



JOB SATISFACTION LEVELS OF NURSES WORKING AT PUBLIC HOSPITALS

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ABSTRACT

Aim: The aim of the study was to determine the job satisfaction levels of the nurses working in public hospitals. Method: This descriptive study was carried out with 404 nurses (60%) accepted to take part in the study from 673 nurses working in hospitals depending on The Secretaryship of Public Hospital Association. The data were collected by the personal information form (16 questions) prepared by the researcher, and the job satisfaction scale (36 articles) in a period between June 1st and August 30th, 2014. Results: The nurses' general job satisfaction levels were at moderate level (3.238±0.511). In addition, it was determined that the factors such as nurses's age, education status, marital status, maturity in professional practice, place of duty, position in workplace, unit worked, hospital worked and working hours affected the job satisfaction levels of nurses (p<0.05). Conclusions: As a result of the research, It was found that the characteristics of the individuals, the working environment, and the conditions and the institution the nurses studied affected the job satisfaction in them.

Keywords: Hospitals, Nurses, Job Satisfaction. Individual Features, Work Environment.

INTRODUCTION

Job satisfaction has been defined as happiness derived by employees from meeting their physical and psychological expectations from the organization and analyzing assessments on the job and work-setting. With its complex and dynamic structure, job satisfaction produces positive and negative relations in employees, between them, and work-behaviors. If employees' love and commitment to work is low, their satisfaction emotions may equally be low, too. At the same time, job satisfaction is a crucial factor that allows employees to assess their psychological identification with work and demonstrate the performance required by work (Robbins and Judge, 2013).

Job satisfaction has been regarded as loving work, making work suitable for innovation, showing high performance and a service of high quality, and receiving psychological support in work relations at work. On the contrary, low job satisfaction occurs due to such causes as inadaptability among team members, heavy work burden, low salary, lack of professional development, lack or unproductivity of materials and equipment, routine procedures that hamper working, vertical hierarchy, lack of professional commitment and instabilities at work (Melo, Barbosa and Souza, 2011).

In nursing, tensions among patients/their relatives and employees, indefinite role definitions, excessive work burden, work stress, negative emotions caused by work, fatigue-weakness-physical complaints after tiring working-hours would lead to loss of professional interest and low

job satisfaction. Low satisfaction at work causes workers not to pay due importance and value to job, to intend to quit job, to have work-absenteeism, to change career, to distance themselves from organization consciously; which has been turned into a critical professional problem in nursing (Karakuş, 2011).

In a study done by Teo, et al. (2012), it was emphasized that high level of job satisfaction influences the employees' physical and psychological health positively, and the negative effects of work stress between the management and employees upon job satisfaction were underlined. In their study, time was also mentioned as a stress source, and the nurses' inability to spare time in lunch break, and the lack of time in job-program designed to execute the job as they produced psychological tensions among nurses were studied as well.

In a similar study done in Hong Kong, work stress was found to be affecting job satisfaction negatively (Siu, 2002). It was reported in a study done in South China that high technologies installed at hospitals helped nurses use educational and professional skills, thus enhancing their job satisfaction (Tao, Zhang, Hu and Zhang, 2012). In Turkey, it was found that nurses working at high tech hospitals demonstrated higher level of job satisfaction than those working at hospitals that lacked technology, and therefore, rate of nurses' intention to quit work was low (Ozden, Karagozoglu and Yildırım, 2013). Moreno et al. (2012) paid attention to night shifts of nurses –also, called “social jet lag”- and found that affected sleep quality reduced job satisfaction, too. These factors influencing work behaviors necessitate to study the job satisfaction level closely. With this aim in mind, answers to the following questions were sought in order to determine job satisfaction level of nurses who worked at hospitals under Secretariat of Public Hospitals Union.

What is the level of nurses' job satisfaction?

What are the variables related to work factors that affect nurses' job satisfaction level?

What are the socio-demographic variables that affect nurses' job satisfaction level?

METHOD

Type of the study

The study was designed in a descriptive model.

Population and sample of the study

The population of the study was consisted of 673 nurses who were employed as registered nurses at public organizations, worked at 7 hospitals under Secretariat of Public Hospitals Union, Rize Province, and worked at the same organization for at least three months. The study was completed with 404 nurses working at these hospitals.

Data collection tools

The data of the study were gathered using face to face interview technique, 16-question Information Request Form, and Job Satisfaction Survey.

- ***Information request form***

The form included 10 questions on participating nurses' socio-demographic characteristics- sex, age, educational status, marital status, having children and profession- and 6 questions on nurses' organization-related variables.

- ***Job satisfaction survey***



In the study, Job satisfaction Survey (JSS) –which was designed by (Spector, 1985), and Turkish validity and reliability tests and Turkish adaptation of which were performed by Yelboga (2009:1066)- was used in order to measure job satisfaction. Job Satisfaction Survey was used to evaluate nine dimensions of job satisfaction related to overall satisfaction: pay, promotion, supervision (satisfaction from relations to first superiors), benefits, contingent rewards, operating procedures (satisfaction from rules and procedures), co-workers, nature of work and communication. Each sub-dimension included four items, and in total, there were 36 items. According to the results obtained from the survey, job satisfaction level in sub-dimensions and general survey was considered as the lowest if the score ranged from 1.00 to 2.00, as low if the score ranged from 2.00 to 3.00, as moderate if the score ranged from 3.00 to 4.00, as high if the score ranged from 4.00 to 5.00, as the highest if the score ranged from 5.00 to 6.00. The general reliability of Job Satisfaction Survey was found to be $\alpha=806$ in the study. The results were considered significant at $p<0.05$, and the confidence interval was set at 95%.

Ethical suitability of the study

Before the study, the ethical suitability of the research was approved by Ethical Council of Clinical Researches of the Medical Faculty of Karadeniz Technical University with the decision dated and numbered as 09.07.2014 and 24237859/458. Necessary approvals were obtained from Secretariat of Public Hospitals Union on 30.04.2014. To administer Job Satisfaction Survey in the study, necessary approval of Dr. Atilla Yelboga was also received via e-mail.

Assessment of the data

For the assessment of the data; numbers, percentages, averages, standard deviations, and Chi-square test were employed. The correlation between dependent variables of the study and job satisfaction sub-dimensions was tested using Pearson correlation analyses. The results were considered significant at $p<0.05$, and the confidence interval was set at 95%.



FINDINGS

Table 1 presents the participants' general job satisfaction level and the sub-dimension average scores.

Table 1. Nurses' Job Satisfaction Level, General and Sub-dimension Average Scores

Subdimensions	n	Aver.	SD	Min.	Max.
Pay	404	2.418	0.993	1.000	5.000
Promotion	404	2.677	0.842	1.000	5.250
Supervision	404	3.561	1.164	1.000	6.000
Benefits	404	2.806	0.935	1.000	5.000
Contingent rewards	404	2.846	0.852	1.000	5.750
Operating procedures	404	3.069	0.705	1.000	5.000
Co-workers	404	4.176	0.827	1.000	6.000
Nature of work	404	4.212	0.933	1.000	6.000
Communication	404	3.374	0.907	1.000	6.000
General Job Satisfaction	404	3.238	0.511	1.140	4.530

In the study, it was found that 339 (83.9%) of nurses were female, 104 of them (25.7%) were aged between 25 and 29 years, 185 of them (45.8%) had undergraduate degrees, 242 of them (59.9%) were married, 235 of them (58.2%) had children. 136 of the nurses (33.7%) had a work experience between 12 months and 5 years, 325 of them (80.4%) had self-confidence, 354 of them (87.6%) had maturity level in professional practices. 354 nurses of the study group (61.9%) worked willingly, 195 of them (48.3%) were desperate about the future of the profession, 228 of them (56.4%) worked at hospitals for 12 months-6 years, 153 of them (37.9%) worked at private clinics, 189 of them (46.8%) worked as a service nurse, 261 of them (64.6%) were satisfied with the clinical department where they were employed, 160 of them (39.6%) were partly satisfied with the organization where they have been employed, and 241 of them (59.7%) worked for 40-56 hours per week, averagely.

There was a significant difference in terms of age between the average scores of promotion-sub-dimension ($F=3.392$, $p=0.010$) and operating procedures-sub-dimension ($F=3.545$, $p=0.007$). This difference in promotion-sub-dimension was caused by the promotion scores of the nurses aged between 21 and 24 years (2.891 ± 0.842), those aged between 25 and 29 years (2.563 ± 0.850) and those aged between 30 and 34 years (2.545 ± 0.810). On the other hand, the difference in operating procedures-sub-dimension was caused by the nurses aged ≥ 40 years in terms of age (3.446 ± 0.705). There was a statistically significant difference in terms of educational status of nurses in the average scores of operating procedures-sub-dimension ($F=2.855$, $p=0.037<0.05$). The scores of operating procedures-sub-dimension (3.215 ± 0.679) of the nurses whose educational status was associate degree were found to be higher than those whose educational status was undergraduate degree (2.982 ± 0.754).

There was a statistically significant difference among the nurses' average scores in the sub-dimensions of pay ($t=-1.958$, $p=0.051$), promotion ($t=-1.975$, $p=0.049$), co-workers ($t=-2.067$, $p=0.039<0.05$), operating procedures ($t=-2.067$, $p=0.039$) in terms of the marital status. It was identified that this difference was caused by single nurses in the sub-dimensions of pay, promotion and co-workers while by the married in the sub-dimension of operating procedures.

In terms of nurses' maturity level in professional practices, the average scores of nature of work-sub-dimension differed significantly ($t=3.129$, $p=0.002<0.05$). It was seen that nurses who grew mature in professional practices had higher scores in the nature of work-sub-dimension than those who grew mature partly.

According to the results of the analyses done to uncover the origin of the difference in the job satisfaction average scores in relation to nurses' clinical departments, supervision-sub-dimension scores of the nurses working at surgical clinics and special clinics (operating room, intensive care, emergency service, dialysis service) were higher than those working at internal diseases clinics. The scores of operating procedures-sub-dimension of nurses working at special clinics, and those nurses whose work setting was other departments (nurses who worked day shift in such departments as Diabetic Nursing, Nursing Quality Unit, Infection Control Nursing, Cancer Registration Unit, Blood Transfusion Department, Blue Code Nursing, Nutrition and Injury Care Nursing) were higher than those working at internal diseases clinics. The average scores of nurses working at special clinics were higher than those nurses working at internal diseases clinics in terms of communication-sub-dimension and general job



satisfaction level. According to the work status of nurses, the average scores in the sub-dimension of supervision ($F=3.859$, $p=0.010<0.05$), operating procedures ($F=6.199$; $p=0.000<0.05$), general job satisfaction level ($F=4.005$, $p=0.008<0.05$) differed statistically and significantly. According to the advanced analysis performed, the average scores of nurses working at special clinics were higher in sub-dimensions of supervision, operating procedures and general job satisfaction level than those nurses employed as service nurses ($p<0.005$).

According to the status of satisfaction with the clinical department where nurses worked, the average scores of nurses who were satisfied with the department were higher in the sub-dimensions of supervision ($F=12.111$, $p=0.000$), contingent rewards ($F=3.857$, $p=0.022$), co-workers ($F=9.162$, $p=0.000$), nature of work ($F=14.621$, $p=0.000$), communication ($F=5.000$, $p=0.007$) and general job satisfaction level ($F=14.180$, $p=0.000$) than those nurses who were not satisfied with and who were partly satisfied with the clinical department. Besides, the average scores of nurses who were partly satisfied with the department where they worked were higher in supervision-sub-dimension ($F=12.111$, $p=0.000$) and general job satisfaction level ($F=14.180$, $p=0.000$) than those nurses who were not satisfied with the clinical department where they worked.

The average scores of nurses who were satisfied with the organization where they worked were higher in pay-sub-dimension ($F=6.148$, $p=0.002$) and promotion-sub-dimension ($F=7.049$, $p=0.001$) than those nurses who were not satisfied with the organization. The average scores of the nurses who were satisfied with the organization where they worked were higher in the sub-dimensions of supervision ($F=41.513$, $p=0.000$), benefits ($F=17.302$, $p=0.000$), contingent reward ($F=14.029$, $p=0.000$) co-workers ($F=9.330$, $p=0.000$), nature of work ($F=15.131$, $p=0.000$), communication ($F=33.814$, $p=0.000$) and general job satisfaction level ($F=58.371$, $p=0.000$) than those nurses who were not satisfied with and who were partly satisfied with the clinical department where they worked. The average scores of nurses who were partly satisfied with the organization where they worked were higher in the sub-dimensions of supervision ($F=41.513$, $p=0.000$), benefits ($F=17.302$, $p=0.000$), operating procedures ($F=11.158$, $p=0.000$), communication ($F=33.814$, $p=0.000$) and general job satisfaction level ($F=58.371$, $p=0.000$) than those nurses who were not satisfied with the organization.

According to the nurses' average weekly working-hour, there was a statistically significant difference in terms of average scores in the sub-dimensions of communication ($F=8.543$, $p=0.000$) and operating procedures ($F=6.162$, $p=0.002$) and general job satisfaction level ($F=5.078$, $p=0.007$). The average scores of nurses whose average weekly working-hour was 40 hours were higher in operating procedures-sub-dimension and communication-sub-dimension and general job satisfaction level than those nurses whose average weekly working-hour was 57-64 hours. The average scores of nurses whose average weekly working-hour was 40-56 hours were higher in communication-sub-dimension than those nurses whose average weekly working-hour was 57-64 hours.

DISCUSSION

Changes/advancements in health services in Turkey began with the declaration of Republic, and continued to increase in 2011. It has been necessary to investigate negative and positive



effects of fast changes in the structure of hospitals after 2011 that have made all the employees demonstrate different adaptation and adjustment efforts for different issues. In a study done, it was found that the structural changes aggravated work burden of nurses, but nursing interventions made nurses happy (Jensen and Sorensen, 2017). According to what Douglas (2011) cited, which was emphasized in a report regarding the changes/advancements in health services in Scotland that the interventions to the process and outcomes did not affect and change job satisfaction among nurses, but changed patients' care perception. In this study, job satisfaction level of nurses who worked under Secretariat of Public Hospitals Union after this period was investigated. In the study, nurses' general job satisfaction level was found to be at a moderate level. Studies concurred with this result have been the studies done by Al-Hamdan, Manojlovich and Tanima (2017), Fallahnejad and Mollahoseiny (2016), and Naveed, Hussain, Sarfraz, Afghan and Waqar (2016). However, there have been similar and relevant studies that found job satisfaction level high (Giles, Parker, Mitchell and Conway, 2017) or low (Alharbi, Wilson, Woods and Usher, 2016). As in the study of Fallahnejad and Mollahoseiny (2016), the current study found satisfaction with the sub-dimensions of nature of work and co-workers at the highest level, while satisfaction with the sub-dimensions of pay and promotion at the lowest level. Yet, in the study of Wagar and Hamid (2016), it was identified that nurses were more satisfied with benefits provided by public hospitals than those offered by private hospitals.

In the current study, it was found that nurses in 21-24 age group had higher satisfaction in promotion-sub-dimension. This result demonstrated that significant and positive effects were achieved with the emphasis given to education and training thanks to nursing regulations in 2007, thus resulting in many opportunities for promotion and career. Yet, nurses aged ≥ 40 years had satisfaction from operating procedures; which might suggest that advanced age and experience produced positive effects upon conflict management, stress control and high salary that comes with long career and work experience. Besides, this was also in line with **Herzberg's theory of change between age and job satisfaction** (Tomey, 2014). In a study that supported this result, it was found that job satisfaction among nurses aged between 41 and 50 years was higher than those aged between 51 and 60 years (Helbing, Teems and Moultrie 2017). Similarly, it was noted in another study that satisfaction with operating procedures of the experienced nurses aged between 26 and 35 years was lower but in general, most of the nurses were satisfied with the operating procedures (Naveed et al., 2016). As in the study of Wagar and Hamid (2016), job satisfaction of the nurses who belonged to 34-46 age group was found to increase.

In the current study, it was seen that the nurses whose educational status was associate degree had higher job satisfaction than those whose educational status was undergraduate degree in terms of operating procedures-sub-dimension. In literature, there have been studies that reported a rise in job satisfaction as educational level decreased (Ferreira, Fernandez and Anes, 2017; Helbing et al., 2017). In the study, the reason why general job satisfaction average scores were similar to each other in terms of educational level might be that –with the opportunity offered- nurses have begun to complete their nursing education thanks to the policy of degree completion program in nursing since 2007.



According to the current study, the single nurses' pay and promotion affected the married nurses' job satisfaction in operating procedures-sub-dimension. However, in another study it was found that married nurses' job satisfaction in operating procedures-sub-dimension was found to be lower (Fallahnejad and Mollahoseiny, 2016).

It was understood that as nurses got mature in professional practices, their satisfaction with the nature of works-sub-dimension went up. In literature, there have been studies that indicated a correlation between feeling of success caused by the improved professional skills and job satisfaction (Ke, Kuo and Hung, 2017; Aytekin and Kurt, 2014; Helbing et al., 2017; Ibrahim et al., 2016; Adams and Bond 2000). Studies reported that the use of skills (Wagar and Hamid 2017), would make contributions to succeeding in work (Kourakos et al., 2012), ability to influence others (Lee and Cummings 2008) enhancing job satisfaction. In a study, it was identified that the technical improvement and the feeling of professionally skilled and demonstrating necessary technical knowledge would increase job satisfaction (Kubo et al., 2016). Likewise; loving work (Melo et al., 2011; Kourakos et al., 2012; Çarıkçı and Oksay, 2004), the self-belief that one is skilled enough for work, and the self-belief that one performs enough for work elevate job satisfaction, too (Aytekin and Kurt 2014).

In the study, it was found that nurses working at internal diseases clinics experienced low job satisfaction in sub-dimensions of supervision, operating procedures, communication and general job satisfaction. Studies confirmed that the job satisfaction of nurses working at inpatient clinics was affected by the dynamics of this clinic (Ibrahim et al., 2016; Atefi, Abdullah, Wong and Mazlom, 2014; Al-Hamdan et al., 2017; Toh, Ang and Devi, 2012). Yet, the study of Helbing et al. (2017) done with nurses working at emergency services explored that they were satisfied with the profession. In the study of Boamah, Read and Laschinger, (2017), it was observed that the instabilities in work life would lead to burnout one year later, poorer job satisfaction and lower patient care quality. In this study, too, it was noted that the nurses who worked at special clinics felt more job satisfaction in communication-sub-dimension.

In this study, it was found that sub-dimensions of supervision, operating procedures and general job satisfaction level of the nurses who worked at special clinics were higher in terms of work status; which might have resulted from the fact that the certified nurses worked at these special clinical departments more independently and received higher benefits. The studies emphasized the effect of high pay, autonomy and experience upon job satisfaction (Wagar and Hamid, 2017; Lee and Cummings, 2008; Zangaro and Soeken, 2007).

In the study, it was explored that being satisfied with the clinical department produced a high level of general job satisfaction in the sub-dimensions of supervision, contingent rewards, co-workers, nature of works, and communication. In a study, it was observed that the employee's adjustment to work, and the recognition of work affected both work performance and job satisfaction (Lou et al., 2011).

In this current study, it was observed that being satisfied with or being partly satisfied with the organization where nurses were employed enhanced general job satisfaction level and job satisfaction in all the sub-dimensions. The studies approved the interaction between the characteristics of organization and job satisfaction level (Sriratanapapat and Songwathana, 2011; Doef, Mbazzi and Andr hoeandn 2011). In the study of Aiken et al. (2011), too, the



interaction between organizational satisfaction and job satisfaction level was emphasized. Besides, the study reported that the organization was an effective factor upon both motivating and satisfying employees to perform. The studies have focused on the fact that the organizational factors were more effective upon satisfaction than the individual and personal factors (Cai, Cai, Deng, Cai and Yu, 2016; Chamberlain, Hoben, Squires and Estabrooks, 2016).

In this study, it was seen that working-hours influenced job satisfaction level. The satisfaction of nurses who worked for 40 hours per week was higher in terms of operating procedures and general job satisfaction and communication. A study supported this finding, concluding that working-hours affected job satisfaction (Simunic and Gregov, 2012; McVicar, 2016). The studies showed that the rotation and flexible working-hours designed for ≥ 12 hour shifts (Ball et al., 2017; Wagar and Hamid, 2016) would enhance job satisfaction (Wagar and Hamid, 2016) while the continuous night shifts would reduce nurses' job satisfaction (Ibrahim et al., 2016).

RESULT AND RECOMMENDATIONS

According to the study results and findings, the nurses' general job satisfaction level was at moderate level, and the nurses working at internal diseases clinics experienced lower job satisfaction as compared to the nurses of other clinics. It can be recommended that organization managers should revise personnel planning and employment policies for internal diseases clinics, and should improve working-hours in order to elevate low job satisfaction level of internal diseases clinics.

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