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FACTORS ASSOCIATED WITH JOB SATISFACTION AMONG DEGREE NURSES WORKING IN CLINICAL AREAS AT HOSPITAL UNIVERSITI SAINS MALAYSIA, KELANTAN

Kesom A/P Eh Bek & Chan Siok Gim*

Hospital Universiti Sains Malaysia, Open University Malaysia *Corresponding Author email: siokgimchan@yahoo.com

ABSTRACT

The purpose of this quantitative study is to identify factors affecting job satisfaction among sixty six degree nurses working in clinical area at Hospital Universiti Sains Malaysia. The six components examined were pay, autonomy, task requirements, professional status, interaction and organization policies. Pay component was ranked as least satisfying followed by organizational policies, task requirements, autonomy, interaction, with professional status as most satisfying component. The range of score for this study was 105 to 178 with average total score of 139. These figures show low levels of satisfaction among the nurses. Correlation between duration of working hours after getting their degrees and job satisfaction indicated negative but significant relationship between two variables; respondents with increasing years work experience as a degree holder became less satisfied with their job. There were significant differences in job satisfaction between nurses on shift duty as opposed to those working in the office hours, and between those working in critical versus non-critical areas. However, there were neither significant associations nor differences found for other demographic variables. This study presented findings that are essential for healthcare and nursing administrators to initiate interventions based on evidence with regards to the plight of degree nurses in their opportunities for upgrading themselves.

Key words: Nursing, Degree nurses, Factor for Job satisfaction, Clinical Areas

INTRODUCTION

Job satisfaction among nurses and its relationship with the work environment have been examined for decades in both the public and private sectors. Six components of work satisfaction had been identified in this study as related to nurses' job satisfaction; their pay, autonomy as in the ability to exercise independent judgment, task requirements, organizational policies, interaction which includes both nurse-nurse and physician-nurse, and professional status. Job dissatisfaction among degree nurses cause them to resign before their retirement, leaving HUSM and moving to other institutions. Therefore, it is important for policy makers to have a comprehensive understanding of the factors that influenced job satisfaction among degree nurses in order to provide some strategy to improve retention, reduce turnover and create a supportive work environment to enhance job satisfaction among them.

OBJECTIVES

This study intent to identify factors that contribute to or

influence job satisfaction among degree nurses working in clinical areas. The objectives of this study are:

- 1. To measure job satisfaction among degree nurses working in clinical areas at HUSM.
- 2. To determine the relationship between their age, years of working experience in nursing, duration of working after completion of degree in nursing, with their job satisfaction.
- 3. To explore associations between selected personal demographic data and their job satisfaction.

RELATED RESEARCH

In a study involving 1507 nurses in Sweden, 158 nurses indicated their career plans to leave the profession due to lack of professional development opportunities, poor salary and limited professional autonomy (Fochsen *et al.*, 2005). Promotional opportunities, a variety of job opportunities, the ability to adjust within the group, organizational constraints and low autonomy affect job satisfaction (Kovner *et al.*, 2006). Curtis (2007) also agreed that professional status, interaction and autonomy are the factors that contribute positively to the satisfaction among nurses. McGillis *et al.*, (2006) found that nurses who are involved in teaching hospitals had higher satisfaction compared to those who work in the community. Although nurses in teaching hospitals had higher levels of work stress, they were more satisfied with their jobs than nurses in the community.

Most models of pay satisfaction stipulate a positive relationship between pay level and pay satisfaction. Satisfaction with regard to pay is one of the core components of overall job satisfaction (Smith *et al.*, 2005). Results of the overall meta-analysis by Judge *et al.*, (2010) indicated pay level as positively correlated with both overall job satisfaction and pay satisfaction.

Forsgren, Forsman and Carlstro (2009) who covers nurses' job satisfaction during triage at emergency departments in Western Sweden showed a high degree of job satisfaction. The nurses found their work interesting and stimulating, although some reported job dissatisfaction due to a heavy workload and lack of competence. According to Kovner et al., (2006), supervisor support, work-group cohesion, promotional opportunities and distributive justice were important factors of job satisfaction. Professional relationships between nursing colleagues and medical staff constitute team work for job satisfaction (Dunn, Wilson and Esterman, 2005; Cortese, 2007). Nurse Managers play a vital role in promoting and encouraging interactions between multidisciplinary team members to improve job satisfaction (Hayes, Bonner and Pryor, 2010). A survey was conducted by the American Nurses Association among 76,000 nurses. The nurses were highly satisfied with their peer interactions. As nursing is largely about relationships between nursepatient and the relationship with other healthcare team members it affects the entire work experience and consequently impact the recruitment and retention of nurses (Trossman, 2005). Since nursing is a field that involves interactions with multiple health-care disciplines, relationships with colleagues, supervisors, and other health-care workers affect job satisfaction. Professional status was ranked as the top three factors contributing to nurse job satisfaction (Bjork et al., 2007; Curtis, 2007). Nurses with high academic qualification, a high level of professional training, and a high income demonstrated most satisfaction with their jobs.

METHODOLOGY

Research Design

A quantitative study using survey method was used to identify factors affecting job satisfaction among 66 degree nurses working in clinical areas at HUSM from October 2011 - February 2012. The clinical areas include the medical-surgical ward, pediatric ward, obstetricgynecological ward, orthopedic ward, otolaryngology ward, burn unit, intensive care units, coronary care unit, operation rooms, emergency department and out-patient care centers.

Sample

The respondents are equally distributed according to their current position at work place; 35 (53%) of the respondents are at salary grade U29 while 31 (47%) are at KUP U32. Majority of the respondents 41 (62.1%) worked during the office hours while 25(37.9%) worked in shifts. Working areas were then categorized as critical areas which include the intensive care unit, coronary care unit, operation theater and emergency department, and non-critical areas such as the orthopedic ward, ENT ward, burn unit, gynecology ward, eye ward, antenatal ward, postnatal ward and others. Majority of the respondents worked in non-critical areas 39 (59.1%) while 27(40.9%) worked in the critical areas. The majority of the respondent 56 (84.85%) had worked for a duration of 1-5 years and only 10 (15.15%) had worked for 6-10 years in the clinical areas after completion of their degree in nursing. Majority of respondent was self funded, 51 (77.3%) while 15(22.7%) was sponsor by the organization, HUSM. More than half of respondents, 36 (54.5%) had no intention of leaving, 22 (33.3%) may leave while only eight (12.1%) had the intention of leaving HUSM.

Instrumentation

A questionnaire was used to collect the survey data. The first section consists of items related to demographic data that are examined in this study. The second section consists of 44 items on a seven-point Likert scale reflecting different aspects of the six components of job satisfaction. A higher score represented a greater satisfaction with respect to that factor. The total score possible ranged from 44 to 308. Table 1 shows the list of items for each component.

No	o.Components	Number of Item	Positive WordedItems	Negative Worded Items
1.	Pay	6	1, 3, 5	2, 4, 6
2.	Autonomy	8	8,11,14	7, 9, 10, 12,13
3.	Task Requirements	6	17, 18, 19	15, 16,20
4.	Organizational Policie	es 7	21, 24, 26, 27	22, 23, 25
5.	Professional Status	7	29, 30, 32, 33	28, 31,34
6.	Interaction			
	Nurse-Nurse	5	35, 37	36, 38, 39
	Nurse-Physician	5	40, 41, 43	42, 44

 Table 1: List of Items for Each Component

The questionnaire was in English language which were translated into Bahasa Malaysia and verified by nursing experts from School of Health Sciences, Health Campus, Universiti Sains Malaysia, Kubang Kerian, Kelantan. The filled up questionnaire was translated back to English and again checked by experts to ensure validity of the items. A pilot study was conducted with 20 degree nurses working in clinical areas at Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan to determine the reliability of the questionnaire items. The items from the pilot-test reported an overall Cronbach's Alpha value of 0.73.

DATA ANALYSIS AND RESULTS

The six components of job satisfaction were measured by the 44 items in the second section of the questionnaire. The mean score for each of the six components are shown in Table 2.

Table 2: Ranking Level of Satisfaction for EachComponent

No.	Component Ranking	Component Mean Score
1.	Professional status	4.95
2.	Interaction	4.64
3.	Autonomy	3.74
4.	Task requirements	3.38
5.	Organizational policies	3.37
6.	Pay	3.05

Pay component was ranked as least satisfying followed by organizational policies, task requirements, autonomy, interaction, with professional status as the most satisfying component. Job satisfaction score also know as total scale score is a combination of its six components or all the 44 attitude items. The score ranged from 105 to 178 with an average 139. These figures show low levels of satisfaction among the nurses. Figure 1 shows a normal distribution for job satisfaction scores.



Pearson correlation was used to measure the strength and direction of association between ages, years of working experience in nursing, duration of working after completion of their degrees in relation to job satisfaction. Correlation between age and job satisfaction shows no significant relationship with r value (-0.117) and p value (0.349). Correlation between years of working experience in nursing and job satisfaction yields r value -0.048 and p value 0.705 which is not significant. Thus experience in nursing profession had no influence in their job satisfaction. Results also show a negative and weak linear correlation between duration of working after completion of degree in nursing and job satisfaction with r value -0.478 and the p value 0.001. This indicates significant but negative relationship between these two variables; respondents felt less satisfied with their job with an increase in the duration of working hours after their completion of degree in nursing.

Independent t tests, ANOVA and Mann Whitney were used to compare differences in job satisfaction for selected demographic factors. Table 3 shows that grade U29 nurses have mean score of 139.56 and standard deviation 14.25 while the U32 *Khas Untuk Penyandang* (KUP) nurses have mean score 138.01 and standard deviation 18.94. The mean score for U29 nurses is slightly higher than KUP U32 nurses on measures of job satisfaction but the difference is not significant at the 95 percent level.

Variables	nurse (n=35) Mean		Mean diff. (95% CI)	t-statistic (df)	p value
Job Satisfac	(SD) tion 139.56	138.01	1.55	0.379	0.706
	(14.25)	(18.94)	(-6.64, 9.74) (64)	

Table 3: Current Position and Job Satisfaction

Table 4 shows that nurses on shift duty have mean 143.96 and standard deviation 16.55 while the nurses working during office hours have mean 135.71 and standard deviation 15.87. The mean score for nurses on shift duty is slightly higher than nurses during working office hours on measures of job satisfaction. The results are statistically significant at the 95 percent level with p value 0.048.

Table 4: Difference between Shift Duty and Office Hour

Variables	Shift duty	Office hour	Mean diff.	t-statistic (df)	p value
	(n=25)	(n=41)	(95% CI)		
	Mean	Mean			
	(SD)	(SD)			
Job Satisfaction	143.96	135.71	8.25	2.016	0.048*
	(16.55)	(15.87)	(0.76,16.43)	(64)	

*Significantly different at p<0.05

Table 5 shows that nurses working in critical areas have mean score of 144.44 and standard deviation 16.45 while the nurses working in non critical areas have mean 134.95 and standard deviation 15.87. The mean score for nurses working in critical areas is higher than nurse working in non critical areas on measures of job satisfaction. The difference is significant at the 95 percent level with p value 0.020.

Table 5: Difference between Critical and NonCritical Area

Variables	Critical	Non Critical	Mean diff.	t-statistic (df)	p value
	(n=27)	(n=39)	(95% CI)	(df)	
	Mean	Mean			
	(SD)	(SD)			
Job Satisfaction	144.44	134.95	9.49	2.38	0.020*
	(16.45)	(15.59)	(1.52,17.47)	(64)	

*Significantly different at p<0.05

One-way ANOVA was used to analyze their intention of leaving HUSM due to job dissatisfaction. The significant level is set at 0.05. As can be seen in Table 6, nurses with the intention of leaving HUSM have mean and standard deviation of 141.01 (16.90), nurses who may leave HUSM have mean and standard deviation 136.26 (13.28), while nurses that have no intention of leaving HUSM have mean and standard deviation of 142.26 (20.70). One-way ANOVA analysis with p value 0.380 which is more than 0.05 shows no significant differences between these groups of nurses.

Table 6: Intension to Leave HUSM and Job Satisfaction

Intention	n	Mean (SD)	F-statistic (df)	P value
Yes	8	141.01(16.90)	0.982 (2;65)	0.380
Maybe	36	136.26(13.28)		
No	22	142.26(20.70)		

ANOVA

It is not possible to conclude gender differences with regard to job satisfaction because there is only one male degree nurse as opposed to 65 females. The total scale score for the male was 143.91 while the mean scale score for the females was 138.76 with standard deviation of 16.62. Table 7 presents median and inter-quartile range (IqR) of both Malay and non Malay groups with regard to their job satisfaction. The p value 0.092, meaning the difference between medians for Malays and non Malays is not statistically significant. Malays have median 140.16 (IqR 19.39) while non Malays have median 131.40 (IqR 31.26).

Table 7: Ethnic Differences in Job Satisfaction

	Me	dian (IqR)	21	
	Malays	Non-Malays	Z statistics	p value
Job Satisfaction	140.16 (19.39)	131.40(31.26)	-1.684	0.092

Table 8 describes median and inter-quartile range (IqR) of married and others groups on job satisfaction. The p value is 0.586, meaning that marital status of nurses did not influence job satisfaction. Married nurses have median 142.76 (IqR 7.95) while others group have median 136.39 (IqR 21.85).

Table 8: Different Marital Status and Job Satisfaction

	Married	Others	Z statistics	p value
Job Satisfaction	142.76 (7.95)	136.39 (21.85)	-0.545	0.586

Table 9 describes median and inter-quartile range (IqR) for type of funding for degree in nursing in relation to job satisfaction. Nurses who were sponsored by HUSM have median 135.01 (IqR 32.44) while self-funded nurses have median 140.16 (IqR 16.38). The p value is 0.295 which is more than 0.05 meaning that the difference in medians between groups on job satisfaction is not significant.

Table 9: Different Funding for Degree and JobSatisfaction

Median (IqR)					
Sponsor by HUSM Self-funded Z statistics					
Job Satisfaction	135.01 (32.44)	140.16 (16.38)	-1.048	0.295	

DISCUSSION AND CONCLUSION

The result of this study showed there was negative linear correlation between duration of working after completion of degree in nursing and job satisfaction. Degree nurses felt less satisfied with their job with increasing working duration after achieving their degree. Studies reported that job dissatisfaction decreased with higher educational level (Rambur *et al.*, 2003; Yin and Yang, 2002). Lu *et al.* (2002) found out that education level was negatively correlated with job satisfaction and positively correlated with intent to leave the organization. Furthermore, research showed that patient quality care improves with a combination of higher education level and richer nurse skill (Estabrooks *et al.*, 2005; Tourangeau *et al.*, 2006).

There were significant differences between working conditions, areas of working, and job satisfaction. Shift duty degree nurses were significantly more satisfied with their job compared to degree nurses who were working during office hours. Degree nurses working in critical areas tended to be more satisfied than those in non critical areas (59.10%) on measures of job satisfaction due to differences in job descriptions. Nurses placed in noncritical areas working within office hours with too much clerical and "paperwork" compared to patient care, were dissatisfied with their jobs. On the other hand, degree nurses working in critical areas were satisfied with their job because they have sufficient time for direct patient care. Work situation and lack of time spent with patients are causing rapid turnover of nurses (Pellio, Brewer and Kovner, 2009). Nurses who are satisfied in their jobs are proficient to work to the full scope of their competencies (Meagher-Stewart *et al.*, 2009). Nurses working in specialized units reported higher levels of job satisfaction than nurses working on medical surgical units (Boyle *et al.*, 2006; Cox *et al.*, 2007). The findings of this study contradicted with those of Davies (2008) carried out among Hawaiian critical care nurses. It was found that highly stressful work settings in critical care nursing can result in poor motivation. However, in several studies it was found that no factors effected job satisfaction (Halm *et al.*, 2005; Kovner *et al.*, 2009; Ma *et al.*, 2003).

There were no significance differences between gender, ethnicity, marital status, current position in workplace, funding for degree in nursing, intention to leave organization for job satisfaction with p values more than 0.05.

The findings of this study could serve as a guide for nursing and healthcare administrators to identify issues related to the duration of working after completion of degree in nursing, working conditions, areas of working and job satisfaction. The results of this study indicate that there were significant associations between these three variables and job satisfaction. Nursing administrator should provide specific job descriptions to the nurses upon completion of degree in nursing. Moreover, every employee should carefully consider their requests of working conditions (shift duty/office hour) and working areas (critical/non-critical area) to enhance nurses' job satisfaction. As from the present study it was evident that very few nurses had no intention to leave HUSM, therefore it is essential to examine the reason for job dissatisfaction. Thus, major interventions are necessary to reduce turnover which can result in potential cost savings (Ma et al., 2009). Factors affecting career plans to leave the profession should be considered to find solutions to protect workers as well as the institution.

REFERENCES

- Bjork, IT, Samdal, GB, Hansen, BS, Torstad, S & Hamilton, GA (2007). Job satisfaction in a Norwegian population of nurses: A questionnaire survey. International journal of Nursing Studies. 44(5), pp 747-757.
- Boyle, DK, Miller, PA, Gajewski, BJ, Hart, SE & Dunton, N (2006). Unit type differences in registered nurse workgroup job satisfaction. Western Journal of Nursing Research. 28(6), pp 622-640.

Cortese, CG (2007). Job satisfaction of Italian nurses: An exploratory study. Journal of Nursing Management. 15(3), pp 303-312.

Cox, KS, Teasley, SL, Lacey, SR, Caroll, CA & Sexton, KA (2007). Work environment perception of pediatric nurses. Journal of Pediatric Nursing. 22(1), pp 9-14

Curtis, E (2007). Job satisfaction: a survey of nurses in the Republic of Ireland. International Nursing Review. 54, pp 92-99.

Davies, WR (2008). Mindful motivation: Healing burnout in critical care nursing. Holistic Nursing Practice. 22(1), pp 32-36.

- Dunn, S, Wilson, B & Esterman, A (2005). Perceptions of working as a nurse in an acute care setting. Journal of Nursing Management. 13(1), pp 22-31.
- Estabrooks, CA, Midodzi, WK, Cummings, GG, Ricker, LK & Giovannetti, P (2005). The impact of hospital nursing characteristics on 30-day mortality. Nursing Research. 54, pp 74-84.
- Fochsen, G, Sjogren, K, Josephson, M & Langerstrom, M (2005). Factors contributing to the decision to leave nursing care: A study among Swedish nursing personnel. Journal of Nursing Management. 13, pp 338-344.
- Forsgren, S, Forsman, B & Carlstro, ED (2009). Working with Manchester triage: Job satisfaction in nursing. International Emergency Nursing. 17, pp 226–232.
- Halm, M, Kandels, M, Blalock, M, Gryczman, A, Krisko-Hagel, K, Lemay, D *et al.* (2005). Hopital nurse staffing and patient mortality, emotional exhaustion, and job satisfaction. Critical Nurse Specialist. 19(5), pp 241-251.
- Hayes, B, Bonner, A & Pryor, J (2010). Factors contributing to nurse job satisfaction in the acute hospital setting: A review of recent literature. Journal of Nursing Management. 18, pp 804-814.
- Judge, TA, Piccolo, RF, Podsakoff, NP, Shaw, JC & Rich, BL (2010). The relationship between pay and job satisfaction: A meta-analysis of the literature. Journal of Vocational Behavior. 77, pp 157–167.
- Kovner, TK, Brewer, CS, Greene, W & Fairchild, S (2009). Understanding new registered nurses' intent to stay at their jobs. Nursing Economics. 27(2), pp 81-98.
- Kovner, C, Brewer, C, Wu, Y, Cheng, Y & Suzuki, M (2006). Factors associated with work satisfaction of registered nurses. Journal of Nursing Scholarship. 38(1), pp 71-79.
- Lu, KY, Lin, PL, Wu, CM, Hsieh, YL & Chang, YY (2002). The relationships among turnover intentions, professional commitment, and job satisfaction of hospital nurses. Journal of Professional Nursing. 18(4), pp 214-219.
- Ma, C, Samuels, M & Alexander, J (2003). Factors that influence nurses' job satisfaction. Journal of Nurse Administration. 33(5), pp 293-299.
- Ma, J, Lee, P, Yang, Y & Chang, W (2009). Predicting factors related to nurses' intention to leave, job satisfaction, and perception of quality of care in acute care hospital. Nurse Economics. 27(3), pp 178-202.
- Meagher-Stewart, D, Underwood, J, Schoenfeld, B, Lavoie-Tremblay, M, Blythe, J, MacDonald, M, et al. (2009). Building Canadian public health nursing capacity: Implications for action. Health Human Resource Series Number. 15.
- McGillis, HL, Doran, D, Sidani, S & Pink, L (2006). Teaching and community hospital work environments. Western Journal of Nursing Research. 28(6), pp 710-725.
- Pellico, L, Brewer, C & Kovner, C (2009). What newly licensed registered nurses have to say about their first experiences. Nursing Outlook. 57(4), pp 194-203.
- Rambur, B, Palumbo, MV, McIntosh, B & Mongeon, J (2003). A statewide analysis of RN's decision to leave their position. Nursing Outlook. 51(4), pp 182-188.
- Smith, H, Hood, J, Waldman, J & Smith, V (2005). Creating a favorable practice environment for nurses. Journal of Nursing Administration. 5(12), pp 525-532.
- Tourangeau, AE, Cranley, LA & Jeffs, L (2006). Impact of nursing on hospital patient mortality and related policy implications. Quality and Safety in Healthcare. 15, pp 4-8.
- Trossman, S (2005). Who you work with matters. The American Nurse ANA. pp 7-10.
- Yin, JCT & Yang, KPA (2002). Nursing turnover in Taiwan; A meta-analysis of related factors. International Journal of Nursing Studies. 39, pp 573-581.