

**ASSESSING CAREER PROGRESSION AMONG FEMALE HEALTH WORKERS IN THE
GHANA HEALTH SERVICE IN THE KUMASI METROPOLIS**

KNUST
BY:

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DECLARATION

‘I hereby declare that this submission is my own work towards Master of Business Administration (Human Resource Management) and that, to the best of my knowledge, it contains no materials previously published by another person nor materials which has been accepted for the award for any other degree of the university, except where due acknowledgement has been made in the text’.

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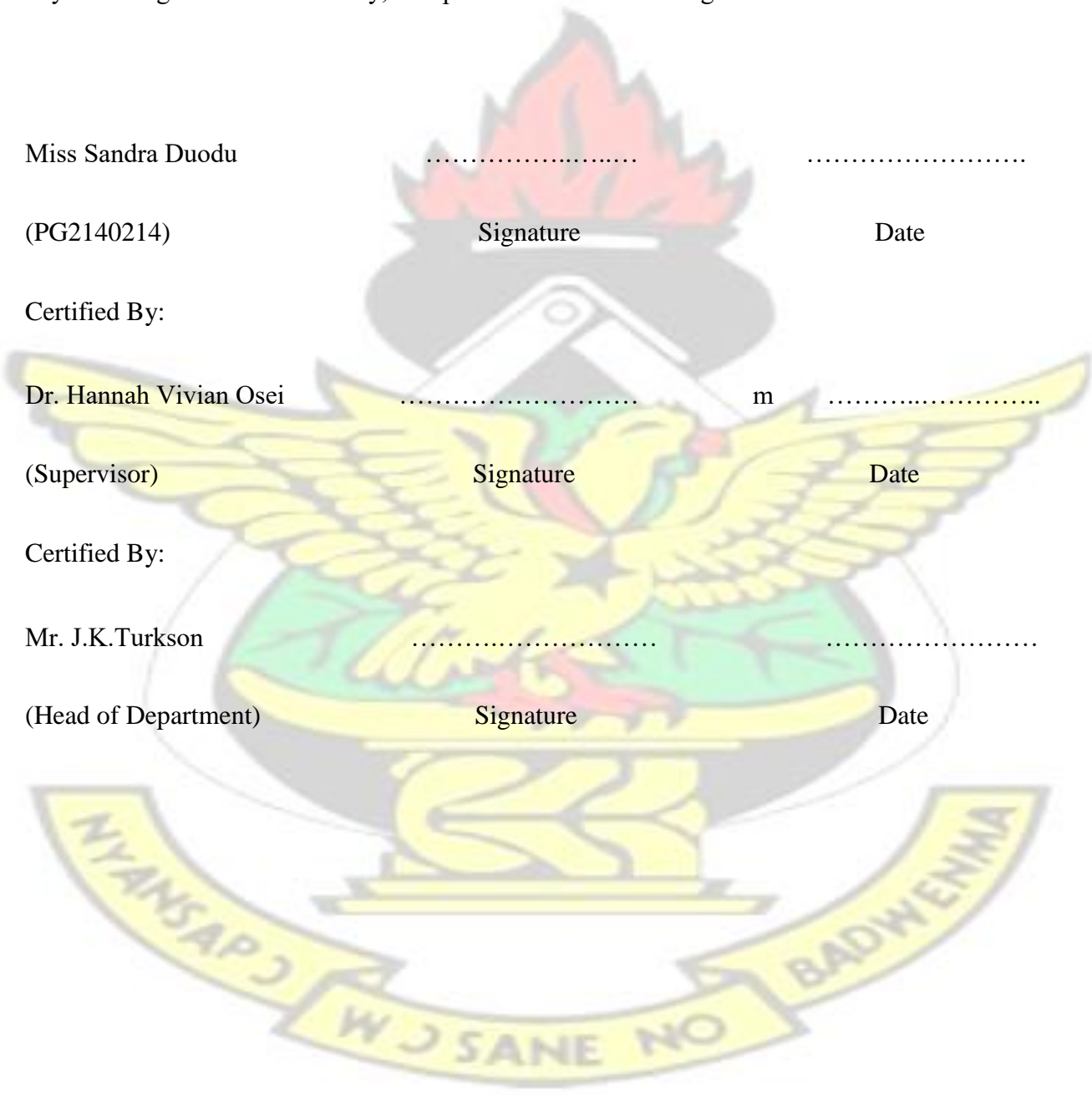
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ABSTRACT

The career development of women over the years has seen several consistent limitations. This paper assesses the career progression of female health workers in the Ghana Health services. The research was guided by four specific objectives; effects of social roles on career progression, impact of social support on career progression, effects of perceived organizational support on career progression, and lastly the effects of personality on career progression. The study was basically quantitative and it sought to explain the relationship among the variables. A total of two hundred (200) selected from five (5) hospitals and Metro Health Directorate answered the questionnaire. Primary data was gathered through questionnaire while secondary data was collected through other researches among others. The data collected was analyzed using statistical package for social scientist (SPSS). Correlation and Linear Regression were used to analyze the data. The results showed that while the effect of social role ($B=-0.014$; $p=0.783$) is not significant and as such cannot be used to predict career progression all the remaining factors, social support ($B=-0.377$; $p=0.000$), perceived organizational support ($B=-0.189$; $p=0.007$) and personality ($B=-0.342$; $p=0.000$) are statistically significant and can be used to predict career progression. The study recommended that the society must offer support to women in the form of husbands and in-laws helping them in taking care of their children and discharging their household duties since it helps them to get time to progress in their career. Organizations should create the enabling environment to help the female worker progress as well as organize workshops and refresher courses for their female workers periodically. Lastly the study recommends that women should have a positive attitude towards themselves by avoiding inferiority complex.

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DEDICATION

This work is dedicated to my beloved children Jamie, Cecil and Ethan for their support, understanding and encouragement to the successful completion of my programme



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LIST OF ABBREVIATIONS

CEO	Chief Executive Officer
CSA	Central Statistical Agency
GHS	Ghana Health Service
GOS	Gender Organization System
IBR	International Business Report
ILO	International Labour Organization
MHDGHS	Metro Health Directorate of Ghana Health Service
MO	Medical Officer
MOWA	Ministry of Women’s Affairs
OECD	Organization for Economic Co-operation and Development
SPSS	Statistical Product and Services Solutions
UK	United Kingdom
UN	United Nations
UNIFEM	United Nations Development Fund for Women
UNILO	United Nations International Labour Organization
US	United States

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

In spite of the increasing research in the career development of women done in the preceding three decades, numerous constant setbacks have been eminent. A major difficulty is insufficient consideration to their expertise (Richie, Fassinger et al., 1997 as cited in Hancock and Hums, 2016) since there is limitation on the knowledge of the collective effects of sexism on professional advancement, the level to which current concepts flawlessly define the abilities of women. Furthermore, for the reason that a number of the existing studies were done using undergraduates, knowledge on what pertains to women in the working industry is scanty, especially women at the top position in their area of work (Richie, Fassinger et al., 1997, as cited in Hancock and Hums, 2016).

Concerns of discrimination against women have been a global phenomenon for centuries and women have since been sidelined in all human endeavours – political, economic, social, legal, religious and cultural arenas. Women world over were therefore considered economically insignificant until in the 20th Century when their contribution to socio-economic development was recognized (Baffour Awuah and Abraha Gebrekidan, 2008 as cited in Ajayi, 2014). McAuley (2015) indicates that, the roles and status given to females are unusually comparable across the world. Hitherto, it was non-existing that females across the globe would venture into acquiring knowledge, learn a profession, or receive remuneration equally as men, get married, have children, get divorced, own property and travel by their own free choice. For instance, until the 20th century,

the United States of America had a legal system called covertures which is a system whereby married women were considered to be minors. Many women got themselves in economic activities in the 20th Century but they were largely found in the area of Agriculture and petty trading i.e. in the informal sector. They gradually became recognized as partners in economic development in the 1960s. Their contribution and impact on economic development made policy makers, public administrators, public policy analysts, economists, and other development experts accepted the fact that world cannot develop to its fullest sense without the political and economic empowerment of women and the full incorporation of women in the development process (Baffour Awuah and Abraha Gebrekidan, 2008 as cited in Ajayi, 2014)

Greenstreet (1972) as cited in Date-Bah (2016) argues that if everyone is part of ensuring the existence of mankind and instituting an enhanced life is permitted to use systematic information and technical-know-how; growth would be accomplished at a fast pace. On the other hand, growth will be impeded for the entire humanity if everyone is not allowed to partake in this information. All must therefore be given the opportunity to participate in the tasks of nationbuilding. The importance of women has therefore been amply recognized. It has also been realized that women have been discriminated against and it was necessary to bring them at par with their male counterparts if their contribution to development is to be promoted. This has resulted in recent terms like female empowerment and gender parity which has also become a development policy. Consequently, many International Laws, Treaties, Conventions and Declarations have been passed with the aim of ensuring gender equality which is purported to catalyst the socio-economic development of the world. Among the Conventions and Treaties are the Equal Remuneration Convention 1951 (No. 100); the International Labour Organization (ILO) Convention on

Discrimination (Employment and Occupation), 1958 (No. 111); the Workers with Family Responsibilities Convention 1981 (No. 156), the Millennium Development Goals (No. 3); the Ghana Poverty Reduction Strategy (GPRS) document. Besides, many countries have made laws that seek to ensure gender fairness and endow females (McCown, 2009 as cited in Dunn, Gerlach et al. 2014). The Charter of the United Nations formally accepted impartiality among males and females in 1945. This was mentioned by the Organization for Economic Co-operation and Development (OECD) (2002). It was subsequently established in the numerous Accords, Resolutions and Pacts, especially the Convention on the Elimination of All Forms of Discrimination Against Women and the Beijing Platform for Action, that was certified by UN Member States at the Fourth World Conference on Women: Equality, Development and Peace, held in 1995. This Platform recognizes gender equality as both a human right and a core development issue.

The accrued pragmatic proof that validates the importance of gender parity is the unbiased and effective advancement and poverty alleviation. It maintains further that Countries that fail to encourage fairness among males and females predispose themselves to sluggish fiscal development and added lasting poverty in their residents than those that encourage fairness. Women have therefore been encouraged to get formal education to enable them secure employment at the formal sector (UN, 2007). (Anker, et al., 2003 as cited in Saha 2014) argue that notwithstanding these Laws, Conventions and National Policies; females remain clearly in the minority in formal professions in all sections of countries worldwide. Women folk are seen to consist of well below 50 percent of lawmakers, high-ranking executives and bosses in all 51 countries sampled. Regional averages differ significantly, though, fluctuating between fewer than

10 out of a hundred in the Middle East and North Africa, to about 15 per hundred in Asia, and about 30 out of a hundred in Developed countries, Transition Economy countries and Latin American countries. Few privileged females who found themselves in formal sectors are at the lower echelon of the organizations. World Bank Report on Africa, (1999) shows that even though there are African women who are magistrates, doctors, and other high-level professional persons, at the administrative, executive, and managerial levels women's representation is poor.

According to Allah-Mensah (2005) as cited in Ohemeng and Adusah-Karikari (2014) women at the managerial position and high political offices have two distinct advantages: economic empowerment and decision making. Economic empowerment because promotion goes with salary increment thus if one sex usually gets promotion to the top of the organization they work, they will accordingly become economically empowered. As increase in wages are related to progress and obligation levels, discrimination in promotion is seen as a contributing cause to salary disproportion. Public administration of which the civil service and general public service are integral components is the driving force for the formulation and particularly the implementation of government policies and programmes. As part of the main political system, it is within this subsystem that authoritative allocation of resources is effectively translated into projects and programmes. Thus women at the top echelon of the public organization will put them at the decision-taking point where they can put the issues concerning women across for consideration (ibid).

Notwithstanding the realization that political and economic empowerment of women through career progression in public organizations and holding of high political offices is imperative for

ensuring income and economic equity between males and females; there are few women who have made it to the top of public offices and organizations even in the advanced nations like USA, Britain, France, Germany, etc. (Ghai 2014). This signifies that career progression of women in public organizations and higher offices has been limited in the whole world despite the laws that have been passed to discourage gender predisposition in addition to encourage gender fairness and women empowerment across all human endeavour.

1.2 Problem Statement

In many societies, top management positions have always been tagged as a prerogative of men and not women making it relatively difficult for women to climb up the carrier ladder to top management positions; hence the under representation of women in such positions (Schneider, Holman et al., 2015).

Female executives are vulnerable to role pressure owing to many task demands inherent in working at the same time and taking care of the house (Caleo and Heilman, 2013). Even though there are very educated women who have advanced in their field of career with some having master's degree, PhDs and other academic laurels as their male counterparts, the men are considered when it comes to occupying management positions. The Ghana health service has policies in place that turns to guide workers in their career progression. However not withstanding this plethora of factors still keeps women in the service from progression in their career. These factors are seen as Social Role, Social Support, Personality Traits and Organizational Support.

Social role can be termed as the duties a woman is supposed to fulfill in the home. The success of women in their career progress is often times at a substantial cost to the functions expected of them in the society. They are many a times torn between demands of the society and work because of their unwillingness to be house wives more so women are also confronted to be excellent women. They desire opportunities as well as chances which the external world offers but are always drawn back by some expectations, duties among other social roles. (Singh and SDurgaPrasad, 2014) indicated that employment and domestic struggle is one major constrain to females' professional development. The rapidly growing industry require long working hours and this translate to inability to perform social roles which leads to difficulty in career progression of the female worker. Women often times are compelled to place social role above work consideration and this often leads to less confidence in women holding positions.

Social Support seeks to find answers to the question what do I do? Where do I go?. These are often time questions women are confronted with in their career progression. The decision concerning how to progress in one's career are more often enormous. Such decisions are often seen as what would describe the individual and set the person in the social order. It is only logical that such a big decision is made with guidance of the support system. Individuals require some reassurance and backing throughout the course of progression in their career. In a usually masculine controlled field with only a handful of reputable women, females seeking to become recognized have to search other places for direction and assistance concerning the prospects accessible for them. The support from family remains the only support system available to female worker. Other support system such as the church and the community readily provide guidance to the male leaving the female.

Personality is the comparatively lasting discrete trait and temperament which sets an individual apart from everyone. Personal trait defines who we are and this place a major role in decision making. Individual difference also plays an important part in the job progression of females. Since personality defines who we are it translates into how quick or slow we take and implement decisions. It also plays a major role in the choices female workers make during their career progression. Whereas some women in the industry are quick to identify opportunities and chance on them, others are slow to react and this poses a challenge to their career progression

Perceived organizational support can be seen as the point where workers believe the institution trusts their yields and are concerned about their wellbeing. The role of the organization in the career progression of the female worker is often seen in the internal culture and policies of that organization. The effect of the internal culture of an organization on the career progression of the female worker can be curtailed since the organization has the power to increase diversity and support females. In a male dominated industry it is often times seen that many organizational culture is tailored to meet their needs and expectations. Also polices to suit the male more than the female Women in their bid to succeed have to struggle as they have to compete with their male counterpart. Certain ideologies in the organization such as men are more productive that women among others also affect the career progression of the female worker since they do not get promoted. In addition to this few women are occupying managerial position and because of this mentorship is lacking.

Such a worrisome and unclear situation requires an investigation to establish the necessary facts that will guide the formulation and implementation of appropriate policy interventions to address

the issues of female career progression. It is in this light that this research work has been developed. The study therefore uses female health workers in Ghana Health Service (GHS) in Kumasi Metropolis, to assess their career progression.

1.3 Objectives of the study

The objective of the study is grouped into two: general objectives and specific objectives.

1.3.1 General Objectives

The main objective of the study is to assess the career progression of women in public services and formal sector in general using the Ghana Health Services in the Kumasi Metropolis as a case study.

1.3.2 Specific Objectives

The specific objectives of the study are:

1. To assess the effect of social roles on the career progression of female health workers in the GHS in the Kumasi Metropolis
2. To determine how social support system adds on the career progression of female health workers in the GHS in the Kumasi Metropolis
3. To assess the effect of perceived organizational support on the career progression of female health workers in the GHS in the Kumasi Metropolis
4. To determine the effect of personality traits on the career progression of female health workers in the GHS in the Kumasi Metropolis

1.4 Research questions

The following questions are addressed:

1. What is the effect of social roles on the career progression of female health workers in the GHS in the Kumasi Metropolis?
2. How does social support systems add on the career progression of female health workers in the GHS in the Kumasi Metropolis
3. What is the effect of perceived organizational support on the career progression of female health workers in the GHS in the Kumasi Metropolis
4. What effects does personality traits have on the career progression of female health workers in the GHS in the Kumasi Metropolis

1.5 Significance of the study

Gender equality and women empowerment has gained currency of late due to its perceived potential to the development of mankind. Consequently, varied views and opinion have been expressed on it. This study contributes to the ongoing discussions by assessing the career progression of women in public organizations and higher offices to know the factors that affects women economic empowerment. Management and policy makers can therefore make use of the findings and recommendations that will help promote the general welfare of women and bridge the gap in career progression between males and females. Furthermore, the study will add knowledge and value to the existing literature on women empowerment since the study focuses on career progression aspect of women empowerment and gender equity which has not been

extensively studied. Finally, it could also be useful to other researchers who may want to make further research in a related field.

1.6 Brief Methodology

The research approach for the study was a quantitative method for the purpose of assessing the career progression of female health workers at Ghana Health Service in the Kumasi Metropolis. The information and data required for this research was obtained from primary and secondary source. The secondary data was used to reviewing of literature on the subject and the primary source in the form of questions were used to gather information. The questions were close ended. The sample size was 210 female health workers purposively selected from the Ghana Health Service in the Kumasi Metropolis. The female health worker was sampled because the factors under consideration affected them most. Purposive, convenient and snowball sampling techniques were used in selecting respondents to the questionnaire. The researcher used questionnaire as a method for data collection, to obtain insightful informative data. Collected information was evaluated by means of SPSS. Correlation and regression statistical measures in the SPSS were used to establish the relationships between the variables in the questionnaire and also find the strength of these relationships.

1.7 Scope of the study

The researcher used the Ghana Health Services (GHS) Kumasi Metro as a case study. The Ghana Health Services was chosen because it has a lot of women employees. This afforded an opportunity to effectively assess how women in formal sector progress, leading to the attainment of the goals

of the study. It also has well-defined structures with many positions which one has to climb to reach managerial status. This helped to achieve the objectives of the study because how females have been progressing from the lower echelon of the ladder to the top was identified. Besides, the GHS comprises many professionals such as medical officers, nurses, laboratory staff, paramedics, administrative staff, etc., which will give diverse professionals opportunity to be part of the study. Thus different views and opinion were shared leading to enrichment of information needed for the attainment of the goals of the research. Moreover, the GHS has welldefined promotion and career progression criteria (GHS, 2015). This also helped to determine how promotions were made within the service, i.e. whether or not there were any discrimination or otherwise in the promotion in the service. Finally, access to information is vital to the realization of the objectives of any study. The researcher is a health worker so she had easy access to reliable and accurate information which helped to achieve the goals of the study.

1.8 Limitation of the study

Though the study was cautiously organized there were quiet some restrictions and challenges. Foremost the study was executed in five different hospitals located in different areas in the Kumasi Metropolis. This meant that the researcher had to move from one location to the other collecting data. Oftentimes traffic in this areas resulted in the researcher getting to the locations late thus rescheduling appointment with respondents. It is worth noting that getting the respondents to answer the questionnaire was done with lots of efforts as the respondent were either too busy or had travelled and so could not fill out the questionnaires on time. Secondly there was limited literature on the study especially Ghana, thus the researcher relied on work done in other parts of the world. Thirdly funding was another limitation to the research because there was not enough

money in printing thesis work and questionnaire and moving from one hospital to the other. Lastly combining thesis writing with work and motherhood was very stressful and time consuming.

1.9 Organization of the study

The research was structured into five distinct sections. Chapter One deals with the contextual to the work, the problem statement, the objectives and questions for the research work, the scope; the significance of the study and the organization of the study. Chapter Two comprises discussions of other works of various writings relating to the study. Chapter Three covers the methodology of the study. It delineated how the information relating to the research work were collected and analyzed. It begun with a the study design, the purpose of the study, the population of the study, sampling techniques, the size for the study and how the data were collected through appropriate sampling methods. Chapter Four considers the analysis of the data, findings and discussion of the study. Chapter Five comprises a summary of the research findings, conclusions and recommendations regarding how career progression of women in the public organizations can be improved.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In recent times the working industry has seen women competing with their male counterparts in building the economy. Women are seen actively carrying out task hitherto expected to be carried out by men. Despite these achievements women representation in managerial positions are still limited. Composition of management and boards are skewed relative to their male counterparts. The chapter reviews literature on carrier progression of women in public service or private organizations. The first part reviews a critical and in-depth overview and analysis of issues concerning carrier progression of women in organizations and then to the Glass Ceiling phenomenon, issues of carrier progression among women in developed countries, developing countries and further narrowing it down to Ghana. The focus then shift specifically to centre of the fours factors, personality traits, organisational role, society support and society role that are seen to affect women largely in their career progression. The chapter will examine and discuss the relevant studies and literature in the area. Lastly the chapter discusses the relevant studies on career success.

2.2 Career progression among women in organisations

In many societies, top management positions have always been tagged as a prerogative of men and not women (Schneider, Holman et al., 2015), making it relatively difficult for women to climb up the carrier ladder to top management positions; hence the under representation of women in such positions. Such societies and organizations differentiate or lessen the achievements of women.

This is as a result of issues like the ideology of women not being good enough to fill senior management positions, the Glass Ceiling perspective and the negative stereotypical assumptions that women are tagged with and the unsupportive and discouraging work environment. The glass ceiling consequence talk about the obstacles that prevent females from progressing to the highest office in their establishments (Smith and Crimes 2007 as cited in Al-Manasra, 2013). It is connected with human resources, one of the most significant resources that may well guarantee competitive lead to institutions (Fujimoto and Hartel 2010). In male dominated work environment, female managers usually are unable to attain the multiplicity of skill likened to male bosses because females are usually obstructed from attaining promotions while moving up the ladder.

The scarcity of female leaders in organisation results in constant partiality and the unfairness against women in the workplace (Broadbridge and Weyer, 2007 as cited in Livingstone, Pollock et al.,2016). While females are dexterous enough to climb up the pecking order, they are halted at some point by some invisible barriers making them climb further. Numerous CEOs who prioritize gender multiplicity by establishing optimistic objectives for the section of females in management roles, stressing on varied slates of contenders for high-ranking offices, and creating mentoring and training programs are frustrated. These CEOs in conjunction with their corporations devote time, resources, and plans on efforts to form a more vital channel of upwardly mobile females but they are most of the times disappointed (Ibarra et al, 2013).

2.3 The Glass Ceiling Concept

The expression “glass ceiling” was initially coined by American authors on the subject of females at their place of work in the 1980s (“Glass ceiling”, 2013). The glass ceiling influence discusses

the obstacles preventing females from progressing to the highest levels in their establishments (Smith and Crimes, 2007 as cited in Al-Manasra, 2013). Nonetheless, it is a complicated occurrence as it is the cause and effect of multiple factors. Occasionally the causes and effects are visible but sometimes they are hard to notice. Nonetheless, outcomes of numerous researchers have ascertained the gains of eliminating the glass ceiling in the institutions to include the bringing in of a greater group of talent to make the institution more representative, decent, creative, inventive and economically successful (Northouse, 2013). Gender favoritism is still a prevalent matter across the globe. Unfairness can be seen both directly and indirectly in different forms, in different fields and in different societies despite the dissimilarities in economic, social and technological developments. In politics, even Hillary Clinton, who is seen as the “most powerful woman in American politics” (Tomasky, 2013) shared her experience of being "kidded, ribbed and chided in boardrooms across the country" just because she defended women’s issues (Miller n.d). Britain’s choice of a British leader to appear on the 5-pound note completely left women out: Winston Churchill instead of Margaret Thatcher – the most important British prime minister in the last 50 years was chosen (Chu, 2013). During the course of history females have become mindful of the strains being placed on them and have started to contest it. An example of this would be Hillary Clinton's run for presidency, which is often seen as the peak glass ceiling in America. The failure of females to gain entree into the organisation and their inability to achieve the highest management positions is described with a fascinating simile, “Glass Ceiling” (Tlaiss and Kauser, 2010)

The Glass Ceiling perspective signifies a subtle and invisible impermeable barrier or wall which prevents upward movement by women in organizations (Baxter and Wright, 2000 as cited in Folke

and Rickne, 2016). Women who strive to gain top management positions usually are embraced by this Glass Ceiling which comes with its traits such as non-supportive working environment for women in organizations, gender disparities tagging women as ‘weaker vessels’ and hence excluding them from certain activities. These negative attitudes fill many workplaces, questioning women’s professional capabilities and as a result requesting they put in more effort to attest their reliability and commitment. The Glass Ceiling hypothesis reveals gender disparities are highest at the top organizational levels (Thomas and Moye, 2015).

The above picture is equally applicable to Ghanaian women who constitute over 50% of the country’s population. Yet the few who make it to these formal sectors do not progress to the top as their male counterparts. Although recent gains have been made in the country in this direction with the appointment of first female Government Statistician as well as Electoral Commissioner, Chief Justice and Attorney General among others, there is still more to be done to achieve gender parity at workplaces. In accordance with the ideologies of the 1998 ILO Convention, The administration has made laudable efforts in safeguarding the abolishing of all modes of inequality against females with regards to employment. Regarding all matters connected to employment, it evidently outlines and allows for the removal of all forms of injustices found at the workplace and encourages parity. The content of the law that are encouraging are; the law forbids unfairness meted out to females in the institution; sexual harassment at the workplace is barred while it calls for level playing field in terms of remuneration for equal work value.

2.4 Career progression

Career progression imparts every aspect of organization lives. Both workers and owners often view career progression in different dimensions. Whereas workers see career growth prospects as a chance to find motivation at their work place and increase their financial security (Okurame, 2012) employers see it as a source of resource strain and employee competitive process (Hoobler, Lemmon et al. 2014). Women underrepresentation in leadership positions in business is not specific to a particular country or industry. Several studies in different countries around the globe show that the increase of women in managerial positions is unbalanced compared to the total number of the workforce and their representation at top level managerial positions in business and public administration is still very low (Doldor, Vinnicombe et al., 2012).

Whichever way it is looked at, career progression is an essential source of motivation to workers as moving up an organization hierarchy through promotion. It increases an employee's motivation to have a strong involvement in organization and career activities (Lunenberg and Samaras 2011). The upward advancement of people in their chosen vocation is termed as Career progression. Public as well as private institutions have policies governing the career progression of their workers. These policies are seen in the form of promotion. Public organizations unlike their private counterparts go through their promotions as soon as one has fulfilled the required needs. However notwithstanding it is evident that males are able to climb the promotional ladder with lots of ease and also occupy most of the managerial positions. Women are mostly seen to occupy positions which men cannot occupy. In the health service positions such as Matron and nursing administrator is occupied by women. People argue that this trend is so because the nursing profession is mostly dominated by women.

2.5 Career Progression of Women in Developed Countries

According to the Grant Thornton International Business Report (Thornton,2013), though country specific variations exist, the global average level has not progressed much. Female senior managers are found most in China where 51% of senior managers are women. Next is Poland with 48% and Latvia stood third with 43%. Countries which have the least women as senior managers are Japan with only 7%, United Arab Emirates and Netherlands both with 11% (Thornton, 2013). Currently, in the American financial services industry, women make up 54.2% of the labor force, but are only 12.4% of executive officers, and 18.3% of board directors but none are CEOs (Warner, 2014).

It is known that women usually make the mistake of making early career choices that do not lead them to top management positions. The British Employment Gazette (1990) states that women normally choose jobs that have not-so-good career prospects. Jobs such as secretarial and clerical work are all occupations with poor chances of reaching management and a lot of women are found in such occupations. According to (Santos Roomi et al., 2016), women all over the world are evenly in the minority at high ranking position. It discloses that the problem of women teachers' under-representation at management level is not peculiar to England, but pertains in most European countries. He notes that teaching is predominantly a female occupation, and the proportion of women teachers is higher in nursery and primary schools compared to secondary schools.

In Europe, there is not a single woman among the 25 highest earning CEO's (Nguyen, 2013). Of the 550 members of the Turkish parliament, only 8 of them are females. Women also choose different functional careers within organizations and these differences are present almost in all fields. For example, in an insurance company, women are normally seen in the positions of personnel and less likely to be top management positions. In a retail store, women are usually found in staff management and not the store management stream. Also in the manufacturing sector, women are mostly spotted in sales rather than production. This accounts for the scarcity of women in top management positions in most organizations.

Lukaka (2013) also argue that most post manufacturing labour markets continue to be characterised by gendered occupational segregation, both vertically and horizontally but patterns of occupational discrimination vary depending on sectors of employment and it affects diversely different groups of women. The bottom line however is that there is gender discrimination at the management level in favour of males. Zulkarnain (2013), mentioned while investigating the fraction of females in health care in England and Wales that, female specialists were small. She distinguished specialties such as psychiatry, pathology and radiotherapy/radiology where women consultants had increased in numbers with surgery, medicine and obstetrics and gynaecology (O&G) where the proportion had not changed substantially. She concludes that being female is a handicap to achieving consultant status, particularly in the popular specialties suggesting a discrimination against females in career progression.

(Hutchings, Michailova et al., 2014) alludes to the idea of low representation of women at the managerial position and argues that although they constitute the majority of the teaching staff in schools in England. They are unusually under-represented in school management positions, however, the pattern of occupational discrimination vary depending on sectors of employment and affects diverse different groups of women. It does not take systematic research to see that a much higher proportion of low level supervisors than of chief executive officers are women (Elmuti, Lehman et al., 2013). A study of managers conducted in America indicated that women and men were progressing through different career paths and women careers less predictable and more erratic. It is not very clear what the cause and effect in the gender differences in career path are; as to whether women occupy certain roles by choice or out of necessity. Patton and McMahon (2014) observe in their examination of career progression manage male and female women.

Less than 0.5 per cent of the 4,012 highest paid managers in top American companies and Fortune 500 companies are women (Moses, Olokundun et al., 2014). Similar patterns are seen in other developed countries. Of all managers and administrators in Denmark, only 14.5 per cent are women with just 1 to 5 per cent found in top management positions. In Japan, studies reveal that only 7.5 per cent women were found in administrative and managerial positions with just 0.3 per cent of them being in top management positions (Sultan, Kanwal et al., 2015).

Rogers and Lawton (2012) explore promotion within the Victorian Public Sector in Australia, using the cross-sectional 2004 Census. Their findings however show that the main determinant of promotion is human capital, rather than discrimination in the promotion processes, especially, formal education,

qualifications and job tenure. Notwithstanding, there are some traces of differences in promotions which could be attributed to discrimination. The overall conclusion from their study is that promotion in the Victorian Public Sector, at least over their period study, is driven mainly by factors relating to work performance and work experience rather than gender influence. They recommend to organizations to develop well-defined policies and procedures in promotion to enable them prevent discrimination in promotion and to facilitate efficiency in the internal labour market allocation process.

Findings from a study on factors that hinder the career development of women teachers in England (Moreau, Osgood et al., 2007 as cited in Martino 2014), show that officially, 60% of the teaching workforce is represented by women professional teachers besides majority of those who are not recognised as qualified teachers and part-time teachers. Thus there are considerably more women teachers than male teachers in the teaching force. However, majority of women are found in nursery and primary schools and males dominate in managerial positions. They conclude that across sectors in England, women are under-represented at the management level. They identify the barriers to career progression of women in the public service as follows: gendered home responsibilities, combination of paid and domestic/caring work; career development break; work-life balance; appointment and promotion criteria; networking and gate-keepers; role model; masculine construction of managerial positions.

A study of female expatriates in managerial positions in various industries and service sectors across Europe affirmed the fact that women were underprivileged due to lack of organizational support which is readily available to their male counterparts; making only 25% to believe they could make it to the top

of their careers (Linehan, Scullion et al., 2001 as cited in Shortland, 2014). They believed three major barriers existed and hindered female professionals from gaining global experience. These were; entry – the biggest hurdle of entering the international organizations; the perception of women to be not as much internationally mobile as their male counterparts due to family responsibilities and finally; lack of mentors and the inability of building networks on international assignments (Dispenza, Watson et al., 2012). In the French engineering sector, women who graduate from the best schools with good certificates have more unemployment problems than their male counterparts (Akpinar-Sposito, 2013). Although a substantial number of research has been conducted on the imbalances associated with male and female career progression and a number of policies have been proposed to help alleviate these barriers to female career progression (Evetts, 2014) evidence of the actual implementation of these practices affecting women and preventing them from climbing the professional ladder to senior management positions remain a significant issue.

2.6 Career progression of women in developing countries

Women constitute around 40% of the world labor force but not achieved much gender equality in any country of the world (ILO, 2010). Although women's presence in paid employment has improved over the last half century, their progression to positions of leadership has been slow (Murray and Syed, 2010) indicating existence of formidable barriers for women career advancement in many countries of the world. Women are underrepresented and underutilized in organizations for several reasons. Many prior studies have examined a series of factors that might obstruct or facilitate women's career advancement. Various attempts have been made by researcher to categories these factors within frameworks, and the most common one adopted by

several researchers is the Gender Organization System (GOS) framework (Akpinar-Sposito, 2013).

UNILO, (1967) as cited in Kim, (2015) indicates that on the level of management and administration, educated women make a poor showing. For instance, in 1967, Ghanaian women constituted 19% of professional and technical persons, but only 4% of the administrative, executive, and managerial workers. It notes that though there are African women who are magistrates, doctors, and other highlevel professionals, females' representation on the administrative, executive and managerial levels is largely poor. Women participation at the decision-making levels is also under-represented. In Algeria, between 1960 and 1966, women executives remained constant at 6 percent; in Egypt during the same years, percentages dropped from 5 percent to 4.4 percent. In Ghana between 1960 and 1967, the percentage of women rose from just 3% to 4% of executives.

The rank of females in African Universities located in sub-Saharan areas as well as their underrepresentation explains the position of women in the society (Adusah-Karikari, 2008 as cited in Ohemeng and Adusah-Karikari, 2014). According to her, in almost all sub-Saharan African countries, female teaching staffs at the university are few in number and comprise less than 10% of the faculty at the senior professorial level. She added that women graduates often confront poor employment prospects, receive lower salaries, and have fewer opportunities to advance due principally to sheer discrimination. (Abidin, Penafort et al., 2009 as cited in Sharif, 2015) citing the AICPA Special Commission on the Upward Mobility of Women Special Committee (1989) indicate several issues that impede the promotion and retention of women in public accounting. They mentioned childcare and family responsibilities, awareness of success criteria, the perception problem, cultural and attitudes

toward women, stress, dating and marriage, and involvement in professional associations as the main barriers to women career.

Cultural factors have emerged as the major impediment to women's progress through the 'Glass Ceiling' (Evetts, 2014). She believed that a cultural dilemma arises whenever either a male or female enters a non-traditional area and it needs a very strenuous effort to trounce the chauvinism, stereotypes, traditions and accepted practices if more women are to be given their chance to progress to senior management position. Cultural factors adversely affect women and their career progression especially in Africa. In African societies where women are eternally tagged as homemakers and mostly expected to be at home and not in the office. There is a strong belief that women struggle and are unable to perform better since they toggle between their home responsibilities and the office and so they are mostly discouraged in their pursuit to climb up the corporate ladder. It is believed that women are unable to perform their domestic duties well when they combine that with corporate responsibilities as they are responsible for a greater portion of domestic chores (Merluzzi and Dobrev, 2015). For the few women found in corporate circles, gaining leadership or top management positions become a struggle for them. In Kenya, there is a perception that married women who have children are not the best of employees as they often require time off work to attend to their children and hence are unable to undertake extra duties and or overtime hours; all of which are contributing factors when it comes to promotion. (Koshal, Gupta et al., 1998 as cited in Napasri and Yukongdi, 2015) did a study in Malaysia on how men and women at different ranks feel about women's advancement in organizations, the differences in the leadership styles of men and women managers and their effectiveness in achieving organizational goals. They found that women do not get equal opportunities as men for career advancement; females are under-represented at

all management levels; there is discrimination in compensation; and women need to work harder than men for recognition and rewards.

In Kenya, 16 per cent of women are the ones found in lower management positions with 84 per cent of men found in senior management positions. Although women constitute a greater portion of the country's population and workforce, their employment into organizations is considered more complementary than essential with the ever so popular excuse of women having responsibilities at home and thus, having more domestic demands on their hands to be burdened with corporate affairs. Most organizations in Kenya prejudge women and conclude they would be less competent and less committed than their male counterparts and hence why they should not be found in senior management positions. According to (Abidin, Penafort et al., 2009 as cited in Sharif, 2015), a survey by The Upward Mobility of Women Special Committee in 1988 identifies seven obstacles confronting female accountants. First is the cultural attitude towards women; second is the perception problem where employers deny that obstacles exist. Third is the awareness of success criteria where not all women are able to identify the subtle criteria necessary for advancement to top level positions. As a remedy to these problems, some corporations have instituted programmes to help women become aware of criteria necessary for a success.

Ethiopia is a developing country in East Africa with a huge population of 80.4 million and with diverse cultures and ethnic groups. Of the total population, women account for 49.7% (CSA, 2013) and 47% (World Bank, 2012) of the total population and the labor force of the country, respectively. According to the Global Gender Gap Report of 2013, out of the total nonagricultural employment, share of Ethiopian women employed in the non-agricultural sector accounts for 42%

(World Economic Forum, 2013). In Ethiopia, women's lack of assertiveness and lack of commitment by the few women in decision-making positions to fight for issues of gender equality combined with insufficient number of educated women were identified as reasons for the underrepresentation of women in decision making positions (MOWA, 2006).

2.7 Career Progression of Women in Ghana

According to (Adusah-Karikari, 2008 as cited in Ohemeng and Adusah-Karikari, 2014) throwing light on the state of career of women indicates that females in public institutions are conspicuously under-represented at the management levels. She continues that women strive to keep their representation in Ghana politics. She laments that out of the in total number of 230 parliamentarians in 2007, only 25 were women and out of this number 4 were appointed high commissioner and ambassadors. She attributes the problem of career progression of women in public organizations to the numerous responsibilities of females, career development challenges as well as of women, challenge of career development, and looking down on their role.

According to (Ohemeng and Adusah-Karikari, 2014), in all the public institutions including some selected ministries, the hierarchical structure was extremely gendered, i.e. there are very few women at the top of the hierarchy where important decisions are taken whilst the bulk of women in these organizations were concentrated at the lowest ranking levels. Among the factors she identifies as the cause of low representation of women at the managerial level include sheer discrimination on the grounds that women cannot combine high level positions and associated demands with their roles as mothers and wives. Furthermore, some of the positions required a higher degree which most of the women do not have thereby making them automatically unqualified for such positions. Another

identified factor was that, due to poor conditions of service, young, promising female graduates leave for better jobs elsewhere particularly in the private sector and the universities. She recommends the need for increased education opportunities for women. Notwithstanding all these in 2012 election the number of women in parliament and ministerial positions increased and now we have the attorney general and the chairperson of the electoral commissions are women which means women are progression and climbing the ladder to the up.

OECD (2000) identified elements in the power structure in the institution that tends to impede female involvement in the health sector in Ghana and their ability to make decision at the authority level. This was revealed during the discussion on gender perception in the health sector in Ghana. It revealed that while male dominate the medical officers and assistant position, majority of females are nursing staff in the sector. The MOs who occupy most senior positions take advantage to attend international training programmes and courses to upgrade their and knowledge. To avert this situation it was decided that only medical directors of the hospital required a medical degree. This decision is believed would help to promote women who are more likely not to have a medical degree. On her part (Tsikata 2007) argues that female senior members, both faculty and administrative staff at the University of Ghana have almost consistently been between 3.3% and 4.4% of the staff total, while male members range between 14% and 17%. In all, about 79% are men, while 20.3% of the faculty are women. She admits that though there has been an improvement, women continue to be concentrated in lower ranks.

She attributes this phenomenon of women's under-representation in the academy to both national trends and the institution's culture. She bemoans that in spite of this distinct position difference between males and females, the University is still considered gender neutral by influential members of administration and the faculties.

2.8 Social Role

Social role can be referred to as the right, duties expectations, customs and conduct expected to be accomplished by an individual. The society sets standards to organisation and individuals and thus effect female leadership. The role of the woman in the society cannot be over emphasized. Hitherto women were expected to take care of the home. However that cannot be said of the average woman today. They sometimes assume the role of the man by being the bread winner. However notwithstanding this they are expected to play their full duties in the society. It is worth noting that societal factors are challenging and time taken factors to change as the have effects on various dimensions of life.

2.8.1 Effects of Social Role on Career Progression

In most countries of the world, society sets standards and expectations and customs to organizations and individuals, in all spheres of life and thus affects female leadership (Mirza and Jabeen 2011). Society's perception of women's place is still associated to their home and family which puts limitations on their working careers. It is still generally accepted that a woman plays the "motherhood" role and caregiver to family. In contrast, men are perceived as the 'breadwinner' and given head of the family role. Societal factors can affect different scopes of life as such difficult to check. Thus changing those demands lots of effort and time (Bell, Ancillotti et al. 2016). Traditional believes and assumptions of gender roles still exist and can be strong barriers towards career advancement of women. Social norms dictate that women's appropriate behaviors should be nurturing, caring, and cooperative and it is less appropriate for women to be aggressive or

assertive in getting deserved developmental or promotional opportunities (Carli, Eagly et al. 2016). In Ethiopia, females in high ranking offices remain in the minority despite actions of governments. Diverse cultures, attitudes concerning the expectations and rank of females as well as male-controlled traditional beliefs seen in the Ethiopian society limit women from advancing in their working career. In spite of the increasing number of women participation in education and labor market, household activities are generally considered as a woman's duties. In addition to child bearing females still do greater part of domestic duties. Thus relegating female's personality to household setting is an obstacle that discourages females from entering into the public life (Mekonnen, 2016).

Society factors are indirect factors which influence both organization and individual behavior. (Lockwood, 2004 as cited in Wayne, Casper et al., 2013). She explains this is resulting from women being naturally the primary caregivers and keepers of the home and therefore assumptions are usually made regarding their availability to do a job without any interference from family responsibilities. So mostly employees become hesitant when it comes to employing women since they fear they may leave their job whenever the need arises for them to choose between their work and family. Women's development is undergoing appropriate changes and these changes can be ascribed to modifications spearheaded by the information age, alterations in career stress as a result of work-life balance as well as discrimination seen at workplace (Bierema, 1998 as cited in Kim, Eisenberger et al. 2016).

Despite the achievements made regarding obstacles preventing females from getting formal education, taking care of the family especially children, the sick and the elderly is still an issue for women in their

career advancement. Research worldwide has shown that infants and limited childcare choices Studies from around the world indicate that young children and a lack of childcare options compel to opt for certain kind of jobs. The availability of childcare often enables women to take permanent, fulltime jobs rather than seasonal, part-time, or temporary work which impeded career progression.

2.9 Social Support

Social support can be referred to as support female receives in other to function effectively in the society. This support can be from the nuclear, extended or the clan. The organization also has a supportive role it needs to play. (Ridgeway, 2001 as cited in Guillén, Mayo et al., 2016), observed that the society tags a good mother as the one who devotes her time and energy to her home and family. She is seen to place less priority on work demands. This tag however has created a negative perception that females are less committed staff. The result of this is that female face lots of challenges and obstacles when they desire to progress in their chosen field. It also reduces the opportunities available to them to make known their ideas thus reducing their influence in group decisions.

2.9.1 Impact of Social Support on Career Progression

The belief the women are care givers and as such must be committed in making the home has had grave impact on their career progression. Though in recent times some level of support has been extended to them there is still evidence to show that the social support system does not provide adequate support for the female to work as their male counterparts. The perception that high

ranking offices only benefit men confines females to inferior roles. There is no doubt that the socialization for boys and girls in the society has an effect on their imminent vocation.

Work-life balance is another barrier to women career progression due to their multiple roles in handling a career and a home and family (Treas and Drobnic 2010). Due to challenging job, women are required to have stay longer at the workplace as such they have to sacrifice relationships and the chance to bear kids as long as they desire to climb the professional ladder. Company's culture can contribute greatly to work life balance by establishing flexible work arrangements (Shagvaliyeva and Yazdanifard 2014). Balancing work and family is the top barrier to women's progression to leadership position (Treas and Drobnic, 2010).

The numerous challenges and barriers that hinder females from progressing in their career to high ranking offices has been observed. The principles that underscore the supremacy of men and the dependency of women, they constitute an important part of the socialization development. The gender education and training most men and women are exposed to from child hood based on the concept of role expectancy an individual develops through the years his or her own set of internalized values, beliefs, attitudes, ideals and aspirations. According to (Majanja and Kiplang'at 2003 as cited in Kibaara, 2014) it is a taboo in some part of the world for the female to have a career aside the home. Furthermore female who gain employment are saddled with having to combine work responsibilities and domestic responsibilities. This renders women having their career development opportunities dwindling as compared to their males counterparts. He observed that in spite of the changing laws, through socio-cultural values, perception, expectations and

attitudes, women are still marginalized regarding their gender. This affects their image and achievements.

Even if women and men have the same or similar educational background, functions and training, males tend to benefit from career progression more than females (Tschopp, Unger et al. 2016). They argue that this is a consequence of networking which works for males because men more than women occupy influential and central position than women. They opine that the inadequate representation of women in influential organizational circles put females at a disadvantaged positions. They conclude that, generally, men and women do not benefit from the investment they make in their career and that multiple forces are at work to help maintain existing power structures. The discrimination at work exists in all countries but the disparity varies from country to country. (Ghai, 2014).

2.10 Perceived Organisational Support

Perceived organizational support considered as interaction in the office can be defined as how employees feel their effects and contribution are appreciated by the organization as well as their wellbeing (Ode-Dusseau, Britt et al., 2012). Perceived organizational support provides creation of positive employee attitude and behavior when job conditions and aspects of human resource practice are considered. These include good treatment, guidance, motivations and enabling job conditions. The effect of Perceived Organizational Support is employee's commitment in achieving company goals (Stinglhamber et al. 2002, as cited in Kim, Eisenberger et al. 2016).

2.10.1 Effects of perceived organisational support on career progression

Organizations per their duty are expected to support in the diverse areas of career upgrading. Employees are expected to commit and perform better when their organization invest in them (Conway and Coyle, Shapiro 2012). Nonetheless this rest on the persons needs as each person has specific occupational goals. The state of the world's economy also needs to be considered. The components aiding professional development cannot be over emphasized as it plays a crucial part in employees output. As workers are motivated they tend to put in their best as they come to an understanding that their bosses have fulfilled their part of the bargain.

Theories on Perceived Organizational Support states that shared commitment among workers and their leaders start with instituting and ensuring good and enabling conditions for workers. The result is workers feel part of the organization and as such give off their best to achieving the goals of the organization. Organization support for its workers job advancement can be seen as formal and informal. Formal include career planning and training while informal support are mentoring and coaching (Renee Barnett and Bradley 2007 as cited in Saeed, Lodhi et al. 2013). Workers stay faithful if they acknowledge their institution appreciate and recognized their effects (Blader and Tyler 2013).

Employees who feel support from their organization feel their needs are being met by their organization, and the organization demonstrates more effort to develop their employees to feel to commit to their organization because of this altruistic action. A high level of perceived organizational support may help to restore the balance between the benefits awarded by the

organization and the contributions of the individual. Indeed, when individuals perceive a high level of organizational support, the costs attached to quitting their job will be perceived as being less significant than if they thought that they had given a great deal to the organization without having received anything in return. It is also expected that perceived organizational support would contribute to change employees' wishes to continue to work within their organization from need to want or obligations.

2.11 Personality

Personality can be said to be the numerous manners an individual shows in different situation. Personal factors include poor self-image, lack of motivation and ambition to accept challenges “to go up the ladder”, lack of confidence in one's ability to succeed in higher position, lack of commitment and lack of willingness to take risks, less assertiveness, less emotional stability and lack of ability to handle a crisis (Muoria, Gachunga et al. 2012).

Lack of confidence and career ambition have been cited as factors in preventing women from moving into senior and executive positions. A study by Institute of Leadership and Management (ILM) revealed that women managers are hampered in their careers by lower 16 ambitions and expectations (ILM, 2011). In addition, when women demonstrate characteristics that are associated with leadership (confidence, self-reliance, dominance and self-promotion); they face a criticism because of an incongruity between perceptions of the leader role and the female gender role (Eagly and Karau, 2002 as cited in Billing, 2015). Personality can be thought of as the sum total of ways in which an individual reacts to and interacts with others. Most often personality is defined as the quantifiable traits by an individual

2.11.1 Effect of personality on career progression

The relationship between personality and career progression has provoked a great deal of speculation. It has often been asserted that achievement can be explained largely by factors such as individual initiative, effort, and merit. Personality can be categorized into four namely Dominance, Inducement, Submission and Compliance (Moulton, 1999 as cited in Kabir and Sajib, 2015). This has the acronym DISC. Those under dominance are perceived to be aggressive, demanding and adventures. Most organizers, leaders and the likes belong to this category. Talkative, social and communicators are regarded as Inducement. Actors, optimist and advocates belong to Inducement. Submission types are seen to be focused, prudent and stable among others. They are normally those who play the role of balancing power in an organization. The Compliance type comprise clear minded and seekers of perfection. They follow rule and are critical of others performance.

Personalities can be grouped into A and B (Super and Thompson 1982 as cited in Leuty and Hansen, 2012). They continued that Group A are seen to be ambitious and poised to achieve their goals. Group B are opposite of those in Group A. However there is another group which has both traits of group A and B. This translate that there are people who are in group A but have traits of type B and vice versa.

Personality consist of five dimensions (McShane and Von Glinow 2015). These include openness to experience, conscientiousness, extraversion, agreeableness and neuroticism. Neuroticism refers to individuals with high level of emotional unstable and characterize with high level of depression

and anxiety. Therefore individual with high neuroticism tender to have negative work experience in organizational and lack of positive personality and psychological (Halim, Zainal et al. 2011). Extraversion refers to individuals with sociability skills and easygoing. This contradicts with neuroticism, individual possess high extraversion able to have good social interaction among people and ambitious. Openness to experience reflect to individual willingness to seek new experience accordance to activities and environment such as flexible, creative and curious (Kraimer, Seibert et al. 2011). Conscientiousness indicates that the individuals with committed, achievement-oriented and perfectionist personality. Agreeableness depicted individuals with soft interpersonal characteristics. Individuals with positive agreeableness personality are likeable, soft-hearted, caring and generous.

There is a strong belief that individual's career progression is their responsibility and not the organizations. This is due to the changing nature of career and unstable employment (LópezDomínguez, Enache et al., 2013). Particularly, highly educated people are capable and able to management their own career (Wesarat, Sharif et al., 2014). Individual employees who are graduates can encourage themselves to remain employable and marketable, not only for developing a career in a particular organization, but also for developing lifelong transferable skills in job market. Whereas people who have a sense of career satisfaction need to remain in their profession and also contribute to career growth, people who lack career satisfaction may leave their profession (Wesarat, Sharif et al., 2014).

2.12 Career Success

The ultimate aim of every individual is to be successful in their chosen field. Career Success is a way for individuals to fulfill their need for achievement and power. At the individual level it refers to acquisition of materialistic advancement, power and satisfaction. Knowledge of career success helps individuals develop appropriate strategies for career development, (Johari, Mat et al., 2013). Career success is defined as the accumulated positive work and psychological outcomes resulting from one's work experiences (Ng and Feldman, 2014). Career success has both an objective and subjective component (Poon, Briscoe et al. 2015). Objective career success is an evaluative concept such that it is determined on the basis of relatively visible criteria when judged by others, whereas subjective career success becomes relevant when success is being judged by the individual concerned (Judge, Cable et al., 1995 as cited in Poon, Briscoe et al., 2015)

This thesis seeks to assess the career progression of female health workers and address what seem to be the factors inhibiting females from progressing to top management positions as opposed to their male counterparts. This research work will further attempt to identify the extent to which the criteria for career progression are adhered to when it comes to the promotion of women in Ghana Health Service.

2.13 Conceptual Framework

The factors that affect career progression of women is of great concern to today's modern women. These factors could have direct or indirect effects on the career progression of females. The research looks at four direct factors that affect career progression of women today. The conceptual framework depicts these factors that tends to have effect on the career progression of women

Practices and policies in organization affecting females' career progression have a great impact on women at their place of work. Perceived organizational support is key as it affects the sense of belonging a person feels at the workplace. Maintenance of balance between task at the workplace and in the home is expected of women. Thus work and family responsibilities are seen as opposing each other. This is as a result of the society seeing certain responsibilities as solely for women. The effect of these duties is the low output exhibited by women at the workplace. Therefore work and domestic obligations for the female employees affect their productivity which affects their career progression.

Individual personality also has an indirect bearing on the career progression of females. The advancement of females on the career ladder is believed to be dependent on them. How they interact with and react to others and situation is believed to shape and serve as a motivation for them to climb the career ladder. The chart below illustrate the association between these direct factors and career progression

Conceptual Framework

Independent Variable

Dependent Variable

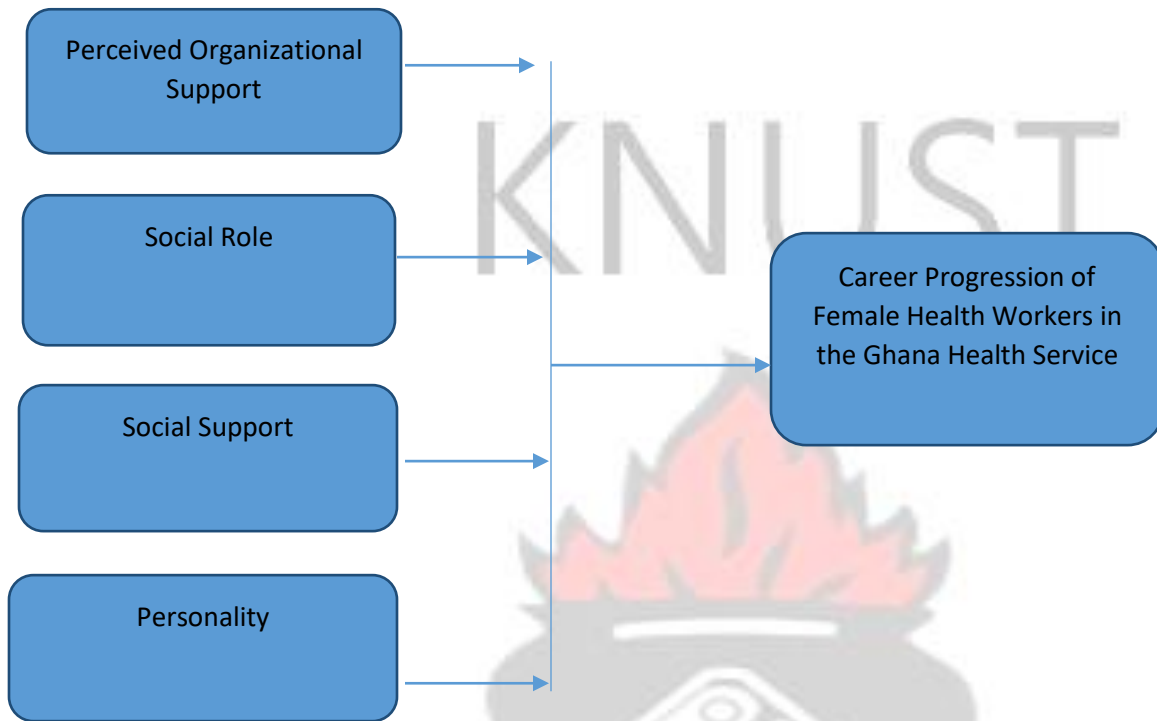


Figure 2.1 Conceptual Framework

Source: Field Work (2016)

2.13.1 Perceived Organizational Support

This study proposed that perceived organizational support in Ghana will affect the career progression of female health worker positively. Based on the literature perceived organizational support impact positively on the individual

2.13.2 Social Role

This study proposed that social roles in Ghana will affect the career progression of female health worker negatively. From the literature it is evident that social roles played affect the female worker

negatively in that demand from family eventually restrict the women to certain position in the workplace which makes it difficult for her to progress.

2.13.3 Social support

The study suggested that social support in Ghana impact positively on the career progression of female. From the literature it is seen that women are seen as career givers and as such must give less priority to work. This perception if changed would mean that the female worker can progress in her career as expected.

2.13.4 Personality

The study suggested that personality of female health workers in Ghana should impact positively in their career progression. From the literature review it was seen that career progression of the individual has much to do with the person. This is because the decision to progress in once career has to do with the decision the person takes.

2.14 Chapter Summary

The subject of assessing female career progression in organization is of major concern. The chapter reviewed literature on the subject from scholars and researcher who have sought to explain the subject. The first part reviewed a critical and in-depth overview and analysis of issues concerning the career progression of women in organization. It also reviewed the Glass ceiling phenomenon; issues of career progression among women in developed, developing and further narrow it down to Ghana. The focus then shifted specifically to center of the four independent factors to know their effect on the career progression of females. The thesis seeks to assess the

career progression of female health worker in GHS and attempt to see the effect that the independent facts are social role, social support, perceived organizational support and personality has on the career progression of females to top management position.

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CHAPTER THREE

RESEARCH METHODOLOGY AND ORGANIZATIONAL PROFILE

3.1 Introduction

The methods used to carry out the study are explained in this section. The section comprised the discussion of the study organization (the Ghana Health Service in the Kumasi Metropolis), study design, population, sampling, data collection and analysis, i.e. the chapter delineates and outlines strategies that were used to gather data and how the information collected were analyzed to attain the goals of the study.

3.2 Research Design

The research design is the overall strategy and plan of how a researcher intends to go about in answering research question. Planning and execution of the research in the manner that is most suitable to achieve the anticipated goal is directed by the research design. Whiles gathering and examining of data three techniques were considered. They are: the qualitative, quantitative method and mixed method. Quantitative research, according to (Kayal, Vercelloni et al., 2015) is a research approach aimed a testing tones determining facts, demonstrating relationship between variables and predicting outcomes. In quantitative research numerical data is collected and analyzed using mathematical methods. To acknowledge the rational, opinion and motivations in research, the qualitative method is used. This method explores the problems or helped to developed ideas for possible for a quantitative research. Qualitative data collection method varies using unstructured or semi structured techniques (Wyse, 2011). Mixed method is a methodology for conducting research that involves collecting, analyzing and integrating quantitative and qualitative research in

a single study (Creswell, 2013). For the purpose of this study quantitative method was used in analyzing data. This is because quantitative approach is usually detailed and structured and result can be easily collated and presented statistically.

3.2.1 Research Purpose

The explanatory research also known as analytical type of research was used. The explanatory research is the investigation of cause and effect relationships (Brains et al., 2011). The decision to adopt the analytical type of research was informed by the objectives of the study which sought to find the effect and impact of certain factors which indirectly affect the career progression female health workers in the Ghana health Service, Kumasi Metropolis

3.3 Population

The study focused on female workers of the GHS in the Kumasi Metropolis. The Metro Health Directorate of the Ghana Health Services (MHDGHS) and the public Hospitals in the Kumasi Metropolis under the Ghana Health Service were considered for the study. While the MHDGHS afforded the opportunity to know the female health personnel in the Metropolis, the hospitals helped to identify the structures, procedure and criteria in promotion and career progression. The total number of female health workers in the metropolis is 1, 285 which form the population of the study.

3.4 Sample Size and Sampling Techniques

3.4.1 The Sample Size

The research was concerned with the career progression of females in public organizations (GHS) in the Kumasi Metropolis and therefore those who were directly working in the GHS were required to give reliable information leading to the attainment of the objectives of the study. Out of the total population of one thousand two hundred and eighty-five (1,285), two hundred and ten (200) respondents were selected to answer the questionnaires.

3.4.2 Sampling Techniques

Sampling technique can be defined as the process of selecting a number of persons for a research in such a way that the persons represent the greater group from which they were selected. There are several sampling techniques however for the purpose of carrying out the research three techniques of sampling were chosen. They are Purposive, Convenient and Snowball sampling which are under the non-probability type of sampling techniques. The five (5) public hospitals under Ghana Health Service and located within the Kumasi Metro Health Directorate (MHD) were sampled for the study. The MHD has been purposively sampled for the study because it epitomizes the health facilities in the region. It has a lot of staff which comprises medical officers, nurses, administrators, allied health workers and other supporting staff. It also has positions and structures one can climb to the top to become a manager. Moreover, it has promotion criteria and there are a lot of women employees especially, in the nursing directorate. The MHD was picked because it represents the administrative structure of the GHS in the metropolis. The MHD and the public hospital in the metropolis can squarely represent public organizations in the metropolis and are sufficient of giving reliable and accurate information which could be used to achieve the objectives of the study. Convenience or opportunity sampling is the most common type of sampling where the only criterion is to the convenience of the researcher (Dörnyei 2007, Farrokhi and Mahmoudi-

Hamidabad 2012). Convenience sampling was used because of the ease of the staff to volunteer to participate in the study also availability and quickness of collecting the data was considered. The MHD is dominated by females and this made it easier for selection for the study. The snowball sampling technique which rely on existing study recruits to recommend other was employed for the study. This technique was used especially to locate respondents in the administrative positions.

3.5 Data Collection

The data used for collection of this study was questionnaire

3.5.1 Questionnaire

The researcher used only one measurement instrument (a questionnaire) for data collection with quantitative data collection method. The researcher administered 200 questionnaires to the sampled employees. The researcher used closed-ended questions that helped to get specific answers and avoid unnecessary deviations. The staffs were chosen because they are in the better position to identify problems they encounter in their career progression.

3.6 Sources of data

Primary and secondary sources of data collection techniques were used.

3.6.1 Primary Sources of data

Primary data involves the method which is collected specifically for the research project being undertaken (Saunders 2011). Shi (2014) asserts that only primary data can help answering the question related to people's attitudes, intentions and buying behavior. This data was collected from the case study area GHS. This data was gathered through the use of questionnaire.

3.6.2 Secondary Sources of data

The researcher considered greatly the secondary data. Secondary data includes textbooks surveys, reports newspapers, magazines, articles, video recordings etc. (Saunders 2011). The extent of secondary data available provides the base for a strong literature review and secondary researcher analysis. The availability of secondary data enhances the existing knowledge of the researcher and offers guidance for primary data collection (Creswell, 2013).

3.7 Data Analysis

Quantitative research uses methods from the natural sciences that are designed to ensure objectivity, generalizability and reliability (Weinreich, Odumade et al., 2010). The main tool for data analysis and presentation were through Statistical Product and Service Solutions (SPSS). Correlation and regression analysis were used to establish relationships and also find the strength of the relationships. The strength of the relationship is graded from negative one (-1) to positive one (1). Negative one shows a strong negative relationship and positive one indicates a strong positive relationship. The table below shows the strength of the correlation from small to large.

Strength	Range
Weak	0.1 to 0.29
Medium	0.3 to 0.49
Strong	0.5 to 1.0

3.8 Reliability and Validity of the Measuring Instrument

Reliability can be defined as the extent to which data collection techniques(s) will yield consistent findings, similar observations would be made or conclusions reached by other researchers or there is transparency in how sense was made from the raw data (Saunders 2011). Validity refers to how well a test measured what it is purported to measure and whether it measures the concept accurately. In this study, a theoretical study of how female health workers progress in their career was conducted. The factors considered were changed into test items. Content validity was determined by expert judgment and professionals in the field of female career progression evaluated the validity of the questionnaire. On this basis the present study as a result of establishing clarity and accuracy was both reliable and valid. The reliability of the variable was done using the Cronbach alpha reliability test in SPSS. The reliability figures are presented in the table below.

Table 3.1 reliability statistics

Variable	Cronbach's Alpha Cronbach's Alpha Based on N of Items		
		Standardized Items	
Social Role	0.873	0.873	10
Social Support	0.764	0.659	7
Perceived			
Organizational	0.612	0.609	8
Support			

Personality	0.825	0.837	12
Career Progression	0.911	0.911	15

Source: field survey (2016)

Cronbach's alpha coefficient was used to measure the reliability (internal consistency) of multiitem questionnaires. Tzamalīs, Panagiotakos et al. (2016) provide the following rules of thumb ≥ 0.7 specifies an acceptable degree of internal consistency, > 0.6 is questionable, < 0.5 is poor and < 0.5 is unacceptable. The Cronbach alpha values in the tables above shows that all the variables indicate an acceptable degree of internal consistency.

3.9 Ethical Considerations

There are ethical values that a person of science absolutely needs to have, because when a scientist devoid of ethical values creates scientific knowledge through research and publishing, all of the actions this person performs can cause great harm to one's profession and to society (Erdem 2012). For this reason, a great many international and national ethical codes have been created (Dünya 2013). In spite of researchers generally being honest, their ethical principles could be violated because of reasons like carelessness, inexperience, and negligence (Yelken et al 2011). The administrations of various facilities as well as the ethical board of the university were consulted before the study was carried out. Informed consent was sought from key respondents. Discretion of the data was also firmly assured and the reason of the work was clarified to respondents before asking them to answer the questionnaires

3.10 Organizational Profile

The following are a brief profile of the Ghana Health Service. The profile of each hospital sampled is found in appendix B.

3.10.1 Brief history of the organization

The GHS was selected for the study and visited with the designed questionnaire which served as a guide to solicit the responses. The Ghana Health Service (GHS) is a public service body established under Act 525 of 1996 as required by the 1992 Constitution. It is an autonomous executive agency responsible for implementation of national policies under the control of the Minister of health through its governing council - the Ghana Health Service Council. The independence of the GHS is designed primarily to ensure that staff have a greater degree of managerial flexibility to carry out their responsibilities, than would be possible if they remained wholly within the civil service. Ghana Health Service does not include teaching hospitals, private and mission hospitals.

Mandate

To provide and prudently manage comprehensive and accessible health service with special emphasis on primary health care at regional, district and sub levels in accordance with approved national policies

Objectives

The objectives of Ghana Health Service are to:

- a) Manage prudently resources available for the provision of the health service.

- b) Implement approved national policies for health care delivery in the country.
- c) Increase access to good quality health care

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Values

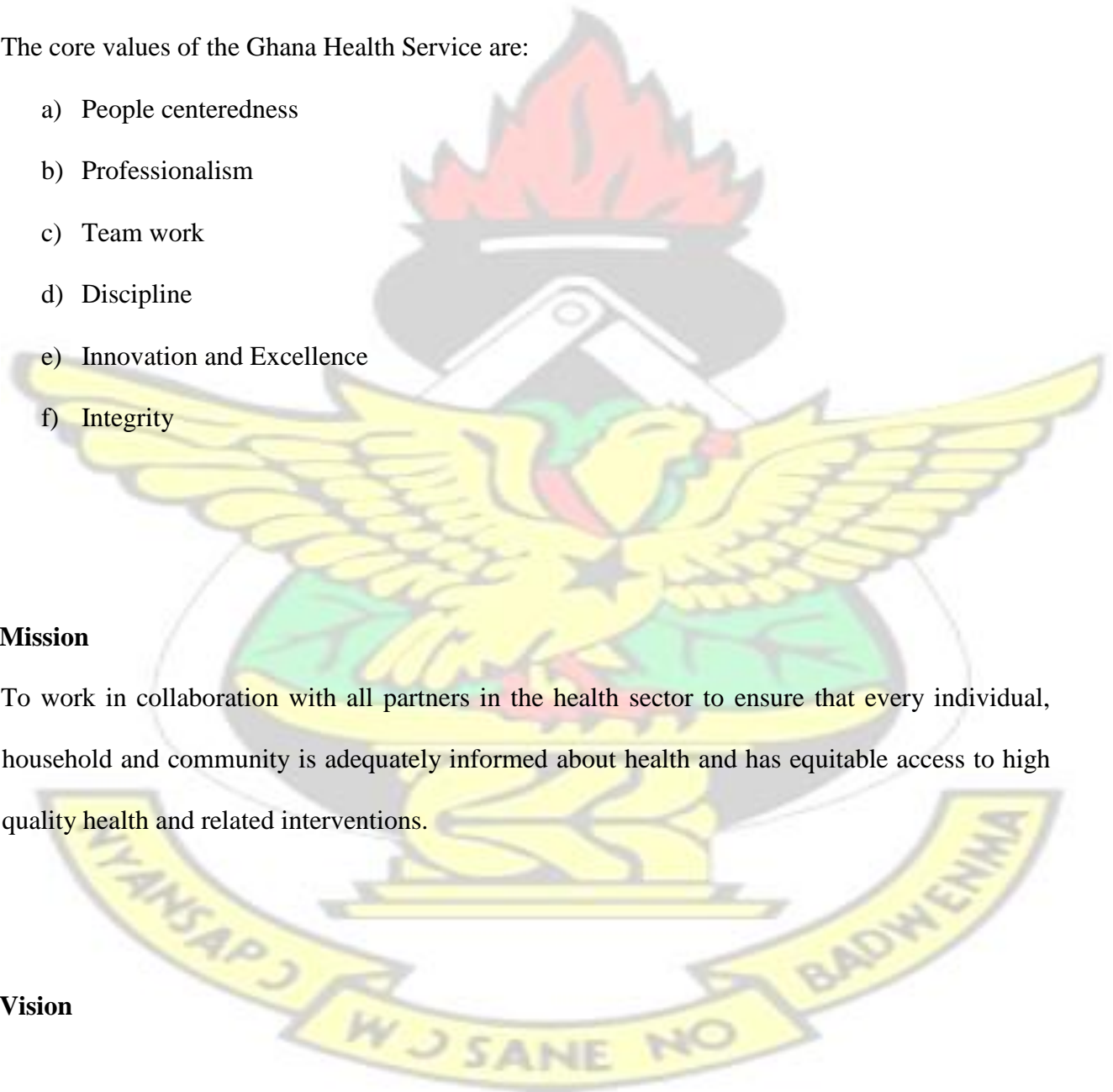
The core values of the Ghana Health Service are:

- a) People centeredness
- b) Professionalism
- c) Team work
- d) Discipline
- e) Innovation and Excellence
- f) Integrity

Mission

To work in collaboration with all partners in the health sector to ensure that every individual, household and community is adequately informed about health and has equitable access to high quality health and related interventions.

Vision



The vision of Ghana Health Service is to have a society in which preventable diseases and avoidable deaths are kept to the barest minimum and every citizen has access to a quality-driven, result-oriented, close-to-client focused and affordable health service by well-motivated workforce.

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3.10.3 Organizational Structure



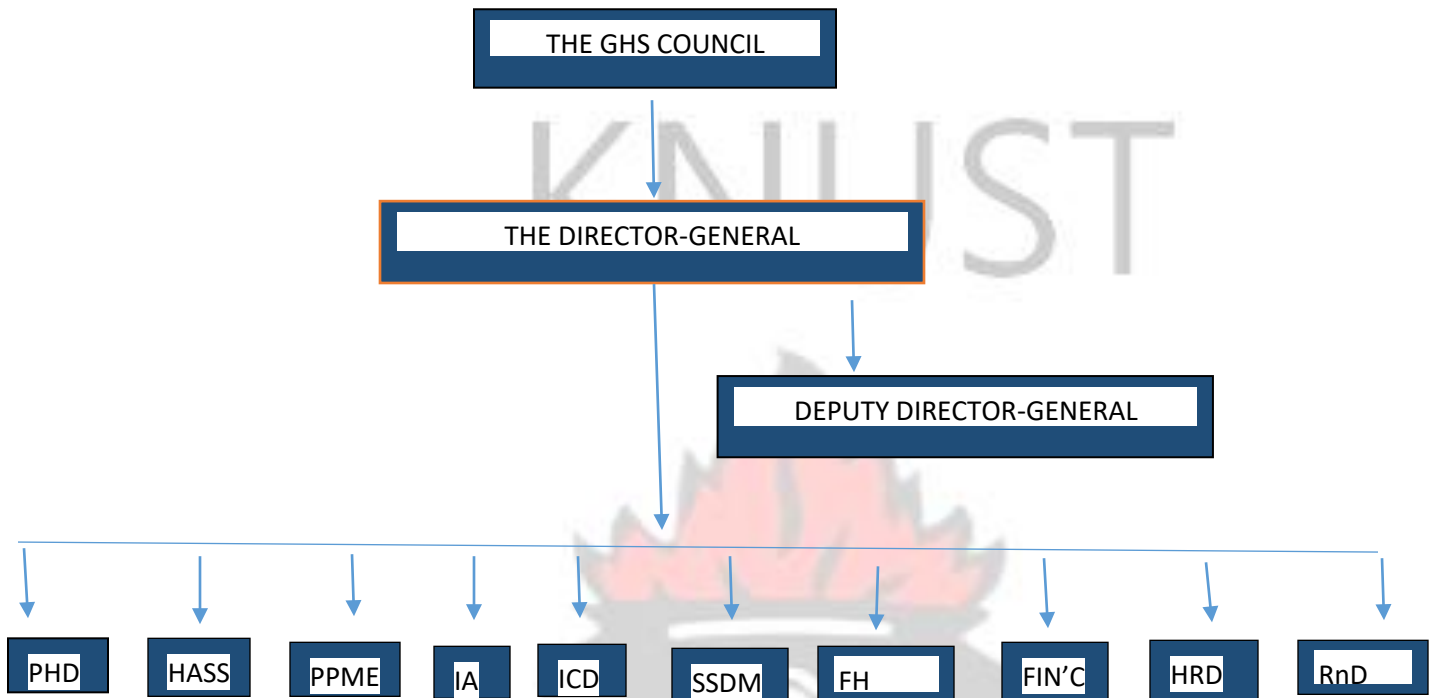


Figure 3.1 Organizational Structure of the Ghana Health Service

Source: Field Work (2016)

Key

PHD – Public health Directorate

HASS – Health Administration and Support Service

PPME – Policy Planning Monitoring and Evaluation

ICD - Institution Care Division

SSDM – Suppliers Store Drug Management

FIN'CE – Finance

HRD – Human Resource Development Division

IA – Internal Audit

FH – Family Health

RnD - Research and Development

Structure at the Metro Level

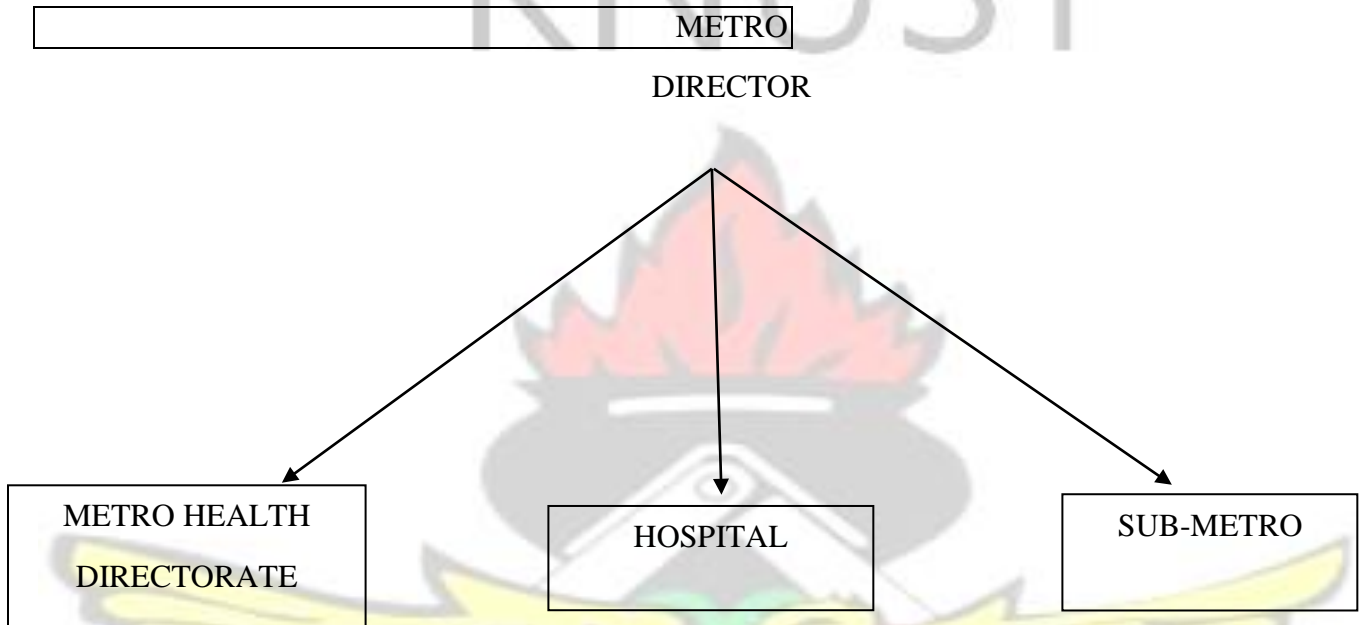


Figure 3.2 Structure at the Metro Level

Source: Field Work (2016)

Table 3.2 Staff strength of Female Health Workers at the Kumasi Metropolis of Ghana per facility

CATEGORY OF STAFF	FACILITIES
-------------------	------------

	Metro Health Directorate (MHD)	Kumasi South Hospital (KSH)	Maternal and Child Health Hospital (MCHH)	Manhyia Hospital	Suntreso Hospital	Tafo Hospital	Grand Total
Accountant	1	1	1				3
Accounts Officer		1		1	2	1	5
Administrative Manager			1		1	1	3
Auditor	1			1	1		3
Biomedical Scientist		2	1		1		4
Biostatistics		5	3	2	2	2	14
Clinical Care Officer	1						1
Community Health Nurse	37	30	28	32	39	41	207
Dental Surgery Assistant		1		1	1		3
Dental Technician		1		1	2		4
Dispensing Technician		2	1	1	1	1	6
Enrolled Nurse	25	38	20	21	27	36	167
Estate officer	1						1
Executive Officer	1	1	1	1	1	1	6
Finance Officer		1		1		1	3
Health Assistant	5	25	24	26	18	31	129
Health Information Officer	1						1
Health Service Administrator	1				1		2
Human Resource Manager	1	1					2
IT Manager	1					1	2
Laboratory Assistant		1	1	2	1	2	7
Medical Doctor	2	11	9	13	7	16	58
Medical records officer	1		1	1	1	1	5
Metro Director	1						1
Optician		2		2		1	5
Ophthalmic Nurse		4	3	5	4	6	22
Optometrists		1			1		2
Orderly	5	13	10	9	12	14	63
Pharmacist			1		1	1	3
Pharmacy Technician	1	5	2	2	3	2	15

Physician Assistant	1	7	3	4	5	6	26
Physiotherapy Assistant		4	1	1	1	2	9
Procurement Manger						1	1
Professional Nurse	31	58	42	35	53	41	260
Public Health Nurse	1		1	1	1	1	5
Revenue collector			1	2	1	1	5
Staff Midwives	13	54	37	30	39	41	219
Stenographer	1	3	1	1	1	1	8
Storekeeper							
Supply Officer	1						1
Technical officer		2	2	1	1	1	7
Technical Officer Lep		1					1
Technical Officer X Ray		1					1
Grand Total	134	276	195	197	229	254	1285

Source: Human Recourse Database, MHD and KSH (2016)

3.10.3 Main activities carried out by the organization

For the purpose of achieving its objectives, the GHS shall perform the following functions:

- a) Ensure access to health services at the community, sub-district, district and regional levels by providing health services or contracting out service provision to other recognised health care providers
- b) Set technical guidelines to achieve policy standards set by the Ministry of Health
- c) Develop mechanisms for the equitable distribution of health facilities in rural and urban districts
- d) Establish effective mechanism for disease surveillance, disease prevention and control,
- e) Promote the efficiency and advancement of health workers through in- service and continuing education.

3.11 Conclusion

The reviewed so far indicate that all over the world, career progression and promotion among women in public institutions and organizations are not smooth as compare to their male counterparts. Consequently, few female are able to rise to the managerial levels or positions. Among the factors identified as the root causes to career progression of women in formal sector are social role, social support, perceived organizational support and personality. The rest are lack of education, male networking and institutional culture in the workplaces, lack of assertiveness and self-confidence among women and others. Education, formulation and implementation of gender policies to have been recommended as a solution to remedy the situation.



CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION OF STUDY FINDINGS

4.1 Introduction

The section illustrates the information gathered, its analysis and explanation. The analysis employed quantitative tools. Tables and figures were used to illustrate the responses and they were linked to the research objectives as well as the research questions. The Statistical Package for Social Scientist (SPSS) was used to analyze data for the study.

4.2 Response rate

Out of the 210 targeted respondents, 200 answered the questionnaire and submitted it. This represents 95.2%. This rate was achieved because the student scheduled dates for the various facilities and was present most of the time when the respondents filled their questionnaire.

4.3 Demographic Information

This describes the characteristics of the study population and it is expressed statistically and for the purpose of this study we considered age, sex, education level, marital status and occupation. The study concentrated on female because the factors under investigation mostly affected them.

4.3.1 Age Distribution

The study aimed to find out the age distribution of the respondents. The frequency table shows the results.

Table 4.1 Age Distribution

Age distribution	Frequency	Percent
20-30	95	47.5
31-40	84	42.0
41-50	15	7.5
51-60	6	3.0
Total	200	100.0

Source: Field Survey (2016)

As shown in Table 4.1 majority of the workforce 179 (89.5%) are aged between 20 to 40 years. Those of 41 years and above were in the minority. This can be explained that as the years go by those who are ageing will leave the facility through resignation, death and possible retirement. It also means that majority of the workforce are in their youthful age and as such career progression will be a matter of concern to them.

4.3.2 Marital Status

The marital status of the respondents was studied. Majority, constituting 118 (59%) are married and 3 (1.5%) of the respondents are divorced. The frequency table below illustrate it.

Table 4.2 Marital Status

Marital Status	Frequency	Percent
Single	79	39.5
Married	118	59
Divorced	3	1.5
Total	200	100

Source: Field Survey (2016)

The above table shows that majority of respondents 118 representing 59% are married. This indicates that majority of the workforce has to combine family activities in the house and also activities at the workplace. This could have an effect when they decide to progress in their choosing field. Work life balance could be a challenge to them.

4.3.3 Highest Level of Education

The researcher wanted to find out the level of education achieved by the respondents. The frequency table below illustrates the results.

Table 4.3 Highest Level of Education

Highest Level of Education	Frequency	Percent
HND	17	8.5
First Degree	89	44.5

Master's Degree	29	14.5
Diploma	33	16.5
Certificate	32	16.0
Total	200	100.0

Source: Field Survey (2016)

The table above indicates that 89 (44.5%) of the respondents have attained their first degree with the least being 17 (8.5%) representing HND holders. Whiles 29 (14.5%) have attained Master's degree, 33(16.5%) and 32 (16%) of the respondents have attained Diploma and Certificate respectively. This finding indicates that majority of female workers in the Ghana health Service constituting about (118) 69% have first degrees and above.

4.3.4 Number of years working in the Ghana Health Service.

The research aimed at finding out the number of years the respondents have worked in the service. The frequency table below illustrates the findings of the study.

Table 4.4 Number of years working in the GHS

Number of years working	Frequency	Percent
Less than one year	36	18
1-5	67	33.5

6-10	56	28
11-15	29	14.5
16-20	7	3.5
21 and above	5	2.5
Total	200	200

Source: Field Survey (2016)

Table 4.4, shows that 36(18%) of the respondents had worked with the organization for less than one year, 67 (33.5 %) of the respondents had worked for between 1-5 years, 56 (28%) of the respondents had worked between 6-10 years, 29 (14.5 %) of the respondents had worked between 11-15 years, 7 (3.5 %) of the respondents had worked between 16-20 years while 5 (2.5%) of the respondents had worked 21 years and above. These results indicate that most of the respondents had worked with the Service for only 5 years. This can affect the representation of the females at the decision making level. The least number of years a nurse has to work to attain management position is 8 years per the requirement of the Ghana health service.

4.3.5 Tenure of respondent and managerial position.

The researcher in the study found out the tenure of respondents for both management and nonmanagement. The frequency table below illustrates the results.

Table 4.5 Tenure of respondent and managerial position.

been working			Non management	- Percent	Total
Less than one year	3	6.2	33	21.7	36
1-5	7	14.6	60	39.5	67
How long respondent has Management Percent					
6-10	19	39.6	37	24.3	56
11-15	13	27.1	16	10.5	29
16-20	3	6.2	4	2.6	7
21 and above	3	6.2	2	1.3	5
Total	48	100	152	100	200

Source: Field Survey (2016)

Table 4.5 indicates that though majority of the workforce, 67, representing 54.1% had worked between 1-5 years, they were less represented on the management of the facility. This can be explained that they have not worked for the required number of years to be promoted to management level. It can also be deduced from the table that a total of 97 respondents had worked for more than five years but out of this only 38 representing 39.2% are on management. Again it can be explained that this trend is due to the fact that heads of departments normally represent a unit on management.

4.3.6 Level of education and managerial position.

The research focused on finding if the level of education of the respondents is corresponding to their promotion to management position. A cross tabulation was done using the SPSS to find the relationship between the two. The table below illustrates this finding.

Table 4.6 Level of Education and Managerial Position

Level of Education	Management	Percentage	Non-management	Percentage	Total
HND	1	2.1	16	10.5	17
First Degree	21	43.8	68	44.7	89
Master's Degree	23	47.9	6	3.9	29
Diploma	2	4.2	31	20.4	33
Certificate	1	2.1	31	20.4	32
Total	48	100	152	100	200

Source: Filed Survey (2016)

Table 4.6 shows that 48 of the respondents representing 24% are management members. The remaining 152 representing 76% were non-management members. Out of the total number on management, 23 representing 47.9% have attained their master's degree while 21 representing 43.8% of respondents have first degree and are on management. Those who have HND, Diploma and certificate are poorly represented on management. The table also indicates that majority of those having First Degree 68 representing 44.7% are not management members.

Studies reviewed in literature showed that though in recent times women have strived to overcome the academic barriers they are still less represented in the management position in most organization. This trend can be explained from the study that most often heads of departments are appointed management members. Thus since they are not heads of department they would not be appointed as management members.

3.7 Profession of respondents.

The researcher wanted to know the profession of the respondents during the study. The chart below illustrates the findings.

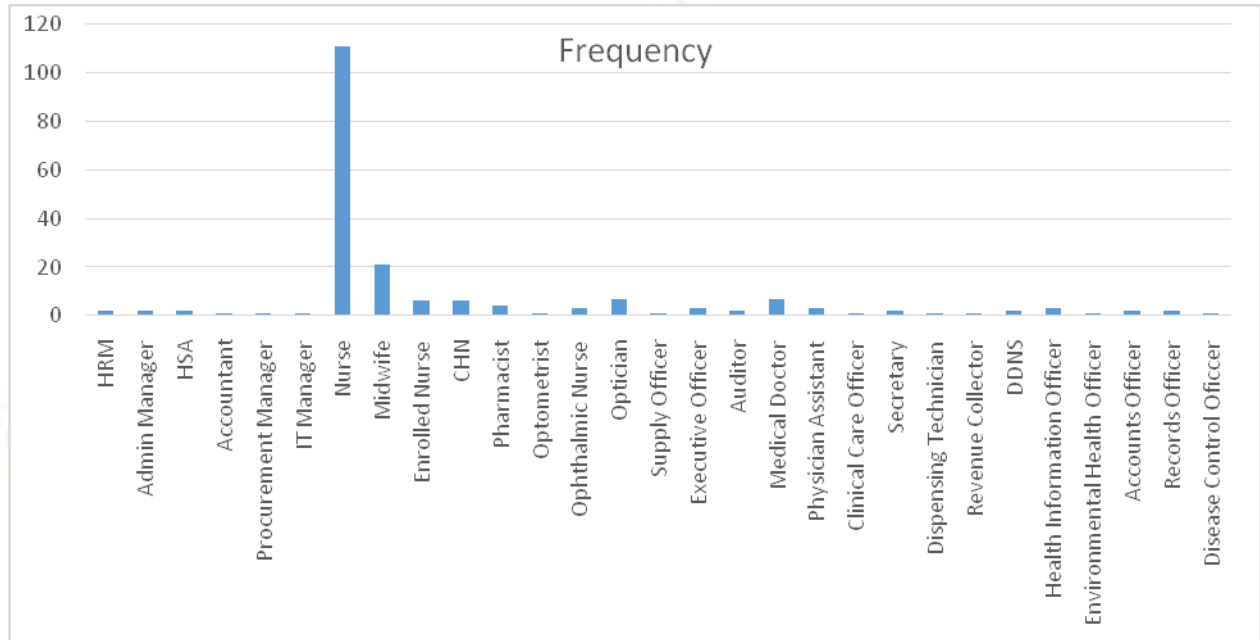


Figure 4.1 Profession of respondents

Source: Field Survey (2016)

Figure 4.1 shows that majority of the respondents that is more than 100 are nurses. This trend clearly confirms studies that nurses constitute majority of the female health workers.

4.4 Means, Standard deviations and correlation among variables.

This is a descriptive analysis on all the variables to know the relationships. The variables include social role, social support, perceived organizational support and personality. The researcher used

Correlation in the SPSS data analysis to establish the relationship existing between these variables.

The Correlation table below shows the findings.

Table 4.7 Correlation between career progression and social role, social support, perceived Mean, standard deviation and correlation

Variable	M	SD	1	2	3	4	5	6	7
1 Social Role	3.513	1.254							
2 Social Support	2.418	0.713	0.027						
3 Perceived Org Support	4.328	0.910	0.012	0.263**					
4 Personality	5.505	0.825	-0.073	0.152	0.377**				
5 Personality A	5.723	0.977	-0.013	0.112	0.373**	0.882**			
6 Personality B	5.200	1.007	-0.125	0.147*	0.235**	0.768**	0.375**		
7 Career Progression	4.397	0.903	-0.020	0.298**	0.190**	0.312**	0.232**	0.299**	
			(0.783)	(0.000)	(0.007)	(0.000)	(0.001)	(0.000)	

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

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

The Significant fig is presented with the**

Source: Field Survey (2016)

From table 4.7 above, it is evident that there is an association or relationship between the independent variables and the dependent variable. Apart from social role which showed a negative correlation (R = -0.020) all the other variables showed a positive relationship. Thus while social role indirectly affects career progression all the other variables directly affect career progression.

4.5 Analysis on the effect of social role on the career progression among female health workers in GHS.

As part of the purposes of the study, the research tried to find out the effect of social role on the career progression of women among female health workers in the GHS. Correlation in the SPSS was used to analyze the variables to describe the relation between the dependent variable (Career Progression) and the independent variable (Social Role). As shown in table 4.7 there is a negative association between social role and career progression. Linear regression model analysis was further run to confirm the relationship. The table 4.8 below illustrate the findings.

Table 4.8: Linear Regression Model for Social Role and Career Progression

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig
	B	Std Error	Beta		
Social Role	-0.014	0.051	-0.020	-0.275	0.783

Dependent variable: Career Progression

Source: Field Survey (2016)

From Table 4.8, the effect of social role (B= -0.014) is not significant (p= 0.783). The Unstandardized Coefficient (B) which shows the average change in the dependent variable associated with a unit change in the independent variable, statistically controlling for the other independent variable is negative. This means that larger values of social role is associate with lower levels of career progression. Though this translates that an increase in social role of women in the society decreases their ability to progress in their career, the P value which test the null hypothesis that the coefficient is equal to zero(no effect) is large (p= 0.783> 0.01) indicating no

statistical significance. This means that changes in social role is not associated with changes in career progression. This finding is somewhat different from other researches.

Societal factors can affect different scopes of life as such difficult to check. Thus changing them demands lots of effort and time (Bell, Ancillotti et al. 2016). Lockwood, (2004) as cited in Wayne, Casper et al., (2013) also explains that balancing work and life which is associated with women's availability in the office without any interference from family responsibilities is a major challenge that affects women's career progression which further contributes to the glass ceiling phenomenon. They further explains this is resulting from women being naturally the primary caregivers and keepers of the home and therefore assumptions are usually made concerning their availability to do a job without any interference from family responsibilities.

In most countries of the world, society sets standards and expectations and customs to organizations and individuals, in all spheres of life and thus affects female leadership (Mirza and Jabeen 2011). Society's perception of women's place is still associated to their home and family which puts limitations on their working careers. It is still generally accepted that a woman plays the "motherhood" role and caregiver to family. In contrast, men are perceived as the 'breadwinner' and given head of the family role. Societal factors can affect different scopes of life as such difficult to check. Thus changing those demands lots of effort and time (Bell, Ancillotti et al. 2016). Traditional beliefs and assumptions of gender roles still exist and can be strong barriers towards career advancement of women. Social norms dictate that women's appropriate behaviors should be nurturing, caring, and cooperative and it is less appropriate for women to be aggressive or assertive in getting deserved developmental or promotional opportunities (Carli, Eagly et al. 2016).

However the results from the study conducted revealed that though social role has been seen to indirectly affect career progression of women, there is no statistical significant association between social role and career progression of female health workers in the Ghana Health Service [B= -0.014; p=0.783 > 0.01].

4.6 Analysis on the effect of social support on progression among female health workers in GHS

The objective of the study among others was to find out the effect of social support on career progression. To achieve this objective, the researcher runs Correlation and Regression analysis in the SPSS to find association between the variables and the strength of the association. Table 4.7 shows the associated between the two [R = 0.298]. Linear regression table below confirms the strength association between the dependent and independent variable.

Table 4.9 Linear regression model for social support and career progression.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig
	B	Std Error	Beta		
Social Support	0.377	0.086	0.298	4.386	0.000

Dependent variable: Career Progression

Source: Field Survey (2016)

From table 4.9 average social support (0.377) is significantly (p=0.000) associated with career progression. The unstandardized coefficient (B) is positive an indication that an increase in social support is proportional to an increase in career progression. This can be inferred that when women receive support from their family it helps them to focus on advancing their career. The p value

(significant value) [$p = 0.000 < 0.01$] is statistically significant. Thus social support has a direct effect on career progression.

Ridgeway, (2001) as cited in Guillén, Mayo et al., (2016), observed that the society tags a good mother as the one who devotes her time and energy to her home and family. She is seen to place less priority on work demands. This tag however has created a negative perception that females are less committed staff. The result of this is that female face lots of challenges and obstacles when they desire to progress in their chosen field. It also reduces the opportunities available to them to make known their ideas thus reducing their influence in group decisions. According to Majanja et al (2003) it is a taboo in some part of the world for the female to have a career aside the home. Furthermore female who gain employment are saddled with having to combine work and domestic responsibilities. This renders women having their career development opportunities declining as compared to their males counterparts. He observed that in spite of the changing laws, through socio-cultural values, perception, expectations and attitudes, women are still marginalized regarding their gender. This affects their image and achievements.

Work-life balance is another barrier to women career progression due to their multiple roles in handling a career and a home and family (Treas and Drobnic 2010). Due to challenging job, women are required to have stay longer at the workplace as such they have to sacrifice relationships and the chance to bear kids as long as they desire to climb the professional ladder.

Company's culture can contribute greatly to work life balance by establishing flexible work arrangements (Shagvaliyeva and Yazdanifard 2014). Balancing work and family is the top barrier to women's progression to leadership position (Treas and Drobnic, 2010).

The numerous challenges and barriers that hinder females from progressing in their career to high ranking offices has been observed. The principles that underscore the supremacy of men and the dependency of women, they constitute an important part of the socialization development. The gender education and training most men and women are exposed to from child hood based on the concept of role expectancy an individual develops through the years his or her own set of internalized values, beliefs, attitudes, ideals and aspirations. According to (Majanja and Kiplang'at 2003 as cited in Kibaara, 2014) it is a taboo in some part of the world for the female to have a career aside the home. Furthermore female who gain employment are saddled with having to combine work responsibilities and domestic responsibilities. This renders women having their career development opportunities dwindling as compared to their males counterparts. He observed that in spite of the changing laws, through socio-cultural values, perception, expectations and attitudes, women are still marginalized regarding their gender. This affects their image and achievements.

4.7 Analysis on the effect of perceive organizational support on career progression among female health workers in GHS

The aim of the study, as part of the objectives, tried to find out the effect of perceived organizational support on career progression. Statistical Package for Social Scientist (SPSS) was used to analysis the data. Correlation and regression analysis was run to establish relationship and strength of this relation between the dependent variable (Career progression) and the independent variable (Perceived Organizational Support). Table 4.7 indicated a relationship between perceived organizational and career progression [R= 0.190]. Linear regression analysis was further done to establish the significance of the relationship.

Table 4.10 Linear regression model for perceived organizational support and career progression.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig
	B	Std Error	Beta		
Perceived Org Support	0.189	0.069	0.019	2.731	0.007

Dependent Variable: Career Progression

Source: Field Survey (2016)

From Table above perceived organizational support (B= 0.189, p= 0.007) seems to be related to career progression. This indicates that the effect of perceived organizational support is an significant factor in the career progression of women. The association which is positive translates as a higher level of perceived organizational support is associated with higher levels of career progression. Thus when female health workers feel that their organization have their needs at heart, it encourages them to embark on career progression programmes since they believe their organization would support them organizational support considered as interaction in the office can be defined as how employees feel their effects and contribution are appreciated by the organization as well as their wellbeing. Perceived organizational support provides creation of positive employee attitude and behavior when job conditions and aspects of human resource practice are considered. These include good treatment, guidance, motivations and enabling job conditions. The effect of Perceived Organizational Support is employee’s commitment in achieving company goals. (Stinglhamber et al. 2002, as cited in Kim, Eisenberger et al. 2016).

Employees who feel support from their organization feel their needs are being met by their organization, and the organization demonstrates more effort to develop their employees to feel to

commit to their organization because of this altruistic action. A high level of perceived organizational support may help to restore the balance between the benefits awarded by the organization and the contributions of the individual. Indeed, when individuals perceive a high level of organizational support, the costs attached to quitting their job will be perceived as being less significant than if they thought that they had given a great deal to the organization without having received anything in return. It is also expected that perceived organizational support would contribute to change employees' wishes to continue to work within their organization from need to want or obligations.

4.8 Analysis on the effect of personality on career progression among female health workers in GHS

One objective of the research was to find out the effect of personality on career progression. To do this SPSS was used to analysis the data. Correlation and Regression was used to find the relationship between personality and career progression. There was an association between the two variables, personality (independent variable) and career progression (dependent variable) as shown in table 4.7 [R=0.312]. Linear Regression analysis was further run to see the significance of this association. Table 4.11 illustrates this finding.

Table 4.11a Linear regression model for personality and career progression.

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig
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	B	Std Error	Beta		
Personality	0.342	0.074	0.312	4.625	0.000

Dependent Variable: Career Progression

Source: Field Survey (2016)

As Table 4.11a depicts, the effect of Personality ($B = 0.342$, $P = 0.000$) is statistically significant. The unstandardized coefficient (B) is positive meaning that higher levels of personality is associated or related to higher levels of career progression. This relationship means that personality can be used to predict the career progression among female health workers in GHS in the Kumasi metropolis. This can be further explained that the career progression of females among other factors is dependent on themselves. The decisions they make has a lasting effect on their career.

Personality can be thought of as the sum total of ways in which an individual reacts to and interacts with others. Most often it is defined as the quantifiable traits exhibited by an individual. A very important aspect of career progression has largely to do with the individual readiness to advance. The enabling environment can be available but if the individual does not take up the challenge it will account for nothing. There is a strong belief that individual's career progression is their responsibility and not the organizations. This is due to the changing nature of career and unstable employment (López-Domínguez, Enache et al., 2013). Particularly, highly educated people are capable and able to management their own career (Wesarat, Sharif et al., 2014). Individual employees who are graduates can encourage themselves to remain employable and marketable, not only for developing a career in a particular organization, but also for developing lifelong transferable skills in job market. Whereas people who have a sense of career satisfaction need to

remain in their profession and also contribute to career growth, people who lack career satisfaction may leave their profession (Wesarat, Sharif et al., 2014).

The study revealed a significant relationship between personality and career progression [B=0.342; p=0.000 < 0.01].

Further regression was run for personality A and personality B to see which of them is likely to progress. The table below shows the results

Table 4.11b Linear Regression Model for Personality A and Personality B

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig
	B	Std Error	Beta		
Personality A	0.268	0.061	0.299	4.402	0.000
Personality B	0.214	0.064	0.232	3.356	0.001

Dependent Variable: Career Progression

Source: Field Survey (2016)

The results indicate that both of them can progress. The effect of personality A (B=0.268; p=0.000) and personality B (B=0.214, p= 0.001) are both statistically significant. This translates that both Personality B and A can be used to predict the career progression of female health workers in the GHS in the Kumasi Metropolis. The positive association means that higher levels of both personalities are associated with higher levels of career progression.

Personalities can be grouped into A and B (Super and Thompson 1982 as cited in Leuty and Hansen, 2012). They continued that Group A are seen to be ambitious and poised to achieve their goals. Group B are opposite of those in Group A. However there is another group which has both

traits of group A and B. This translate that there are people who are in group A but have traits of type B and vice versa.

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4.5 Conclusion

The chapter discussed the results obtained during the field work. SPSS was use to analyzed the data. Correlation and regression statistical tools in the SPSS were used to establish relationships between the independent variables and the dependent variable. The analysis revealed some significant association between some of the independent variables and dependent variable. The liner regression tables depict these associations.



CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This section sums up findings of the research, draw conclusions and recommendations. The research assessed career progression of female health workers in the public organization which GHS in the Kumasi Metropolis was used. The study concentrated on only females because the factors under consideration affected them most. The research revealed that though quite a number respondents had worked for a required number of years to be promoted to managerial level only a few are represented on management. Some recommendations were made to resolve some of the observations. The recommendation made by the researcher for the purpose of the study included enhancing social support system, instituting favourable organisational environment, establishing good organizational policies, enhancing personality and training and development.

5.2 Summary of findings

The research sought to find out how direct factors such as social role, social support, perceived organizational support and personality tend to affect the career progression of women in the GHS at Kumasi Metropolis. The study became necessary because lots of studies have established barriers that directly affect career progression of women, however studies on how these direct factors affect career progression of women is scanty. There is also no study done in Ghana. The GHS was chosen for the scope of the study because it houses lots of women employees.

The study findings established a statistical relationship between majority of the variables and career progress ($p < 0.01$). This gave an indication that career progression is dependent on the direct factors. The factors considered for the study included social role, social support, perceived organizational support and personality.

The summary for the research results are as follows

5.2.1 Summary of findings on demographics

The research revealed that majority of respondents 179 (89%) was between the ages of 20–40. This indicated that career progressing would be a major concern for them. Out of the total number 118 (59%) are married as such they had to balance work and domestic life in order to succeed. Most of the respondents, 118 (69%), have first degree and above however only 45 (38.1%) were in management positions. Majority 111(55.5%) of respondents were nurses.

5.2.2 Summary of the effect of social role on career progression

The research finding showed no significant relationship between the direct factor social role and dependent variable career progression of female health workers at the Ghana Health Service [$B = -0.014$; $p = 0.783 > 0.01$]. The research thus revealed that though social role has been seen to affect women especially in their bid to progress, it cannot be used to predict career progression of females in the GHS.

5.2.3 Summary of the effect of Social support on career progression

The researcher realized from the study conducted that social support impacts on the career progression of female health workers at the GHS. The study showed a significant statistical relationship between social support and career progression of female health workers at the GHS [B= 0.377; p=0.000 < 0.01]. This means that an increase in the social support system stimulates an increase in the career progression.

5.2.4 Summary of the effect of perceived organizational support on career progression

The research showed a statistical relationship between perceived organizational support and career progression of female health workers at the GHS in the Kumasi Metropolis [B=0.189; p=0.007 < 0.01]. Employee's perception on how the organization treats them affects their career development. From the study it can be inferred that respondent believe their career progression is predicted by the support they get from the organization.

5.2.5 Summary of the effect of personality on career progression

The findings from the study indicates that personality traits can be used to predict the career progression of female health workers in the GHS in the Kumasi metropolis [R= 0.342; p= 0.000 < 0.01]. A further regression was done on personality A and personality B to show which of the two groups had effect on career progression. The result showed that both has effect on career progression [B= 0.268, p = 0.000 < 0.01] and [B= 0.214, p = 0.001 < 0.01] respectively. Thus individual decision is seen to play a pivotal role in their career progression.

5.3 Conclusion

From the findings of the research it can be concluded that social role has no effect on career progression of female health workers in the Ghana Health Services. The study also concludes that social support has an effect on career progression of female health workers in the Ghana Health Service. Furthermore the study concludes that perceived organizational support has an effect in career progression of female health worker in the GHS. Lastly the study concludes that personality can be used to predict the career progression of female health works of the Ghana Health Service in the Kumasi Metropolis.

5.4 Recommendations

The researcher identified some findings from the study. In order to solve the findings identified the following recommendation were suggested.

5.4.1 Social Support System

The society must offer support to women since it helps them to progress in their career. This support can be in the form of the family especially husbands and in laws helping women especially in discharging her household duties as well as taking care of the children. Women are also encouraged to use the social support system that are available to them for instance engaging house helps to help them with house hold duties.

5.4.2 Instituting favorable organizational environment

The support that organizations provide for women also helps them in their career progression. Organizations are thus encouraged to continually provide support by creating enabling environment to help their workers progress. This support can be in the area of granting scholarships, study leave with pay for women to pursue higher education.

5.4.3 Enhancing Personality

Since career progression has a lot to do with the persona women are encouraged to build themselves. This is because it is not what another person will do that will affect them but what they do. They should believe in themselves and take opportunities that come their way to rise up or develop their career. Further more women should have a positive attitude towards themselves by avoiding inferiority complex in order to progress in their career.

5.4.4 Training and Development

Organizations should provide the enabling environment for female employees to develop themselves through training and workshops. This would enable women to gain the requisite skill and knowledge to progress in their career. Refresher courses could also be organized for women to upgrade their knowledge and skills.

5.4.5 Punctuality

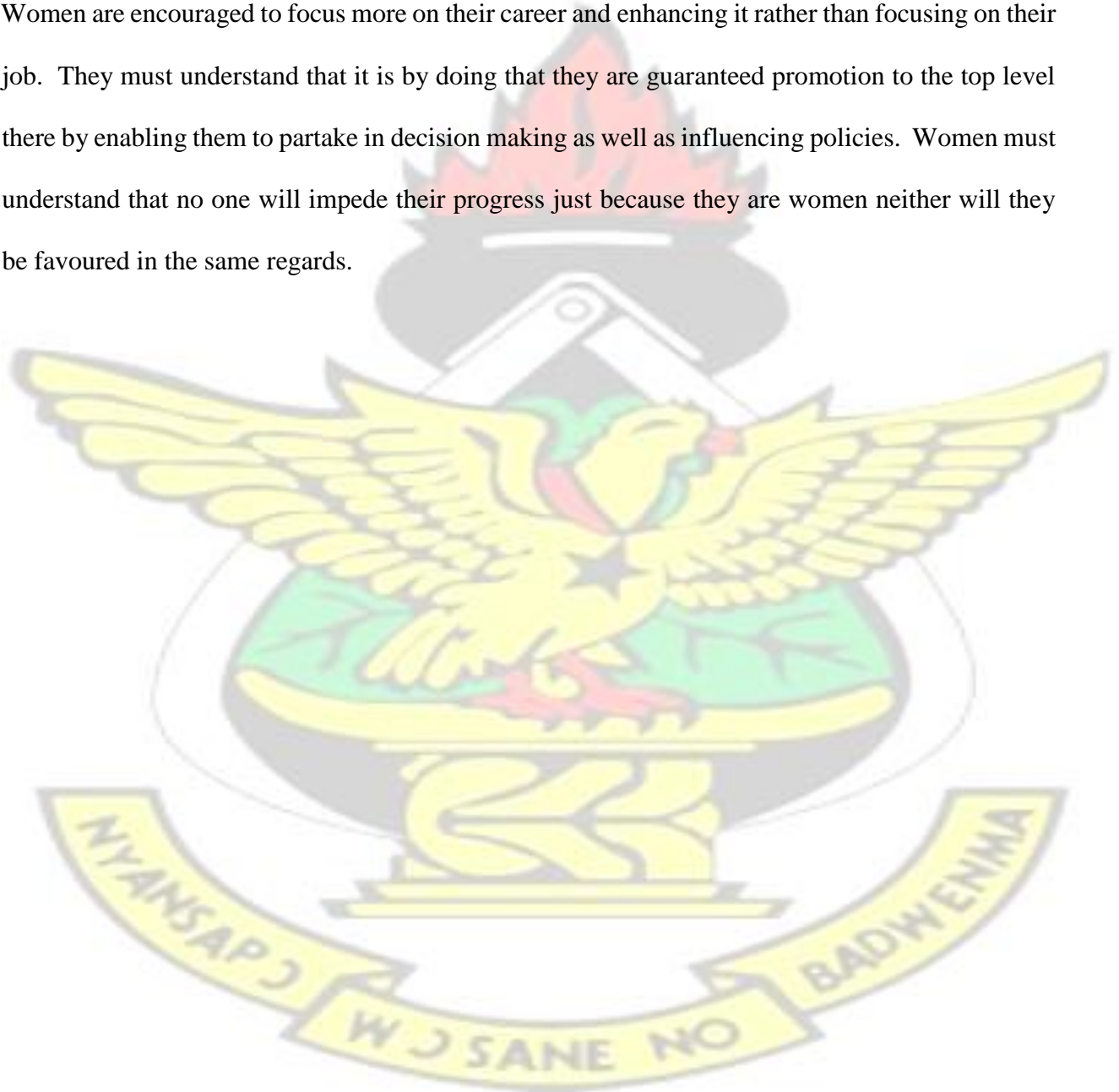
Women should avoid absents themselves from work under the excuse of family responsibilities. They should have a well-executed plan on how they will combine duties in the house and that of the workplace. This will indicate to their employers that work issues are

paramount to them and this will encourage the organization to readily assist them in their career progression.

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5.4.6 Enhancing career

Women are encouraged to focus more on their career and enhancing it rather than focusing on their job. They must understand that it is by doing that they are guaranteed promotion to the top level there by enabling them to partake in decision making as well as influencing policies. Women must understand that no one will impede their progress just because they are women neither will they be favoured in the same regards.



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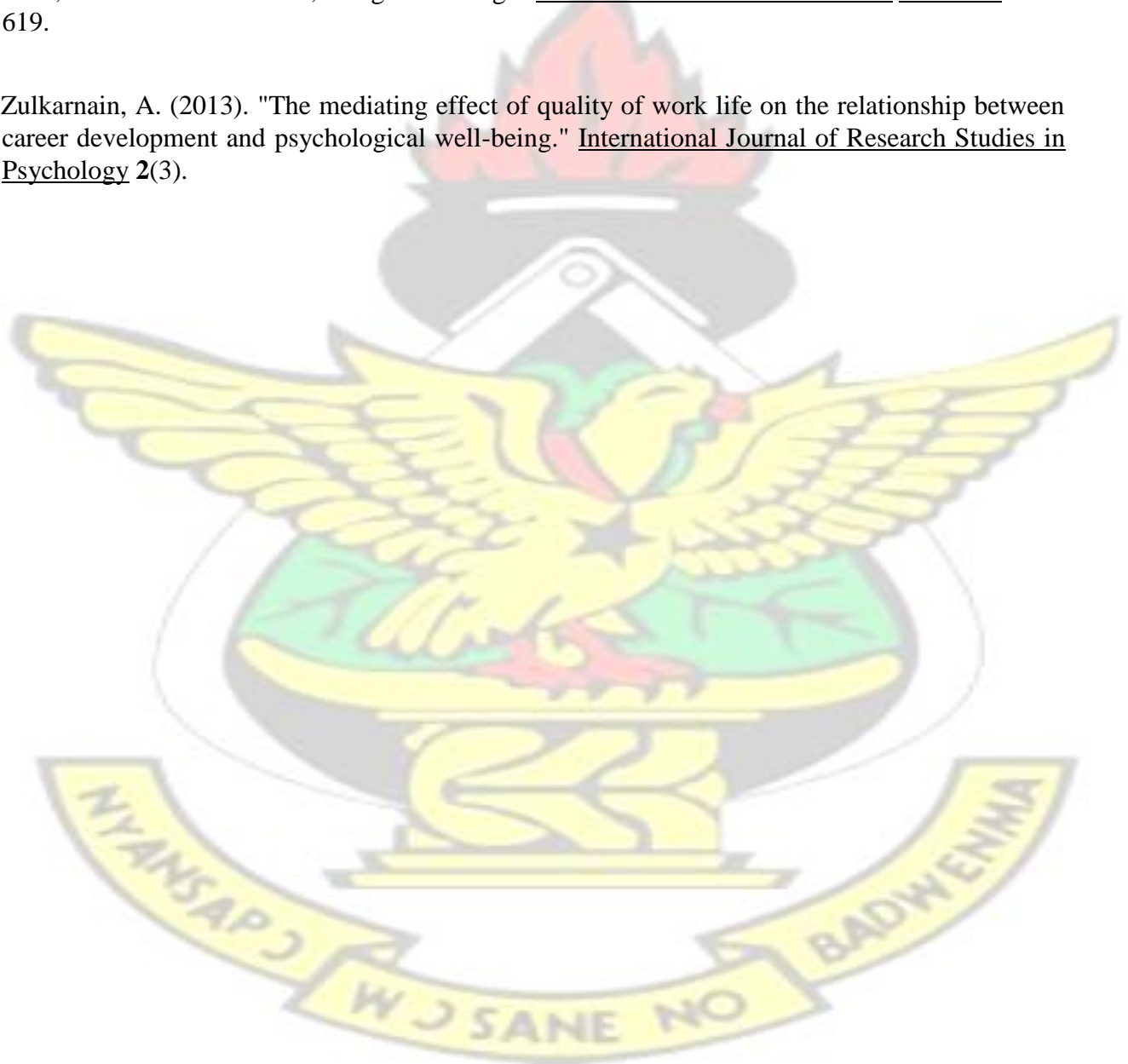
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APPENDIX

QUESTIONNAIRE

KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

COLLEGE OF AT AND SOCIAL SCIENCES

KNUST SCHOOL OF BUSINESS

Dear Respondent,

This questionnaire you are about to answer has been prepared to help answer questions in an academic paper; a research work on: 'Assessing career progression of female Health Workers'.

This questionnaire is prepared purely for academic purposes in partial fulfilment of the requirements for the degree of Master of Business Administration at the Kwame Nkrumah University of Science and Technology.' All Information provided by respondents will be treated confidentially.

PART A: DEMOGRAPHIC INFORMATION

This part has been designed to know the background information on the respondent.

Kindly tick the appropriate box. Where necessary, please write your response in the space provided

1. Gender Male Female

2. Age (in years)

20 - 30 31 - 40 (c) 41 - 50

51 - 60 61 and above

3. Marital status: Single Married Divorced

4. Highest level of education

- (a) HND [] (b) First Degree []
 (c) Master's Degree [] (d) PhD []
 (e) Diploma [] (f) Certificate []

5. How long have you been working in this organization?

- Less than 1 year [] 1-5 [] 6-10 [] 11-15 [] 16-20 [] 21 and above []

6. How many hours do you work in a day:

- 0-4hrs () 5-8 hrs () 9-12 hrs () 13-16 hrs () 17< hrs ()

7. Occupation:.....

8. Current position of respondent: Management () Non-Management ()

Instructions: Please respond to the following statements by putting an "X" in the block that most accurately represents your opinion concerning your experience at work in your current organization using the following scale:

1 Strongly Disagree	2 Disagree	3 Slightly Disagree	4 Neither Agree or Disagree	5 Slightly Agree	6 Agree	7 Strongly Agree
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PART B	SOCIAL ROLE	1	2	3	4	5	6	7
1	The demands of my work interfere with my home and family life.							
2	The amount of time my job takes up makes it difficult to fulfil family responsibilities.							
3	Things I want to do at home do not get done because of the demands my job puts on me.							
4	My job produces strain that makes it difficult to fulfil family duties							
5	Due to work-related duties, I have to make changes to my plans for family activities.							
6	The demands of my family interfere with work-related activities							

7	I have to put off doing things at work because of demands on my time at home.								
8	Things I want to do at work don't get done because of the demands of my family.								
9	My home life interferes with my responsibilities at work such as getting to work on time, accomplishing daily tasks, and working overtime.								
10	Family-related strain interferes with my ability to perform jobrelated duties.								

Instructions: The following statements ask about the degree of support you receive from your family or workplace. Please indicate your level of agreement.

1 Not at all	2 Little	3 Sometimes	4 A lot	5 A lot of times
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PART C	SOCIAL SUPPORT	1	2	3	4	5
1	My husband helps me out by doing chores around the house and running errands.					
2	My husband helps me out by taking care of my child.					
3	I receive help in household chores and errands from a family member or a friend who is not my husband or children.					
4	I receive help in childcare from a family member or a friend who is not my husband or children					
5	In general, my workplace is supportive of my family responsibilities (e.g. by providing onsite childcare, allowing flextime, or providing social-emotional support to being a working parent).					
6	My family hires someone to help out with childcare on a regular basis	Yes		No		
7	My family hires someone to help out with chores and errands on a regular basis.	Yes		No		

Instructions: Please respond to the following statements by putting an "X" in the block that most accurately represents your opinion concerning your experience at work in your current organization using the following scale:

1 Strongly Disagree	2 Disagree	3 Slightly Disagree	4 Neither Agree or Disagree	5 Slightly Agree	6 Agree	7 Strongly Agree					
PART D	PERCEIVED ORGANIZATIONAL SUPPORT				1	2	3	4	5	6	7

1.	The organization values my contribution to its well-being.							
2.	The organization fails to appreciate any extra effort from me.							
3.	The organization would ignore any complaint from me.							
4.	The organization really cares about my well-being.							
5.	Even if i did the best job possible, the organization would fail to notice.							
6.	The organization cares about my general satisfaction at work.							
7.	The organization shows very little concern for me.							
8.	The organization takes pride in my accomplishment at work.							
PART E	PERSONALITY	1	2	3	4	5	6	7
1.	I am a self-driven and I know the importance of goal setting (A)							
2.	I am almost always on time for my appointments. (A)							
3.	It is my nature to assume responsibility. (A)							
4.	It bothers me if I cannot finish what I had planned for the day. (A)							
5.	I am highly independent in nature. (A)							
6.	I have the ability to solve problems as and when it required. (A)							
7.	Taking into account of my experience, I feel I am competitor by nature and highly time conscious. (A)							
8.	I am hardly stressed even in a seemingly stressful situation. (B)							
9.	I hardly ever complain about things. (B)							
10.	Taking into account of my work schedules, I feel that I am extremely patient. (B)							
11.	I am able to get work done in my own pace, without being driven by deadline. (B)							
12.	I spend my leisure time actively socializing with a group of people. (B)							

Instructions: Instructions: Please rate your level of agreement with the following statements regarding career progression in your organization using the 6 point scale

1 Never	2 Almost Never	3 Sometimes	4 Fairly Often	5 Very Often	6 Often
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PART F	CAREER PROGRESSION	1	2	3	4	5	6
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1	The leadership in my organization strongly supports career progression of staff								
2	There is an effective induction process in place that orients new staff to their role and the expectations of the organization.								
3	I understand what the key skills and capabilities are that the organization requires in the next 5 years								
4	I understand the career progression philosophy of the organization								
5	I understand what my role is in my career progression								
6	Career progression is supported through a clear and well-executed policy								
7	Supervisors are adequately trained to support the career development policy with their staff								
8	The performance appraisal process in my organization places sufficient emphasis on career progression								
9	High quality training on technical skills is available to support the development my skills required to perform the technical aspects of the work.								
10	Challenging projects and assignments are available to staff who want to take advantage of the opportunity to build new skills								
11	My organization provides additional support and tools to help me in my career development (testing, counselling, mentoring etc.)								
12	My organization has a mobility policy that is an important part of the development journey for certain staff populations								
13	Staff perceive that there is a fair and transparent process for filling open positions								
14	My organization usually promotes qualified internal people before hiring from outside								
15	There is a good process in place to understand and address the key drivers of staff motivation, including those relate to career development								

Instructions: The following statements ask about the degree of career success. Please indicate your level of agreement.

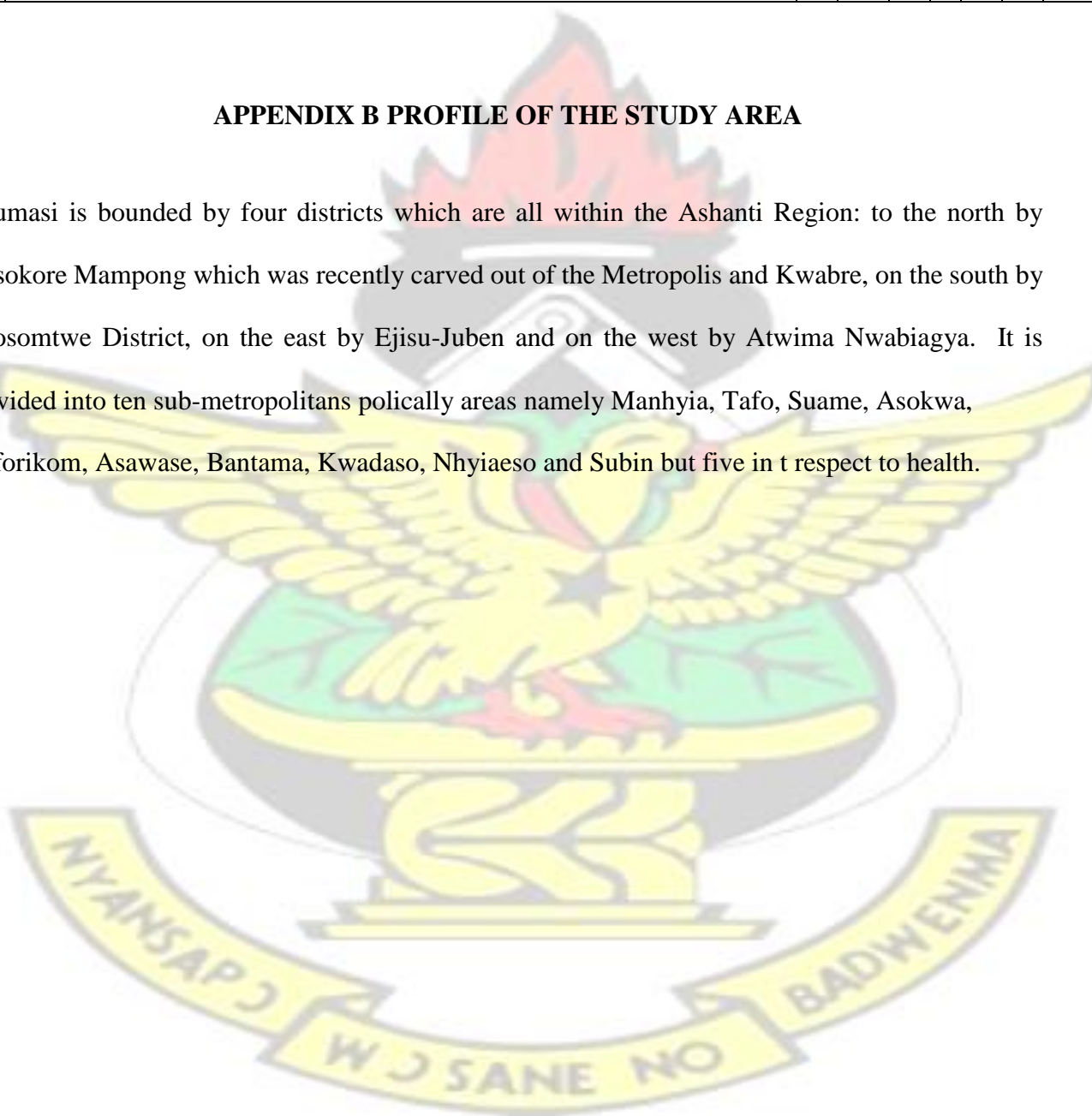
1 Strongly Disagree	2 Disagree	3 Slightly Disagree	4 Neither Agree or Disagree	5 Slightly Agree	6 Agree	7 Strongly Agree
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PART G	CAREER SUCCESS	1	2	3	4	5	6	7
1	I consider my job rather unpleasant							
2	I am satisfied with the success I have achieved in my career							

3	I am satisfied with the progress I have made towards meeting my overall career goals								
4	I am satisfied with the progress I have made towards meeting my goals for income								
5	I am satisfied with the progress I have made towards meeting my goals for advancement								
6	I am satisfied with the progress I have made towards meeting my goals for the development of new skills								

APPENDIX B PROFILE OF THE STUDY AREA

Kumasi is bounded by four districts which are all within the Ashanti Region: to the north by Asokore Mampong which was recently carved out of the Metropolis and Kwabre, on the south by Bosomtwe District, on the east by Ejisu-Juben and on the west by Atwima Nwabiagya. It is divided into ten sub-metropolitans polically areas namely Manhyia, Tafo, Suame, Asokwa, Oforikom, Asawase, Bantama, Kwadaso, Nhyiaeso and Subin but five in t respect to health.

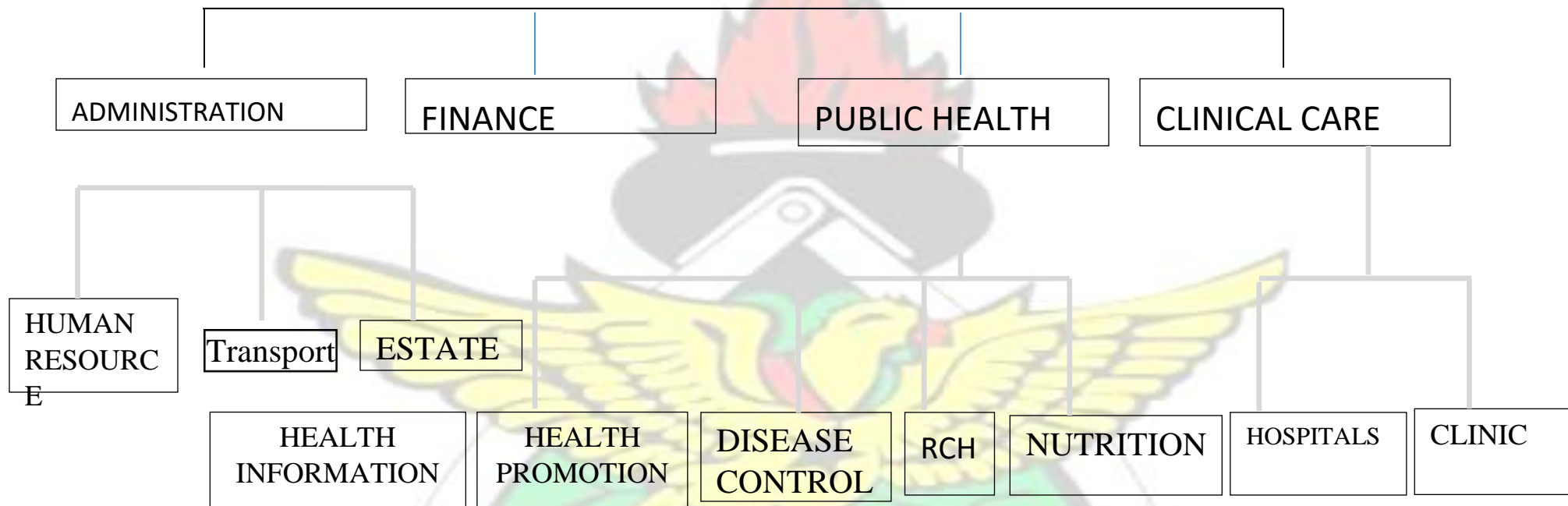


PROFILE OF KUMASI METRO HEALTH DIRECTORATE

The Kumasi Metropolitan Health Services are organized into five sub-metro health teams; namely Bantama, Asokwa, Manhyia North and South and Subin. The Metro Health Team is led by its Director of Health Services who has the overall responsibility for planning, monitoring and evaluating the performance of the health sector in the metropolis. The city has a number of health facilities in both the public and private sector. Komfo Anokye Teaching Hospital (KATH) one of the teaching hospitals in the country can be found here and is the tertiary referral hospital for the northern part of the country. The Metropolis has five public hospitals namely, Kumasi South Hospital which is the Regional hospital for the Ashanti Region, Manhyia Government Hospital, Tafo Government Hospital Suntreso Government Hospitals and Maternal and Child Health Hospital which are evenly distributed across the metropolis. These hospitals are the first point of care and the referral hospital for the health centres and clinics in the metropolis. The Metropolis also has four quasi health institutions, five health care centres owned by the church of Christ and the Seventh - day Adventist church, one health centre and four clinics for the public

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METRO DIRECTOR OF HEALTH SERVICE



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PROFILE OF KUMASI SOUTH HOSPITAL (REGIONAL HOSPITAL)

Kumasi South Hospital (Regional hospital) is located in the Asokwa sub metro, one (1) of the five (5) sub Metros in the Kumasi metropolis. Kumasi south hospital (Regional hospital) is the only public hospital in the sub metro; it is centrally situated at the boundaries of three cities i.e. Atonsu, Agogo and Chirapatre, hence occupying lands belonging to all the cities. The Ashanti Regional Hospital, Kumasi South Hospital (KSH) has developed from the former Kumasi South Urban Health Centre, built in 1976. The KSH was upgraded into the regional hospital for the Ashanti Region in 2002. The sub metro in which the facility is located is made up of both urban and rural dwellers. The rural dwellers are mostly peasant farmers, petty traders, and others earn their living through constructional work.



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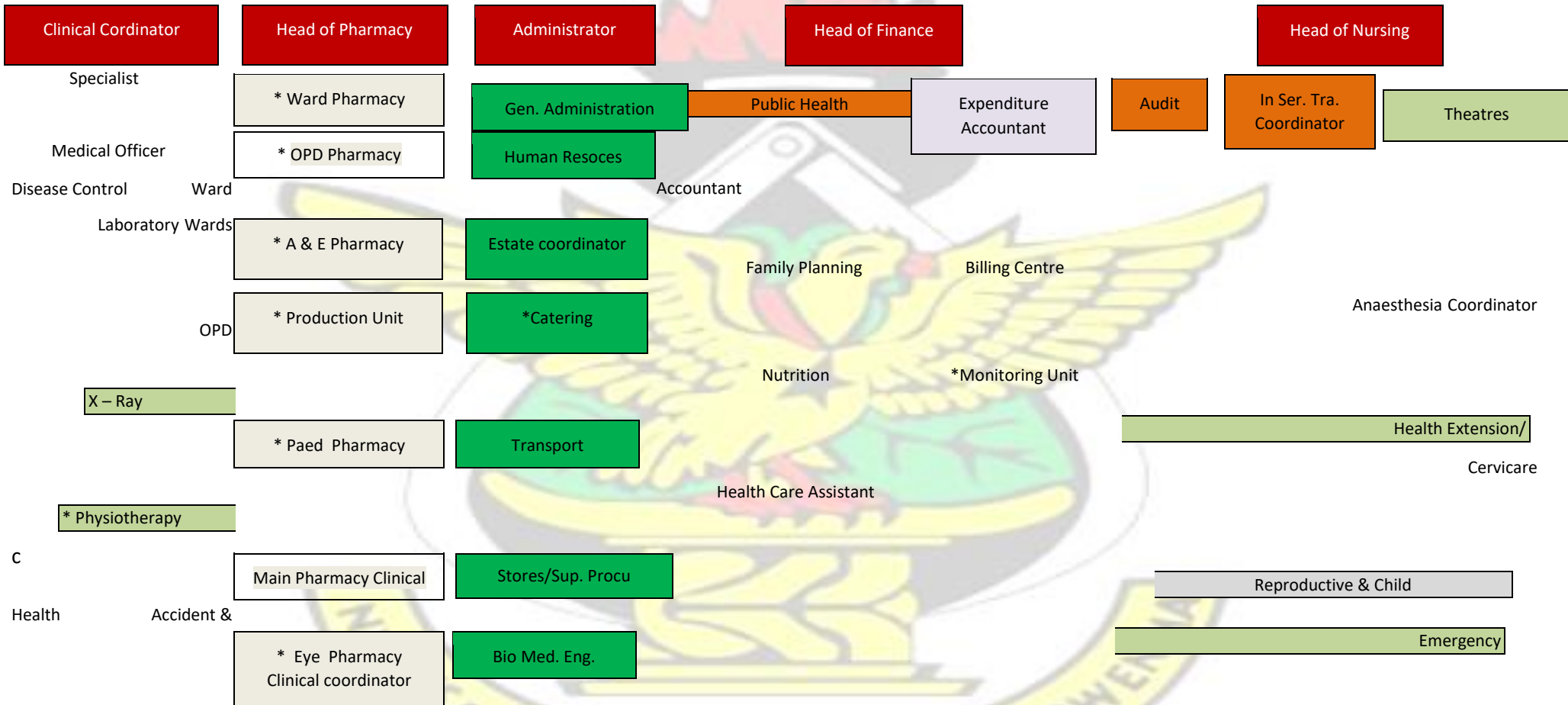
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ASHANTI REGIONAL HOSPITAL, KUMASI ORGANOGRAM

MEDICAL DIRECTOR



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Nurses

Maternity Pharmacy

Customer Care

Drug Inf. & Coun.

Welfare

Pharmacovigilance

*Mortuary

Security

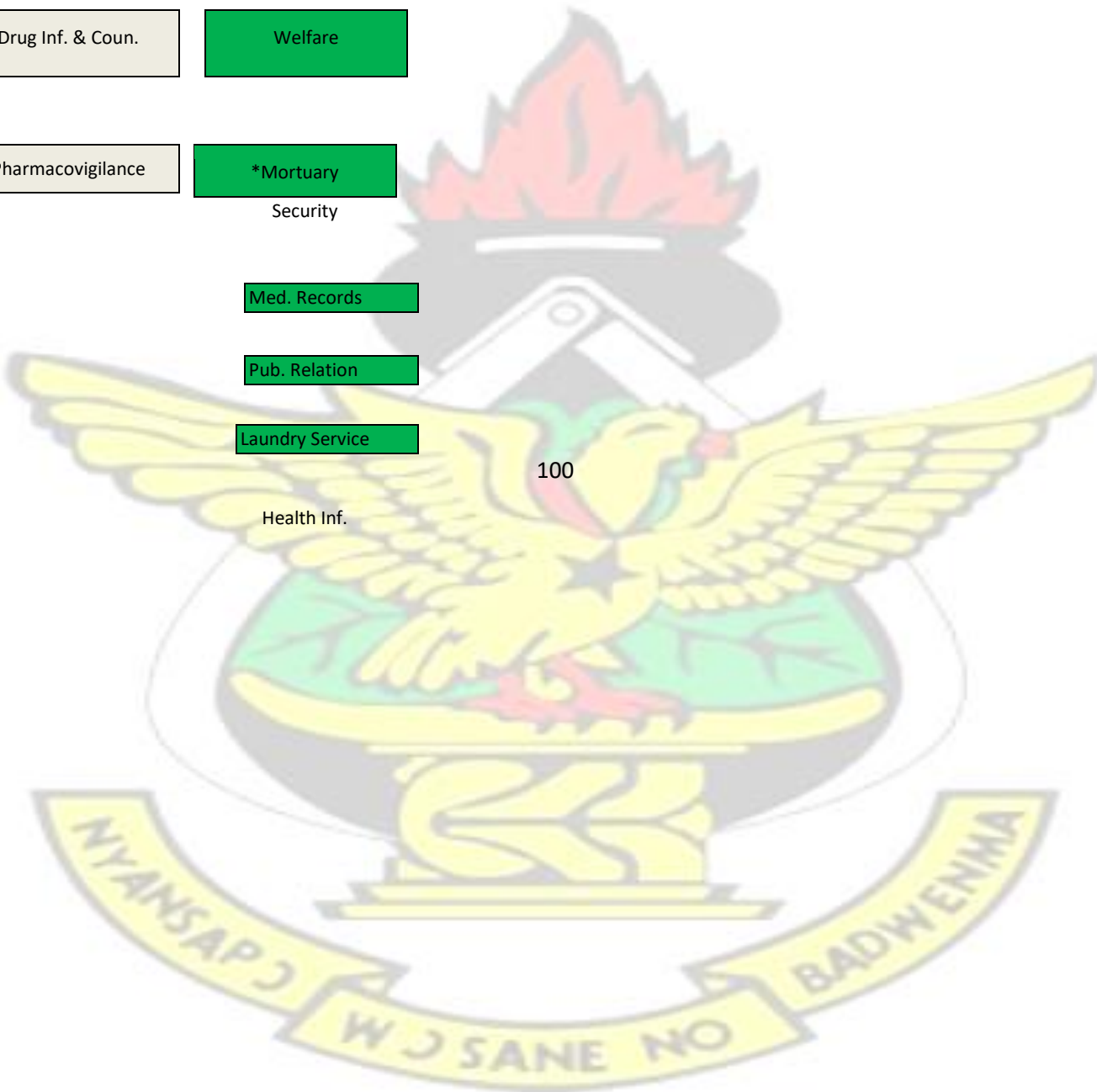
Med. Records

Pub. Relation

Laundry Service

100

Health Inf.



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PROFILE OF MANHYIA DISTRICT HOSPITAL

Background

Established in 1962 as a community clinic, the facility gained Urban Health Centre status in 1966. The Government expanded the infrastructure of the health center and upgraded the facility to a Polyclinic in 1976. Poised to improve the status of the Polyclinic, His Majesty Otumfour Osei Tutu II released the then training park of Asante Kotoko Football Club to Ministry of Health for expansion of existing infrastructure to elevate the facility to a District Hospital status. In the year 2000, the Ghana Health Service upgraded the facility to the status of a district Hospital.

Location

The Hospital is located within the Manhyia South Sub-District in Kumasi Metropolis, about 400 metres east of the Manhyia Palace in Ashanti Region. The sub-metro is found in the North Eastern part of Kumasi Metropolis and bounded by three sub-metros; to the north by Manhyia North, South by Subin and East by Asokwa sub-metro.

Population, other health facilities and schools

Total population of the sub-metro is 325,121 and forms 18.60% of the entire population within the Kumasi Metropolis. It has been divided into 4 zones with 59 communities.

The sub-metro has 6 Private Clinics, 3 Private Hospitals, 3 Community Clinics, 5 Maternity Homes, 28 Pharmacy Shops, 17 Chemical Shops and 112 schools (94 private and 18 public).

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Mission Statement

- We exist to improve the health status of the people of Manhya Sub Metro through the provision of quality health care delivered by well-motivated staff through good leadership and management practices and inter-sectorial collaboration.

Vision Statement

- We envisage becoming a Centre of Excellence in the Provision of Quality Primary Health Care

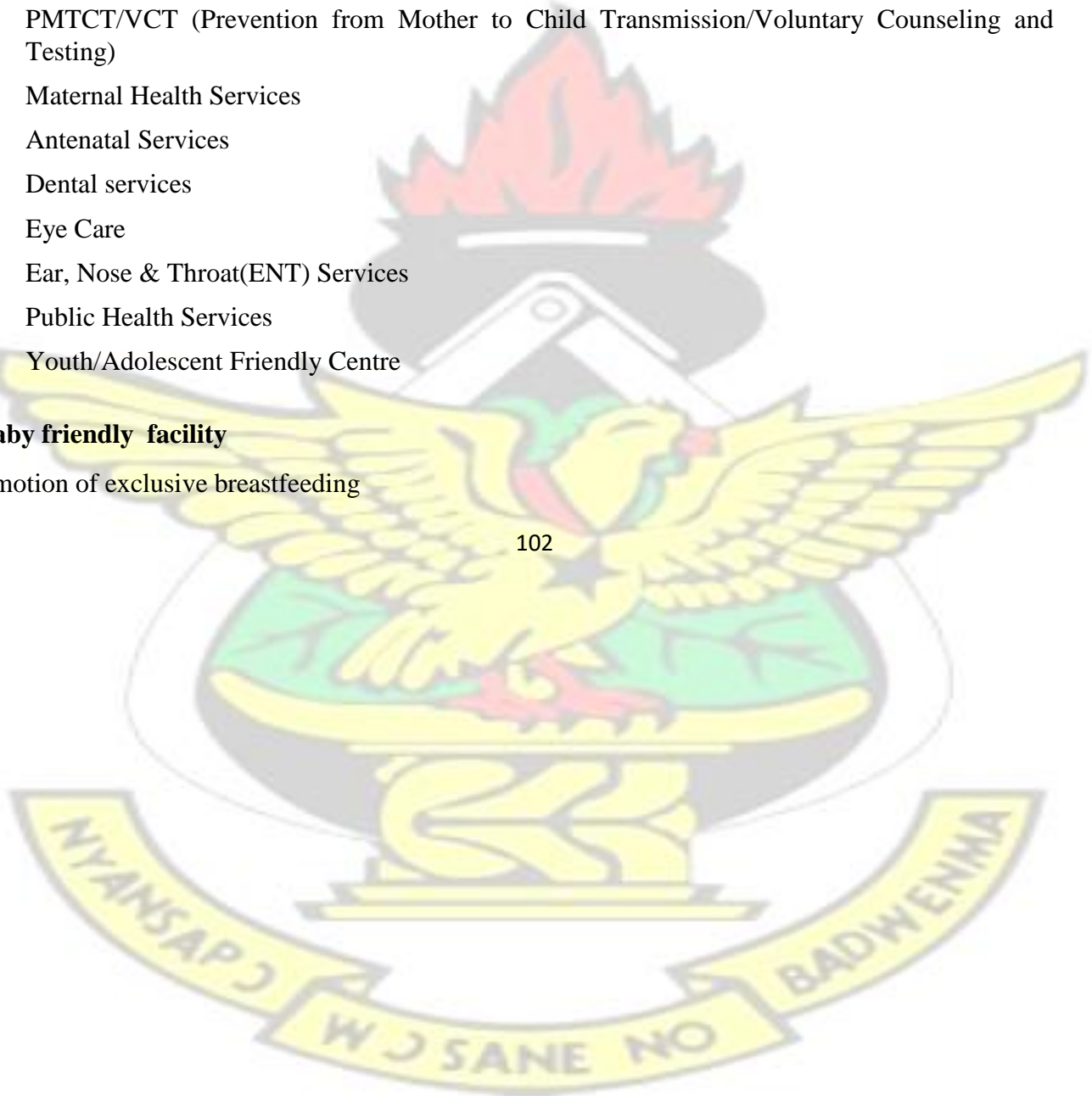
Services provided

- 24 Hour Service
- Surgery/Obstetrics & Gynaecology
- Surgery (General)
- Out patients Department
- Diabetic/hypertensive clinic
- Pharmaceutical services

- In-patient – Obstetrics & Gynaecology/Surgery
- Laboratory services
- X-ray services
- Scan(Sonography)
- PMTCT/VCT (Prevention from Mother to Child Transmission/Voluntary Counseling and Testing)
- Maternal Health Services
- Antenatal Services
- Dental services
- Eye Care
- Ear, Nose & Throat(ENT) Services
- Public Health Services
- Youth/Adolescent Friendly Centre

ii Baby friendly facility

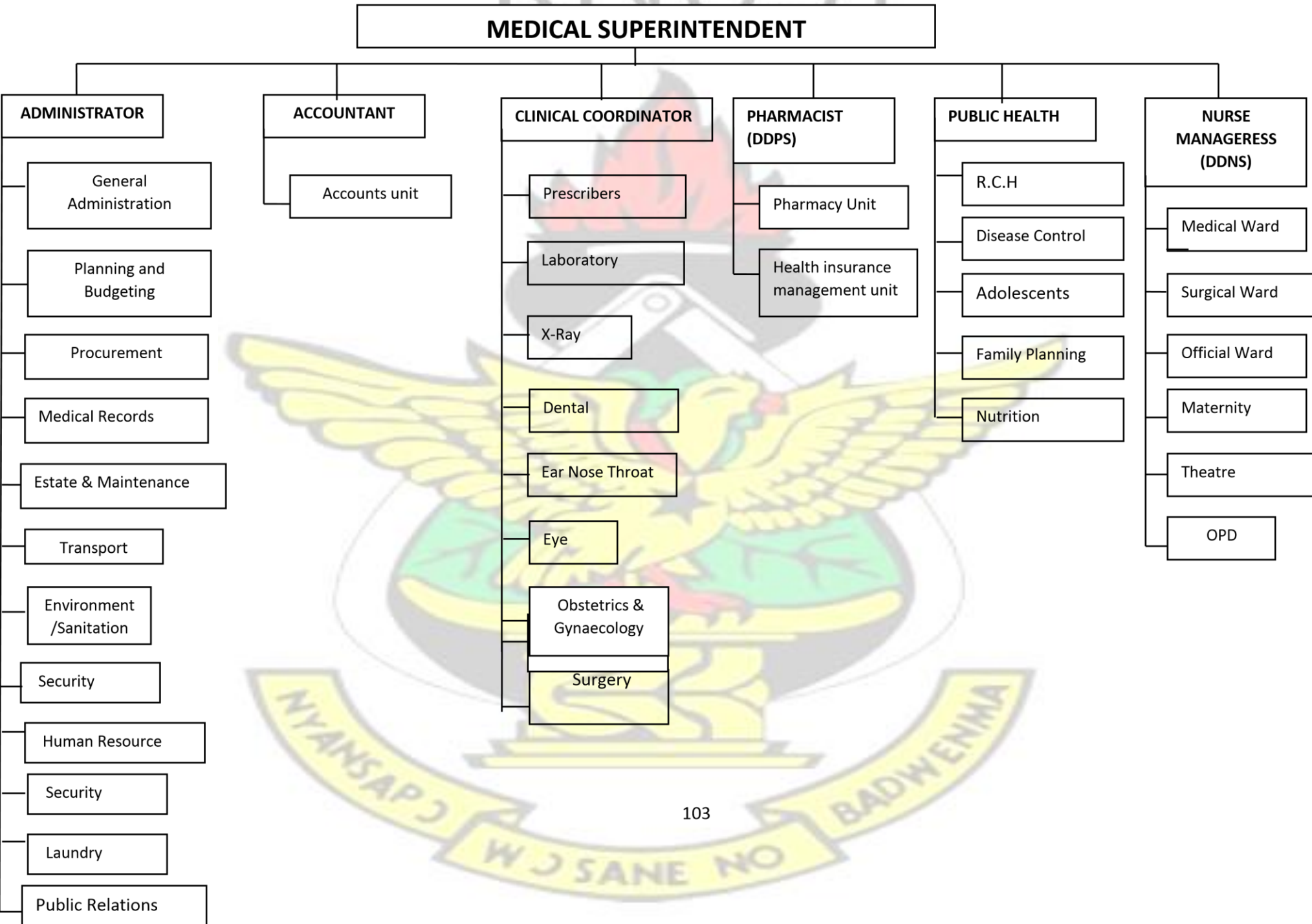
Promotion of exclusive breastfeeding



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ADMINISTRATIVE SET UP IN MANHYIA DISTRICT HOSPITAL



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TAFO GOVERNMENT HOSPITAL

Tafo Hospital was established in 1976. It was formerly Tafo Urban Centre which was later upgraded to the status of a hospital in the year 2000. The hospital is located in the Manhyia North Sub-metro within the Kumasi Metropolis. It is bounded on the North by Kwabre, on the South by Subin, on the East by Manhyia South and on the West by Bantama. The goal of the hospital is to improve the health status of the people living in Manhyia North. The mission is to improve the health status of the people through the provision of quality health services that is accessible and affordable, delivered by wellmotivated staff with involvement of stakeholders.

The hospital serves about 279, 674 people from Pankrono, Kronum, Bremang, Suame, Tafo Nhyiaeso, Krofrom, Tafo Ahenbrono, Anomangye and Maakro. The hospital provides the following range of services: Out Patient Services, In Patient Services, Laboratory Services, X-ray Services, Ultrasound Services, Family Planning Services, Ante natal Services, Psychiatry Services, Eye care Services, Ear, Nose and Throat Services (ENT), Specialist Consulting (Obstetric & Gynaecological and Skin Diseases) and Paediatric services (Tafo Hospital, 2014).



PROFILE OF SUNTRESO GOVERNMENT HOSPITAL

The Suntreso Government Hospital, located at the North-Suntreso area in Kumasi was established in 1963 as an urban health centre to provide primary healthcare to residents of the Bantama metropolitan area and its environs. It will serve the Bantama Metropolis namely: North Suntreso, South Suntreso, Bantama, Abrepo, Abrepo Junction, Amanfrom, Bohyen, Suame, Ohwim, Sofoline, Kwadaso, Kwadaso Estate, Complex, Asuoeyboa, Adoato, Patasi and so many areas in the metropolis.

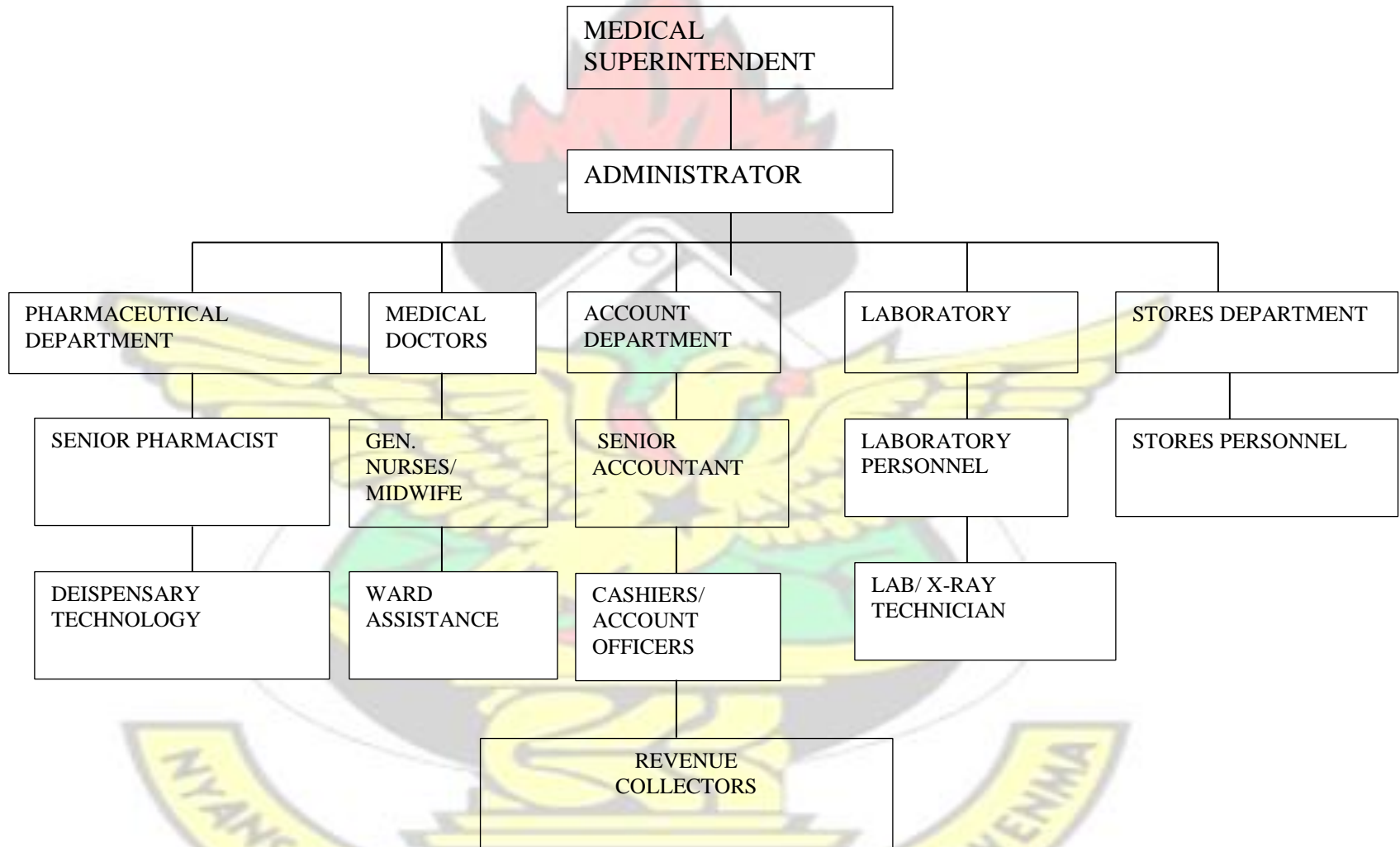
In January 1964 the centre began operations after it had been commissioned on the 22nd of November, 1963 with one medical officer and an assistant, five nurses' dispensary technician and other administrative health workers. The centre became a polyclinic in 1980 due to the massive expansion in its activities and the enormous increase in patients' turnout. As this continued the Ghana health services in 1996, upgraded the clinic to a District hospital to enable it handle more challenging health issues in

the Bantama Submetro and its environs. The hospital and its activities have since been departmentalized severally with two of the clinical departments (the Obstetrics and Gynaecology and the Sexually Transmitted Diseases departments) headed by specialist consultants. The other departments are the Out-patient department (OPD), In-patient department (IPD), Dental, Ear, Nose and Throat (DENT) department, Surgery department, Mother and Baby Unit (MBU), Public health department, pharmacy department, Diagnostic department, and the Administration and finance department. The hospital currently has staff strength of one hundred and forty-nine (149) with the president of the Ghana Medical Association as the medical superintendent. There are seven medical officers (MOs) and four medical assistants (MAs).



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ORGANIZATIONAL CHART OF SUNTRESO GOVERNMENT HOSPITAL



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