

JOB SATISFACTION AMONG DEGREE NURSES WORKING IN CLINICAL AREA AT HOSPITAL UNIVERSITI SAINS MALAYSIA, KUBANG KERIAN, KELANTAN

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ABSTRACT

Up gradation in terms of qualifications and expertise are certainly important factors contributing to the development of the nursing profession. However, some nurses after receiving their degrees have voiced their intent to leave Hospital Universiti Sains Malaysia and move to other institutions because of its limited career development opportunities. The purpose of this quantitative study is to measure the job satisfaction among sixty six nurses holding degree certificate and working in clinical areas at Hospital Universiti Sains Malaysia. Our findings showed that the six components that control the above mentioned criteria were pay, autonomy, task requirements, professional status, interaction and lastly organization policies, ranked from most important to least important. In contrast, pay was ranked as least satisfying followed by organizational policies, task requirements, autonomy, interactions and professional status as most satisfying component. The range of score for this study was 105 to 178 with average total score of 139. The factor for Index Work Satisfaction that represents the importance of the components and current level of satisfaction was 12.42. These figures show low levels of satisfaction among the nurses. Comparison between the rankings according to levels of importance and levels of satisfaction demonstrated that while pay was ranked as the most important job component, it was ranked as the least satisfying component. This study presented findings that are essential to healthcare and nursing administrators to initiate interventions based on evidence with regards to the plight of degree nurses in their opportunities for career advancement.

Key words: Nursing, Degree nurses, Job satisfaction, Clinical Area, Index Work Satisfaction

INTRODUCTION

Nurses are the key elements in the hospital because they provide continuous care while doctors and other health professionals come and go. Thus, job satisfaction among nurses and their relationship with the work environment have been examined for decades in both the public and private sectors. Six components of job satisfaction factors had been identified in this study - their pay, autonomy as in the ability to exercise independent judgment, task requirements, organizational policies, mutual interaction which includes both nurse-nurse and

physician-nurse, and professional status measured by the Index of Work Satisfaction (IWS). Job dissatisfaction among degree nurses cause them to resign before their retirement, abandoning Hospital Universiti Sains Malaysia (HUSM) and transferring to another institution. Therefore, it is important for health and nursing administrators to determine the job satisfaction of degree holding nurses in order to provide some strategy to improve retention, reduce turnover and create a supportive work environment to enhance job satisfaction among nurses.

OBJECTIVES

The purpose of this quantitative study is to measure the level of job satisfaction among degree holding nurses working only in clinical areas at HUSM because they have similar job descriptions.

The objectives of this study are:

1. To rank the six components necessary for work satisfaction, in order, according to the level of importance as decided by the degree nurses.
2. To rank the level of satisfaction regarding the six components necessary for satisfaction in work, in order, as decided by degree nurses.
3. To determine the Index Work Satisfaction as indicated by degree nurses.
4. To compare the ranking of the components of work satisfaction according to level of importance and satisfaction within the present job.

REVIEW OF RELATED RESEARCH

In a study conducted by Fochsen *et al.*, (2005) involving 1507 nurses in Sweden, 158 nurses indicated to leave the job due to the lack of professional developmental opportunities, poor salary and limited professional autonomy. Another study showed that promotional opportunities, variety of job opportunity, the ability to adjust within the group, organizational constraints and low autonomy leads to job satisfaction (Kovner *et al.*, 2006). Curtis (2007) also argues that the professional status, interaction and autonomy are the factors that contribute positively to the satisfaction of nurses.

Offshore post-delivery registration nursing degree programme enables Malaysian registered nurses to upgrade their hospital-based training and augment career mobility and raise their awareness regarding their professional role and responsibility (Chiu, 2006). Hospitals often impart same status to the registered nurses who have a varying educational level such as associate degree or diploma. Clearly such a situation would affect the job satisfaction among the nurses. Nurses with a diploma or associated degree reported greater professional commitment and a lower level of conflict of roles than those with a bachelor degree, but there were no significant differences in job satisfaction, organizational commitment, occupational stress and role ambiguity (Lu *et al.*, 2007). Results

of the overall meta-analysis by Judge *et al.*, (2010) indicated that pay level is positively correlated with overall job satisfaction.

In the medical profession, autonomy is viewed as the professionals' decisions concerning their own work, which is not subjected to direction and evaluation by other health professionals (Kramer and Schmalenberg, 2008). Self-determination of a professional group is called as professional autonomy, and for an occupational group it is called occupational autonomy. The term work autonomy was defined as the freedom of nurses to decide about patient care and operation unit decisions (Blegen *et al.*, 2006).

Study by Forsgren, Forsman and Carlstro (2009) about the nurses during triage at emergency departments in Western Sweden showed a high degree of job satisfaction due to certain amount of freedom in connection with the interesting nature of triage tasks. The nurses found their work interesting and stimulating, although some reported job dissatisfaction due to a heavy workload and lack of competence. Supervisor support, work-group cohesion, promotional opportunities and distributive justice were important factors of job satisfaction (Kovner *et al.*, 2006). Professional relationships between nursing colleagues and medical staff highlighted the value of 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). In a survey among 76,000 nurses conducted by the American Nurses Association, it was found that nurses were highly satisfied with peer interactions. The nurse-patient relationship and the relationship with other healthcare team members have an enormous impact on the entire work experience and consequently affect the recruitment and retention of nurses (Trossman, 2005). Professional status was ranked in the top three factors contributing to nurse job satisfaction (Apostolidis and Polifroni, 2006; Bjork *et al.*, 2007). Nurses with the brilliant academic education, a high level of professional training and with high income demonstrated maximum satisfaction with their jobs.

METHODOLOGY

A quantitative study was done using survey method to ascertain job satisfaction among 66 degree

holding nurses working in clinical area at HUSM from October 2011 – February 2012. This study was conducted in each clinical area, including medical-surgical ward, pediatric ward, obstetric-gynecological ward, orthopedic ward, otolaryngology ward, burn unit, intensive care units, coronary care unit, operation rooms, emergency department and out-patient care centers where the nurses were appointed.

SAMPLE

The age range of the respondents varied from minimum 27 years old to maximum 49 years old with a mean age of 38.5 years. 19 respondents (28.79%) is in the 35-39 years age-group and 13 respondents (19.7%) were in the 30-34 years and remaining in the 45-49 years age-groups. Of the total respondents, 65 (98.5%) of the nurses are female and only one (1.5%) is male. The majority (92.4%), of the nurses are Malays, the rest Chinese while no Indian nurse participated in this study. The majority of the respondents, 58 (87.9%) reported being married while 5 (7.6%) respondents are single, only 1 (1.5%) divorced, and 2(3.0%) widowed. More than half of the respondents 35 (53.03%) had worked for 15-24 years, 4 worked for 26 years and the average working experience is 15 years.

INSTRUMENTATION

A questionnaire containing three sections was used to collect the survey data. Section A consists

of items related to demographic data. The IWS will be used to measure job satisfaction. Section B of the questionnaire consists of 15 pairs of components and measures the relative importance of the six components to the respondents. The components were defined at the beginning of the survey before respondents were presented with 15 forced-choice comparisons of the six components. The respondents were asked to choose one in each pair that was more important to them. Section C consists of 44 Likert-style items reflecting different aspects of the above-mentioned six components concerning job satisfaction.

DATA ANALYSIS AND RESULTS

Analysis and interpretation of the data collected were carried out using the IWS for component weighing coefficients (CWC), rankings of components in order of importance, total scale score (TSS), mean scale score (MSS), component total score (CTS), component mean score (CMS), ranking of current level of satisfaction, calculation of the IWS, comparisons between CWC and CMS.

Table 1 lists the analysis frequency of respondents’ choice in each matched pair of six components of job satisfaction. This type of analysis was completed for all fifteen pairs of components.

Table 1: Frequency of Respondents’ Choice in Each Matched Pair

| No. | Freq | Job Component | | Freq | Job Component |
|-----|------|-------------------------|----|------|-------------------------|
| 1 | 52 | Professional Status | or | 14 | Organizational Policies |
| 2 | 48 | Pay | or | 18 | Task Requirements |
| 3 | 29 | Organizational Policies | or | 37 | Interaction |
| 4 | 51 | Task Requirements | or | 15 | Organizational Policies |
| 5 | 46 | Professional Status | or | 20 | Task Requirements |
| 6 | 33 | Pay | or | 33 | Autonomy |
| 7 | 40 | Professional Status | or | 26 | Interaction |
| 8 | 21 | Professional Status | or | 45 | Autonomy |
| 9 | 24 | Interaction | or | 42 | Task Requirements |
| 10 | 20 | Interaction | or | 46 | Pay |
| 11 | 45 | Autonomy | or | 21 | Task Requirements |
| 12 | 26 | Organizational Policies | or | 40 | Autonomy |
| 13 | 34 | Pay | or | 32 | Professional Status |
| 14 | 23 | Interaction | or | 43 | Autonomy |
| 15 | 20 | Organizational Policies | or | 46 | Pay |

Note: Freq=frequency

Section B of the IWS questionnaire determines the importance of each of the six components of job satisfaction. A frequency matrix was constructed as shown in Table 2. The columns show more important choices while the rows show the less important choices.

Table 3 demonstrates the percentages in a proportion matrix. The value from each of the frequency matrix cell when divided by the sample size, n=66 is equivalent to percentage achieved. 0.73% (represented in bold) is the proportion of the respondents who chose pay scale as more important

compared with task requirements.

The percentage values in Table 3 were then converted to Z-values as presented in Table 4. The Z-values indicate the position of any score relative to the other scores in the distribution table. The CWC was calculated by summing the Z-values for each column. The mean value for each column was attained by dividing the sum by five which is the number of comparisons made. The constant used was +3.100 and was added to the mean values resulting in the CWC as shown in Table 4.

Table 2: Frequency Matrix for a Sample of 66

| LESS IMPORTANT | MORE IMPORTANT | | | | | |
|----------------|----------------|----------|-----------|---------------|--------------|-------------|
| | Pay | Autonomy | Task Req. | Org. Policies | Prof. Status | Interaction |
| Pay | X | 33 | 18 | 20 | 32 | 20 |
| Autonomy | 33 | X | 21 | 26 | 21 | 23 |
| Task Req. | 48 | 45 | X | 15 | 20 | 24 |
| Org. Policies | 46 | 40 | 51 | X | 52 | 37 |
| Prof. Status | 34 | 45 | 46 | 14 | X | 26 |
| Interaction | 46 | 43 | 42 | 29 | 40 | X |

Table 3: Proportion Matrix for a Sample of 66

| LESS IMPORTANT | MORE IMPORTANT | | | | | |
|----------------|----------------|----------|-----------|---------------|--------------|-------------|
| | Pay | Autonomy | Task Req. | Org. Policies | Prof. Status | Interaction |
| Pay | X | 0.50 | 0.27 | 0.30 | 0.48 | 0.30 |
| Autonomy | 0.50 | X | 0.32 | 0.39 | 0.32 | 0.35 |
| Task Req. | 0.73 | 0.68 | X | 0.23 | 0.30 | 0.36 |
| Org. Policies | 0.70 | 0.61 | 0.77 | X | 0.79 | 0.56 |
| Prof. Status | 0.52 | 0.68 | 0.70 | 0.21 | X | 0.39 |
| Interaction | 0.70 | 0.65 | 0.64 | 0.44 | 0.61 | X |

Table 4: Matrix of Z-Values Showing Components Weighting Coefficient (CWC) for Section B: Paired Comparisons (N=66)

| LESS IMPORTANT | MORE IMPORTANT | | | | | |
|----------------|----------------|----------|-----------|---------------|--------------|-------------|
| | Pay | Autonomy | Task Req. | Org. Policies | Prof. Status | Interaction |
| Pay | X | 0.15 | -0.95 | -0.81 | 0.05 | -0.81 |
| Autonomy | 0.15 | X | -0.71 | -0.38 | -0.71 | -0.57 |
| Task Req. | 1.25 | 1.01 | X | -1.14 | -0.81 | -0.52 |
| Org. Policies | 1.11 | 0.68 | 1.44 | X | 1.54 | 0.44 |
| Prof. Status | 0.25 | 1.01 | 1.11 | -1.24 | X | -0.38 |
| Interaction | 1.11 | 0.87 | 0.82 | -0.14 | 0.68 | X |
| SUM | 3.87 | 3.72 | 1.71 | 3.71 | 0.75 | -1.84 |
| MEAN | 0.77 | 0.74 | 0.34 | -0.74 | 0.15 | -0.37 |
| CWS(+3.100) | 3.87 | 3.84 | 3.44 | 2.36 | 3.25 | 2.73 |

Table 5 presents the ranking of components in order of importance.

Table 5: Ranking of Components in Order of Importance

| No. | Component Ranking | Weighting Coefficient |
|-----|-------------------------|-----------------------|
| 1. | Pay | 3.87 |
| 2. | Autonomy | 3.84 |
| 3. | Task Requirements | 3.44 |
| 4. | Professional Status | 3.25 |
| 5. | Interaction | 2.73 |
| 6. | Organizational Policies | 2.36 |

Before calculating the IWS, the component weighting coefficient from column I of the questionnaire was multiplied by the component mean score, column III gives the adjusted score values as demonstrated in Table 6.

Table 6: Ranking Level of Satisfaction for Each Component

| 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 |

The adjusted scores were summed and divide by the six components of job satisfaction to produce a single number, the IWS. This is a total index that represents both the relative importance of the components and current level of satisfaction. The suggested norm for IWS ranged from 0.9 to 37.1 with most scores falling around 12. The final summary score for this study is 12.42, close to the suggested norm. The IWS is a practical basis for group comparisons between hospitals. Table 7 shows the numerical values for the IWS measure.

Table 8 presents a comparison of the two rankings.

Table 7: Numerical Values for the IWS Measure

| Component | I CWC (Part A) | II Component Scale Score (Part B) | III Component Mean Score (Part B) | IV I x III = IV Adjusted Score |
|--|----------------------|---|---|--------------------------------------|
| Pay | 3.87 | 18.30 | 3.05 | 11.80 |
| Autonomy | 3.84 | 29.92 | 3.74 | 14.36 |
| Task Requirement | 3.44 | 20.28 | 3.38 | 11.63 |
| Organizational Policy | 2.36 | 23.59 | 3.37 | 7.95 |
| Professional Status | 3.25 | 34.65 | 4.95 | 16.09 |
| Interaction | 2.73 | 46.40 | 4.64 | 12.67 |
| TOTAL SCALE SCORE: 139 Range:44-308 | | MEAN SCALE: Range:1-7 | IWS: 12.42 Range:0.9-37.1 | |

Table 8: Rank Order of Importance and Rank Order of Satisfaction

| Ranking of Importance | | | Level of Satisfaction | | |
|-----------------------|---------------------------------|------|-----------------------|-----------------------|------|
| Component | Component Weighting Coefficient | | Component | Component Mean Score | |
| 1. | Pay | 3.87 | 1. | Professional Status | 4.95 |
| 2. | Autonomy | 3.84 | 2. | Interaction | 4.64 |
| 3. | Task Requirement | 3.44 | 3. | Autonomy | 3.74 |
| 4. | Professional Status | 3.25 | 4. | Task Requirement | 3.38 |
| 5. | Interaction | 2.73 | 5. | Organizational Policy | 3.37 |
| 6. | Organizational Policy | 2.36 | 6. | Pay | 3.05 |

DISCUSSION AND CONCLUSION

The results from data analysis showed Pay was the most important component, followed closely by Autonomy, Task Requirements, and Professional Status. Interaction and lastly Organization Policies were seen as least important components for job satisfaction as identified by degree nurses working in clinical area at HUSM. The findings from these studies suggested that as pay was the most important component for job satisfaction, the nurses were not satisfied with salary scheme of the institution after attaining the degree.

Autonomy was ranked the second important criterion for job satisfaction in this study. This result suggested that degree nurses working in clinical area at HUSM desired more autonomy. Autonomy has been identified as important work environment attributes for enhancing patient safety and was found to be associated with significant lower mortality rates (*Ferguson-Pare, 2008*). Working conditions that limited autonomy has been identified as a principle reason for nurses to leave the profession (*Spence-Laschinger, 2008*). *Blegen et al., (2006)* indicated that Baccalaureate-prepared nurses have reported a higher preference for clinical autonomy. In addition, research shows that quality patient care improves when nursing managers collaborate closely and foster clinical autonomy in their nursing staffs (*Estabrooks et al., 2005*).

Degree nurse working in clinical area at HUSM identified task requirements as third important component for job satisfaction. Unexpected work situation and lack of time spent with patients causes rapid turnover of nurses (*Pellio, Brewer and Kovner, 2009*). Nurses who are satisfied in their jobs are able to work better to fulfill the scope of their competencies (*Meagher-Stewart et al., 2009*).

Interaction between nurse-nurse and nurse-physician was ranked as fifth important component of job satisfaction in this study. These relationships have an enormous impact on the entire work experience and consequently have an impact on the recruitment and retention of nurses (*Trossman, 2005*). Relationship with doctors was an important component which contributed to the quality of patient care. Nurturing positive relationship between the nursing and medical staff yield benefits in terms of morale and patient outcomes (*Gunnarsdottir et al., 2009*).

Results indicated Organizational Policy ranked as least important for work satisfaction among degree nurses working in clinical area at HUSM. Organizational Policies such as poor standard of staff had an impacted on nurses' job satisfaction (*Li and Lambert, 2008*). Consequently, this condition was related to workload issues and inability to complete nursing tasks and resulted in poorer quality of care (*Wilson et al., 2008*). The degree to which career structures within an organization are made available to its employees (*Murrells, Clinton and Robinson, 2005*) and the potential for vertical occupational mobility within an organization (*Zangaro and Johantgen, 2009*) were influenced by organizational policies.

Index Work Satisfaction (IWS) which represented both the level of importance and actual level of satisfaction has a suggested norm that ranged from 0.9 to 37.1 with most scores falling around 12. The IWS is a practical basis for group comparisons between hospitals. The IWS score of 12.42 for this research is placed in the second quartile, indicating the level of satisfaction ranking in the 50th percentile. Nevertheless, finding from this study was nearly similar to the IWS score of 12.70 as reported by Republic of Ireland Nurses (*Curtis, 2007*). Most scores within the first and second quartiles represent low levels of satisfaction indicating that changes must be made to improve the level of satisfaction (*Moyer, 2009*).

The findings are interesting because while pay was ranked as the most important job component it was ranked as the least satisfying component of job satisfaction among respondents in the present scenario. The pay component of job satisfaction demonstrates major difference in ranking of importance and satisfaction. These findings identified pay as the most important factor but the component that made the least contribution towards job satisfaction among respondents. Furthermore, respondents expressed dissatisfaction regarding the discrepancy between the high responsibility of the job and low pay. As roles for nurses expand and their responsibility increase, this level of dissatisfaction and intention to leave the organization is very likely to become prominent day by day.

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