

**NURSES' JOB SATISFACTION  
IN THE MALAYSIAN PRIVATE HOSPITALS**

by

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## **ABSTRAK**

Kajian ini menilai kepuasan kerja dan faktor-faktor kepuasan kerja di kalangan jururawat di tiga hospital swasta di Pulau Pinang. Indeks Kepuasan Kerja (Index of Work Satisfaction, [IWS]) yang direka oleh Dr. Paula Stamps dari University of Massachusetts untuk golongan profesional kesihatan digunakan dalam kajian ini. IWS telah digunakan oleh Persatuan Jururawat-jururawat Amerika (American Nurses Association) sebagai sebahagian daripada Pangkalan Data untuk Penunjuk Kualiti Kejururawatan (National Database of Nursing Quality Indicators [NDNQI]). IWS dilaporkan pernah digunakan untuk kajian terhadap jururawat-jururawat di negara-negara seperti Korea, Jepun dan Australia tetapi tidak pernah digunakan di Malaysia. Terdapat tujuh faktor di dalam IWS yang digunakan untuk mengukur kepuasan kerja iaitu gaji, autonomi, syarat-syarat kerja, dasar-dasar organisasi, interaksi (dibahagikan menjadi dua faktor) dan taraf profesional. Respons daripada 716 orang jururawat (penolong jururawat and jururawat terlatih) telah digunakan dalam kajian korelasi antara faktor demografik (jawatan, jenis unit/kumpulan kerja, umur, bilangan tahun pengalaman selepas pendaftaran dan ditugaskan dalam jenis unit/kumpulan kerja pilihan) dan tahap kepuasan kerja jururawat serta komponen-komponen kepuasan kerja. Daripada kajian ini, boleh disimpulkan bahawa dua faktor kepuasan kerja utama untuk jururawat daripada tiga hospital swasta tersebut adalah taraf profesional dan autonomi. Ini adalah serupa dengan keputusan NDNQI di USA, dari Korea, Japan dan Australia yang menggunakan IWS. Dapat disimpulkan juga perbezaan tahap kepuasan kerja jururawat adalah signifikan apabila perbandingan dibuat mengikut faktor jawatan, umur, bilangan tahun pengalaman, jenis unit/kumpulan kerja dan ditugaskan di unit/kumpulan kerja pilihan.

## **ABSTRACT**

This study looks into job satisfaction and the factors of job satisfaction among nurses in three private hospitals in Penang. The Index of Work Satisfaction (IWS) developed by Dr. Paula Stamps from the University of Massachusetts nursing professionals was used in the study. The IWS has been adapted by the American Nurses Association as part of its National Database of Nursing Quality Indicators (NDNQI). The IWS had used in studies on nurses in countries like Korea, Japan and Australia but not in Malaysia. There are seven factors in the IWS that measures the job satisfaction of nurses. They are pay, autonomy, task requirements, organizational policies, interaction (subdivided into two factors) and professional status. Responses from 716 nurses (assistant nurses and registered nurses) from three private hospitals were used in this correlational study between selected demographic factors (position, unit type/work group, age, years of experience after graduation, and assigned to unit type/work group of choice) and the level of nurses' job satisfaction and the individual job satisfaction components. From the study, it can be concluded that the top two factors of job satisfaction for nurses in the private hospitals in Malaysia are professional status and autonomy. This is consistent with the findings of the NDNQI in the USA and in Korea, Japan and Australia using the IWS. It can also be concluded that there is significant differences in the level of job satisfaction of registered nurses versus assistant nurses based on the position, age, years of experience, the current unit type/work group, and assigned to the unit type/work group of choice.

## **Chapter 1**

### **INTRODUCTION**

#### **1.0 Introduction**

Nurse job satisfaction has been linked to performance and to providing quality nursing care. There have been extensive studies in the USA and Europe on nurses job satisfaction and to some extent in Asian countries like Japan, Korea and Taiwan. This study will investigate the level of satisfaction among private hospital nurses and the factors with which they are satisfied or dissatisfied. Also, whether there are significant differences in the level of satisfaction between Registered Nurses and Assistant Nurses in the different unit types/work groups This study will also investigate the applicability of one instrument namely the Index of Work Satisfaction which was specifically developed to measure job satisfaction for the nursing profession.

#### **1.1 Background**

There were 47,642 nurses in Malaysia in 2006 and the nurse to population ratio was 1:559 (Ministry of Health, Malaysia, 2006). Whereas Malaysia's national unemployment rate in 2006 was 3.5%, it was reported that there was no unemployment for nurses but Asian countries like Indonesia, Korea and Philippines have reported unemployment for nurses (International Council of Nursing, 2006). Seven thousand nurses are being trained a year in Malaysia and at least 1,000 leave the profession a year of which 400 go overseas. In 2007, there were more than 60,000 nurses and in 2008, Malaysia had 75,000 nurses (Bernama, 2008a). There is currently a shortage of 20,000

nurses. Malaysia needs 174,000 nurses by 2020 to achieve the ratio of 1 nurse to 200 population as required by the World Health Organization (Bernama, 2006).

Nursing in Malaysia was reported to have started when the East India Company was formed, hospitals were set up in Penang and Singapore. Initially, nursing was carried out by Catholic nuns and was later replaced by nurses from England. Prior to the second world war, nurses were trained “on the job” and each state in Malaya organized its own nursing services, training and conducted its own examinations (Ministry of Health, Malaysia, 2008a).

In 1946, the first school of nursing in the country was established in Johor Baru to train nurses for the whole country. The nurses were certified according to the same standard as that of England and Wales. Other nursing schools were established in Penang and Kuala Lumpur in 1947 (Ministry of Health, Malaysia, 2008b).

In 1950, the Nursing Act was enacted to provide the setting up of the Nursing Board to control the training and registration of nurses throughout Malaya. In 1952, a national entrance examination was introduced by the Board. The Nursing Board is also responsible for issuing the annual practicing license.

There are two levels of nurses in Malaysia. Nurses who completed the 3-year diploma in nursing course are licensed by the Malaysian Nursing Board as Registered Nurses while those who undergo the 2-year certificate course are licensed as Assistant Nurses. Nursing education is mostly hospital-based available through the Ministry of Health for the public sector and at private hospitals’ nursing colleges. The first private hospital’s nursing college, the Tun Tan Cheng Lock College of Nursing at the Assunta Hospital was set up in 1961. Students are usually sponsored for the course and after

graduation are required to serve a compulsory bond period. This arrangement assures a constant supply of nurses for the sponsoring body. Due to the higher demand than supply of nurses, non-hospital based private colleges of nursing have been established in recent years to train nurses with the first such college was the Masterskill College of Nursing and Health in 2000. Students at these colleges are usually self-sponsored. In 2008, there were 19 public nursing colleges and 35 private nursing colleges (Bernama, 2008a). To qualify to enter both the Assistant Nurse certificate and Diploma in Nursing courses, applicants must possess the Sijil Pelajaran Malaysia (SPM) with more credits to qualify for the diploma course. A Registered Nurse (diploma level) can pursue the bachelor degree level by either taking degree level courses full-time as students at public universities or by distance learning mode from private universities (local and foreign). Registered nurses can also opt for specialized training for the post-basic certificates courses at the Ministry of Health's nursing colleges or at public universities medical centres for a period six month to a year.

This study investigates the level of work satisfaction of Malaysian nurses using the Index of Work Satisfaction (IWS), a tool that measures nurses' job satisfaction. This toll was developed by Dr. Paula Stamps, a Professor in the Community Health Studies Department at the University of Massachusetts in Amherst USA. This tool was first published in 1978. This tool is being used by the American Nurses Association since 2003 for its National Database of Nursing Quality Indicators (NDNQI), which is part of the Association's safety and quality initiative (Taunton et al., 2004). It was reported that 76,000 nurses from hospitals across the USA participated in this survey in 2005 (American Nurses Association, 2005). This study will determine whether the IWS will be

a valid and reliable tool to measure job satisfaction of nurses in Malaysia. Currently, there is no report of the IWS being used in Malaysia.

## **1.2 Problem Statement**

Nursing is no longer the first choice profession. In the 1970s and earlier, a large number of Malaysian young women go overseas to countries like England and Australia to be trained as nurses as opportunities to be trained as nurses in Malaysia was limited (Utusan, 2004). Nowadays, even though there are abundant opportunities available in Malaysia, nursing is no longer popular as it used to be. The nursing shortage is a worldwide phenomena and Malaysia is no exception. The shortage in Malaysia is made acute with trained nurses going overseas where they can earn much more and especially in Saudi Arabia where the income is not taxable. In his speech for the International Nurses Day 2007, the Malaysian Prime Minister appealed to trained Malaysian nurses to serve in the country rather than abroad (Bernama, 2007).

One of the factors of attrition of nurses from private hospitals is due to economic reasons mainly to work in Saudi Arabia. Two of the three private hospitals that participated in this study reported that out of the 176 registered nurses that left the two hospitals over the past three years, 85 (48%) left for Saudi Arabia to work. As for nurses from the public sector, generally the attrition is much lower, most probably to better job security in the public sector. Understanding the factors that nurses are satisfied and dissatisfied will enable interventional measures be taken to improve the working conditions. Whereas such understanding will not improve the retention rate, it will improve the nurses' work performance leading to better quality care to the patient



(Newman, Maylor, & Chansarkar, 2002). Therefore, this study examines the level of satisfaction among private hospital nurses and the factors with which they are satisfied or dissatisfied. Further, this study will investigate if there are any differences in the level of satisfaction between Registered Nurses and Assistant Nurses in the different unit types/work groups. Registered Nurses are in better demand in both Malaysia and overseas. From the two hospitals that participated in this study, out of the total of 215 nurses that left the hospitals between 2005 to 2007, 176 (82%) are Registered Nurses whereas only 39 (18%) are Assistant Nurses. Different unit types/work groups have their own specific work environments like different patient-to-nurse ratios, patient care goals, clinical tasks and role expectations.

### **1.3 Research Objectives**

The objectives of this study are as follows :

1. To measure the level of nurses' job satisfaction among Malaysian nurses at three large private hospitals in Penang, Malaysia.
2. To conduct a comparative analysis between the two levels of nurses that is the Assistant Nurse and Staff Nurse (Registered Nurse), and among the unit types/work groups
3. To identify the factors which the nurses are satisfied and dissatisfied.

## **1.4 Research Questions**

To achieve the objectives of this study, the following questions were put forward in this study :

1. What is the level of satisfaction of nurses in private hospitals in the various factors of job satisfaction?
2. Do assistant nurses and registered nurses differ in terms of job satisfaction?
3. Does the educational level (certificate versus diploma and/or higher) impact nurses' job satisfaction?
4. Are there differences in job satisfaction level between nurses in different unit types/work groups?
5. When nurses are assigned to the unit type/workgroup of their choice, is the level of job satisfaction higher than those who are not given the choice?
6. Do demographic factors like age and years of experience affect nurses job satisfaction?

## **1.5 Definition of Key Terms**

### **1.5.1 Job Satisfaction**

Job satisfaction is a multi-faceted concept. It is an attitude which can be categorized into five groups of factors that is individual factors, social factors, cultural factors, organizational factors, and environmental factors (Mullins, 2005). The work itself is part of organizational factors. Work satisfaction is part of the broader concept of job satisfaction. Job satisfaction can be described as the extent to which employees like their jobs (Stamps, 1997). According to Herzberg's two-factor theory of motivation and job satisfaction, there are two sets of factors that is extrinsic factors (hygiene) and intrinsic factors (motivation).

### **1.5.2 Extrinsic Factors**

Extrinsic factors are hygiene or maintenance factors which if absent, cause dissatisfaction. The presence of extrinsic factors is not satisfaction but no dissatisfaction (Mullins, 2005). Extrinsic factors, according to Herzberg (1959) are salary, job security, working conditions, level and quality of supervision, company policy and administration, and interpersonal relations (Mullins, 2005). Extrinsic factors that affect nurses' job satisfaction are interaction, organizational policies and pay (Stamps, 1997).

### **1.5.3 Intrinsic Factors**

The intrinsic factors motivates individuals to superior effort and performance. The intrinsic factors can also be described as growth factors. They affect the feelings of

satisfaction. The intrinsic factors according to Herzberg (1959) are sense of achievement, recognition, responsibility, nature of the work, and personal growth and advancement (Mullins, 2005). Intrinsic factors that motivates a nurse are task requirements, autonomy and professional status (Stamps, 1997).

#### **1.5.4 Pay**

Pay is defined by Stamps (1997) as the salary and fringe benefits that a nurse receive for the work done.

#### **1.5.5 Autonomy**

Autonomy is giving the employee the freedom to work within the rules rather than working to rule (Mullins, 2005). According to Stamps (1997), it is the amount of job related independence, initiative, and freedom, either permitted or required in accomplishing daily work-related activities.

#### **1.5.6 Task Requirements**

The tasks or activities that a nurse must perform as a regular part of the job (Stamps, 1997).

#### **1.5.7 Organizational Policies**

Policies are guidelines which can be translated into rules, plans and procedures relating to all activities of an organization (Mullins, 2005). Stamps (1997) definition is

management policies and procedures put forward by the hospital and nursing administration that regulate a nurse's personal and professional activities at work.

### **1.5.8 Interaction**

Opportunities presented for both formal and informal social and professional contact during working hours (Stamps, 1997). It is the interpersonal relationship between the individuals in an organization. Stamps (1997) further sub-divided this into nurse-nurse interaction and nurse-physician interaction.

### **1.5.9 Professional Status**

Stamps (1997) defined professional status as the overall importance or significance felt about the job in the nurse's view and in the view of others.

## **1.6 Significance of the Study**

The seven dimensions of job satisfaction measured by the IWS can be divided into extrinsic factors and intrinsic factors in-line with Herzberg's two-factor theory of motivation. This study may provide further theoretical evidence of these dimensions.

Understanding nurse job satisfaction and the specific areas of dissatisfaction would perhaps lead to interventional measures to improve job satisfaction in nursing through improving the hygiene or maintenance factors, or that of the motivators or growth factors. While the attrition of nurses due to economic reasons may not be reduced, improving the job satisfaction of nurses who are being retained will improve their work performance and thus the quality of patient care leading to improved patient satisfaction

(Newman, Maylor, & Chansarkar, 2002). While nurses who are under compulsory bond due to being sponsored for their studies to be trained as nurses do not have the option to leave, thus turnover is not high, it is also important that their level of dissatisfaction at work is being reduced and at the same time they are motivated to better performance for the same reason as described earlier that is leading to better patient care and resulting patient satisfaction.

### **1.7 Organization of Remaining Chapters**

The remaining chapters of this report will cover a review of the literature pertaining to job satisfaction with focus on nurses job satisfaction and the instruments used to measure it. Chapter 3 describes the methodology used in this study while chapter 4 reports on the analysis of the data obtained and this chapter concludes with the testing of the hypotheses. The closing chapter discusses the results of the findings of this study and the conclusion derived.

## Chapter 2

### LITERATURE REVIEW

#### 2.0 Introduction

A literature review on articles pertaining to nurses and nurses' job satisfaction was carried out. There were very few published articles on Malaysian nurses with regards to this area. Nursing shortage and high hospital nurse job dissatisfaction contributed to uneven quality of care, medical errors and adverse patient outcomes. High nurse dissatisfaction were reported in five countries (USA, Canada, England, Scotland and Germany) in a study done in 1998-1999 on 43,329 nurses (Aiken et al., 2001).

Table 2.1

#### *Hospital Nurse Dissatisfaction*

	USA	Canada	England	Scotland	Germany
Percent dissatisfied with present job	41.0%	32.9%	36.1%	37.7%	17.4%

Source : Aiken et al. (2001)

Morale in nursing consistently has an impact on patient care. The levels of nursing morale varies depending on factors like the nature of the nurses' work or their perception of management. Relationships play a major role in nursing morale, relationships with management, relationships with colleagues, and relationships with patients (McFadzean, & McFadzean, 2005). For a nurse to be motivated to care physically, emotionally and psychosocially for another person, there must be purpose and meaning in the nurse's work. Management's value system of which is meaningful to the

nurses in support the nurses' work purpose is a key driver of motivation to care for the patient (Moody, & Pesut, 2006).

Service capability, nurse satisfaction, nurse retention, quality of patient care and patient satisfaction can be sequentially linked into a chain. Some of the components have a direct linkage with each other, like service capability to quality of patient care and to patient satisfaction, and nurse satisfaction to patient satisfaction (Newman, Maylor, & Chansarkar, 2002). Satisfied employees are motivated employees. When employees are motivated, they have the motivational resources to deliver adequate effort and care. Nurse job satisfaction is therefore an important component and linkage in supporting this chain towards providing quality patient care leading to patient satisfaction.

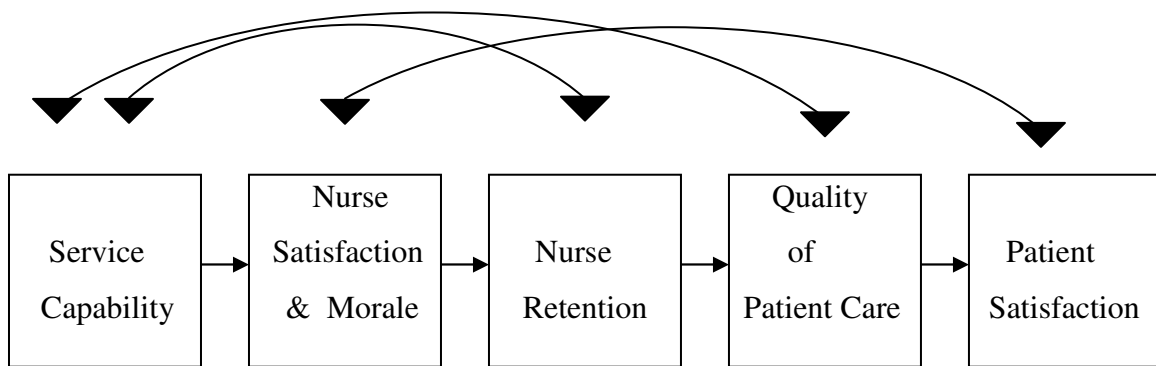


Figure 2.1. Nurse satisfaction, service quality and nurse retention chain.

Source : Newman, Maylor, & Chansarkar (2002).

## 2.1 Job Satisfaction of Nurses

In a hospital, the nurse plays a major role in the caring the patient as she is there for the patient 24 hours a day. The traditional medical cure-oriented model of is being replaced by the care-oriented model which is more holistic that is caring from the aspects of the physical, psychological, and spiritual needs of the patient. It is a 3-way



collaboration between the nurse, the patient, and the family (Samsudin, 2002). Nurses have to be sensitive and responsive when caring for the patient and this is valued by the patient rather than caring in the professional sense of giving competent treatment (White, 2002).

Different level of job satisfaction had been reported among nurses from various unit types/work groups in the USA with nurses from pediatric units are most satisfied and nurses from emergency department being the least satisfied based on the 2004 NDNQI RN Satisfaction Survey (Boyle et al., 2006).

According to Stamps (1997) studies by Blegen (1993) and Lucas (1991) found that age had only a small effect on job satisfaction but Agho (1993), and Baggs and Ryan (1990) found that there was a relationship between age and job satisfaction. Yamashita (1995) found that older nurses are more satisfied.

Lucas (1991) found that there was a relationship between job satisfaction and length of time in a job. Agho (1993), and Baggs and Ryan (1990) found that less experienced nurses are more satisfied. Similarly, Kacel, Miller and Norris (2005) also found that lesser experienced nurses are more satisfied (Stamps, 1997). Yamashita (1995) however, reported that more experienced nurses are more satisfied.

An individual who is matched or best-fitted to the environment is viewed as being expressed in high performance, satisfaction and little stress (Furnham, 2001) and intrinsic factors have a positive relationships to increased feelings of satisfaction and commitment and extrinsic factors inversely relate to job satisfaction and commitment (O'Reilly, & Caldwell, 1980).

There have been numerous studies on job satisfaction of nurses using various instruments of which some have been specifically developed for nurses.

### **2.1.1 Job Descriptive Index**

The Job Descriptive Index (JDI) was developed by Smith, Kendall and Hulin (1969) to measure both general satisfaction and specific facets of satisfaction. It is a 72 item, five dimension questionnaire. Participants answer “yes” or “no” or “can’t decide” to given statements describing their jobs. The five dimensions are pay, promotion, co-workers, the work itself and supervision (Stanton et al., 2001). A concern with the JDI is its length (Kinicki, Schriesheim, McKee-Ryan, & Carson, 2002).

The JDI was used in a study on nurses by Barrett and Myrick (1998). In this study, the JDI was used together with the Six Dimension Scale of Nursing Performance. The study concluded that the nurse preceptor’s job satisfaction does not impact on the nurse preceptee’s clinical performance, while the preceptee’s job satisfaction does affect performance (preceptee’s).

### **2.1.2 Minnesota Job Satisfaction Scale**

The Minnesota Job Satisfaction Scale (MJSS) was developed at the University of Minnesota by Weiss, Dawis, England, and Lofquist (1967) based on the Theory of Work Adjustment (Arvey et al., 1989). It is a Likert-type questionnaire with 20 sub-scales with five items in each scale. It has been found to be a valid instrument to measure job satisfaction among various occupational groups. The scales are ability utilization, achievement, activity, advancement, authority, company policies and practices,

compensation, co-workers, creativity, independence, moral values, recognition, responsibility, security, social service, social status, supervision-human relations, supervision-technical, variety and working conditions.

The MJSS was used in a study on nurses in Finland and it was found that clinical supervision has positive effects on job satisfaction and quality of care. This study recommended that resources be invested in supervisor education (Hyrkas, Appelqvist-Schmidlechner, & Haataja, 2006). Also using the MJSS was a study on occupational nurses in a mid-western state in the USA. It was found that these nurses were significantly more satisfied with compensation, creativity and independence and they are least satisfied with advancement opportunities, technical supervision, company policies and procedures, and recognition (Conrad, Conrad, & Parker, 1985).

In a study on community health professionals in Berlin and London involving psychiatrists, community psychiatrist nurses, and social workers, the MJSS was used together with the Team Identity Scale for perception of professional role and the Maslach Burnout Inventory for burnout. It was found that there were differences between the groups depended on location but it was unclear as to what extent job-related and general factors affects the morale of mental health professionals (Priebe et al., 2005).

Using the MJSS on nurses in surgical unit at a hospital in Kansas, USA prior to the implementation of collaborative care and six months after implementation, it was found that there was a significant increase in job satisfaction (Abbott, Young, Haxton, & Dyke, 1994).

### **2.1.3 Misener Nurse Practitioner Scale**

The Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS) was developed by Misener and Cox (2001) to measure job satisfaction among nursing practitioners. It is a 44 item questionnaire using a 6-point Likert-type scale covering six factors comprising four extrinsic factors like professional, social and community interaction, time, and benefits and two intrinsic factors like partnership/collegiality and challenge/autonomy, and professional growth. This instrument was used in a study on nurses in a mid-western state in the USA and it was found that there was an increase in job satisfaction in the first year of practice but a steady drop with each succeeding year and this reached a plateau between the eighth and eleventh. The nurses are most satisfied with the intrinsic factors of their jobs and are least satisfied with the extrinsic factors (Kacel, Miller, & Norris, 2005). In a study on nurses in Arizona, USA the MNPJS was used. The study did not identify a relationship between job satisfaction and gender, employer type, annual income, or employment status (full-time versus part-time) (Schiestel, 2007).

### **2.1.4 McCloskey/Mueller Satisfaction Survey**

Another instrument to measure nurses job satisfaction is the McCloskey/Mueller Satisfaction Survey (MMSS). It was developed by Mueller, and McCloskey (1990) and it measures three dimensions of nurse job satisfaction using a 31-item questionnaire. The three dimensions are safety rewards, social rewards, and psychological rewards. It was used in a study on public health nurses in the state of Illinois, USA. The findings of this study was that in work environments in which supervisors and subordinates consult each other on job tasks and decisions, and in which individuals involved their peers in decision

making and task definition, has a positive relation to job satisfaction (Campbell, Fowles, & Weber, 2004).

### **2.1.5 Other instruments**

In Taiwan, a study was done to empirically test the Price-Mueller model of job satisfaction on hospital nurses. This model is based on empirical research at the University Iowa since 1927. There are eleven variables namely job involvement, positive affectivity, negative affectivity, autonomy, distributive justice, procedural justice, job stress, pay, promotional chances, routinization, and social support. The reliability and validity of the measures were found to be acceptable. It was concluded that having information on a nurse's personality will help predict his/her job satisfaction (Chu et al., 2003).

Murrells, Clinton, and Robinson (2005) developed an instrument to measure job satisfaction for nurses in the United Kingdom. Various instruments that were developed for nurses job satisfaction were studied. Included were the Index of Work Satisfaction, the MMSS and others. These instruments were developed with nurses outside the UK and it was posed as to whether they are suitable for nurses in the UK. A 22-item, 5 point Likert-type scale instrument was developed. It consists of six factors: are nature of work, development, relationships, education, work-life interface, and resources. It was used on 632 nurses and was accepted as reliable.

### **2.1.6 Index of Work Satisfaction**

The Index of Work Satisfaction (IWS) was developed by Dr Paula Stamps from the University of Massachusetts for health-care professionals. The initial design of the instrument started in 1972 and was first published in 1978. It had 48 items into six components that is pay, autonomy, task requirements, organizational requirements, interaction, and job prestige. In 1986, the IWS revised into a 44 item questionnaire. The interaction component was expanded into two separate subscales that is “nurse-nurse interaction” and “nurse-doctor interaction”. The “organizational requirements” component was renamed “organizational policies” and “job prestige” component was renamed “professional status”. The tool used a 7-point Likert-type scale (Stamps, 1997). Using the term “Work Satisfaction” instead of “Job Satisfaction” is a personal preference of Stamps.

Studies by Foley et al. (2004) on school nurses in California, USA; on Korean nurses (Lee et al., 2004); on nurses in Japan (Yamashita, 2005); and on Australian nurses (Takase, Kershaw, & Burt, 2001) used this instrument. The American Nurses Association, which established a National Database of Nursing Quality Indicators (NDNQI) as part of its Safety and Quality initiative, adapted the IWS into 44 items with the 30 original items being maintained (Taunton et al., 2004). The nurse satisfaction survey conducted by the American Nurses Association through the NDNQI is considered the largest survey of its kind with the participation of 76,000 nurses from hospitals across the USA (American Nurses Association, 2005).

Table 2.2 shows ranking of the work satisfaction components from five studies on nurse job satisfaction using the IWS. Professional status, nurse-nurse interaction and

autonomy have been consistently ranked by nurses as the top three satisfiers except for the study by Yamashita (1995) where tasks instead of autonomy was ranked together with nurse-nurse interaction and professional status in the top three satisfiers category.

Table 2.2

*Ranking of Job Satisfaction Components Using the IWS*

Rank	Population/Sample				
	Korea Hospital Nurses	Japan Hospital Nurses	US Hospital Nurses	Australia Post graduate Nurses	US School Nurses
1	<i>Professional Status</i>	<i>Nurse-nurse Interaction</i>	<i>Professional Status</i>	<i>Autonomy</i>	<i>Autonomy</i>
2	<i>Nurse-nurse Interaction</i>	Task	<i>Nurse-nurse Interaction</i>	<i>Professional Status</i>	<i>Interaction*</i>
3	<i>Autonomy</i>	<i>Professional Status</i>	<i>Autonomy</i>	<i>Interaction*</i>	<i>Professional Status</i>
4	Nurse-physician Interaction	Autonomy	Nurse-physician Interaction	Task	Pay
5	Organizational Policies	Nurse-physician Interaction	Organizational Policies	Organizational Policies	Organizational Policies
6	Pay	Pay	Task Requirements	Pay	Task Requirements
7	Task Requirements	Organizational Policies	Pay		
Source	Lee, Hwang, Kim & Daly (2004)	Yamashita (1995)	Taunton et al. (2004)	Takase, Kershaw & Burt (2001)	Foley et al. (2004)

In 2004 the American Nurses Association conducted the NDNQI Registered Nurses Satisfaction Survey participated by 55,516 registered nurses from 206 hospitals in 44 states in the USA. It was found that there were significant differences across unit

types/work groups for overall job satisfaction for each of the unit types even though the level of job satisfaction was moderate for all unit types. Highest level of job satisfaction was reported in pediatric units with lowest in the emergency department. The unit types listed in order of highest to lowest job satisfaction are as follows :

Table 2.3

*Overall Satisfaction and Component (by rank) T-Scores by Unit Type*

Unit Type	Overall Satisfaction	Top Ranking Components		Lowest Ranking Components	
Paediatrics	52.67	N-N (69.24)	PS (67.05)	Task (50.28)	Pay (42.15)
Rehabilitation	51.26	N-N (67.13)	PS (64.46)	Task (46.70)	Pay (43.47)
Outpatient & Laboratory	50.82	N-N (67.81)	PS (65.70)	Task (48.75)	Pay (40.69)
Maternity	49.41	N-N (66.78)	PS (64.78)	Task (48.50)	Pay (38.24)
Step-down	49.15	N-N (66.84)	PS (64.03)	Task (45.30)	Pay (40.10)
Medical-surgical	48.85	N-N (65.48)	PS (62.79)	Task (42.58)	Pay (40.91)
Psychiatry	48.78	N-N (65.06)	PS (62.79)	Task (46.62)	Pay (41.81)
Critical care	48.83	N-N (67.25)	PS (62.73)	Task (48.60)	Pay (36.79)
Surgical services	45.66	N-N (64.57)	PS (61.64)	AU (47.55)	Pay (37.78)
Emergency	45.39	N-N (63.22)	N-P (60.05)	Task (44.03)	Pay (36.62)

*T-score* interpretation : <40 = low, 40-60 = moderate, >60 = high satisfaction

N-N : Nurse-nurse Interaction, PS : Professional Status, Task : Task Requirements

Source : Boyle et al. (2006)



All unit types reported highest level of satisfaction with nurse-nurse interaction with professional status as the next highest, except for emergency department which reported nurse-physician interaction as the second highest. Pay was the least satisfied component (Boyle et al., 2006). According to Boyle et al. (2006) a study by Leatt, and Schneck (1982) found that paediatric units have the highest levels of medical complexity and the doctors are less pervasive, rehabilitation units, outpatient units and laboratory have less medical complexity, medical-surgical units have moderate medical complexity and pervasiveness and emergency and surgical services work environment is that of rapid patient turnover. Yamashita (1995) reported that older and more experienced nurses are more satisfied with their jobs.

According to Stamps (1997), since 1972 when the IWS as first designed, there had been extensive statistical analyses based from administrations of the IWS by Stamps and that of others. A final validation study in 1985 resulted in the current IWS of 44 items in seven components. Some users of the IWS did not do statistical analysis on validity and reliability based on the fact that the instrument was ready for use. Stamps (1997) reviewed studies that had quantified level of satisfaction as the dependent variable. Out of these 36 studies, 18 studies used the IWS, of which 14 studies used the complete 44-item IWS and four used a modified version (Refer to Table 2.4). The remaining 18 studies other instruments including the JDI and the MJSS.

Table 2.4

*Published Studies using the IWS as a Measure of Satisfaction*

Author, Date	Form of IWS used in study
Blenkarn et al. (1988)	Full version
Houston (1990)	Full version
Baggs and Ryan (1990)	Full version
Williams (1990)	Full version
Johnston (1991)	Full version
Bushy and Banik (1991)	Full version
Thompson et al. (1991)	Full version
Malik (1991)	Full version
Joy and Malay (1992)	Full version
Tumulty (1992)	Full version
Kovner et al. (1994)	Full version
Mularz et al. (1995)	Full version
Drews and Fisher (1996)	Full version
Hinshaw et al. (1987)	Full version
Wells (1990)	Modified, 38-item
Gillies and Child (1990)	Pay and Nurse-physician components excluded
Coward et al. (1995)	Shortened
Lancero and Gerber (1995)	Modified, 29-item

Source : Stamps (1997)

## 2.2 Underlying Theories

Motivation and satisfaction are often mistakenly referred to mean the same even though there are significant differences. Motivation refers to the behavior of people while satisfaction is about how they feel about their jobs. Does motivation lead to satisfaction or does satisfaction lead to motivation? There are theories supporting both the former and the latter (Stamps, 1997).

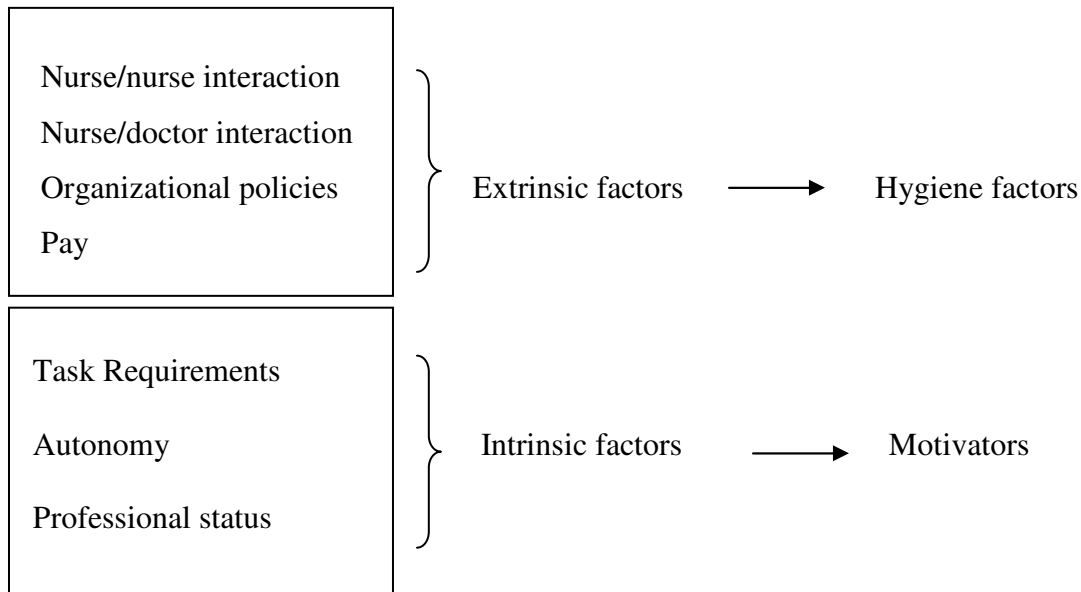
There are several theories that relate motivation and satisfaction which can be divided into two groups that is content theories and process theories. Content theories

focus on the nature of the needs and what motivates whereas process theories are based on how the various dimensions of motivation relates to the actions taken to affect behaviour. One of the more popular theories is Herzberg's two-factor theory which falls under the content theories (Mullins, 2005).

Herzberg (1959) came up with the two-factor theory (motivation-hygiene) of motivation and job satisfaction. The first set of factors, which are extrinsic to the job, are the hygiene or maintenance factors, that have an impact on the work environment which if absent, cause dissatisfaction. These factors are salary, job security, working conditions, level and quality of supervision, company policy and administration, interpersonal relations with supervisors, peers and subordinates, and personal life. These factors are necessary to avoid dissatisfaction but that by themselves do not provide satisfaction. The second sets of factors, which are intrinsic, if present, motivate the individual to superior effort and performance. The motivators or growth factors create employee satisfaction towards self-actualization. They are sense of achievement, recognition, responsibility, nature of the work, and personal growth and advancement (Mullins, 2005). The intrinsic factors motivate workers to do a good job. The absence of the extrinsic factors acts to dissatisfy and does not motivate a worker to do a good job but only to stay in it. Studies have shown that the Herzberg's theory has its effects in nursing . Zurn, Dolea, and Stilwell (2005) reported that according to Awases et al.(2003) inadequate remuneration and poor working conditions, both hygiene factors have caused low motivation among nurses in five African countries and have resulted in migration of nurses out of these countries. Based on the motivation-hygiene theory, management not only must provide

hygiene factors to avoid employee dissatisfaction, but also must provide factors intrinsic to the work itself in order for employees to be satisfied with their jobs.

Stamps was influenced by Herzberg’s two-factor theory of motivation (Taunton et al., 2004). The seven components in the IWS as defined by Stamps (1997) are pay, autonomy, task requirements, organizational policies, nurse-nurse interaction, nurse-doctor interaction and professional status. The seven components of the IWS can be linked with Herzberg’s theory.



Stamps’ Index of Work Satisfaction(IWS)

Herzberg’s two-factor theory

*Figure 2.2.* Linking the IWS with Herzberg’s theory.

Source : Stamps (1997)

### 2.3 Gaps in the Literature

There is a lack of research on nurses in Malaysia. This is most probably due to that no Master degree level courses for nursing and hospital administration being offered