

NURSES' JOB SATISFACTION IN BHUTAN

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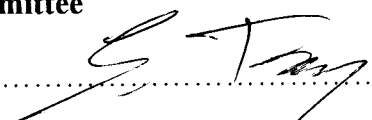
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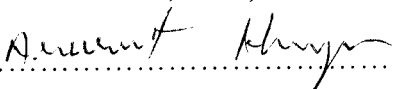
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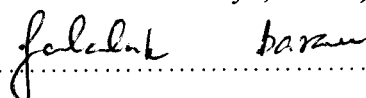
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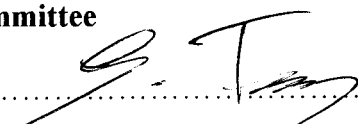
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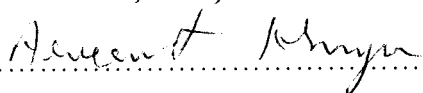
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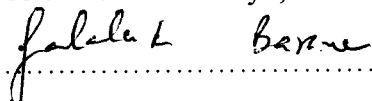
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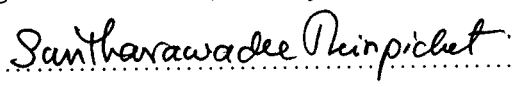
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This descriptive comparative study was conducted to examine the level of job satisfaction and differences of job satisfaction in different educational levels, age groups, and between male and female nurses working in Bhutan. The sample consisted of 240 nurses from the selected 10 hospitals.

The data were collected by means of 36 item questionnaires. Spector's Job Satisfaction Survey questionnaire was used with 9 subscales which were pay, promotion, supervision, fringe benefits, contingent reward, operating procedures, coworkers, nature of work, and communication. Of these nine job facets, the respondents rated high satisfaction with supervision, coworker and nature of work where as pay, promotion, fringe benefits, contingent reward, operating procedures, and communication were on moderate level.

The results revealed that overall level of job satisfaction among nurses were in moderate level. When comparing the level of satisfaction with those of educational level, with age group, and between male nurses and female nurses, no significant differences were found. Nursing administrators and researchers may use the findings of this study as a guideline for developing effective strategies to advocate level of job satisfaction, which may improve the quality of patient care.

CONTENTS

	Page
ABSTRACT	iv
CONTENTS	vi
LIST OF TABLES	ix
LIST OF FIGURES	x
CHAPTER	
1 INTRODUCTION	
Background and Significance of the Study	1
Purpose of the study	5
Research Questions	5
Hypothesis	5
2 LITERATURE REVIEW	8
Background of Bhutan and its Healthcare System	8
Nursing Education system in Bhutan	8
Definition of Job satisfaction	10
Theories Associated with Job satisfaction	11
The Principle of Scientific Management	11
Maslow's Heirarchy of Need Theory	12
Studies Related to Job satisfaction	14
Measurement of Job satisfaction	26
Summary	28
Conceptual Framework	29

CONTENTS (CONTINUE)

	Page
3 METHODOLOGY.....	31
Research Design.....	31
Population and Sample.....	31
Sampling Method.....	31
Eligibility Criteria.....	32
Protection of Human Rights.....	32
Reliability Test.....	33
Data Collection Procedure.....	34
Data Analysis.....	34
4 FINDINGS.....	35
Demographic Characteristics of the Subjects.....	35
Abbreviations.....	35
Findings Related to Research Questions.....	38
5 DISCUSSION, CONCLUSION, RECOMMENDATION.....	44
Conclusion.....	47
Implication for Administration.....	48
Implication for Nursing Research.....	49
Limitations of the Study.....	49
Recommendations.....	49

CONTENTS (CONTINUE)

	Page
REFERENCES	50
APPENDICES	54

LIST OF TABLES

Table	Page
1 Subscale of JSS Scale and Item Number	27
2 Subscale of JSS scale, the Sample Size and the Internal	
3 Consistency	27
4 Level of Hospitals, Population and Sample	32
5 Demographic Characteristics of the Samples	36
6 Mean and Standard deviation of Total Job Satisfaction for	
each subscale	38
7 Frequency and percentage of level of Job Satisfaction for each	
Subscale	39
8 Frequency and Percentage of level of Job Satisfaction among	
the subjects for 9 subscales	40
9 ANOVA of Job Satisfaction among Samples with Different	
level of Education	41
10 ANOVA of Job Satisfaction with Age group	42
11 Independent t- test for Job Satisfaction in relation to Gender	42

LIST OF FIGURES

Figure	Page
1 Conceptual Framework.....	30

CHAPTER I

INTRODUCTION

Background and Significance

Job satisfaction is important for the well being of the organization as well as for the individual. In virtually all nursing organizations, the issue of maintaining employee job satisfaction is a major concern to managers because of its potential impact on morale, quality patient care, productivity and cost (Lehmann, 1994). Furthermore, Keuter, Bryne, Voel, & Larson, (2000) also indicated that job satisfaction is one determinant of nursing performance, quality of care, and cost containment.

As the largest group of health professionals in the country, nurses represent significant component of hospital staff and play an integral role in determining both the quality and cost of healthcare services. Moreover, they have the potential to be part of solution to key problems within the system, by managing patients' care to achieve quicker and more cost effective clinical outcome.

Since nursing is an increasingly important core component of the healthcare system, nurses' work place and well being is the critical issue. The level of well being experienced in the work setting, especially job satisfaction, can have an important personal consequences, it can affect other attitudes and even physical health (Tonges, Robstien, & Carter, 1998). It is no secret that a satisfied nursing staff can have a positive impact on overall morale, patient care, and productivity therefore, it is important to have overall satisfied nursing staff in order to achieve effective quality nursing care and patient satisfaction. Their input would depend much upon their personal as well as professional relationship with people around them and a good working condition.

Job satisfaction is a critical factor in health care settings for several reasons. Strong empirical evidence supports a casual relationship among job satisfaction, staff turnover, and absenteeism. The evidence suggests that nurses' job satisfaction is low, retention of staff is also low, and staff turnover and absenteeism increases. This

combination of events can cause significantly lower standards in health care delivery (Cowin, 2002).

Shortage of nurses is a problem in several countries. It is well recognized that turnover and shortage of nursing personnel are major problems for health care settings in several countries (Norman, 1997). This shortage has been precipitated by number of factors. At an organization level, however turnover is the major contributor to shortage of nurses (Price & Mueller, 1986). This shortage is further increased by employee absence from work, making absence a critical problem at times of acute shortage (Rogers, 1990). Moreover, both high turnover and high absence are very costly and result in decreased standard in patient quality care (Price & Mueller, 1981). They also caused increased pressure on those left in job, resulting in decreased morale, possibly, further turnover (Norman & Borda, 1997). According to the studies on turnover rate and shortage of nurses, the most important reasons for nurses leaving the profession was job dissatisfaction (Mariner, 1982). Holmos (2002) also stated that poor career advancement opportunities, increased workload, wage and workplace relations are the most important factors in determining quitting intentions. However, a problem with this approach is that the intentions to quit could be just another way of expressing dissatisfaction.

There are many consequences of turnover that affect the organization and work itself. Firstly, the turnover can cause decreased in productivity. Secondly, an increase in turnover rate can result in an increasing in training costs. Thirdly, it can cause lowered employee morale and poor quality of nursing care. Finally, turnover will result in the shortage of employee and inadequate staffing (Sullivan & Decker, 1985). Increasing workload causes nurse having more dissatisfaction with their job. The nurses' shortage not only causes the decrease in quality of nursing care and patients' satisfaction but also results in increasing in nursing accidental rate from work (Chen, 1997 cited in Ying, 1999).

Numerous research studies have been conducted to investigate factors that have an impact on nursing job satisfaction and its relationship to turnover. The data reveal that there are multiple factors contributing to job dissatisfaction, intention to leave an organization, and actual turnover (Lehmann, 1994). Although these factors

are important to understand from an academic perspective, it is critical for nurse managers and nurse executive to realize that each organization is different and has its own unique environment that will contribute to the satisfaction or dissatisfaction of its employee. The factors influencing job satisfaction are nature of work, work environments, salary and benefits, career advancement opportunities and supervision/management (Lehmann, 1994). It is difficult to achieve until these factors are studied and further addressed.

Job satisfaction is the degree to which individuals appear to like their job (Cavanagh, 1989), which is of great importance to nurses and nursing administrators for several reasons. Firstly, there is a negative relationship between job satisfaction and turnover rate. Turnover rate can be decreased effectively with an increase with in the level of job satisfaction (Cavanagh, 1992). Secondly, there is an evidence of impact of nurses' job satisfaction on the quality of patient care. Studies showed that job satisfaction affected the quality of service provided in human service organization and patient satisfaction (Simpson, 1985; Cavanagh, 1992). Thirdly, the level of job satisfaction is positively associated with nurses' mental health (Ying, 1999).

There is no data available on nurses' job satisfaction in Bhutan and no studies have been conducted as yet. However, from the researcher's experience nurses talk about the dissatisfaction on their job informally. Through direct observation one can say that there is no commitment in their work. Staffs are not motivated and at times they are fired or scolded from their bosses on their job. They do not have much job opportunities like in the west or other countries where one can leave the job if one is dissatisfied. They have no alternatives rather than to stay with the same job to earn the living. This not only affects their physical and mental health but also results in poor quality of nursing care and contributes to high-risk accidents. However, in the recent years few nurses have been taking early retirement but no studies have been conducted to answer why they leave the job. This early leaving further causes more shortage. The present study is the first study to be conducted in Bhutan and the result of the study would benefit the nurse managers but also the administrators for planning and implementing effective health policies that will meet the unique need of the staffs and organization. I believe that improved job satisfaction results in fewer turnovers,

better patient quality care, less physical and mental injuries to health care staff, and betterment of entire organization. Furthermore, nursing professional's job satisfaction has been limited with turnover rates, work attendance, and quality of performance. The attitudes and mental state that the worker brings to the job are not left there at the end of the daily work, but rather become a part of person's professional mental outlook. Therefore, job satisfaction not only benefits the workers, patients, coworkers and administration superiors, but also has important effects in the total well being of the professionals.

Nurses' job satisfaction is of interest to nurse researcher and nurse administrators because of its relationship to patient outcomes and staff nurse productivity (McNeese Smith, 1995). Some studies report a positive link between nurses' job satisfaction and patient satisfaction with nursing care. Another study by Semour and Buchenhof (1991) found insufficient number of staff nurses to be the most serious sources of nurses' dissatisfaction leaving the profession. A study conducted by Brewer (1998) found hospital registered nurses were significantly less satisfied than non-hospital registered nurses with their job. This evidence indicates that nurses' job satisfaction is related to quality of care and patient satisfaction. Therefore, nurses' study of nurses' job satisfaction is needed and organizations need to understand the factors affecting employee job satisfaction.

As mentioned earlier, there is no data available and no studies have been done in Bhutan, the researcher is interested in conducting a national study to examine the level of job satisfaction and compare the level of job satisfaction among nurses with different level of education, between gender, and their age in order to use as basis information in finding ways to improve the level of job satisfaction among nurses in Bhutan. Secondly, by identifying the factors that bring about job satisfaction to nurses will bring about good care to the patients.

It is a personal as well as management goal in every profession to maximize job satisfaction. Health care organizations are usually concerned with quality of life in general. They should have profound interest in the quality of an employee's working condition. Quite aside from their primary concern for productivity in-patient care, it is assumed that job satisfaction is desirable. Yet our assumption about why, what, and

how we actually measure job satisfaction need examination. More formally stated, organizational measures for obtaining overall measure of job satisfaction should be mission of an organization. The usefulness of the study result will help reduce staff turnover and absenteeism or improve the quality of patient care. The knowledge generated from this study would help the policy makers particularly the administrators to come up with some strategies, which would activate job satisfaction among the nurses.

Purpose of the study

1. To examine the level of nurses' job satisfaction in Bhutan.
2. To compare the level of job satisfaction among nurses with different levels of education
3. To compare the level of job satisfaction among nurses with different age groups
4. To compare the level of job satisfaction between male and female nurses

Research Questions

1. What is the level of nurses' job satisfaction in Bhutan?
2. Do nurses with different level of education differ in the level of job satisfaction?
3. Do nurses differ in the level of job satisfaction with different age group?
4. Do male nurses and female nurses differ in the level of job satisfaction?

Hypotheses

1. Nurses with different level of education have different level of job satisfaction.
2. Nurses with different age group have different level of job satisfaction.
2. Female nurses and male nurses have different level of job satisfaction

Operational Definitions

Nurses: nurses refer to staff nurses, auxiliary nurse midwives, and assistant nurses who work in hospitals in Bhutan

Staff Nurse: are nurses working in national referral hospitals, regional referral hospitals and district hospitals. All staff nurses are graduated as nurses at least 3 ½ years or 3 years course in nursing.

Auxiliary Nurse Midwife (called as ANM) is nurse midwife who generally work in the community level. They are graduated as midwives at least two years course in nursing.

Assistant Nurses (called as AN) are nurses who undergo 2 years of training and work in the hospitals in Bhutan

Job satisfaction: refers to the feelings or opinion about their job in overall as well as nine aspects of job satisfaction including pay, promotion, supervision, benefits, contingent rewards, operating procedures, coworkers, nature of work and communication. Nurses' job satisfaction can be measured by Job Satisfaction Survey (JSS, Spector, 1985).

Pay: Monthly salary in Ngultrum

Promotion: This entails the upgrading of nurses after working for some years or according to set of promotion criteria.

Supervision: lead of the nursing section has the ability for administration, being sincere, recognize subordinates as one who can give suggestions, listen to other fairly and follow up the working performance of nurses to be able to fulfill the objectives.

Benefits: monetary and other benefits

Contingent Rewards: Appreciation, recognition, and rewards for good work done.

Operating Procedures: are rules and policy of the organization

Coworkers: the aspect of interpersonal relationship among doctors, nurses and paramedical personnel, for instance, the essence of appreciating one another, loving and rewarding or recognizing each person important in achieving organizational goals.

Nature of work: role responsibilities, task requirements, personal satisfaction derived from work, importance and challenge of work, and the amount of control one has over work.

Communication: verbal and written feedback from the supervisors

CHAPTER II

LITERATURE REVIEW

This study examined the level of job satisfaction and compared the level of job satisfaction with different level of education and different age group. The literature reviews included theories associated with job satisfaction and empirical literature of nurses' job satisfaction. The areas revised were as follows

1. Background of Bhutan and its Healthcare System
2. Job satisfaction definitions
3. Theories associated with job satisfaction
 - 3.1 Taylor's Theory
 - 3.2 Maslow's Hierarchy Needs
4. Studies related to nurses' job satisfaction

1. Background of Bhutan

Health Care System in Bhutan

Health care system in Bhutan is delivered through 4-tiered network system consisting of the national, regional, and district hospitals followed by Basic Health Unit (BHU) at the grass root level. The national health policy is to provide well-integrated, equitable, and balanced health services. It consists of preventive, promotive, curative and rehabilitative packages, which is delivered through 4 tiered system networks. All elements of health services are delivered through 160 Basic Health Units spread out throughout the country even in the remotest population center. The accessibility of health services is further increased by 477 Out Reach Clinics that are run by the staff of Basic Health Units and hospitals. Nurses work in all levels of health care system.

Nursing Education System in Bhutan

There are three nursing programs, namely, General Nurse Midwife (GNM or Staff Nurse), Auxiliary Nurse Midwife (ANM), and Assistant Nurse (AN). General Nurse Midwife or the staff nurse and Assistant nurse mainly function in the hospital

where as the Nurse Midwife functions in the community settings. The duration of training ranges from 3 ½ years (3 years at present) for the staff nurse and 2 years for the ANM and the AN. Midwifery is included in all these programs.

Educational entry qualification required is class 12, undergoes 3 years of training at present for the Staff nurse or the GNM and after the successful completion of the program, a diploma certificate is awarded. General Nurse Midwife (GNM or Staff nurse) has 3 years of curriculum. For the first 18 months they have support courses that consist of Psycho-sociology, Anatomy and Physiology, Microbiology, Pharmacology, food and Nutrition. The other aspect is on Professional courses, which consists of introduction to health services, Bhutan, foundation of community health, therapeutic management, and common health problems in Bhutan. Professional development Specialized nursing is for 6 months and another 6 months is for Consolidation for Professional Development. The last 6 months they are taught midwifery.

Educational entry qualification for the ANM is class 10 passed out and for the AN is class 8 passed out but the AN course is no longer available now. The Auxiliary nurse midwife course is for 2 years and they also have the same course as the GNM for the first 18 months. The second part that is for 6 months they have internship/Consolidation focusing on community and the last 6 months is for midwifery. After the successful completion of the program they are awarded certificate.

There are total of 403 nurses in Bhutan. These 403 nurses include all levels of nurses. Most of the nurses are assigned to work on daily three-shift rotation. Besides working in the duty, nurses are on evening, and night duties for average of 2 weeks per month. Nurses on night duty work 12 hours per day. One nurse is usually responsible for 16 patients on the daytime while it is about double number in the night duty. Nurses always complain of workload. Furthermore, their job satisfaction is threatened by overwhelming additional responsibilities such as over load of paper work and other non-nursing job. Most of the nurses' work on weekends, government holidays, and even are called to work during their earned leave.

Majority of the nurses in Bhutan are females and most of them are married and with children. As a housewife nurses are also responsible for household work after their working hours. Rotating shift duty not only affects regular life and physical health, but also cause some inconvenience for them to care for their family. As a result, nurses working overload for quite sometime will have stress, which may result or can result in dissatisfaction with the job. These not only affect their physical and mental health but also result in poor quality of nursing care and contribute high risk of accidents.

There are 29 hospitals, including one national referral hospital, and two regional referral hospitals. The national referral hospital is situated in the capital and is known as Jigmi Dorji Wangchuck National Referral Hospital. It is the teaching hospital as well as the apex hospital in the country. It is 200-bedded hospital with 127 nursing staffs. It is one of the biggest hospitals in Bhutan, and it provides all types of care. Patients who need specialized care and who cannot be treated in the district hospitals are referred to this national referral hospital. All hospital beds are always occupied. Most of the patients admitted are complicated and serious cases. The two regional referral hospitals are located in the eastern region and the other in the central region. These regional level hospitals also provide modern care as well as referral services for the primary health care network. Total hospital beds all over the country are 1023 (Health Bulletin, 2000).

2. Job Satisfaction

Definition

Job satisfaction is a multifaceted phenomenon with variety of definition and related concepts, which has been studied in variety of disciplines from earlier century till now.

Herzberg and his associates (1959) defined job satisfaction as people's positive feelings about their work. In Busy and Banik (1991) study, job satisfaction is defined as the gratification and self-fulfillment received in work environment.

Joiner (1984) defined job satisfaction as perceived experience that an individual derived from work, while satisfaction is subjective state that is best reported by people experiencing it.

Job satisfaction consists of a positive attitude towards the job. Job satisfaction is the degree to which individuals like their job (Cavanagh, 1989).

Locke (1983) defined job satisfaction as a pleasurable or positive emotional state resulting from appraisal of one's job or job experience. Job satisfaction is a result of employee's perception how well their job provides these things, which are viewed as one's important values providing to a degree that those values are congruent with one's need. Such a definition outlines the cognitive process, which lead to affective experience of job satisfaction, suggesting that it is essentially a personal experience. It is therefore possible that different sources of job satisfaction and dissatisfaction may be experienced within the same occupational group. This means variation in the experience of job satisfaction may be evident among different sections of the nursing workforce, and in different work environment (Adam & Bond, 2000).

Spector (2002) defined job satisfaction as an attitudinal variable that reflects how people feel about their job overall as well as various aspects of them. This definition will be used in this study.

3. Theories associated with job satisfaction

Studies of job satisfaction have shifted from the idea that humans are machines to an understanding of the workers as an individual with human needs. One of the earliest theories about job satisfaction is Taylor's monumental work: *The Principles of Scientific Management* and the other theory that related to job satisfaction is Maslow's need theory. These two theories will be reviewed

3.1 The principle of Scientific Management

The research linked job satisfaction with a variety of both individual and organizational variables. Taylor's theories were based on the assumption that individuals would be motivated to do their work well if rewards were directly related to their performance of carefully planned tasks (Ling, 1998). Taylor's studies found

that job satisfaction was related completely to the amount of money the worker earned.

Job satisfaction was studied from psychological perspectives in 1945. The Hawthorn study focused on the working conditions of a chosen group of factory employees. The findings revealed that the most important factor of job satisfaction is group interaction. Morale increased when people interacted in the experimental group whether the changed condition was better or worse (Vecchio, 1995). Mayo's studies resulted in the development of the human relations movement with its concern for workers satisfaction and emphasis on leadership and personal relations (Stamps & Piedmonte, 1986).

3.2 Maslow's Hierarchy of Needs Theory

Maslow (1954) proposed a hierarchy of human needs from the lowest to the highest one, which includes physiological needs, safety, love and belonging, self-esteem, and self-actualization. He thought that most normal individuals are both partially satisfied and dissatisfied in all those needs at the same time. Only when the needs at one level have been at least partially satisfied does the individual normally seek to satisfy those at the next level.

Maslow maintained that people are motivated by desire to satisfy a hierarchy of needs. Maslow hypothesized that satisfaction of the basic needs triggers the emergency of more abstract needs that satisfied need is no longer a motivator. The five basic needs he identified were physiological, safety, love, esteem, and self-actualization.

Physiological needs. The body needs water, food, oxygen elimination, rest, sex, exercise, shelter and protection from the elements. People have a strong drive for self-preservation, and whenever their basic needs are threatened, the needs become proponent. These needs are relatively independent and must be met repeatedly to remain fulfilled. In a affluent society, the physiological needs are probably not the most common motivators. The nurse manager should determine whether physiological needs are being met. Meal breaks and rest break should be provided. Payment should be adequate for food, shelter, and recreation.

Safety needs. People need physical, emotional, and financial safety. They need a stable environment in which they are protected against the threats of danger and deprivation. People do not want to worry about inadequate income because of loss of job, accident or old age. Therefore, arbitrary management actions, favoritism towards or discrimination against employees and unpredictable administration of policy are dangerous to safety needs and should be avoided.

Love needs. This category of need include feeling of belonging, acceptance by one's peers, recognition of an accepted member of the group, being an integral part of the operation, giving and receiving friendship, and affectionate relations with others. A cohesive work group is likely to be more effective than an equal number of people working separately. Yet, management fearing hostility towards its objectives may control situations to prevent low morale. Delimiting of the social needs, however, may stimulate resistance and antagonism and further defeat management objective.

Esteem needs. Achievement, competence, knowledge, independence, status, recognition, prestige, appreciation, reputation and respect, contribute to one's self-confidence and self-esteem. Management can help meet these needs by giving praise when it is deserved and through the use of constructive evaluations, pay raises, and titles. Unlike the lower physiological and safety needs, the esteem needs are not so easily satisfied.

Self-actualization. It is doubtful that one ever achieves all that of which he is capable. Feeling of accomplishment, responsibility, importance, challenge, advancement, and new experiences and opportunities for growth contribute to self-fulfillment.

The Maslow's hierarchy of human needs can be applied in job satisfaction by ensuring the basic needs of nurses, as these are met they will bring about satisfaction. Elements such as self esteem can be met by nurses appreciating one another and hospital administration recognizing the significant role nurses play in management of patients, through these avenues of appreciation and recognition, some level of job satisfaction can be achieved. As for actualization nurses can be sponsored for further education.

The relationship between Maslow hierarchy of human needs and the job satisfaction is that the hospital administrators meet the basic needs through housing, and providing attractive salary schemes, in essence this would bring about some level of job satisfaction since most of the basic needs have been already met (Decker & Sullivan, 1992).

4. Studies Related to Job Satisfaction

From the literature search of the nurses' job satisfaction from the year 1984 to 2003, more than 60 articles related to job satisfaction were reviewed.

Herzberg in late 1950 and his associates conducted a study on the attitudes of two hundred engineers and accountants. He concluded that job satisfaction and job dissatisfaction arose from two separate sets of factors. He hypothesized that intrinsic job characteristics could prevent dissatisfaction, but intrinsic job characteristics lead to satisfying situations. He postulated that job characteristics producing satisfaction were not the same as those producing dissatisfaction. Intrinsic characteristic of job factors that cause satisfaction (motivators) generally include achievement, recognition, responsibility, the work itself, advancement and growth. Extrinsic characteristic were related to environment in which the work was done and determined by external events or people.

Factors related to job satisfaction are called satisfiers or motivators; these include achievement, advancement and growth, recognition, work itself, and responsibility. The characteristics that caused dissatisfaction include elements such as organization policy, working conditions, interpersonal relationship with supervisors, subordinates or coworkers, administrative supervision, compensation status and security. Based on these findings, Herzberg argued that the process of motivating employees consisted of two stages. First, directors had to ensure that hygiene factors were not deficit. For example, payment and security must be appropriate, working condition must be safe, and technical supervision must be acceptable. By providing hygiene factors at an appropriate level, directors did not stimulate motivation but merely ensured that employees were not dissatisfied. Employees whom directors attempt to satisfy through hygiene factors alone would be usually do just enough to

get by. Thus directors should proceed stage two giving employees the opportunity to experience motivation factors such as achievement and recognition (Decker, 1992).

Gilloran, McKinley, McGlew, & Robertson, (1994) examined the concept of recognition at work to identify the particular features most appreciated by staff nurses. They concluded that it is more important for head nurse to recognize outstanding performance on the part of the staff nurse than it is to comment upon competent performance. They argued that the way in which recognition can be shown most meaningfully is through salary increase commensurate with performance levels, private verbal feed back to the staff nurses and written acknowledgement of the staff nurses' contributions. Their main conclusion was that pay commensurate with performance is central to recognizing the contribution of today's nurses and as such nurse managers and administrators should give credence to pay as an important way in which to communicate staff nurses that their work is noticed and appreciated.

Through the endeavor of the hospital administration building teamwork and love among nurses and her coworker, this would bring about job satisfaction among the nurses. Career advancement through offering opportunities for further training to the nurse would build morale boost or good self-esteem and this would also raise the level of job satisfaction.

Also, Blegen (1992) noted that verbal and written feedback as an important facet of recognition. In 1993, Blegen constructed a meta-analysis of variables significantly associated with work satisfaction of registered nurse. Thirteen variables were identified, with stress and commitment being the two most strongly related. In addition, communication with supervisor and with coworkers, autonomy and recognition were all moderately related to work satisfaction.

Adam & Bond (2000) studied on hospital nurses' job satisfaction, individuals and organizational characteristics among a nationally representative sample of 834 nurses in England by using the Ward Organizational Feature Scales (WOFS). The findings heightened the nurses' perceptions of appropriateness of the balance between the number of availability staff, skill mix, care organization, and rostering practice, and the workload as a major influence on their job satisfaction. The

study reinforces the importance of quality of nurses' working relationship in enhancing job satisfaction. This research showed that the cohesiveness of the ward nursing staff was the most important working relationship for nurses, with the most significant in impact of nurses' job satisfaction. The importance of measuring nurses' subjective assessment of their work environment was emphasized. The administrators and managers need to focus attention in creating conditions that facilitate intra professional teamwork amongst nurses and inter professional teamwork with medical colleagues.

Ma, Samuel, & Alexander, (2002) studied on factors that influence on nurses' job satisfaction. A-27 questions self administered survey was collected from 17,500 registered nurses in Southern California. One way and multivariate variance were used to determine which variables contributed the most to job satisfaction. The findings revealed that for about two third of the registered nurses remain the same, or had lessened over the past two years. In addition, statically significant differences were found between job satisfaction and years of service, job position, hospital retirement plan, and geographical area.

Njauki (2001) studied on factors related to job satisfaction among nurses working at Ramathibodi hospital using questionnaires. The finding revealed that enabling factors (nurse attitude towards their profession) $p\text{-value} < 0.001$, professional relationship $p\text{-value} = 0.004$ and salary was also found to be significantly associated with level of job satisfaction $p\text{-value} < 0.001$. Enabling factors, professional relationship, and salary have an effect on level of job satisfaction.

Khumyu (2002) studied on nurse staffing, nurses' job satisfaction, and patient satisfaction with nursing care in Public hospitals in Thailand. The samples were 447 registered nurses. JSS questionnaires were used on 9 aspects. The results showed that RNs had high satisfaction with supervision (4.839) and nature of work (4.954). Moderate satisfaction was found in the 7 aspects of coworkers, communication, contingent reward, promotion, pay, operating policy, and fringe benefits.

Bergnan. (1984) studied on relationship of family and their job satisfaction employee. A national sample of 362 nurses completed questionnaires measuring

employee satisfaction based on 24 items that examined satisfaction with salary, supervision, utilization, policy and career advancement. Statistical analysis was done and found out that there was significant relationship between the level of job satisfaction with the family and the level of employee's satisfaction with supervisors, salary, and career advancement.

In recent years, salaries and benefits have further increased importance in terms of job satisfaction. A study of 416 nurses from five hospitals indicated that salary and benefits were the most important factor related to job satisfaction (Lehmann, 1994).

A study carried out by Lynn & Kelly, (1997) examined the effects of case management on context of nursing practice perceived by quality of care delivered. Work satisfaction and control over nursing practice revealed that there was significant decrease in nurse satisfaction with salary and other rewards as well as respect for their colleagues.

In a study by (Curry, Wakefield, 1985; Lucas, Atwood, & Haganan, 1993, Conelly, 1997, cited in Sukulkoo, 2002) conducted research on 841 staff in 3 hospitals. The samples were registered nurses, licensed practical nurses, clerical employees, and service workers. The result showed that pay, promotional opportunity, communication, and distributive justice directly related to job satisfaction. Less pay was significantly related to lower job satisfaction. More pay, more promotional opportunity and communication were directly related to higher level of job satisfaction.

Job satisfaction is a global attitudinal construct that encompasses sub construct such as the work or task, pay and benefits, coworkers, status, and administration (Taunton, 1998). Bushy and Banik (1991) studied job satisfaction in a convenience sample of 69 registered nurses who worked in 8 rural non-profit hospitals by using a researched developed questionnaire. The result indicated that pay, professional status, interaction with physician, autonomy, task requirement, and organizational policies were the work related factors that influenced nurses' job satisfaction. Furthermore, in the content analysis part, one of the themes emerged. The first theme was the important of the professional relationship. The second theme

focused on nurses controlling nursing having input to improve patient care. The third theme centered on low salaries and the need to increase enumeration if nurses were to remain in rural situations.

McNeese-Smith (1999) conducted a study on content analysis of job satisfaction among nursing staff. They found that job satisfaction was derived from the following categories: good patient care, conducive environment, balanced workload, with salary and benefits, professionalism, cultural background of the nurses and career stage of the nurses. Job dissatisfaction was primarily influenced by patient care. Themes related to the following categories have the greatest on job satisfaction: feeling workload, factors that interfere with patient care, coworkers who do not provide good patient care and situations that feel unfair.

The conditions in which nurses perform their work have a significant impact on their satisfaction with the job. One of the most significant and common predictions is inadequate staffing to meet workload demands. Factors influencing this include number of personnel, educational level, experience level, and a mix of professional staff (Lehmann, 1994). Ensuring adequate human resource especially challenging for nurse managers, since the workload often is unpredictable and the consequence of inappropriate decision are significant. Over staffing has major financial ramification especially in this time of cost controls. Understaffing can potentially result in decreased morale, increased turnover, and inadequate quality of patient care.

Aiken, Clark, & Sloane (2001 cited in Stechmillen, 2003) reported that nurses express levels of job satisfaction that are highest among in the United States. They stated that fundamental problems in work setting, work designs that contribute to job strain, emotional exhaustion and burnout as major reasons why nurses are among the least satisfied US workers. These authors referred to one survey result and indicated that nurses' job dissatisfaction was directly related to heavy workload, inadequate staffing, increased used of overtime, inadequate support staff and salary compression.

In a provincial study of 300 Ontario registered nurses and licensed practical nurses in 1995, the leading workplace concerns were job security, workload, inadequate staffing, personal safety, and concerns about quality care. The authors

mentioned that the problems of increasing workload and inadequate staffing to provide even basic care had the potential to spiral into destructive working relationships, decreased personal satisfaction and, ultimately, decreased quality of patient care.

Dallender, Nolan, Soares, & Thomas, (1999) did a comparative study of the perception of British Mental Health nurses and Psychiatrist of their work environment was conducted. It has been shown that prolonged exposure to stressors in the health care environment not only impairs care delivery, but may also be instrumental the development of negative and cynical attitudes towards patients and colleagues Maslach & Jackson (1985 cited in Dallender, & et. al. 1999).

Health care professional differs significantly from other workers is that they have frequent close contacts with severe illness and deaths and are exposed to alleviate the distressing situations in which some patients and their careers find themselves. They are exposed to intense physical and emotional suffering and are frequently the focus of primitive transference reaction, both affectionate and hostile.

Studies of nurses' work have also identified number of stressors such as role conflict, workload, and relations with senior colleagues, anxiety about death and dying, and conflict between home and work, which affect the personal and professional function of nurses. Guppy & Gutteridge (1991) estimated that 85% of stress in nurses was due to heavy workload, 55% was associated with poor relationship with the senior staffs, and 45% was related to poor relationship with the colleagues. The work environment of health care professional has adverse effect on their physical and mental well being. The consequence is both on terms of cost and individuals and to the health services can be considerable.

Another significant factor in the work environment is related to scheduling of working hours. This includes scheduling patterns, the time frame for posting work schedules, scheduling fairness, shift rotations, the amount of overtime required to work in other nursing units. There has been a direct correlation scheduling and staff satisfaction. And as a result, most hospitals have moved away from rigid shifts, to flexible working hours. In addition, many organizations have allowed nurses to

control their own scheduling and self scheduling have been common methodologies for reducing dissatisfaction, with respect to concern of workload (Lehmann, 1994).

In addition to insuring adequate human resources through staffing and scheduling, it is important to have a clean environment, with adequate equipment and supplies available. Although this is not cited as a major factor in job dissatisfaction, a failure to have necessary equipments to perform a job results in frustration that leads to increased dissatisfaction.

In a survey done in Royal nursing college in London on job satisfaction on various factors, on aspect of work it was found out that the percentage of respondents agreeing with the statement of too much pressure at work and has increased since 1995. Nurses also indicated that they believed that their workload was too heavy. Workload and stress were high among all groups of nurses. Nurses who work in the wards particularly those who report working extra hours every shift felt a greater workload pressure than their counter parts did outside (Adams, 2000).

In 1990, Li studied about causes of dissatisfaction among 192 staff nurses working in three big hospitals in China. The findings show that 60.9% of nurses were dissatisfied with their work and 40% of nurses intended to change job. The major causes of dissatisfaction were from promotion, nature of work, workload and low status. Similarly Liu and her coworkers (1994 cited in Ying 1999) investigated the factors affecting job satisfaction and retention among 200 nurses in three hospitals, the finding showed that most nurses were dissatisfied with their job for job related reasons including heavy workload, low salary, Rotating shift, low social welfare and fewer opportunities for advancement.

Hoffman & Scott, (2003) examined the variation in role stress and satisfaction among hospital-based registered nurses by shift length. 500 registered nurses were randomly selected to answer the questionnaire packet. The findings indicated that registered nurses working 12-hour shifts were younger, less experienced, and more stressed colleagues working 8-hour shifts. Pay, autonomy, and professional status were the most important determinants of career satisfaction for all registered nurse participants.

Abu-Ajamiel-ARET (1996) studied on job satisfaction among Palestine nurses West Bank. The primary purpose of the study was to examine demographic correlates of job satisfiers and dissatisfies among nurses in the West bank in Palestine. Both the McCloskey/Mueller satisfaction scale (MMSS) and a single overall job satisfaction item were used to survey the entire population (n=330). Significant relationship was found between job satisfaction and demographic characteristics, such as marital status, distance travel to work, number of nurses worked as registered nurse, and extended family responsibilities.

Christain (1986) studied job satisfaction among 163 faculty members of eight programs in four Southern states. The findings showed that age and length of employment have been found to be positively related to job satisfaction while size of the organization and job satisfaction tended to be inversely related. In study by Lynn (1990 cited in Ying, 1999), the findings indicated that age and education level were significantly related to job satisfaction. The level of job satisfaction was the lowest among better-educated and younger hospital nurses. Arrington (1990) also reported that the number of years of experience and clinical areas were correlated with the intent to stay on the job, which is, in turn, correlated with job satisfaction.

Ying, (1999) conducted a study to examine job satisfaction among nurses working in first teaching hospital of China Medical University. The result showed that nurses had high-satisfied level for recognition and praise, and achievement and responsibility.

Relationships with coworkers often are cited as a factor in job satisfaction. These include peer support, mutual respect, and the amount of cooperation within the work group, and the relationship with the physicians. Health care can be improved when nurses have more opportunities to collaborate with physicians according to Baggs (online [http://: www. Nursesweek.com/features/9/-10/jobsatis.html](http://www.Nursesweek.com/features/9/-10/jobsatis.html)). In her study of nurse's physician collaboration with on transferring patients out of ICU, she found that collaboration increased satisfaction among nurses more than any among physicians.

A study by McCloskey (1990) demonstrated that social integration contributed to job satisfaction, commitment, motivation, and intent to stay on the job.

This was found also to have buffering effect on other factors shown to contribute to job satisfaction. Good work relationship has a positive impact on both morale and productivity and need to be fostered through effective communication and team building activities.

Chaboyer, William, Corkill, & Creamer, (2001) surveyed on 135 nurses. The research examined the relationships between the content of the work, the work environment and job satisfaction among the nurses. Results of recent meta-analyses of job satisfaction were used such as work content (variety, autonomy, task identity and feedback) and work environment (ward facilities, collaboration with medical staff, cohesion amongst nurses, staffing, pooling and respected by others) would influence job satisfaction. They found out that the strongest predictors of job satisfaction were job variety, feedback and collaboration with medical staff. Other moderate correlates were cohesion amongst nurses and task identity.

Another study by Bryan, et al (2000) investigated on nurses' job satisfaction and organizational climate in dynamic work environment. The significant correlates of organizational climate and job satisfaction were in the domain of organization structures, support, standards, and professional status. They found out that both structure components of the organization as well as professional recognition and working relationship as important correlates of job satisfaction.

Kangas, Kee, & McKee-Waddle (1999) explored differences and relationship between nurses job satisfaction, organizational structure, nursing care delivery models, and organizational culture in 102 nurses and 102 patients in medical-surgical unit in three hospitals. They found that that the supportive organizational culture was a significant predictor of nurses' job satisfaction. No significant difference was found in nurses' job satisfaction in different organizational structures or in different nursing care delivery model.

Career advancement opportunities are important to nurse and are a contributing factor to job satisfaction. These include continuing education, professional growth opportunities, opportunities for promotion or transfer to different clinical areas, and opportunities for promotion to try new ideas. Clinical ladders are common strategies for meeting this need (Lehmann, 1994).

A study conducted by Bowman (1997) revealed that most nurses perceived their basic training in terms of preparing them from advancement and professional growth. In this respect, many-expressed concern at being disadvantaged by lack of knowledge and skills of specialized jobs, including ward routine, management and administration, which they were expected to be in command on becoming staff nurse. Of the 21 ward sisters interviewed, 81% perceived their basic training was too narrow to prepare them for future role of staff nurse. Finally, other important findings on nursing staff education were factors such as too much workload that hindered the nursing staff from pursuing further courses; this could be attributed to inadequate staffing levels, which prevented them from undertaking in service and external courses.

A study by Pongruengphant, R (1991) studied on relationship between role stress and job satisfaction of academic nursing administrators in Thailand. The study consisted of all academic staff-nursing administrators in five public universities in Thailand during the 1990-1991 academic year. The findings revealed that academic nursing administrators were generally satisfied with their jobs as indicated by scores on the intrinsic, extrinsic, and general satisfaction scale. There was a curvilinear relationship between role stress and job satisfaction when controlling for selected background variables. As role stress increased beyond the optimum, there was a decrease in job satisfaction.

Matrunola, (1996) studied on 50 nurses working in the elderly care units of district general hospital on relationship between job satisfaction and absenteeism. Job satisfaction questionnaires, Maslach burnout inventory and the Beck hopelessness scale were used. The result indicated that absenteeism might not be sensitive indicator of job satisfaction. Significant differences were noted between the age of the individual and the numbers of yeas worked in their present position. The other factors found in Maslach's burnout inventory were the work environment to be so stressful and to cause dissatisfaction. The correlation between burnout and job satisfaction is highly significant. The fact that overall significant inverse correlations were identified between job satisfaction and burnout confirms the theory that job satisfaction is a reliable indicator of burn out (Mantrunola, 1996). Studies indicate that burnout is

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characterized by high work pressure and work environment and low work involvement.

Larrabee, Janney, Ostrow, Withrow, Hobbs, & Burant, (2002) studied predicting registered nurses job satisfaction and intent to leave on 90 staff nurses. The results indicated that the predictors of intent to leave were job dissatisfaction and the major predictors of job satisfaction were psychological empowerment. Predictors of psychological empowerment were hardiness, transformational leadership style, nurse/physician collaboration and group cohesion.

In a meta-analysis of job satisfaction and turnover among nurses, by Irvine and Evans (1995), confirmed hypothesized links between job satisfaction, behavioral intentions, and turnover behavior. Their findings revealed that strong and consistent support for role of education, autonomy, and relations with coworkers and supervisors as correlates of job satisfaction. Variables strongly correlated to job satisfaction included role conflict, head nurse leadership, supervisory relations, autonomy, and stress.

Johnston (1997 cited in Ying, 1999) investigated job satisfaction among 317 registered nurses working in a hospital using the Index of Work Satisfaction. The findings indicated that the components are presented in the rank order, which viewed pay as the most important to job satisfaction and ranked the highest. The length of the employment, type of nursing education, age, and marital status were correlated with job satisfaction.

Bas and Ardac (2000) cited in Herzberg et al. (1959) were among the first one to report the u-shaped relationship between age and job satisfaction. Based on an extensive literature review, Herzberg and colleagues suggested that while morale is high among young workers, it tends to go down during the first few years of employment. The low point is reached when the workers are in the middle and late twenties or early thirties. After this period, satisfaction steadily climbs up with age. Handyside (1961) cited in Bas and Ardac (2000) investigated the relationship between age and job satisfaction using data on the overall satisfaction of 1000 British men and women, and his findings supported U-shaped relationship. According to this author, in the first year of employment, new entrants feeling positively about their position. But

during subsequent years, perception of decreasing opportunities and increasing boredom has lead to some reduction in job satisfaction. When a person moves into positions, which have more desirable characteristics a subsequent increase in job satisfaction, observed.

Hulin & Simith (1965) cited in Bas, & Ardic (2000) examined the worker satisfaction at organizational levels and tested Herzberg and his colleagues' U-shaped hypothesis. His findings showed that linear model best explained the effect of age on job satisfaction. According to Hulin and Smith the positive relationship was due to individual's ability to better adjust his expectations to what to job environment provides. The longer an individual has been in the particular environment, the more accurately he can predict and avoid frustration and the closer the worker expectations and return, the higher the satisfaction level.

Luthan (1992) also stated that young workers seem to be less satisfied with their jobs than the older counterparts where as Levinson also stated that older workers are more satisfied than younger workers. As people become older, they become more aware of their needs and make better choices.

Based on a broad review of literature on age, Rhodes (1983) concluded that overall job satisfaction is positively and linearly related with age. Old workers appear to evidence greater satisfaction with their employment than young workers; however, this form of relationship is not clear. While many studies suggest a linear relationship (Weaver 1980, Lee et al, 1985).

From the literature review, there is evidence that age and education levels are related to job satisfaction. Bowless & Gintis, 1979, Arvey, Carter, & Buerkly, 1991 cited in Ganzach 1998 stated that education may have both a positive and negative effect on job satisfaction. It might have a positive indirect effect on job satisfaction because more highly educated people are able to find more rewarding jobs and therefore derive more satisfaction with their job. And it may have a negative direct effect on job satisfaction because expectations about job rewards, which are negatively related to satisfaction, tend to increase with education. (Ganzach, 1998) argued that increase in education can only lead to an increase in job satisfaction,

through its positive effect on job characteristics, and cannot lead to a decrease in job satisfaction.

Cano and Miller (1992) in a survey of agriculture teachers studied the relationship between the level of job satisfaction by gender and other demographic variables. Cano and Miller also studied the relationship between factors of satisfaction and dissatisfaction and overall job satisfaction by gender. Cano and Miller concluded that male and female teachers in Ohio were satisfied with their jobs. When considering job satisfaction upon gender, teacher's age, and years in current position, number of years teaching and level of education, there were no significant differences.

Measurement of job satisfaction

Many instruments are developed to measure the level of job satisfaction. This study will use the instrument developed by Spector. The Job Satisfaction Survey, JSS was developed by Spector in 1985 and is designed specifically to measure job satisfaction in human service, public, and non-profit organizations. The nine aspects of job satisfaction are assessed: satisfaction with pay and pay raises, promotional opportunities, fringe benefits, contingent rewards (appreciation and recognition given for good performance), supervision (person's immediate supervisor), coworkers, nature of work (the type of work done), communication within the organization, and operating procedures (rules and procedures).

The JSS is a 36-item questionnaire with 6-point Likert scale, ranging from 1 (strongly disagree) to 6 (strongly agree) for the positive word items; the scores are reversed on the negative word items. Items are written in both negative and positive directions. Scores on each of nine aspects subscales are based on 4 items each, which ranges from 36-24; while total job satisfaction, based on the sum of all 36 items that ranges from 36 to 216 are shown in the table 1.

Table 1: Subscale of JSS Scale and the Item Number

Subscales	Item numbers
Pay	1, 10, 19, 28
Promotion	2, 11, 20, 33
Supervision	3, 12, 21, 30
Fringe Benefits	4, 13, 22, 29
Contingent Reward	5, 14, 23, 32
Subscales	Item numbers
Operating Procedures	6, 15, 24, 31
Coworkers	7, 16, 25, 34
Nature of work	8, 17, 27, 35
Communication	9, 18, 26, 36
Total	1-36

For reliability, the JSS has both internal consistency reliabilities and retest reliability. The internal consistency reliability (Cronbach’s coefficient alpha) for each aspect of job satisfaction are based on a sample of 2,870, ranging from .60 for the coworker subscale to .82 for the supervision subscale. The reliability for the total score is .91.

The table shows Reliability results on 9 aspects. (<file:///A:/descsumm.htm>)
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Table 2: Subscale of the JSS scale, the Sample Size, and the Internal Consistency

Dimension Satisfaction with.....	Sample Size	Internal Consistency Reliability
Pay	550	.82
Promotion	479	.77
Supervision	532	.90
Benefits	523	.82
Contingent Reward	547	.80

Dimension Satisfaction with.....	Sample Size	Internal Consistency Reliability
Operating procedure	536	.66
Coworker	539	.77
Nature of work	551	.71
Communication	544	.69

The JSS has shown an acceptable level of reliability, validity, and norms of the scale and has been used in both nursing research and cross-cultural research (Khumyu, 2002). The nine aspects of the instrument subscale are also consistent with the factors related to job satisfaction from the literature reviewed. Therefore, JSS scale will be used in this study.

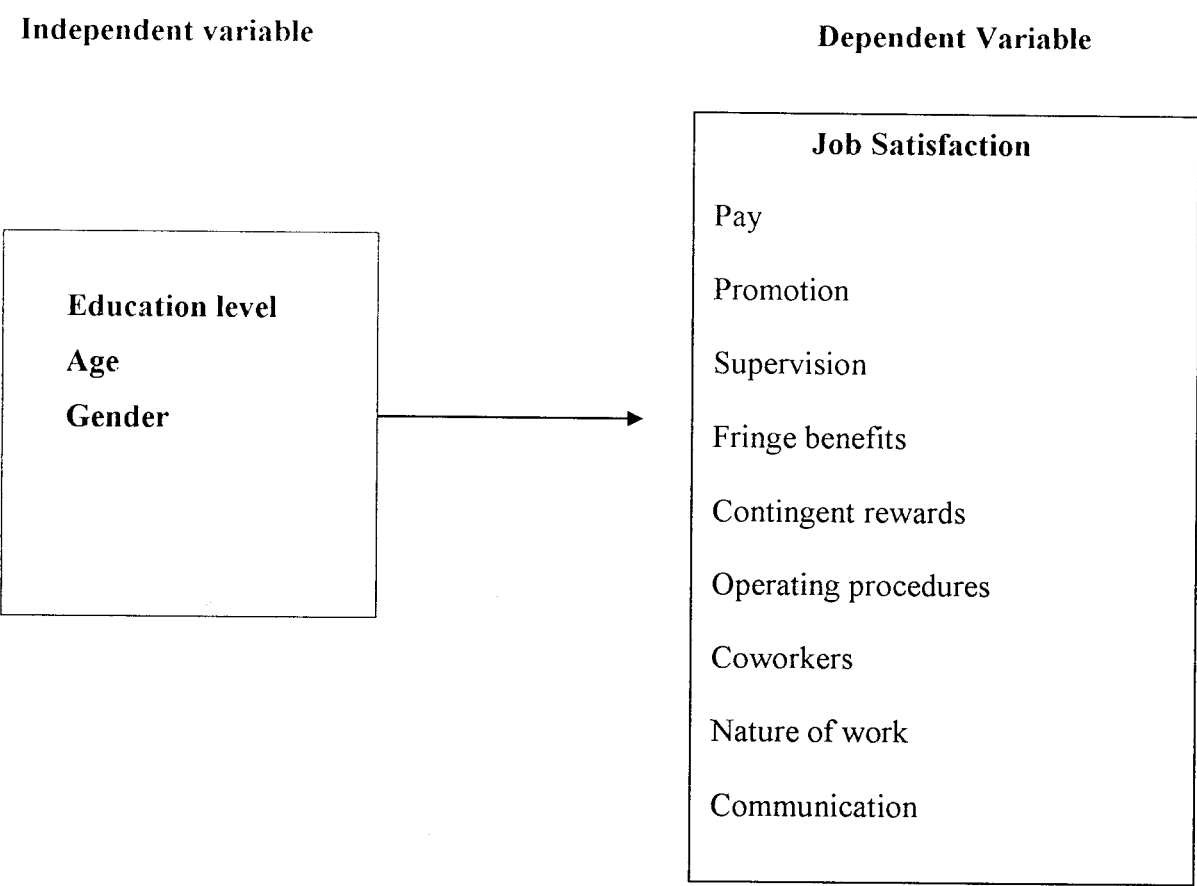
Summary

Job satisfaction is the product of an individual thoughts, feelings and attitude towards work or is the degree to which individual appear to like the job. Many studies about job satisfaction have been conducted among nurses since 1940. Furthermore, researchers have conducted studies to investigate factors that have an impact on nursing job satisfaction and its relationship to turnover. Literature reviews reveal that there are multiple factors contributing to job satisfaction. The major factor contributing to job satisfaction were, pay and benefits, working conditions, advancement and growth, praise and recognition, supervision, work environment and interpersonal relationship. The results of these studies indicated that many factors could affect the level of nurses' job satisfaction. Job dissatisfaction can cause higher turnover and lower quality of nursing care. Improved job satisfaction results in fewer turnovers, better quality of care, less physical and mental injuries to health care staff, and betterment of an organization. Nurses are the heart of the health care, and if they are satisfied it is going to have positive repercussion down the line of quality care (Evans, 2003).

Literature review also revealed that good interpersonal relationship among nurses and coworkers brought about good interpersonal relationship while strained relationship triggered off job dissatisfaction. Moreover, the desire among nurses for career advancement was found to activate job satisfaction among the nurses. The results from this study can be used as a base for nursing administrators and other administrators to find ways to maintain and enhance the level of job satisfaction among nurses. Administrators should recognize issues of concern to nurses and develop policies, which make nurses feel valued. In addition, administrators need to be proactive and focus attention on creating condition that facilitate good interpersonal relationship with professionals, supportive leaders, fostering teamwork, offering flexibility in scheduling, and creating program like career ladder that would offer challenging work opportunities for advancement.

Conceptual Framework

The study of job satisfaction will be based on this framework derived from the literature review. Job satisfaction of this study includes 9 components: pay, promotion, supervision, benefits, contingent reward, operating procedures, coworkers, nature of work and communication. Therefore, this study aims to identify the level of job satisfaction among Bhutanese nurses.



Diagrammatic illustration of conceptual framework.

CHAPTER III

METHODOLOGY

The purposes of this study were to examine the level of job satisfaction, and to compare the level of job satisfaction among nurses with different level of education, with different age group, and gender. In this chapter, research design, population and sample, sampling method, instruments, data collection procedure and data analysis were presented.

Research Design

Research design was descriptive comparative study

Population and Sample

The population was all nurses working in three levels of hospitals, those who were working in one national referral hospital, one regional referral hospitals and eight district hospitals in Bhutan. The total nurses in Bhutan are 401 which included 173 General Nurse Midwife (GNM), 69 Auxiliary Nurse Midwife (ANM), and 159 Assistant Nurse (AN). According to Krejcie and Morgan cited in Srisaad (1992), the sample size for 401 subjects were 196. The sample size for this study was 240.

Sampling Method

There are 29 hospitals and these hospitals consist of three levels, National Referral Hospital, Regional Referral Hospitals, and District Hospitals. Convenience sample was used. The investigator selected the hospitals from all three levels that are situated in the east, west, north, central and south. These ten selected hospitals were 1 national referral hospital; from two regional hospitals 1 regional referral hospital was selected, and from 26 district hospitals 8 district hospitals were selected. These ten hospitals have similar structure and organizations but vary in number of bed and total number of staff. There were 263 nurses working in 10 selected hospitals and these 263 nurses were potential samples. Questionnaires were mailed to all these 263nurses.

(table 3). From 263 questionnaires mailed, 242 were returned. Two questionnaires were excluded due to their incompleteness.

Table 3: Level of Hospital, Total Number of Hospital and the Number of Selected Hospital

Level of Hospital	Population		Sample		Returned Questionnaires
	Hospitals	Nurses	Hospitals	Nurses	
National	1	127	1	127	120
Regional	2	37	1	25	24
District	26	237	8	111	98
Total	29	401	10	263	242

Table 3 shows the number of selected hospitals, number of nurses working in these hospitals and total number of samples that were collected.

Eligibility Criteria

The investigator used the following criteria to include nurses in the sample.

1. Working in the National Referral Hospital, Regional Referral hospital and District hospitals in Bhutan
2. Willing to participate in this study.

Protection of Human Rights

Prior to data collection, subjects were assured verbally about the risk, benefit and confidentiality. Chief nurses were contacted through telephone and were explained to instruct to the participants about the purposes, risk and benefits of the study. Confidentiality and anonymity of individual’s responses were kept by using code numbers instead of names.

Instrumentation

The questionnaire used in this study consisted of two parts, demographic and the JSS (Spector, 1985). Nurses completed a demographic data, which include age, gender, marital status, and education level, number of working years of experience, present title of the position, and salary.

The second part was questionnaire on job satisfaction. The JSS was developed by Spector (1985) and were designed specifically to measure job satisfaction in human service, public and non-profit organization. Nine aspects of job satisfaction are assessed, satisfaction with pay and pay raises, promotional opportunities, fringe benefits, contingent reward (appreciation and recognition), supervision (the person's immediate boss, coworker, nature of work (the type of work done), communication within the organization and operating procedures (rules and procedures).

JSS is a 36 item, nine aspects to assess employee attitudes about the job and aspects of the job. Each aspect is assessed with four items, and a total score is computed from all items. A summated rating scale is used, with six choices per item ranging from Agree very much with the score of 6 to disagree very much with the score of 1. Reliability of the JSS has been conducted in many settings where the sample size ranged from 479 to 2,870 and the reliability were found ranging from .66 to .91. The level of job satisfaction cited in JSS, (Spector, 1992), the higher the mean score, and the higher the level of nurses' job satisfaction. Level of job satisfaction is low when the mean score is 1.00 to 2.49, moderate when the mean score is 2.50 to 4.49 and high when mean score was 4.50 to 6.00. The written permission was requested from the author to use his instrument (Appendix 4).

Reliability Test

The instrument was piloted tested for its internal consistency reliability using Cronbach's method. Thirty nurses from two other district hospitals who had the similar characteristic to the subjects were used to test the reliability. The cronbach's alpha coefficient was at 0.81. The reliability coefficient obtained from 240 subjects was .75 in this study.

Data Collection Procedure

1. Data were collected from 10 selected hospitals of Bhutan after having approved from the proposed committee at Faculty of Nursing, Burapha University, Thailand.
2. Permission was obtained from all the ten-hospital authority as well as from the Director, Ministry of Health and then contacted the heads of these hospitals.
3. The investigator explained about the purposes and the procedures of the study in the national referral hospitals one-district hospitals. Telephonic conversations were made to the other heads of the hospitals about the procedures and the purpose of the study.
4. Questionnaires were mailed to the head of the district hospitals and the investigator distributed to all the subjects in the nearby hospitals with the request to co-operate in completing the forms and to return the questionnaires within 2 weeks back to the investigator at the nursing superintendent's office in national referral hospital, Thimphu.
5. Participants were informed that all responses would be kept confidential and would be used for the purpose of the study. Data were identified with the number instead of the names.
6. Questionnaires were checked and organized for completeness, and organized for data analysis.

Data Analysis

Computer Program was used to analyze all data. Frequency and percentage were used to describe the demographic data of the subjects. Analysis of variance (ANOVA) were used to compare the level of job satisfaction among nurses with different educational levels, and with different age groups while independent t-test was used to find the level of job satisfaction between male nurses and female nurses. An alpha level of .05 was considered as statistical significance.

CHAPTER IV

FINDINGS

This chapter presents demographic characteristics of the subjects and findings related to research questions. A descriptive comparative study was conducted to describe the job satisfaction and identify the level of job satisfaction among nurses with different level of education, different age group, and different gender. The findings were presented in tables into two parts.

Part one: Demographic Characteristics of the Subjects

Part two: Level of job satisfaction among nurses with different level of education, with different age group and gender.

Abbreviations used in this chapter

n= Sample

%=Percentage

M=Mean

SD=Standard deviation

df=Degree of freedom

t= t-value

p= p-value

Sig.=Significance

SS=Sum of Square

MS= Mean Square

F=Computer value of f test

Part 1 Demographic Characteristic of the Subjects

Total subjects were 263, all levels of nurses working at the National Referral Hospital, Regional Referral Hospital, and District Hospitals in Bhutan. The investigator distributed the questionnaire herself. Two weeks later, 242 questionnaires

were returned. Data analyses were based on 240 questionnaires. Two cases were deleted due to failure to complete part 2 of the questionnaire.

Table 1 Demographic characteristics of the sample (n=240)

Table 1 Frequency and percentage of subjects grouped by age, marital status, number of children, and education level, number of working year of experience, job status and salary.

Variable	frequency	percentage (%)
Age (Year)		
22 - 27	86	36
28 - 33	78	33
34 - 39	50	21
40 - 45	21	9
46 - 52		2
Gender		
Male	34	14
Female	206	86
Marital Status		
Single	40	16
Married	193	80
Divorced/Widow	7	2
Number of children		
No children	62	26
1	55	2
2	75	31
3	41	17
4	5	2
5	2	1
Education level		
Bachelor	15	6

Variable	frequency	percentage (%)
Diploma	98	41
Certificate	127	53
Number of working experience (year)		
1 – 7	117	49
8 – 14	70	29
15 – 21	35	15
22 – 28	14	6
29 – 35	4	2
Job status		
Staff Nurse	111	15
ANM	37	15
AN	92	38
Salary (Ngultrum)		
4000 and lower	108	45
4001 – 6000	108	45
6001 – 8000	10	4.2
8001 – 10000	14	5.8

The result of Table 1, revealed that the largest percentage of nurses 86 (36%) were in age group of 22-27 years followed by 78 (33%) who were in the age group of 28-33 years. In the age group of 34-39 years, there were 50 (21%) and in the age group of 40-45 years there were 21 (9%) and only 5 (2%) were in the age group of 46-52 years. Females represented the maximum 206 (86%) and males were 34 (14%).

On dimension of the marital status, majority 193(80%) was married followed by single 40 (16%) and divorced/ Widow presented 7 (2%). Regarding children 75(31%) had 2 children, 55(22.9%) with 1 child, 41(17%) with 3 children, 5(2%) with 4 children and 2(1%) had 5children while 62 (26%) had no children.

Majority of the nurses 127 (53%) were certificate holder, followed by 98 (41%) were diploma holder and only 15 (6%) were bachelor holder. The largest portion 111(46%) was in the job status of staff nurse followed by 92 (38%) in the job status of Assistant nurse while the auxiliary nurse midwife category presented 37 (15%).

For the number of working years of experience, majority of nurses 117(49%) had working years of experience of 1-7years, 70 (29%) had working year of experience of 8-14 years and 35 (15%) had the working years of experience of 15-21 years while 14 (6%) had working years of experience of 22-28 followed by 4 (2%) had working years of experience of 29-35 years.

Majority of the nurses 108 (45%) were in the income bracket of Ngultrum less than 4000 per month, 108(45%) were earning between 4001 to 6000 Ngultrum per month, 14(5.8%) earning between 6001 to 8000 Ngultrum per month, while 10 (4.2%) earned between 9000 to 10,000 Ngultrum per month.

Part II

Research Question 1

What is the level of nurses’ job satisfaction in Bhutan?

The JSS, 36 items, 6 point scale were used to collect data answering this research questions. The higher the mean score the higher the level of job satisfaction. Low job satisfaction was described when the mean score was 1.00 to 2.49, moderate when the mean score was 2.50 to 4.49 and high when mean score was 4.50 to 6.00.

Table 2 Mean and standard deviation of total job satisfaction for each subscale

Subscale	Mean	SD	Level
Job satisfaction	3.80	0.50	Moderate
Pay	3.32	1.08	Moderate
Promotion	3.80	0.75	Moderate
Supervision	4.65	0.96	High

Subscale	Mean	SD	Level
Fringe Benefits	2.58	1.76	Moderate
Contingent Reward	3.31	0.93	Moderate
Operating Procedures	3.39	0.76	Moderate
Coworker	4.70	0.86	High
Nature of work	5.01	0.83	High
Communication	3.74	1.02	Moderate

From Table 2, the level of job satisfaction was at the moderate level. The level of supervision, coworker, and nature of work were in high level while pay, promotion, fringe benefit, contingent reward, operating procedures, and communication fell into moderate level.

Table 3 Frequency and percentage of the levels of job satisfaction of the Subjects

Level of job satisfaction	Frequency (n=240)	Percentage (%)
Low (1-2.49)	2	1%
Moderate (2.50-4.49)	216	90%
High (4.50-6)	22	9%

For overall score, 90% of nurses revealed moderate level of job satisfaction, while 9% with high and 1% with low level of satisfaction (table 3).

Table 4 Frequency and percentage of level of satisfaction among subjects for 9 subscales

Subscale	Low (1-2.49)		Moderate (2.50-4.49)		High (4.50-6)	
	n	%	n	%	n	%
Pay	50	21%	149	62%	41	17%
Promotion	12	5%	178	74%	50	21%
Supervision	4	2%	84	35%	152	63%
Fringe Benefit	113	47%	115	48%	12	5%
Contingent Reward	40	17%	169	70%	31	13%
Operating Procedure	25	11%	188	78%	27	11%
Coworker	2	1%	79	33%	159	66%
Nature of work	1	0%	53	22%	186	78%
Communication	27	11%	153	64%	60	25%

From table 4, one hundred and forty nine subjects or 62% had moderate level of satisfaction for pay and 41 subjects or 17% were on high level. For the promotion one hundred and seventy eight subjects or 74 % had moderate level of satisfaction and 12 subjects or 5% were on low level. About the supervision one hundred and fifty two subjects or 63% had high level of satisfaction and 4 subjects or 2% were on low level. For the fringe benefit one hundred and fifteen subjects or 47% had moderate level and 12 subjects or 5% were on high level. For the scale on contingent reward one hundred and sixty nine subjects or 70% had moderate level while 31 subjects or 13% were on high level. About the operating procedure one hundred and eighty eight subjects or 78% had moderate level and 25 subjects or 10% were on low level. For the coworker one hundred and fifty nine subjects or 66% had high level where as 2 subjects or 1% was on low level. For the nature of work one hundred eighty six subjects or 76% were on high level while 1 subject or 0% was on low level. About the communication one hundred and fifty three subjects or 64% were on moderate level and 27 subjects or 11% were on low level.

Research Question 2

Do nurses with different level of education differ in the level of job satisfaction?

One-way analysis was used to find the differences among the means of job satisfaction perceived by nurses with bachelor degree, diploma, and certificate.

Table 5 Analysis of variance of job satisfaction among samples with different levels of education (n=240)

				ANOVA					
	N	M	SD		SS	df	MS	F	Sig
Bachelor	15	2.06	0.28	Between Group	.098	2	.049	.523	.594
Diploma	98	2.06	0.28	Within Group	22.235	237	.094		
Certificate	127	2.10	0.33	Total	22.33	239			

From the result of Table 5, there is no difference among the mean of job satisfaction among nurses with different level of education.

Research question 3

Do nurses with different age group differ in the level of job satisfaction?

One-way analysis was used to analyze the differences of job satisfaction among nurses with different age group.

Table 6 Analyses of variance of job satisfaction in age group (n=240)

				ANOVA					
Age	N	M	SD		SS	df	MS	F	Sig.
22-27	86	2.05	0.26	Between group	0.510	4	.128	1.391	.238
28-33	78	2.06	0.29	Within groups	21.823	235	.093		
34-39	50	2.16	0.37	Total	22.33	239			
40-45	21	2.10	0.36						
46-52	5	2.08	0.45						

The result from table 6 revealed that there were no differences among the mean of job satisfaction among nurses with different age groups.

Research Question 4

Do female nurses differ in the level of job satisfaction with male nurses?

Independent t-test was used to find the differences in the mean of female nurses and male nurses.

Table 7 Independent t-test for job satisfaction in relation to gender

	N	M	SD	df	t- value	p-value
Male	34	3.72	.67	38.6	-.788	.436
Female	206	3.81	.47			

From Table 7, the result revealed that there were no differences in the level of job satisfaction among male nurses and female nurses.

CHAPTER V

DISCUSSION, CONCLUSION, AND RECOMMENDATION

This study was conducted on a sample of 240 nurses working in National Referral Hospital, Regional Referral Hospital and District Hospitals of Bhutan. The study design was descriptive comparative study and data were collected using Specter's Job Satisfaction Survey. The study was conducted in November 2003 to December 2003. The purpose of the study was to examine the level of nurses' job satisfaction among nurses working in Bhutan. The independent variables were level of education, age group, and gender. Beside the descriptive statistics, one-way analysis of variance and independent t-test were used based on the objectives of the study. The results indicated that majority of the respondents (86%) were females between the age group of 22-27 years of age, (53%) of the subjects were certificate holder, and were married (80%).

Findings related to research questions, the first research question was "what is the level of nurses' job satisfaction? The result obtained from 240 samples showed that 216 (90%) were on the moderate level of satisfaction with the mean score of 3.80 and standard deviation 0.50. The overall job satisfaction level was at moderate level, which is in response to the studies conducted by Tuanyang (2001), and Ying (1999). When considering each facet of subscales, the level of satisfaction was found to be on moderate level. The level of satisfaction on pay, promotion, fringe benefits, contingent reward, operating procedures, and communication were moderate level where as supervision, coworker and nature of work were rated on the high level. This can be interpreted that nurses had good working atmosphere and they like their job.

Pertaining to job satisfaction in each question of the questionnaire, it was found that overall job satisfaction was at moderate level (Appendix 3). The lowest was on the fringe benefits and communication aspect. Among the mean of satisfaction of each question the least satisfaction was on the fringe benefits and work assignments which is on communication aspect. In recent years salaries and benefits have taken an increase importance to nurses in terms of job satisfaction. A study done by Neathawk, Dubuque & Kronki (1988) indicated that pay and benefits were the

most important factor related to job satisfaction. The same study indicated that 51.1% of the staff was dissatisfied with their salary and benefits, which was the highest level of dissatisfaction of all factors measured.

Fringe benefits were found to be the lowest level among all. This may be that nurses feel benefits are not equitable. For example, the doctors receive 40% of their salary as incentive package where as other professionals receive none. The nurses feel that they also work equally hard as the doctors and they are also exposed to risk factors. Nurses' income is relatively low although nursing is a hard and overloading work in Bhutan. Nurses have to work on weekends and holidays. The nurses are often dissatisfied with these problems. The result of this study is consistent with Liu and her coworker's study (1994). Their findings revealed that most nurses were dissatisfied with their job related reasons including low salary, heavy workload, rotating shifts. The item on the communication part was also found low. This may be that work assignments were not fully explained. Effective Communication through out the organization and employee job satisfaction is critical to the success of any organization, public or private (Drucker, 1988). Communication and job satisfaction affect many facet of the organization such as customer service, personnel development, teamwork, leadership, organizational climate, culture job satisfaction, productivity, and the bottom line (Hass, 2002). Given the magnitude of how communication and job satisfaction affect organizations, Pearman (1998) indicates that these factors are critical to the success to any organizations. Administrators and leaders need to be cognizant of how important communication and job satisfaction are to the organizations. In the work place, job satisfaction and communication are paramount. If individuals are not satisfied with their job and communication lines are not open, problems often arise in productivity and morale through out the organization (Herzeberg, 1974).

The second research question was "Do nurses with different level of education differ in the level of job satisfaction? The study confirmed that there was no significant difference in the level of job satisfaction. Therefore, this study was inconsistent with the study reported by Lynn in 1990, Yamashita in 1995 and Ying in 1999. In Ying's study the findings showed that the mean score of job satisfaction

were decreased with the increasing education level. In Lynn's study, the findings showed education levels were significantly related to job satisfaction and job satisfaction was the lowest among the better-educated nurses. According to Bai and Ma (1996), the nurses with higher education level had greater expectations to their work. If their expectations could not be met, they would dissatisfy with their job and also intent to quit their job. Canvaugh (1992) stated that high educated levels and more qualifications may lead employee to develop different expectations of their job, with the organization being unable, or unwilling to meet these demands.

Opportunities for advancement outside the nurses' current organization emerged as a potential dissatisfier. Oldhem et.al (1986), Glenn and Weaver (1982) findings also revealed that job satisfaction and education was positively related. Oswald and Gardner (2002) findings report that average job satisfaction scores decline with education and education does have indirect beneficial effects upon job satisfaction because of greater pay. Education is also associated with greater hours of work, which reduce satisfaction.

However, no relationship was found between job satisfaction and education in the research conducted by Reudavey (2001). The findings of this current study indicated no difference. This may be that most of the nurses are in certificate level and all nurses perform the same type of work whether they are bachelor level or certificate level. The other reasons could be that they may be aware of the limited opportunities and situation of the organization or their expectation from their job could be less thus, no difference was found on job satisfaction and education.

The third research question was "Do nurses with different age group differ in the level of job satisfaction? This current study confirmed that there were no significant differences between satisfactions according to age group. The current study findings are contrary to those of Turker (2000), Rhodes (1983), Mottaz (1987), who noted a linear relationship between age and satisfaction. However, the current study supports the previous research findings of Cano and Miller (1992), Reudavey (2001), Bodur (2002), Dickie, Ling and Reudavey (2002) and Castillo, Konklin, and Cano (1999).

In Bhutan, there are no job opportunities like in other countries where one could leave the job and work in other places if one is dissatisfied. All hospitals are Government hospitals and there are no private hospitals in Bhutan. Therefore, they have no better choice than to work no matter whether they are satisfied with their job or not.

The fourth research question was “Do female and male nurses differ in their level of job satisfaction”. One view of job satisfaction holds that women are satisfied with jobs in which they interact with others in a supportive and cooperative way, even though jobs may be only minimally demanding and challenging. There seemed to be some inconsistency in satisfaction differences of males and females as reported in studies completed by Vaughn-Wiles (1987) and Patitu (1991). Women administrators in Vaughn-Wiles’ study ranked work itself, responsibility, possibility of growth, and peer relationship as contributing job satisfaction while men in Patitu reported high mean score with opportunities for promotion. However, the current study result indicated that there was no significant difference between job satisfactions according to gender. In earlier days females were the ones to perform nursing job but these days both males and females perform this job. Most of our Bhutanese men are joining nursing, may be because of the noble profession or as a last resort. They do not feel degraded to join nursing profession or there is no restriction in joining nursing like other countries. They perform the same work as female nurses do. Thus, there is no difference in job satisfaction according to gender. This study support Burdor (2002) whose research also indicated that there was no difference between job satisfaction and gender. Furthermore, Castillo (1999) research also indicated that male and female teachers were not significantly related to overall job satisfaction.

Conclusion

Support from the literature strongly suggests that job satisfaction is an important contributing factor to an organization success. Understanding factors that contribute to an employee’s job satisfaction is imperative for managers and organizations. Numerous researchers have documented relationships with age, education and gender.

The current study involved an exploration of variables (age, educational level and gender) and level of job satisfaction among nurses in Bhutan. Overall, the result indicated that nurses were in moderate level of satisfaction. The result also indicated that there were no significant differences between job satisfaction on education, age group, and gender within this study.

Implication for Administrators

The results from this study provide useful baseline data for administrators to promote the level of job satisfaction of nurses to attract and retain. Using information gained from this study about satisfaction and dissatisfaction with their work, the informed policy and decision makers may develop administrative strategies and policies to increase the level of job satisfaction among nurses. Respondents reported moderate on pay, promotion, benefits, reward, operating procedures and communication. Policies related to pay; benefits and operating procedures might be difficult to change. Nurse administrators may wish to address other issues that may seem easier but are as just important. For example, promotional opportunities seem to have varying effect on job satisfaction. This is because promotions take a number of different forms and have a variety of accompanying rewards such as individuals who are promoted on the bases of seniority often experiences job satisfaction but not as much as those who are promoted on the bases of performance (Luthan, 1992). Another example would be recognition at work. Nurses feel that the way in which recognition should be shown most meaningful is through verbal feedback and written acknowledge of their contributions. By providing written feedback and acknowledging their contributions that their work is noticed and appreciated therefore, would increase the level of job satisfaction. The reasons are that low job satisfaction might lead to low quality of patient care and increase in the cost of patient care.

In addition, enhancing job satisfaction for nurses likely will produce benefits for both individuals and their organizations and consequently improve the quality of nursing care for the patients in Bhutan.

Implication for Nursing Research

The present study provides a base line data for further research job satisfaction. Other factors influencing nurses' job satisfaction could be studied such as on job security and length of employment as the studies in both western and eastern countries have supported the stance that job security is one of many variables, which is positively related with job satisfaction (Reudavey, 2001). Studies have revealed that one of the most important elements was job security according to Chowdary cited in Reudavey, et al (2001). Job security relates to the extent to which an organization is perceived to provide steady employment for the employees. Job security is an employee's expectations about continuity in their job, as well as concerns over promotions, working conditions and long-term career opportunities

Limitation of the study

1. Representativeness of nurses is limited by using convenience sample.
2. Finding are limited to nurses working in national referral hospital, regional referral hospital and district hospitals with age group, educational level and with gender
3. The JSS instrument was originally developed, tested, and normalized with the American population. Scales developed in Western country may not reflect the construct equitability in Eastern culture. Thus, the instrument used in this study may have some degree of cultural bias in their ability to measure satisfaction of nurses in Bhutan.

Recommendations

Since the data was collected from selected hospitals, the result may not be appropriate to generalize. Therefore, other researcher could explore or conduct a comparative study including nurses working in all types of health care settings.

This study only focuses on the level of job satisfaction between different age group, education and gender. The other researcher may explore further other demographic data such as marital status, length of employment and workload.

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APPENDIXES

APPENDIX 1

Questionnaires

Part 1 Demographic Data Questionnaire

Nurses' Job Satisfaction in Bhutan

Questionnaires

Part 1 Demographic Data Questionnaire

Nurses' Job Satisfaction in Bhutan

There are 8 questions in the first part and 36 questionnaires in the second part. Your answer will be kept confidential and will be used by the researcher thesis in Master of Nursing Administration.

Please answer honestly

Direction:- please tick the appropriate answer and one answer only.

1. Age (in years).....
2. Gender
 - a) Male ()
 - b) Female ()
3. Marital status
 - a) Married ()
 - b) Single ()
 - c) Divorced / Widow
4. Number of children.....
5. Educational level
 - a) Bachelor ()
 - b) Diploma ()
 - c) Certificate ()
6. Number of working years of experience ()
7. Job status
 - a) Staff nurse()
 - b) Auxillary Nurse Midwife ()
 - c) Assistant Nurse ()
8. Salary in Ngultrum (/month)

APPENDIX 2
Nurses job satisfaction scales

Nurses job satisfaction scales

The Job Satisfaction Survey, JSS has 36 items, nine facet scales to assess employee attitude about the job and aspects of the job. The nine facets are Pay, Promotion, Supervision, Fringe Benefits, Contingent rewards (Performance based rewards), Operating Procedures (required rules and procedures), Coworkers, Nature of work, and Communication. It is measured in 6 points likert scale indicating

- Disagree very much =1
- Disagree moderately=2
- Disagree slightly =3
- Agree slightly =4
- Agree moderately =5
- Agree very much =6

Please circle one number for each question that comes closest to reflecting your opinion about it.

1	I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
2	There is really too little chance for my promotion on my job.	1	2	3	4	5	6
3	My supervisor is quite competent in doing his/her job.	1	2	3	4	5	6
4	I am not satisfied with the benefits I receive.	1	2	3	4	5	6
5	When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6
6	Many of our rules and procedures make doing a good job difficult.	1	2	3	4	5	6
7	I like the people I work with.	1	2	3	4	5	6
8	I sometimes feel my job is meaningless.	1	2	3	4	5	6
9	Communications seem good within this organization.	1	2	3	4	5	6

10	Raises are too few and far between.	1	2	3	4	5	6
11	Those who do well on the job stand a fair chance of being promoted.	1	2	3	4	5	6
12	My supervisor is unfair to me.	1	2	3	4	5	6
13	The benefits we receive are as good as most other organization offer.	1	2	3	3	5	6
14	I do not feel that the work I do is appreciated.	1	2	3	4	5	6
15	My efforts to a good job are seldom blocked by red tape	1	2	3	4	5	6
16	I find I have to work harder at my job because of the incompetence of people I work with.	1	2	3	4	5	6
17	I like doing the things I do at work.	1	2	3	4	5	6
18	The goals of the organization are not clear to me.	1	2	3	4	5	6
19	I feel unappreciated by the organization when I think about what they pay me.	1	2	3	4	5	6
20	People get ahead as fast here as they do in other places.	1	2	3	4	5	6
21	My supervisor shows little interest in the feeling of subordinate.	1	2	3	4	5	6
22	The benefit package we have is equitable.	1	2	3	4	5	6
23	There are few reward for those who work here.	1	2	3	4	5	6
24	I have too much to do at work.	1	2	3	4	5	6
25	I enjoy my coworkers.	1	2	3	4	5	6
26	I often feel that I do not know what is going on with the organization.	1	2	3	4	5	6
27	I feel a sense of pride in doing my job.	1	2	3	4	5	6
28	I feel satisfied with my chances for salary increases.	1	2	3	4	5	6

29	There are benefits we do not have which we should have.	1	2	3	4	5	6
30	I like my supervisor.	1	2	3	4	5	6
31	I have too much paper work.	1	2	3	4	5	6
32	I don't feel my efforts are rewarded the way that should be.	1	2	3	4	5	6
33	I am satisfied with my chances for promotion	1	2	3	4	5	6
34	There is too much bickering and fighting at work.	1	2	3	4	5	6
35	My job is enjoyable	1	2	3	4	5	6
36	Work assignments are not fully explained.	1	2	3	4	5	6

APPENDIX 3

Mean score and Standard deviation of each 9 subscale

Mean score and Standard deviation of each 9 subscale	M	SD
1. I feel I am being paid a fair amount for the work I do.	3.26	1.76
2. There are chances for my promotion on my job	3.38	1.65
3. My supervisor is quite competent in doing his/her job.	4.69	1.31
4. I am satisfied with the benefits I receive.	2.86	1.70
5. When I do a good job, I receive the recognition for it that I should receive.	3.34	1.72
6. Many of our rules and procedures make doing a good job easier	3.53	1.58
7. I like the people I work with.	5.35	0.99
8. I sometimes feel my job is meaningful.	4.67	1.70
9. Communications seem good within this organization.	4.05	1.55
10. Raises are too few and far between	2.72	1.54
11. Those who do well on the job stand a fair chance of being promoted	3.55	0.76
12. My supervisor is fair to me.	4.90	1.50
13. The benefits we receive are as good as most other organization offer.	2.47	1.64
14. I do feel that the work I do is appreciated.	3.68	1.76
15. My efforts to a good job are seldom blocked by red tape	3.27	1.47
16. I do not have to work harder at my job because of the competence of people I work with.	3.58	1.64
17. I like doing the things I do at work.	5.28	1.02
18. The goals of the organization are clear to me.	3.81	1.72
19. I feel appreciated by the organization when I think about what they pay me.	3.46	1.73
20. People get ahead as fast here as they do in other places.	3.41	1.53
21. My supervisor shows interest in the feeling of subordinate.	4.03	1.56
22. The benefit package we have is equitable.	2.75	1.63
23. There are no rewards for those who work here.	3.23	1.80

24. I have too little to do at work.	2.67	1.53
25. I enjoy my coworkers.	5.24	1.17
26. I feel that I do know what is going on with the organization	3.00	1.53
27. I feel a sense of pride in doing my job.	5.23	1.16
28. I feel satisfied with my chances for salary increases.	3.87	1.77
29. There are benefits that we should have.	2.22	1.57
30. I like my supervisor.	5.00	1.27
31. I have too little paper work.	4.10	1.64
32. I feel my efforts are rewarded	2.98	1.48
33. I am satisfied with my chances for promotion	3.71	1.66
34. There is no bickering and fighting at work.	4.63	1.55
35. My job is enjoyable	4.87	1.33
36. Work assignments are fully explained.	2.49	0.67

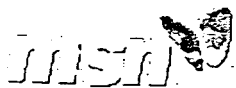
APPENDIX 4

Permission letter to use the Scale

,

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Sign Out



Search th



Home

Inbox

Compose

Contacts

Options Help

ptandin@hotmail.com

Save Address(es) Block

Previous Next | Close

From : Paul Spector <spector@chuma.cas.usf.edu>

To : Tandin Pemo <ptandin@hotmail.com>

Subject : Re: Permission to use your job satisfaction scale

Date : Wed, 13 Aug 2003 10:27:11 -0400 (EDT)

Reply Reply All Forward Delete Put in Folder...

Printer Friendly Version

Dear Tandin:

You have permission to use the JSS and my other scales. Good luck with your research.

Paul E. Spector

Department of Psychology

University of South Florida

Tampa, FL 33620

(813) 974-0357 Voice

(813) 974-4617 Fax

http://by9fd.bay9.hotmail.msn.com/cgi-bin/compose?curmbox=F000000001&a=448a9ad3e0c7c1573f95d8177ca9f67b&mailt
website http://64.4.46.250/cgi-bin/linkrd?_lang=EN&lah=0d0d95c57b32f5f3c0f7b3dc02134e7d&lat=1060785014&hm___acti

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APPENDIX 5

Permission letter from the Faculty of Nursing



International Affairs
Faculty of Nursing, Burapha University
Bangsaen, Chonburi, Thailand, 20131
Tel: 011-66-38-745-900 Ext. 3615 Fax: 011-66-38-745-790

September , 2003

Dr.Gado Tshering
Gado Tshering (Director)
Ministry of Health
Thimphu
Bhutan

Dear Dr. Tshering:

This is to certify that Mrs.Tandin Pemo, a nurse from Bhutan is a scholarship recipient from the Department of Technical and Economic Cooperation (DTEC), Thailand during her Master of Nursing Science degree program in Nursing Administration, Faculty of Nursing, Burapha University.

For her thesis, Mrs. Pemo would like to collect data at your Ministry of Health during September – November 2003. Her thesis title is: “Nurse’ Job Satisfaction : A National Study” I hope the thesis would expand knowledge relevant to patient satisfaction with nursing care. This letter aims to ask your permission for her data collection.

Thank you for considering this request. I would be appreciated if you could allow her to collect data at your facilities. For further information please don’t hesitate to contact me. I look forward to hearing from you as soon as possible.

Sincerely,

Suntharawadee Theinpichet .

Suntharawadee Theinpichet, PhD, RN
Dean of Faculty of Nursing,
Burapha University
Chonburi, 20131
Fax: 038-745790
E-mail: Sunthara@buu.ac.th

APPENDIX 6
BIODATA

BIODATA

Name:- Tandin Pemo

Date of Birth:- 22/10/62

Nationality:- Bhutanese

Education background

1984:- General Nurse Midwife from L.H.M.C and Hospital, New Delhi, India

1992:- Group Training Midwifery from Faculty of Nursing, Chiangmai
University, Thailand

1995:- Diploma in Nursing Education and Nursing Administration from R.A.K.
College of Nursing, New Delhi, India

2000:- B.S.C. from La Trobe University, Melbourne, Australia

Current Position

Nursing Superintendent of Jigmi Dorji Wangchuck National Referral
Hospital, Thimphu, and focal person for the nursing services in Bhutan.

Address:- JDWNRH, Thimphu, Bhutan