethiopian government hospitals (Temesgen et al. 2018). In the Ghanaian context, the high job dissatisfaction rate (67.3%) by Hospitals and Health Services Administrators detected by the current study must be a source of grave concern since there is the likelihood that these disgruntled healthcare professionals may pay less attention to critical issues and in the end offer inferior services to the detriment of the entire healthcare sector. The main factors identified in this study as contributing to job dissatisfaction include Company culture, Professional Growth, Manager relationship, Compensation and benefits, Work-life balance, and internal Job satisfaction. These factors aligned with those identified in previous studies (Akuffo et al. 2021; Guan et al. 2021; Yang et al. 2019; Jin et al. 2019; Bonenberger et al. 2014; Kumar et al. 2013; Mulugeta & Ayele 2015; Gulavani & Shinde 2014).

This current study did not find a stronger adverse impact between Professional Growth and Manager relationships on overall job satisfaction. It observed that Company culture, Work life balance, and internal Job satisfaction impacted overall job satisfaction, and poor compensations and benefits (conditions of services) explain the highest levels of overall job dissatisfaction. These were the same sentiments expressed by respondents in other studies (Akuffo et al. 2021; Anand et al. 2022; Asegid et al. 2014; Ayalew et al. 2019; Khunou & Davhana-Maselesele 2016; Kumar et al. 2013;). Khunou and Davhana-Maselesele (2016). Although some studies found no significant association between demographic characteristics and overall job satisfaction (Chaulagain & Khadkas 2012; Elsherbeny & El-Masry 2018), this study noted that there are significant correlations ($p=.000$) between demographic characteristics such as age, gender, level of education, job category, work experience, and overall job satisfaction and dissatisfaction. This finding is similar to some studies that reported associations between demographic attributes and overall job satisfaction and dissatisfaction (Ayalew et al. 2019; Lu et al. 2016; Asegid et al. 2014).

CONCLUSION AND RECOMMENDATIONS

In a nutshell, this study revealed that Hospital and Health Services Administrators in public hospitals had a low level of job satisfaction and issues relating to Company culture, Compensation and benefits, Work life balance, and Job satisfaction were the most common indicators attributed to this phenomenon. This study additionally discovered that demographic factors such as age, level of education, job category, and work experience also accounted for job satisfaction or dissatisfaction. Health policymakers, managers and other stakeholders must develop, implement, and safeguard employee-friendly policies that will reduce staff anxieties and increase rates of job satisfaction not only among Hospital and Health Services Administrators but also across all job categories within the health sector to reduce the tendency of staff apathy and wastage. Efforts must be made to enhance working conditions within the health sector including the security of tenure, better remunerations, and professional growth anchored on competency-based training inter alia. Beyond improving basic work conditions and compensation, attention should also be focused on personalized recognition with such initiatives that tailor recognition programs to individual employees' preferences and interests. Managers, leaders, and supervisors must also ensure flexible work arrangements for employees by providing flexible scheduling, telecommuting, or compressed workweeks to support work-life balance. Employees must be guaranteed autonomy and ownership. Managers should give employees ownership of specific projects or tasks, allowing them to take pride in their work. There must also be the implementation of comprehensive wellness initiatives and programs to protect mental health and on-site fitness that will support employee well-being. Professional development opportunities such as training, mentorship, or education assistance to help employees grow professionally and work-life integration programs aimed at supporting employees' personal and professional lives through resources like parental leave or employee assistance programs must be high on the agenda of organizational human resources policymakers.

There should be clear policy directions toward an inclusive and diverse workplace to foster a culture of

inclusivity, diversity, and belonging to make all employees feel valued and empowered to encourage employees to take initiative, make decisions, and drive the needed change. There should be a culture that promotes and encourages competition and fair compensation and benefit packages and also achievements of milestones must be duly recognized, celebrated, and adequately rewarded. Managers should foster a sense of community and belongingness that will promote teamwork, collaboration, and social connections among employees. A healthy employee is a productive resource. Work policies should provide the needed support for employee welfare and well-being during crises since this will promote organizational purpose and meaning by connecting employee's work to the organization's mission, vision, and values. There must always be the conduct of regular pulse checks by surveying employees' attitudes to understand their concerns, ideas, and suggestions and use the feedback constructively to help employees improve and grow. Additionally, there should be conscious efforts to address human resource gaps to ensure equitable distribution of staff to reduce work overloads. Managers must recognize that every organization is unique, and therefore requires specific experiments and attention to find the strategies that work best for their employees to enhance their job satisfaction levels to improve productivity.

Study limitations

The study relied exclusively on participants' responses because it did not cite any official document on the conditions of service for Hospital and Health Services Administrators aside from a document restructuring the roles and responsibilities of the officers. The reliance on self-reported data has the potential to present a series of biases that may impact the validity and reliability of the research findings. It opens the door to social desirability bias because participants may provide answers that are socially acceptable or desirable, rather than truthful. It also can result in recall Bias since respondents may inaccurately recall or forget information, leading to incomplete or inaccurate data. There is also the possibility of selection bias because participants may self-select into or out of the study, potentially introducing biases and information bias since the participants may misinterpret or misunderstand questions, leading to inaccurate responses. Additionally, using self-reported data for analysis presents confirmation bias because respondents may provide answers that confirm their preconceived notions or hypotheses. It is also possible that the findings may be subject to acquiescence and extreme response bias because the participants may agree with statements or questions without fully understanding them and therefore may tend to select extreme response options. Apart from the above-mentioned flaws, false consensus, hindsight, and response set limitations can also occur where participants may overestimate the prevalence of their behaviors or attitudes, retroactively alter their responses based on new information, and respond based on patterns rather than actual opinions. To mitigate these biases, the study painstakingly used clear, concise language with objective measures in the survey, validated the data with external empirical sources, ensured anonymity and confidentiality, pilot testing and cognitive interviewing, and implemented data quality checks. The study also triangulated the data with personal interviews and interpreted the findings cautiously. Using only field data without official records on conditions of service to measure the job satisfaction of employees may also have several implications for the findings of the study. Apart from the limited accuracy, lack of reliability, and inability to generalize the findings, there is also the difficulty of providing sufficient scope, context, and benchmark for the findings because such a situation can present a potential for misinformation leading to difficulties in identifying trends to buttress calls for action. Again these limitations were dealt with by using multiple methods (combining qualitative and quantitative methods) to capture a comprehensive understanding of job satisfaction and also ensure anonymity to protect employees to encourage honest responses. The data were critically analyzed to reduce potential biases and limitations when interpreting the field data.

Conflict of Interest

The author declares no conflict of interest in the study.

Disclaimer

The views, perceptions, and opinions articulated in this article outside literature, empirical evidence, and participants' responses are exclusively that of the author and do not essentially replicate the official policy or position of any affiliated agency of the author or participants.

Further Research

Further research should consider other professionals within the health sector in Ghana to unearth the factors contributing to their job dissatisfaction to support a comprehensive job satisfaction policy for the sector.

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APPENDIX

Study Instrument/Questionnaire: <https://docs.google.com/forms/d/e/1FAIpQLSeTkUMWY54A893zFloT-vytPSxxAADWyk81P8sJWsn9CtGCiQ/viewform?usp=sharing>