



MAIN FACTORS INFLUENCING THE JOB SATISFACTION LEVELS OF STAFF AND ACADEMAIC NURSES

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ABSTRACT

The aim of the review was to conclude the level of job satisfaction of employees in nursing and to establish the factors influencing in job satisfaction. Nursing is a female leading occupation all over the world. Job satisfaction in staff nurses should be of immense alarm to any institution. Nurses hold the majority of positions in most health care settings, and an alternate of licensed employees is expensive and time consuming. As a recently graduated nurse, many have had limited time but abundant exposure to unstable degrees of job satisfaction. This review deals with the factors that makes person happy with this selected profession. With the present nursing shortage, and the expectation of decline conditions, it is necessary to examine the sources of dissatisfaction in the health care setting.

Key Words:Nursing, Education, Research, Satisfaction level.

INTRODUCTION

The purpose of this study was to identify the level of satisfaction of the non- administrative employees toward their job.

1. To find out the relationship between work environment and the level of job satisfaction among employees.
2. To find out the relationship level of job satisfaction and demographic factors such as gender, age, level of education and salary.
3. To find out the relationship between the fairness and the level of job satisfaction among employees.
4. To find out the relationship between pay and salary and the level of job satisfaction among employees.
5. To find out the relationship between promotion criteria and the level of job satisfaction among employees.

Nurses who work on staff at hospitals and medical facilities often have tough assignments and difficult patients to tend to, but their job satisfaction is usually a result of less critical factors. Nurses are like most workers, so acceptable work schedules, manageable workloads and friendly co-workers can make all the

difference. Staff nurses are often satisfied with their jobs when they find them to be rewarding and fulfilling. There are two main reasons why job satisfaction has a positive effect on customer service. First, job satisfaction affects a person's general mood. Employees who are in a good mood are more likely to display friendliness and positive emotions, which in turn put customers in a better mood. Second, satisfied employees are less likely to quit their jobs, and longer service employees have more experience and better skills to serve clients. Lower turnover also gives customers the opportunity to have the same employees serve them, so there is more consistent service. There is some evidence that customers build their loyalty to specific employees, not to the organization, so keeping employee turnover low tends to build customer loyalty [1]. Job satisfaction represents the degree to which nurses like or enjoy their jobs, which is an essential issue for both employees and employers. It leads to less job turnover, increased staff productivity, and greater patient satisfaction. Nursing and hospital administrators need to focus on ways to increase job satisfaction and thus



improve performance and thereby raise the level of patient care. Job satisfaction is an important factor in increasing the level of work performance and career aspirations. It is noted that there is high correlation between job satisfaction, commitment and better performance [2]. There is a strong relationship between emotional exhaustion, staff conflict and job dissatisfaction [3].

Job Satisfaction is essential:

Rao (1996) gave the following reasons for the importance of job satisfaction:

- 1) Job satisfaction has some relation with the mental health of the people. When an employee finds less satisfaction in his work, he may suffer from personality problems. Both scientific studies and casual observations provide ample evidence that it is important for psychological adjustments and happiness of an individual.
- 2) Job satisfaction has some degree of positive correlation with the physical health of the individual.
- 3) Job satisfaction spreads goodwill in the organization.
- 4) Job satisfaction enables individuals to live with the organization.
- 5) Job satisfaction it reduces absenteeism and turnover.

Factors affecting job satisfaction:

Age:

The relationship between the age of the employee and their satisfaction from the job is both complex and fascinating. Research reveals that old workers are satisfied workers. Job satisfaction usually tends to be high when people enter the workforce; it plummets and then plateaus for several years up to the age of roughly thirty years, after which there will be a gradual increase in satisfaction. Finally, maybe due to pre-retirement apprehension, job satisfaction may have a slight dip at the end. Hammer and Organ explain this phenomenon people tend to begin their work with unrealistic assumptions about what they derive from it, and notice that reality falls far short of their perceived expectations. With their experience over a period of time, they realize their disillusionment and have accurate expectations because of which the job will seem in a positive perspective resulting in higher job satisfaction. Certainly just before retirement, satisfaction may fall due to the fear of the future. A retiring person may feel he is treated like a machine and discarded as obsolete and useless. These feelings make him dissatisfied at work. Aged 20 to 30-year old nurses reported that work satisfaction and job stress were significant. For ages 31 to 40, work satisfaction was the most popular decisive factor. Nurses age 41 to 50, reported that work satisfaction and group cohesion were the primary predictors. For nurses aged 51-years and more, there were no significant predictors.

Race and sex:

Sex and race also affect job satisfaction. In one study it was found that job satisfaction among blacks and

other minority groups has been consistently lower than that of whites in America. Similarly, sex differences in job satisfaction were found to have no significant difference in job satisfaction when males and females were equally affected by such determinants of job satisfaction as wages, prestige, and supervisory positions. In another study, it was found that women workers, by and large, are about as connected with their jobs as men. For instance, a woman placed in a prestigious position derives the same satisfaction as does a man in a comparable position [4].

Marital status and number of children:

Regarding job satisfaction and marital status, a recurring result in some countries is that single people are among those most - if not the most - satisfied with their jobs. This is the case in Austria, Bulgaria, Germany, Portugal ('never married' group) and Romania ('single people/ unmarried'). The opposite occurs in Denmark, Italy and the Netherlands. In Denmark, single people are less content than others in their jobs; in Italy, those who are divorced and separated are the most satisfied with their job; and in the Netherlands those who never married and those who are divorced are less satisfied than other groups. In regard to attitudes towards an organization, a relationship was observed between the number of areas of responsibility and the number of children at home. Agents with fewer areas of responsibility and fewer children living at home were more satisfied with the organization, although the margin of increased satisfaction was very slight.

Experience and job satisfaction:

Age and experience of the nurses in relation to stress and pay and how that affects nursing job satisfaction were among some of the significant findings. It was found that job stress correlated significantly and inversely with age, years of experience, and years at the facility. Older nurses with more years of experience and more years at the hospital had less job stress than their younger counterparts. The more experienced the nurse, the more confidence they had in their work [5]. It was also noted that wages were not the top dissatisfier but were important. In this study, pay also correlated significantly and inversely with age, years of experience, and years at the facility. Older nurses with more years of experience and more longevity both in the unit and at the hospital were less concerned with pay than their younger counterparts [6].

Conceptualization:

Although there are many factors affecting job satisfaction, for the purpose of this study, some of the key areas which may be most relevant are considered. Fredrick Herzberg's Dual-Factor theory of job satisfaction and motivation provided the idea for the conceptual framework for this research study. Herzberg's theory categorizes factors in the work place as either extrinsic



factors - such as salary and supervision - or intrinsic factors - such as achievement and autonomy that influence job satisfaction [7-15]. With the knowledge gained from the literature review and information, the following concepts were identified:

- Socio-demographic characteristics.
- Job satisfaction.
- Workload.
- Professional support.
- Career development;.
- Training received.
- Remuneration.
- Working condition

Stress in Psychiatric Nurses

Previous studies in mental health nursing have been carried out in different hospital in different countries and it was identified several sources of stress. Early authors used semi-structured interviews to examine the stress of twenty two female staff registered psychiatric nurses working in four acute units in different private hospitals. She identified that problems with patients accounted for 13% of overall stressors that psychiatric nurses encountered. In particular, patients' chronicity and recidivism were found as sources of stress. She found that difficulties in relationships among staff nurses and their ability to work together were the most important determinants of stress experienced by these nurses. One of every three nurses stressors that psychiatric nurses discussed were related with working relationships and performance of co-worker nurses and other unit staff such as nursing assistants and psychiatric technicians. Problems with such relationships included inadequate or ineffective communication and in-fighting between individuals and groups in the unit [16-24].

Relationships between nurses and physicians accounted for only 9% of the stressors identified. Relationships with physicians were considered as a stressor by nurses when the former ignored nurses' input and made unilateral decisions. Trygstad [25] also found that the role of the ward sister was pivotal when staff friction and in-fighting and/or staff non performance of duties occurred in the work environment. From the stressors identified, 17% involved the ward sister's poor supervisory attitudes and practices, such as insufficient positive reinforcement or support for staff, and lack of clinical or administrative expertise. Trygstad²⁵ pointed out that ward sisters were often described by their staff as contributing to staff friction, and as fighting and hindering rather than facilitating. However, staff nurses reported that support of the ward sister, or their clinical supervisors, was more effective than in resolving work problems. Trygstad²⁵ concluded that the relationship between staff nurses and their ward sister and their ability to work together was an important determinant of the work stress experienced by psychiatric nurses. Findings from the data analysis were checked with the sub sample of the

participants to increase credibility of the findings and hence the value of this study. However, the small sample size and the combination of hospital settings (namely private hospitals and a federal hospital) from which the sample was derived raises questions about the extent to which the stressors identified are applicable to wards with different characteristics and policies.

Jones *et al.*, [26] used a self report instrument to measure stress in nurses' working in a special psychiatric hospital. They conceptualised the outcomes of psychological distress, anxiety and depression as the result of the relationship between job demands, support, and constraints. Their study revealed three main types of job demands: administration demands (such as "contribution to conference meetings" and "report patients' progress to medical staff"), patient supervision ("continually observe patients" and adverse demands (such as being required to "undertake work I consider unnecessary" and "work with patients I am afraid of"). Patient supervisory demands were high compared with administrative and adverse demands but nurses were not stressed by these demands, possibly because this was the primary function of many psychiatric nurses and one that they have been prepared for. There was a strong positive correlation between frequent adverse demands and stress. The sample of psychiatric nurses reported relatively high levels of stress overall compared with previous studies. Interestingly, Jones *et al.*, [26] found that higher job demands such as patients' supervision are not necessarily related to high levels of stress in psychiatric nurses. However, the findings of this study are difficult to generalise in other areas of psychiatric nursing because it was carried out in only one specialised psychiatric hospital.

Dawkins *et al.* developed the Psychiatric Nurses Occupational Stress Scale (PNOSS) to identify sources of stress specifically in psychiatric nurses. In a telephone survey of 43 psychiatric nurses randomly selected from the workforce of a large psychiatric hospital they found that negative patient characteristics accounted for 9% of stressors and physical threats from patients were also very stressful for nurses (n=43). . 21% of the stressors that psychiatric nurses (n= 43) reported were related to staff conflicts. The highest stressors were 'working with poorly motivated staff', 'working with persons who resent new ideas' and 'having a doctor who fails to notify staff of changes in patient's order' as well as 'convincing doctors to order adequate medication'. In addition, some of the items that the authors included in the subscale of 'staff performance' can be considered also to relate with professional relationships. For instance, 'dealing with a hassle that occurs when you try to take action against incompetent staff' was rated highly as a stressor by psychiatric nurses [8,27]. This study is valuable because it highlights some sources of stress encountered by nurses who work in a public mental hospital. However, its results should be accepted cautiously because of the small and heterogeneous sample. Most subjects were in supervisory



roles and thus were involved more with administration rather than directly with patient care. Therefore, it is uncertain whether the same stressors apply to direct psychiatric nursing staff.

METHODS FOR EVALUATION

Examining the correlation between independent variables (age, number of years of employment, behavior of leaders, personal characteristics of leaders, and managerial competencies of leaders) and the dependent variable (job satisfaction – satisfaction with the work, coworkers, management, pay, etc). Job satisfaction is determined by a comparison of one's prior expectations about the job and the actual experience of the job [7,28]. It has been found that job satisfaction relates to beliefs and emotions that individuals have about their work and their job [8]. When establishing the level of job satisfaction, we should focus on how employees feel about their work and personal relationships in the workplace, and on how leaders influence employees' satisfaction. Without a doubt, satisfied employees are the ultimate goal of every leader. On the other hand, the goal of every employee is to find the kind of work that matches their abilities and interests as closely as possible, enables them success, and provides them with opportunities for promotion. Satisfied employees tend to be more productive and committed to their employers, and a direct correlation has been shown between staff satisfaction and patient satisfaction in health care organizations [9,10]. Even though research has shown different levels of job satisfaction for nurses, satisfaction predictors tend to be relatively similar, and include working conditions, relationships with coworkers and leaders, pay, promotion, security of employment, responsibility, and working hours [11-21].

Job satisfaction was evaluated on several levels: Profits, Job performance, Intrinsic work values, and Patient care issues. Profits referred not to personal financial gain, but to the organization's profits. Many nurses responded feeling "devalued in their job" and resentful of "the perceived placing of profits over patients..." (Job Performance was not only applied to themselves, but attitudes and performance of coworkers on a horizontal and vertical plane were also considered. Many held expectations of fellow employees to a high standard and "...were frequently disappointed". Not surprisingly, many of the intrinsic work values of nurses responses were derived from "...patient care activities or making a difference in the life of a patient". When considering patient care issues, many respondents voiced concern over the idea that patient care lacked due to organizational changes in staffing and assignment. Patient satisfaction and safety was considered and found to be a great source of dissatisfaction to most respondents. Nurses felt guilt over not being able to offer the bedside "...nursing care of 25 to 30 years ago". Also found as a source of dissatisfaction, was poorly trained unlicensed assistive personnel (UAP). Most felt that this type of employee

were "mostly undependable" and "resentful of high paid nurses not doing what they perceive to be work" [22]. Extrinsic work values such as, job security, salary, fringe benefits, and work schedules, are also considered to be important in job satisfaction. Restrictions in scheduling and limited availability of time off promote frustration and dissatisfaction. The quality of work was found to be based on several aspects of nursing care. Respondents felt that outcomes of teaching and caring for individuals proved to be rewarding and contributed to productivity of work. Many felt that an offering of suggestions to improve the nursing unit contributed to work quality, as well as the day-to-day process of nursing care [23].

Based on the data reviewed researchers found that nurses experience moderate levels of job stress, but cohesion is above average for all nursing units. Shrader, et al, also found the more job stress, lower the cohesion, lower the work satisfaction, the higher the anticipated turnover. The higher the work satisfaction, the higher group cohesion, and, the lower the anticipated turnover. Lastly, The more stable the schedule, the less work stress, the lower anticipated turnover, the higher group cohesion, and, the higher the work satisfaction [24].

Level of satisfaction:

Nursing responsibilities aren't for those who are faint-hearted. Some nurses report low job satisfaction when proper safeguards aren't enforced. Some patients have communicable and infectious diseases that require precautionary measures. Nurses must guard against exposure to radiation, accidental needle pricks, inhalation of airborne germs, improper transfer and disposal of bodily fluids, contamination by blood and harsh sterilizing chemicals. Co-workers and hospital administrators who don't enforce these safeguards might cause nurses to feel helplessly at risk. The lowest levels of satisfaction were shown for pay level, amount of praise and level of trust, involvement in the decision-making process, concern for employees' well-being, opportunities for promotion, and leadership, and the highest were shown for satisfaction with the job and with coworkers.

Similar results were obtained by Sveinsdottir et al [25], who showed that nurses were most satisfied with their coworkers and head nurses, and least satisfied with their opportunities for promotion and pay level. For nursing professionals in Slovenian hospitals, pay level represented the second most important factor of job satisfaction. The pay dimension, which is not a function of organizational structure, was found to limit hospitals in improving nurses' job satisfaction [26].

Four factors extracted from the factor analysis (motivation, leadership style, professional development, and interpersonal relations) explained 64% of the total job satisfaction variance. Another study [27] also obtained four factors (collegial workplace, behavior, relational atmosphere, and outcomes of conflict), which explained 68% of total job satisfaction variance. Ning et al [28] and



SkelaSavic et al [29] found that nurses who viewed the working environment as empowering were more likely to provide high quality care, because satisfied employees perform better and are more productive. Enhancing empowerment in a supportive environment would allow nurses to experience satisfaction with their job. Kwak et al [30] also found that management and managerial support had a pronounced effect on nurses' job satisfaction and the quality of care. Like Sellgren et al [31] we also found that nurses' job satisfaction correlated positively with leadership style, as well as managerial competencies and personal characteristics of leaders, which explained almost 46% of total job satisfaction variance for nurses.

Salary displays a strong relationship with the level of job satisfaction. It was followed by work environment and fairness. The hygiene factors like salary is a significant predictor of job satisfaction [32-34]. Therefore, the salary will affect employees' level of job satisfaction. Additionally, this study also proved that work environment is a significant factor. Good work environment also affect the employees to have a high level of job satisfaction [35,36]. This factor was important for an organization to increase employees' motivation and performance. Besides, it is also mentioned that safety of a home or work is important to obtain stability. He also noted that there is a need to feel safe at work among

employees. In term of Promotion, the results displayed that there was a significant relationship between promotion and level of job satisfaction. Madura et al., stated that some workers can achieve esteem needs when they are promoted by company [37-58].

CONCLUSION

In conclusion, there are many factors that contribute to dissatisfaction in the work place. Many variables within each factor make achieving satisfaction for every individual a very difficult task. Recognition of frustrations, such as turnover, lack of internal empowerment, burnout, and, elimination of external sources of stress can decrease dissatisfaction in the health care setting. Because it affects not only quality of nursing but also patients' satisfaction, the level of employees' job satisfaction is very important for health care institutions. With constantly changing health system, hospitals will have to recognize the importance of employees' job satisfaction. One of the key challenges for every organization is to maintain the satisfaction of employees and increase their motivation. This research should be conducted in all health institutions of Slovenia in the next few years; also it would be necessary to constantly monitor job satisfaction of all health care professionals.

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