CHAPTER- IV
SECTION-I
JOB SATISFACTION

4.1 INTRODUCTION

Human Resource Management is considered to be the most valuable asset in any organization. It is the sum-total of inherent abilities, acquired knowledge and skills represented by the talents and aptitudes of the employed persons who comprise of executives, supervisors, and the rank and file employees. It may be noted here that human resources should be utilized to the maximum possible extent, in order to achieve individual and organizational goals. It is thus the employee’s performance which ultimately decides and attainment of goals. However, the employee performance is to a large extent, influenced by motivation and job satisfaction.¹

Human resource management is a specialized functional area of business that attempts to develop programmes, policies, and activities to promote the job satisfaction of both individual and organizational needs, goods and objectives.²

People join organizations with certain motives like security of income and job, better prospects in future, and satisfaction of social and psychological needs. Every person has different sets of needs at different times. It is the responsibility of management to recognize this basic fact and provide appropriate opportunities and environments to people at work to satisfy their needs.³ In this chapter the researcher wants to explain about job satisfaction, nursing and nursing job satisfaction.

4.2 DEFINITION OF JOB SATISFACTION

The term job satisfaction figures prominently in any discussions on management of human resources. Job satisfaction refers to a person’s feeling of satisfaction on the job, which acts as a motivation to work. It is not the self-satisfaction, happiness or self-contentment but the satisfaction on the job.⁴
Job satisfaction is an individual’s feeling regarding his or her work. It can be influenced by a multitude of factors. The term relates to the total relationship between an individual and the employer for which he is paid. Satisfaction does mean the simple feeling state accompanying the attainment of any goal, the end state is feeling accompanying the attainment by an impulse of its objective. The term Job satisfaction was brought to limelight by Hoppock (1935). Hoppock describes job satisfaction as, “any combination of psychological, physiological and environmental circumstances that cause and person truthfully to say I am satisfied with my job.”

Job satisfaction has many dimensions. Commonly noted facets are satisfaction with the work itself, wages, and recognition, rapport with supervisors and coworkers, and chance for advancement. Each dimension contributes to an individual’s overall feeling of satisfaction with the job itself, but different people define the “job” differently. There are three important dimensions to job-satisfaction:

1) Job-satisfaction refers to one’s feeling towards one’s job. It can only be inferred but not seen.

2) Job satisfaction is often determined by how well outcomes meet or exceed expectations. Satisfaction in one’s job means increased commitment in the fulfillment of formal requirements. There is greater willingness to invest personal energy and time in job performance.

3) The terms job-satisfaction and job attitudes are typically used interchangeably. Both refer to effective orientations on the part of individuals towards their work roles, which they are presently occupying.

Though the terms job-satisfaction and attitudes are used interchangeably, there are differences between the two. Attitude refers to predisposition to respond. Job-satisfaction, on the other hand, relates to performance factors. Attitudes reflect one’s feelings towards individuals, organizations, and objects. But satisfaction
refers to one’s attitude to a job. Job satisfaction is, therefore, a specific subset of attitudes.\textsuperscript{7}

Attitudes endure generally. But job satisfaction is dynamic; it can decline even more quickly than it developed. Managers, therefore, cannot establish the conditions leading to high satisfaction now and then neglect it, for employee needs may change suddenly. Managers need to pay attention to job satisfaction constantly.\textsuperscript{8}

Now the researcher quotes a few definitions of job satisfaction:

1) According to E.A. Locke: Job satisfaction is as a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experience.\textsuperscript{9}

2) As defined by Feldman and Arnold: Job satisfaction as the amount of overall positive affect (or feelings) that individuals have towards their jobs.\textsuperscript{10}

3) Kreitner and Kinicki described, Job satisfaction is an affective or emotional response toward various facets of one’s job. This definition means job satisfaction is not a unitary concept.\textsuperscript{11}

4) Davis and Newstrom explained: Job satisfaction is a set of favorable or unfavorable feelings with which employees view their work.\textsuperscript{12}

5) Andrew stated that job satisfaction is the amount of pleasure or contentment associated with a job.\textsuperscript{13}

4.3- IMPORTANCE OF JOB SATISFACTION

The study of job satisfaction enriches management with a range of information pertaining to job, employee, environment etc. which facilitated it in decision making and correcting the path of organizational policies and behavior. It indicates the general level of satisfaction in the organization about its programmes, policies etc. Secondly, it is a diagnostic instrument for knowing employees’ problems, effecting changes and correcting with least resistance. Thirdly, it
strengthens the communication system of the organization and management can discuss the result for shaping the future course of action. *Fourthly*, it helps in improving the attitudes of employees towards the job and facilitates integration of employee with the organization. It inspires sense of belongingness and sense of participation leading to the overall increase in the productivity of the organization. *Fifthly*, it helps unions to know exactly what employees want and what management is doing. Thus, it facilitates mutual settlement of grievances and other unwanted situations. *Lastly*, it facilitates in determining the training and development needs of the both, employees and the organization.¹⁴

If we can improve job satisfaction and morale, we can improve job performance as well. Soon the management set about to take advantage of this newly found insight and they took action on two fronts. *First*, they initiated attempts to measure the state of employee-feeling in order to know where to concentrate their efforts in improving employee-satisfaction. *Secondly*, they set about to train their managers, especially first-level supervisors, to pay attention to the attitudes and feelings of their subordinates so that performance could thereby be improved.¹⁵

The topic of job satisfaction at work is getting wider attention at this time. Job satisfaction is the satisfaction one feels while doing the job. Job satisfaction is one of the important factors, which affect not only the efficiency of the laborers but also such job behavior as absenteeism, accidents, etc. Job satisfaction is the result of employee perception of how well the job provides those things that are viewed important. For the success of any organization, job satisfaction has vital importance. The employees who are satisfied are the biggest assets to an organization whereas the dissatisfied employees are the biggest liabilities.

In fact no organization can successfully achieve its goal and mission unless and until those who constitute the organization are satisfied in their jobs. Dissatisfaction leads to frustration and frustration leads to aggression. It is believed
that employees dissatisfied with their job may be militant in their attitude towards the management. Dissatisfaction is infectious and quickly spreads to other employees and is likely to affect the morale and working of other employees and image of organization. A dissatisfied worker may seriously cause damage to the reputation and property of the organization and harm its business interest. Job satisfaction/dissatisfaction is the result of various factors which are related to the present job situations. These various factors are opportunities for career advancement, amount of tension at work, work involvement, relations with colleagues and supervisors, due recognition of merit, sufficient emoluments and good working conditions, grievances removal, feeling of fatigue and loneliness and prestige of the organization.  

Job satisfaction is a complex and important concept for human resource managers to understand most employees do not believe their work is being properly rewarded. Nor do they believe that their companies are doing enough to attract high quality performers, train them, or manage them effectively.  

Since Herzberg’s 1959 work on satisfiers and dissatisfiers in the work place, job satisfaction has frequently been held up as means of improving employee motivation. With the improvement come increasing individual productivity, job longevity and organizational efficiency. The salience of the concept of job satisfaction has become so ingrained in thinking about jobs and employees that its importance is now taken for granted, as though it is a tenant of managerial faith. Today human resource managers want to know how to have satisfied employees, not why employees should be satisfied. In truth, employees and managers may have different reasons for wanting organizational conditions that foster job satisfaction. Employees spend most working hours at work, thinking about work, resting up for work, or preparing for work, because work provides “daily meaning as well as daily bread.” Yet work is not always a place where workers feel satisfied.
Human resource manager may be concerned about employees’ job satisfaction for different reasons than their employees. Altruistic managers want satisfied employees because they care about their employees. Result-oriented managers want satisfied employees because satisfied employees may perform better and have less absenteeism and greater longevity. Satisfied employees also tend to produce higher-quality work than their dissatisfied cohorts. In fact, studies on humanizing the workplace indicate that satisfied employees are more productive and that organizations with satisfied employees are more efficient. Satisfied employees are more likely to experience high internal work motivation, to give high quality work performance and to have less absenteeism and turnover.\textsuperscript{17}

4.4 - THEORIES OF JOB SATISFACTION

Before explaining the theories of job satisfaction, the researcher wants to make clear about two factors, intrinsic and extrinsic, as follows.

4.4.1 - Intrinsic and Extrinsic Factors

Job outcomes include intrinsic and extrinsic work outcomes. The distinction between intrinsic and extrinsic outcomes is important for understanding the reactions of people to their jobs. In a general sense, intrinsic outcomes are objects or events, which follow from the employee’s, own efforts, not requiring the involvement of any other person. More simply, it is an outcome clearly related to action on the employee’s part. Such outcomes typically are thought to be solely in the province of professional and technical jobs; and yet all jobs have potentially opportunities for intrinsic outcomes. Such outcomes involve feeling of responsibility, challenge, and recognition; the outcomes result from such job characteristics as variety, autonomy, identity, and significance.

Extrinsic outcomes, however, are objects or events, which follow from the employee’s own efforts in conjunction with other factors or person’s not directly involved in the job itself. Pay, working conditions, co-workers, and even supervision are objects in the work place which are potentially job-outcomes, but
which are not a fundamental part of the work. Dealing with others and friendship interactions are sources of extrinsic outcomes.

4.4.2- Job-Satisfaction Outcomes

Job-satisfaction depends on the levels of intrinsic and extrinsic outcomes and how the job holder views those outcomes. These outcomes have different values for different people. For some people, responsible and challenging work may have neutral or even negative values. For other people, such work outcomes may have high positive values. People differ in the importance they attach to job-outcomes. Those differences alone would account for different levels of job-satisfaction for essentially the same job tasks. Another important individual difference is job-involvement. People differ in the extent that:

1) Work is a central life interest; 2) they actively participate in work; 3) they perceive work as a central to self-esteem; and 4) they perceive work as consistent with self-concept. Persons who are not involved in their work cannot be expected to realize the same satisfaction as those who are. These variables accounts for the fact that two employees could report different levels of satisfaction for the same performance levels. A final individual difference is the perceived equity of the outcome in terms of what job holder considers fair reward. If the outcomes are perceived to be unfair in relation to those of others in similar job requiring similar effort, the job holder will experience dissatisfaction and seek means to restore the equity, either by seeking greater rewards (primarily extrinsic) or by reducing effort. Thus it is seen that job performance includes many potential outcomes. Some are of primary value to the organization- for example the objective outcomes. Other outcomes are of primary importance to the individual- job satisfaction.18

The concept of job satisfaction underwent several changes and in course of time several theories were advanced. There are vital differences among experts
about the concept of job satisfaction. In this section the researcher will examine some widely used theories in contemporary job satisfaction research.

4.4.3- Fulfillment theory

The proponents of this theory measure satisfaction in terms of rewards a person receives or the extent to which his needs are satisfied. Further they thought that there is a direct/ positive relationship between job satisfaction and the actual satisfaction of the expected needs. The main difficulty in this approach is that job satisfaction as observed by Willing, is not only a function of what a person receives but also what he feels he should receive as there would be considerable difference in the actual and expectations of persons. Thus, job satisfaction cannot be regarded as merely a function of how much a person receives from his job. Another important factor/ variable that should be included to predict job satisfaction accurately is the strength of the individuals’ desire of his level of aspirations in a particular area. This led to the development of the discrepancy- theory of job satisfaction.

4.4.4- Discrepancy theory

The proponents of this theory argue that satisfaction is the function of what a person actually receives from his job situation and what he thinks he should receive or what he expects to receive. When the actual satisfaction derived is less than expected satisfaction, it results in dissatisfaction. Job satisfaction and dissatisfaction are functions of the perceived relationships between what one wants from one’s job and what one perceives it is offering. This approach does not make it clear whether or not over satisfaction is a part of dissatisfaction and if so, how does it differ from dissatisfaction. This led to the development of equity theory of job satisfaction.

4.4.5- Equity Theory

Equity theory is primarily a motivation theory, but it has some important things to say about the causes of satisfaction /dissatisfaction. The proponents of this theory are of the view that a person’s satisfaction is determined by his perceived equity, which in turn is determined by his input- output balance compared to his
comparison of others input-output balance is the perceived ratio of what a person receives from his job relative to what he contributes to the job. This theory is of the view that both under and over rewards lead to dissatisfaction. While the under-reward causes feelings of unfair treatment, over-reward leads to feelings of guilt and discomfort.\textsuperscript{19}

4.4.6- Herzberg’s Motivation/ Hygiene Theory (Two factors theory)

This theory was developed by Herzberg, Manusner, Peterson and Capwell who identified certain factors as satisfiers and dissatisfiers. Factors such as achievement, recognition, responsibility etc, are satisfiers, the presence of which causes satisfaction but their absence does not result in dissatisfaction. On the other hand, factors such as supervision, salary, working conditions etc are dissatisfiers, the absence of which causes dissatisfaction. Their presence however, does not result in job satisfaction. The studies designed to test their theory failed to give any support to this theory, as it seems that a person can get both satisfaction and dissatisfaction at the same time, which is not valid.\textsuperscript{20}

Fredrick Herzberg’s motivation/hygiene theory assumes that one group of factors, motivators, accounts for high level of motivation. Another group of factors, hygiene or maintenance factors can cause discontent with work. Figure 4.1 compares Herzberg’s motivators and hygiene factors with Maslow’s needs of hierarchy.

The implications of Herzberg’s research for management and HR practices is that although managers must carefully consider hygiene factors in order to avoid employee dissatisfaction, even if all these maintenance needs are advanced, people may not be motivated to work harder. Only motivators cause employers to exert more effort and thereby attain more productivity, and this theory suggests that managers should utilize the motivators as tools to enhance employee performance.

4.4.7- Maslow’s Hierarchy of Needs Theory

One theory of human motivation that has received a great deal of exposure in the past was developed by Abraham Maslow. Until the more basic needs are
adequately fulfilled, a person will not strive to meet higher needs. In this theory Maslow classified human needs into five categories that ascend in a definite order as follows:

1) Physiological needs
2) Safety and security needs
3) Belonging and love needs
4) Esteem needs and
5) Self-actualization needs.

As assumption often made by those using Maslow’s hierarchy is that workers in modern, technologically advanced societies basically have satisfied their physiological, safety and belonging needs. Therefore they will be motivated by the needs for self-esteem, esteem of others, and then self-actualization. Consequently, conditions to satisfy these needs should be present at work; the job itself should be meaningful and motivating.

**Figure 4.1: Maslow’s and Herzberg’s Ideas Compared**

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<thead>
<tr>
<th>Maslow’s Hierarchy of Needs</th>
<th>Herzberg’s Two Factors</th>
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<tbody>
<tr>
<td>Basic Physiological Needs</td>
<td><strong>Motivators:</strong></td>
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<tr>
<td>Safety and Security</td>
<td>● Achievement</td>
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<td>Belonging and Love</td>
<td>● Recognition</td>
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<td>● Work itself</td>
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<td></td>
<td>● Responsibility</td>
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<td></td>
<td>● Advancement</td>
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<tr>
<td>Self-Actualization</td>
<td><strong>Hygiene Factors:</strong></td>
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<tr>
<td></td>
<td>● Interpersonal</td>
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<td></td>
<td>● Working Conditions</td>
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### 4.4.8- Process Theories of Motivation

Process theories suggest that a variety of factors may prove to be motivating. Depending on the needs of the individual, the situation the individual is in, and the rewards the individual expects for the work done. Theorists who hold to this view do not attempt to fit people into the single category, but rather accept human differences.

One process theory by Lyman Porter and E.E Lawler focuses on the value a person puts on a goal as well as the person’s perception of workplace equity, or fairness, as factors that influence his or her job behavior. In a work situation, perception is a way an individual views the job. Figure 3.2 contains a simplified Porter and Lawler motivation model, which indicates that motivation is influenced by people’s expectations. If expectations are not met, people may feel that they have been unfairly treated and consequently become dissatisfied. Using the Porter and Lawler model, suppose that a salesclerk is motivated to expend efforts on her job, from this job he/she expects to receive two types of rewards: intrinsic (internal) and extrinsic (external). For this salesclerk intrinsic rewards could include a feeling of accomplishment, a feeling of recognition, or other motivators. Extrinsic rewards might be such items as pay, benefits, good working conditions, and other hygiene factors. The salesclerk compares his/her performance with what he/she expected and evaluates it in light of both types of rewards he/she receives. He/she then reaches some level of job satisfaction or dissatisfaction. Once this level is reached, it is difficult to determine what he/she will do. If he/she is dissatisfied, he/she might put forth less effort in the future, he/she might work harder to get the rewards he/she wants, or he/she might just accept his/her dissatisfaction. If he/she is highly satisfied, it does not always mean he/she will work harder. He/she may even slack off a bit, saying, “I got what I wanted.”

The essence of a Porter and Lawler view of a motivation is perception. In addition, as the feedback loop in figure 4.2 indicates, performance leads to satisfaction leading to performance.
4.4.9- Expectancy Theory

Expectance theory concentrates, as the name implies, on the expectations which employees bring with them to work situation, and the context and manner in which these expectations are satisfied. The underlying hypothesis is that “appropriate levels of effort, and hence productivity, will only be extended if employees’ expectations are fulfilled”. It does not assume a static range of expectations common to all employees but rather points to the possibility of different sets of expectations. Rewards are seen as fulfilling or not fulfilling expectations. Expectancy theory challenges management to demonstrate to employees that extra effort will reap a commensurate reward. The link between effort and reward needs to encompass both the pay packet and a variety of other extrinsic or intrinsic rewards. Reward schemes must therefore create a positive link between the size of the pay packet and the effort expended for employees primarily motivated by money. For others links must be created between effort and rewards which include job satisfaction and praise and other forms of recognition.21

4.4.10- Variance Theory

Variance theory is based on a simple idea: if you want x from your work then you are satisfied to the extent that it provides you with x. The major problem
for variance theorists is defining what it is that people want from their jobs. One way of solving this is to borrow concepts from motivation theory so that variance in what is wanted and what is available from a job occurs: for example, in the extent to which self-actualizing needs can be fulfilled. This means that by borrowing from motivation theory some researchers can specify in advance the variations in job satisfaction that employees could meaningfully report in their jobs. Another approach assumes the relevant variances depend on the nature of the work and thus differ from occupation to occupation. This provides a more flexible framework with which to analyze problems of low job satisfaction within occupations. Either approach, specifying in advance the relevant facets of job satisfaction or identifying them through investigation, enables researchers to establish whether there are significant individual differences present in reported levels of job satisfaction or whether there is a high degree of consensus among staff about what aspects of work lead to high levels of satisfaction and dissatisfaction. By identifying what aspects of a job give rise to high and low levels of satisfaction, managers are better placed when considering what changes can be made to improve job satisfaction.

4.4.11- Job Characteristics

If variance theory suggests the cause of job satisfaction is subjective, the job characteristics model suggests the opposite: the cause of job satisfaction is be found in the objective characteristics of a job. Job design studies explored a new field when behavioral scientists focused on identifying various job dimensions that would improve simultaneously the efficiency of organization and job satisfaction of employees.

Hackman and Oldham first outlined this view in 1975; their model has inspired thousands of research papers and its key concepts still provide the foundations of much job satisfaction and job characteristics research. The job characteristics model proposes that three psychological states of a jobholder result in improved work performance, internal motivation, and lower absenteeism and turnover. The motivated, satisfied, and productive employee is one who (1) experiences meaningfulness of work performed (2) experiences responsibility for work
outcomes, and (3) has knowledge of the results of the work performed, Achieving these three psychological states serves as reinforcement to the employee and as a source of internal motivation to continue doing the job well. According to Hackman and Oldham five core dimensions of job characteristics are as follows:\(^\text{22}\)

1) **Skill Variety:** The degree to which a job entails a variety of different activities, which demand the use of number of different skills and talents by the jobholder.

2) **Task Identity:** The degree of which the job requires completion of a whole and identifiable piece of work that is doing a job from beginning to end with a visible outcome.

3) **Task Significance:** The degree to which the job has a substantial impact on the lives or work of other people, whether in the immediate organization or in the external environment.

4) **Autonomy:** The degree to which the job provides substantial freedom, independence, and discretion to the individual in scheduling the work and in determining the procedures to be used in carrying it out.\(^\text{23}\) Autonomy deals with the amount of freedom that employees can exercise in their job.\(^\text{24}\)

5) **Task Feedback:** The degree to which carrying out the work activities required by the job results in the individual being given direct and clear information about the effectiveness of his or her performance. It is important to realize that each of five job characteristics affects employee performance differently. Therefore employees will experience the greatest motivation when all five characteristics are present, since the job characteristics combine to produce the three psychological states.\(^\text{25}\)

Further, when these critical psychological states are experienced, work motivation and job satisfaction will be high. Furthermore, behavioral outcomes, such as the quality of work and attendance, may also be improved.
Thus, the theory encompasses not only job characteristics and job satisfaction, but also work design principles, psychological studies and motivation. The attraction of such an ambitious model has been amplified by its clear specification of concepts and relationships between them and readily available measuring instrument. Particularly well established are the relationships between job characteristics and job satisfaction.\textsuperscript{26}

4.5 \textbf{BENEFITS OF JOB SATISFACTION SURVEYS}

A survey tells how employees feel about their jobs, what parts of their jobs their feelings are focused on, which departments are particularly affected and whose feelings are involved (for example, supervisors employees, or staff specialist). The survey is a powerful diagnostic instrument for assessing broad employee problems. If job satisfaction studies are properly planned and administered, they will usually produce a number of important benefits, both general and specific.\textsuperscript{27} The following are the benefits:

1) One benefit of job satisfaction surveys is that they give management an \textbf{indication of general levels of satisfaction} in a company. Surveys also indicate specific areas of satisfaction or dissatisfaction (as with employee services) and particular group of employees (as in the tool department or among those over the age of forty).

2) \textbf{Improved communication} is another benefit of the surveys. Communication flows in all directions as people plan the survey, talk, and discuss its results. Particularly beneficial to the company is the upward communication when the employees are encouraged to comment about what they really have in their minds.

3) An unexpected benefit from a job-satisfaction survey is improved attitudes. For some employees, the survey is a \textbf{safety valve}, an emotional release, a chance to get things off their chest. For others, the survey is a tangible expression of
management’s interest in employee welfare, which gives employee a reason to feel better towards management.

4) The job-satisfaction survey can help discover the causes of indirect productivity problems, such as absenteeism, turnover and poor quality of work. If an organization is disturbed by a high rate of absenteeism or turnover, it might appropriately turn to job-satisfaction surveys to diagnose the cause. The causes could be low pay, lack of promotional opportunities, unchallenging jobs, unjust treatment, and the like. Without proper surveys there could be random guessing on the part of management. A job-satisfaction survey helps management both to get a better handle on why employees are lagging to plan better solutions to problems.

5) Another benefit of satisfaction surveys is that they help management assess training needs. Usually employees are given an opportunity to report how they feel this supervisor performs certain parts of the jobs such as delegating work and giving adequate job instructions. Since employees experience these supervisory acts, their perceptions may provide useful data about the training of their supervisors.

6) A job-satisfaction survey is an indicator of the effectiveness of organizational reward systems. There is a positive relationship between performance and satisfaction. This relationship will be strong when rewards (intrinsic and extrinsic) are distributed equitably contingent upon performance. Now, job-satisfaction surveys can provide some clues as to the effectiveness of the organizational rewards system. They help managers judge whether the best performers are receiving the most rewards and the most satisfaction from their jobs. The best performers are likely to quit if they are not suitably rewarded.

7) One of the best uses of job-satisfaction surveys is in the evaluation of the impact of organizational changes on employee attitudes. For example, the management wants to know whether the job redesign programme recently implemented in the organization has resulted in increased satisfaction to the employees. By comparing pre-change data, and post change data, it is easy to determine what impact the redesigned work has on employee attitudes.
8) Finally, it is not that satisfaction surveys benefit only management. They are useful to unions too. Often, both management and union argue about what the employees want, but neither really knows. The job-satisfaction survey is one way to find out. It is for this reason that unions support surveys.

But the benefits discussed above would be realized subject to certain prerequisites. Following are the conditions:

- Top management actively supports the survey.
- Employees are fully involved in planning the survey.
- A clear objective exists for conducting the survey.
- The study is designed and administered consistent with standards of sound research.
- Management is capable and willing to take follow up action.

Both the results and action plans are communicated to employees.28

4.6 FACTORS OF JOB SATISFACTION

After explaining the theories and benefits of job satisfaction surveys the researcher now wants to turn his attention to another important point of his study namely factors of job satisfaction. Most research on job satisfaction has focused on the effects of job enrichment and job design, or the quality of work life. As a human resource manager is concerned about balancing job satisfaction with performance, he needs to know how to foster an organizational climate that contains these elements.

4.6.1 Job enrichment

An “enriched” job is one in which an employee has opportunities for achievement, recognition, advancement, responsibility, and growth. Enriched jobs are those in which employees can be involved in the production of goods or services from beginning to end. They are not a series of limited, specialized activities, repeated over and over. Rather, enriched jobs are those in which the workers have the opportunity to see processes or tasks through from start to finish. Enriched jobs contain five core work dimensions: task identity, task significance,
skill variety, autonomy, and feedback. The presence of these components within the job will then lead to critical psychological states of meaningfulness of work, responsibility for work outcomes, and knowledge of work outcomes. The presence of these psychological states leads ultimately, to motivation, high quality performance, low absenteeism and turnover and high job satisfaction.

An employee who can point to a product and brag, “I made that” or “my efforts produced that” is expecting task identity. If employees also consider the fruit of their labors to be important, then task significance is part of their job. A task is significant when employees believe that what they have they have done makes a real difference to someone or to society. Autonomy is experienced by those who are encouraged to the work without close supervision; skill variety means they do a lot of different things on the regular basis; and feedback presupposes regular and accurate information on how work is perceived by those for whom it is done.

An example of an enriched job is that of a small city municipal employee who has responsibility for the general operations of government. The municipal employee’s job requires the traditional duties of a manager; planning; organizing, staffing, directing, coordinating, reporting, and budgeting (POSDCORB). Job enrichment among managerial and professional employees is often inherent in the nature of their work. Those who perform support functions and operate the organization’s technology are those for whom job enrichment is difficult, though not always impossible.

Hospital employees are examples of those for whom routinized, specialized job requirements are being changed. Today, in many medical facilities, a patient is assigned a “Nurse Coordinator” who is involved from the beginning to end of treatment and is thus able to derive satisfaction from seeing a patient improve as a result of his or her ministrations. Responsibility for a maternity patient used to move from labor room staff to delivery room to recovery room to maternity ward, with no one knowing what happened after she left their case. In a situation in which
employee jobs are enriched, the pregnant woman comes to a birthing area where the same staffs provide continuity of service and see the results of their labors. This atmosphere enriches both the lives of the employees and the situation of the woman.

4.6.2- Quality of work life

Another way to increase job satisfaction among employees is to provide a high quality of work-life (QWL) environment, in which employees may be productive because their work situations is one in which they find satisfaction. A QWL environment may contain either routinized jobs or enriched jobs. The key to QWL is the institutionalization of the following components, all within the employer’s purview:

1) Fair and adequate compensation;
2) Safe and healthy work environment;
3) Opportunities to develop human capacities by performing meaningful work and suggesting new ways of doing job tasks;
4) Growth and security, which includes opportunities to improve knowledge, skills, and abilities, and a sense of job security;
5) Social integration, which includes the opportunity to interact favorably with both co-workers and manager;
6) Constitutionalism, which includes personal policies that are administered fairly, a work environment free of harassment, and equal opportunities for employees to advance;
7) Total life space, which includes the ability to balance the demands of home and work; and
8) Social relevance, which includes pride in both the job and the employer.

A high quality of work life can result from a determined effort on the part of a human resource manager. It may also exist simply as a result of concerned
executives and skilled managers who display “good management”. The presence of QWL factors in an organization sets the stage for job satisfaction to occur. The factors are a backdrop against which the activities of both employees and supervisors take place. Without them the work environment can be uncomfortable, even hostile. With QWL factors in place, the real business of balancing job satisfaction and performance can begin. If quality working conditions are not present, people will become dissatisfied. They may look for other jobs. They may simply perform at a minimal level. In either event, the organization will lose. What employees at all levels of the organization want is “good work” is not only a job, but also a source of financial support; that is:

- Work that allows people to use the skills that are unique and special to them;
- Work that allows people to be in relationships with one another at the work place; and
- Work that allows people to produce something that is “good” something to which they can look with pride, something that has social relevance.29

Quality of work life is a multi-faceted concept and its premise is having a work environment where an employee’s activities become more important.30 Alert and conscientious human resource managers, reviewing the working environment in their organizations, can discover and prevent uncomfortable conditions. This means implementing procedures or policies that make the work less routine and more rewarding for the employee. These procedures or policies include autonomy, recognition, belonging, progress and development, and external rewards.

Elements of QWL that can influence directly are total life space, good managerial relations, fair and adequate compensation, and safe and healthy work environment. The researcher considered above and explains them one by one as follows:
4.6.2.1- Total Life Space:

The idea of “total life space” is a new concept for human resource managers, growing in importance as the number of employees grow. Employees want to be able to balance the demands of work and home. To do this, they want their managers to expect a reasonable amount of work, but not so much that the job interferes with personal life.

4.6.2.2- Good Managerial Relations:

The second most important factor in fostering job satisfaction is “good managerial relations”. Those who act to maintain good relations with their employees exhibit the following behaviors: help with job related problems, awareness of employee difficulties, good communication, and regular feedback about the performance so that employees always know where they stand. Employees want to have input into decisions that affect them and to feel important. They want to be informed and involved. When a job brings recognition and respect, employees experience satisfaction with it. This is an easy condition to create with feedback.

4.6.2.3- Fair and Adequate Compensation:

Adequate compensation is another important influence on employee job satisfaction. Employees do expect fair and adequate compensation- a day’s pay for a day’s work. The component of compensation that influences satisfaction appears to be “equity” rather than amount however. Satisfaction with wages is more dependent on relative than on absolute pay, on comparison with others, and on perceptions of fairness. While within organizations there is a correlation between job satisfaction and pay, it is very small. Employees are consistently more satisfied because of equity than they are because of high wages. Employees at work have a clear idea of what they ought to be paid in comparison with others, and in relation to their skill, and experience, and so forth. They want their performance, seniority, age, and education to be recognized and rewarded.
4.6.2.4 Work Environment:

Employee job satisfaction is also influenced by the quality of the working environment both its physical attributes and the degree to which it provides meaningful work. While a comfortable physical environment is correlated with job satisfaction, the relationship is not merely as strong as the relationship between satisfaction and managerial behavior.

Employees want certain conditions in their work they want to believe that what they do will ultimately make a difference to someone in someway. They want to participate in decision making, opportunities to grow and develop, and same opportunities for their coworkers regardless of race, sex, or age.31

- The Role of Managers:

The evidence that “good management” plays a part in affecting employee job satisfaction puts a responsibility on both the managers and the supervisors in the organization.32 Management needs information on employee job satisfaction in order to make sound decision, both in preventing and solving employee problems. A typical method used is a job satisfaction surveys, also known as a morale, opinion, attitude, or quality-of-work-life survey. A job satisfaction survey is procedure by which employees report their feelings towards their jobs and work environment. Individual responses are then combined and analyzed.33

4.7 CONSEQUENCES OF JOB SATISFACTION

After explaining the factors of job satisfaction the researcher now wants to explain about the consequences of job satisfaction as follows:

4.7.1 Job Satisfaction and Productivity

The relationship between job satisfaction and productivity is not definitely established. The consensus, however, is that in the long-run job-satisfaction leads to increased productivity. The strongest implication of much of the research is that the two variables, job-satisfaction and performance, are relatively independent of each
other. There seems to be at least two possible reasons for this. The first is that in many jobs variations in satisfaction cannot lead to variations in productivity. Secondly, even when correlations do appear, the associations may be spurious, since both may be associated with other factor. In other words, job-satisfaction and productivity may be well have largely separate casual paths: one set of factors (e.g. investment in technology) determines productivity, another set (e.g. perceived equity of rewards) produces job-satisfaction.

There are some conditions under which high productivity more clearly leads to high job-satisfaction. One condition is that the employees perceive that intrinsic and extrinsic rewards are contingent upon their productivity. The second condition is that the extrinsic rewards (pay for example) be distributed equitably. Inequitable distribution fails to convince the employees close correlations between hard work and rewards. Fig. 4.3 developed by Lawler and Porter illustrates the similarity between performance and satisfaction.

**Figure 4.3:** Lawler and Porter Model of Performance and Satisfaction.

![Lawler and Porter Model of Performance and Satisfaction](image)

There is no simple formula for predicting a employee satisfaction, because an employee who performs well in his job gets both intrinsic and extrinsic rewards which will lead to his satisfaction. A poor performer will feel worse about his incompetence and will receive fewer rewards. He will be less satisfied with his
work experiences. Furthermore, the relationship between productivity and job satisfaction is not entirely clear. The critical factor is what employees expect from their jobs and what they are receiving as rewards from their jobs. Although job satisfaction itself is interested and important, perhaps the “bottom line” is the impact that job satisfaction has on organizational commitment, which affects the goals of productivity, quality, and service. If employees are committed to an organization, they are more likely to be more productive.³⁵

Human resource managers contribute to improved productivity directly by finding better and more efficient ways to meet their objectives and indirectly by improving the quality of work life for employees. Productivity is the ratio of an organization’s outputs (goods and services) to its inputs (people, capital, materials, and energy).

| Productivity = Outputs = Goods and services |
| Inputs = People, Capital, Materials, Energy |

Productivity increases as an organization finds new ways to use fewer resources to produce its output. In a business environment, productivity improvement is essential for long-run success. Through gains in productivity managers can reduce costs, save scarce resources, and enhance profits. In turn, improved profits allow an organization to provide better pay, benefits, and working conditions. The result can be a higher quality of work employees, who are more likely to be motivated toward further improvements in productivity.³⁶

4.7.2- Job Satisfaction and Employee Turnover

Turnover is process in which employee leave the organization and have to be replaced. Like absenteeism, turnover is related to job dissatisfaction. Turnover occurs when employees leave an organization and have to be replaced. Excessive turnover can be a very costly problem, one with a major impact on productivity. But cost is not the only reason turnover is important. Lengthy training times, interrupted schedules, additional overtime, mistakes and not having knowledgeable employees
in place are some of the frustrations associated with excessive turnover. For example, in the United State, the national turnover rate for hospital nurses was 12% in 1996, 15% in 1999, and 26.2% in 2000. Turnover is a serious problem in part because of its relationship to decreased quality of care and extra expense for employers.\(^{37}\)

High employee turnover is of considerable concern for employers because it disrupts normal operations, causes morale problems for that stick on, and increases the cost involved in selecting and training replacements. The employer does whatever possible to minimize turnover, making employees feel satisfied on their jobs, and being one such. The withdrawal behavior of employees is modified by certain factors. Loyalty to the organization is one such. Some employees cannot imagine themselves working elsewhere, however dissatisfied they are in their present job. Availability of other places of employment also influences turnover.

4.7.2.1- Types of Turnover

There are two types of turnover. Turnover often is classified as voluntary or involuntary. The *involuntary turnover* occurs when an employee is fired. *Voluntary turnover* occurs when an employee leaves by choice and can be caused by many factors. Causes include lack of challenge, better opportunity elsewhere, pay, supervision, geography, and pressure. Certainly, not all turnovers are negative. Some workforce losses are quite desirable, especially if those workers who leave are lower performing, less reliable individuals.

4.7.2.2- Measuring Turnover:

The turnover rate for an organization can be computed in different ways. The following formula from the U.S. Department of Labor is widely used. (Separation means leaving the organization.)

\[
\text{Number of employee separations during the month} \times 100 \quad \text{Total number of employees at midmonth}
\]
Common turnover figures range from zero to over 100% per year, and normal turnover rates vary among industries. Organizations that require entry-level employees to have skills are likely to have higher turnover rates among those employees than among managerial personnel. As a result, it is important that turnover rates be computed by work units. For instance, one organization had a company wide turnover rate that was not severe- but 80% of the turnover occurred within one department. This imbalance indicated that some action was needed to resolve problems in that unit.

4.7.2.3- Controlling Turnover

Turnover can be controlled in several ways. During the recruiting process, the job should be outlined and a realistic preview of the job presented, so that the reality of the job matches the expectations of the new employee. A good way to eliminate voluntary turnover is to improve selection and to better match applicants to jobs. By fine-tuning the selection process and hiring people who will not have disciplinary problems and low performance, employers can reduce involuntary turnover.

Good employee orientation also helps reduce turnover, because employees who are properly inducted into the company and are well trained tend to be less likely to leave. Compensation also is important. A fair and equitable pay system can help prevent turnover. Inadequate rewards may lead to voluntary turnover, especially with employees such as salespeople, whose compensation is tied directly to their performance. Career planning and internal promotion can help an organization keep employees, because if individuals believe they have no opportunities for career advancement, they may leave the organization.

Finally turnover may be linked to personal factors that the organization cannot control. This is particularly true with part time workers. Here are some of the many reasons employees quit that cannot be controlled by the organization:

1) the employee moves out of geographic area,
2) the employee decides to stay home for family reasons,
3) the employee’s spouse is transferred, or
4) a student employee graduates from college.

Even though some turnover is inevitable, organizations must take steps to control turnover, particularly that caused by organizational factors such as poor supervision, inadequate training, and inconsistent policies. HR activities should be examined as part of the turnover control efforts.\textsuperscript{38}

4.7.3- Job Satisfaction and Absences

Correlation of satisfaction to absenteeism is also proved conclusively. Employees who are dissatisfied are more likely to take “mental health” days, i.e. days off not due to illness or personal business simply stated, absenteeism is high when satisfaction is low. As in turnover, absenteeism is subject to modification by certain factors. The degree to which people feel that their jobs are important has a moderating influence on their absence. Employees who feel that their work is important tend to clock in regular attendance. Besides, it is important to remember that while high job-satisfaction will not necessarily result in low absenteeism, low satisfaction is likely to bring about high absenteeism. Absenteeism is expensive. Being absent from work may seem like a small matter to an employee. But if a manager needs 12 people in a unit to get the work done, and 4 of the 12 are absent most of the time, the unit’s work will probably not get done, or additional workers will have to be hired.

4.6.3.1- Types of Absenteeism

Employees can be absent from work for several reasons. Figure 4.4 depicts the reasons for unscheduled absences. Clearly, some absenteeism is unavoidable. People do get sick and have family issues such as sick children that make it impossible for them to attend work. This is usually referred to as \textit{involuntary absenteeism}. However, much absenteeism is avoidable; it is called \textit{voluntary}}
absenteeism. Often, a relatively small number of individuals in the workplace are responsible for a disproportionate share of the total absenteeism in an organization.

Many employers have sick-leave policies that allow employees a certain number of paid absent days per year, because illnesses, death in the family, and other personal reasons for absences are unavoidable and understandable. Absenteeism tends to be higher in governmental agencies, utilities, and manufacturing firms. Absenteeism is lowest in retail/wholesale firms, possibly because those industries use a large percentage of part-time workers.

4.7.3.2- Measuring Absenteeism

Controlling or reducing absenteeism must begin with continuous monitoring of the absenteeism statistics in work units. Such monitoring helps managers pinpoint employees who are frequently absent and the departments that have excessive absenteeism.
Various methods of measuring computing absenteeism exist. One formula for computing absenteeism rates, suggested by the U.S. Department of Labor, is as follows:

\[
\frac{\text{Number of person-days lost through job absence during period} \times 100}{(\text{Average number of employee}) \times (\text{number of work days})}
\]

Note: (This rate can also be based on number of hours instead of number of days).

4.7.3.3- Controlling Absenteeism

Controlling voluntary absenteeism is earlier if managers understand its causes more clearly. However, there are a variety of thoughts on reducing voluntary absenteeism. Organizational policies on absenteeism should be stated clearly in an employee handbook and stressed by supervisors and managers. The policies and rules an organization uses to govern absenteeism may provide a clue to the effectiveness of its control. Studies indicate that absence rates are highly related to the policies used to control absenteeism.

Absenteeism control options fall into three categories:

1) Discipline
2) Positive reinforcement, and
3) a combination of both. A brief look at each follows:

- **Disciplinary Approach:** Many employers use a disciplinary approach. People who are absent for the first time receive an oral warning, but subsequent absences bring written warnings, suspension, and finally dismissal.

- **Positive Reinforcement:** Positive reinforcement includes such methods as giving employees cash, recognition, time off, or other rewards for meeting attendance standards. Offering rewards for good attendance, giving bonuses for missing fewer than a certain number of days, and “buying back” unused
sick leave are all positive methods of reducing absenteeism.

- **Combination Approach:** Combination approaches ideally reward desired behaviors and punish undesired behaviors. One of the most effective absenteeism control methods is to provide paid sick-leave banks for employees to use up some level. Once that level is exhausted, then the employees may face the loss of some pay if they miss additional work unless they have major illness in which long-term disability insurance coverage would begin.

Another method is known as a “no fault” absenteeism policy. Here, the reasons for absences do not matter, but the employees must manage their time rather than having managers make decisions about their excused and unexcused absences. Once absenteeism exceeds normal limits, then disciplinary action up to and including termination of employment can occur.

Some firms have extended their policies to provide a *paid time-off* (PTO) program in which vacation time, holidays and sick leave for each employee are combined into a PTO account. Employees use days from their accounts at their discretion for illness, personal time or vacation. If employees run out of date in their accounts, then they are not paid by any additional days missed. The PTO programs generally have reduced absenteeism, particularly one day absences, but overall, time away from work often increases because employees use all of “their” time off by taking unused days as vacation days.\(^{39}\)

### 4.7.4- Job Satisfaction and Safety

Poor safety practices are a negative consequence of low satisfaction level. When people are discouraged about their jobs, company, and supervisors, they are
more liable to experience accidents. An underlying reason for such accidents is that discouragement may take one’s attention away from the task at hand. Inattention leads directly to accidents. For example, many hand injuries from power tools can be attributed to the operator not paying careful attention.

4.7.5- Job Satisfaction and Job Stress

Job stress is the body’s response to any job-related factor that threatens to disturb the person’s equilibrium. In the process of experiencing stress, the employee’s inner state changes. Prolonged stress can cause the employee serious ailments such as heart disease, ulcer, blurred vision, lower back pain, dermatitis, and muscle aches.

Chronic job-dissatisfaction is powerful source of job stress. The employee may see no satisfactory short term solution to escaping this type of stress. An employee trapped in a dissatisfying job may withdraw by such means as high absenteeism and tardiness; or the employee may quit.

Employees under prolonged stress stemming from job-dissatisfaction often consume too much alcohol, tobacco, and drugs. These employees are costly to the management in terms of time lost due to frequent absences and increased payments towards medical reimbursement.

4.7.6- Job Satisfaction and Unionization

It is proved that job-dissatisfaction is a major cause for unionization. Dissatisfaction with wages, job security, fringe benefits, chances for promotion and treatment by supervisors are reasons, which make employees, join unions. Another dimension is that job- dissatisfaction can have an impact on the tendency to take action within the union, such as filling grievances or striking.

4.7.7- Other Effects of Job-satisfaction

In additions to the above, it has been claimed that satisfied employees tend to have better mental and physical health and learn new job related tasks more
quickly. All things considered practicing managers and organizational behavior researchers would agree that job-satisfaction is important to an organization. Critics however, point out this is pure conjecture because there is so much we do not know about the positive effects of satisfaction. On the other hand, when job-satisfaction is low, there seems to be negative effects on the organization that have been documented. So if only from the standpoint of viewing job-satisfaction as a minimum requirement or point of departure, it is of value to the organization’s overall health and effectiveness and is deserving of study and application in the field of organizational behavior.

There have been attempts to establish whether specific variables such as gender, age, personality and job and life satisfaction are predictive of job-satisfaction. There has also been considerable interest in the complex relationship between an individual’s job-satisfaction and satisfaction with other aspects of his or her life.

4.7.7.1- Gender

It may well be that women, despite having strong psychological attachment to work have lower expectations and therefore employ different social comparison processes to men when evaluating the jobs. There is some evidence that job-characteristics have a different impact on men and woman. For example, autonomy seems to be more important for men’s job satisfaction than women’s, whereas supportive supervision has more impact on women’s job satisfaction than men’s.

4.7.7.2- Age

Whilst for many years no relationship between age and job-satisfaction was consistently identified. There now seems to be a growing amount of evidence that there is a relationship. Perhaps one would expect the relationship to be linear, i.e. older employees reporting higher levels of job-satisfaction than younger employees. But the relationship appears to be more complex than this. Recent evidence suggests the relationship is U-shaped. Very young employees report higher levels of
satisfaction than those in their late 20s. Job satisfaction seems to rise again, with older employees reporting higher levels of job satisfaction.

4.7.7.3- Personality

Whilst the concepts of extraversion and neuroticism were characterized as traits, i.e. general predispositions, they can also be manifested in more specific states- *positive affect* and *negative affect* (PA and NA.). These are independent of each other. High positive affect is marked by feelings of excitement and enthusiasm. High negative affect is characterized by feelings of fear, anger, sadness, and guilt. Neuroticism and extroversion, with their associated affective states, provide the psychological context in which people experience their work, i.e. a generalized tendency to experience positive and/or negative feelings. And, indeed, strong relationships exist between measures of PA and NA and job-satisfaction.

4.7.7.4- Job and Life Satisfaction

The extent to which job and life satisfaction are connected has long been a question which sociologists, from Marx and Engel’s onwards, have attempted to answer. Researchers have speculated that there are three possible forms of the relationship between job satisfaction and life satisfaction: (1) spillover, where job experiences spill over into nonwork life and vice versa; (2) segmentation, where job and life experiences are separated and have little to do with one another; and (3) compensation, where an individual seeks to compensate for a dissatisfying job by seeking fulfillment and happiness in his or her nonwork life and vice versa. Consistent with the spillover model, studies indicated that job and life satisfaction are correlated. However, it also seems possible the causality could go the other way—a happy or unhappy life spills over into one’s job experience and evaluations. In fact, the research suggests that the relationship between job and life satisfaction is reciprocal—job satisfaction does affect life satisfaction, but life satisfaction also affects job satisfaction.

Also the research literature shows a consistent relationship between job satisfaction and depression. However, to counter this, there is evidence that job loss
and other work events are in fact associated with depression. Thus, research suggests that dissatisfaction resulting from one’s job spill over into one’s psychological well-being. Organizations only have so much control over a person’s job satisfaction, because for many people, their job satisfaction is a result, in part, of spillover of their life satisfaction. However, continuing to take actions to address low job satisfaction is not only important for organizational effectiveness, but by not doing so, organizations can cause spillover of employees low job satisfaction into their life satisfaction and well-being.\(^\text{42}\)

### 4.8 JOB SATISFACTION AND DISSATISFACTION

As Tiffin and McCormick point out, the satisfaction which an individual obtains in employee’s job is largely the result of the extent to which different aspects of employee’s work situations are relevant to job-related value systems.\(^\text{43}\)

Job satisfaction is of almost significance from the standpoint of employee morale. It is a complex of different attitudes, possessed by an individual. These attitudes relate to a several aspects of the job such as opportunity for advancement, job security, opportunity to use ideas, opportunity to learn job, opportunity for public service, steadiness of employment, supervision, pay, coworkers, working conditions, cleanliness, working hours, ease at work, company benefits, communication, recognition and allied factors.\(^\text{44}\) In addition to these job-related factors, individual adjustment and group relationships outside the job also form major determinants of job satisfaction. Obviously, job satisfaction and job dissatisfaction are two separate dimensions.\(^\text{45}\)

Harrell, on the basis of numerous studies classifies determinants of job satisfaction and dissatisfaction in three groups including *personal factors, factors inherent in the job* and *factors controlled by the management*.\(^\text{46}\)

#### 4.8.1 Personal Factors

Personal factors relating to the job satisfaction are sex, number of dependents, age, and time on job, intelligence, education and personality. *First
usually women are more satisfied than men in their jobs. It is perhaps because of the fact that they have less ambition and financial needs than their counterpart. 

Second, job dissatisfaction increases with the increasing number of dependents. Presumably, increased financial stress leads to greater dissatisfaction in jobs. Third, older individuals in white-collar jobs have greater intrinsic job satisfaction but less financial and job status satisfaction. However, the relationship between job satisfaction and age is uncertain. Fourth, it is indicated that job satisfaction is relatively high at the start and end of the job duration and low in the middle period of the job. Fifth, the relationship between job satisfaction and intelligence is a function of nature of work. Intelligent individuals in less challenging and repetitive work are found to be dissatisfied. Sixth, education has dubious relationship with job satisfaction. Individuals with high education are likely to be satisfied with their depending upon advancement policies and opportunities in relation to education in the company. Lastly, personality forms a major determinant of job satisfaction and dissatisfaction. It has been shown that neurotic tendency causes job dissatisfaction in jobs of “greater” strain and that there is highly positive relationship between general satisfaction and job satisfaction. Explicitly, job dissatisfaction is likely to occur because of personality characteristics, which cause dissatisfaction outside the work situation. Indeed, the personality maladjustment in general, is a significant source of job dissatisfaction.

4.8.2- Factors Inherent In the Job

These factors have recently been studied and found to be important in the selection of employees. Instead of being guided by their co-workers and supervisors, the skilled workers would rather like to be guided by their own inclination to choose jobs in consideration of ‘what they have to do’.47

The job satisfaction inherent in the job itself relates to the nature of work, skill required, occupational status, geographical location and size of the organization. First, the nature of work determines job satisfaction. Usually, varied work causes more job satisfaction than repetitive work. Obviously, the factory
workers are found to be less satisfied than professionals. However, the relationship between job satisfaction and nature of work is confused by the involvement of other factors such as skill, pay and status. Second, the job satisfaction is markedly determined by the skill required in the job. Factors such as conditions of work and wages only assume significance where satisfaction in skill declines. Third, occupational status as perceived by the individual himself and others whose opinion he values forms a factor in job satisfaction. Frequently, white-collar jobs are rated high, although there may be variations in the prestige value of the occupations from community to community. It has been indicated that individuals are less satisfied in jobs, which have lower social status and prestige. Fourth, geographical locations are related to job satisfaction. Usually, individuals in the mountain areas are found to be the least satisfied with their jobs. Likewise individuals in the large cities have less job-satisfaction than those in small cities. Last, size of the organization is a factor in job satisfaction. In smaller organizations, individuals are more satisfied than in larger ones. This is because of the fact that the former involves greater participation and personal relations than the latter.

4.8.3- Factors Controlled By the Management

Job satisfaction factors controlled by the management include job security, pay, fringe benefits, opportunity for advancement, working conditions, coworkers, responsibility, supervision, transfer policies, duration of work and downward flow of information.

Job Security: Steady employment of job security is a determinant of job satisfaction, although its importance varies in terms of martial status and number of dependents. Explicitly, job security is a great source of satisfaction for individuals with several dependents than for single individuals.

Transfer Policies: A systematic transfer policy is needed to maintain harmonious relations between management and employees. The management should transfer an employee in the interest of organization and not to victimize him.
Similarly, the employee should seek transfer for his betterment and not to create problems for the management. A sound transfer policy is, therefore, needed to maintain reasonable consistency of treatment throughout the organization.48

**Pay:** Pay plays a significant role in influencing job-satisfaction. This is because of two reasons. First, money is an important instrument in fulfilling one’s needs; and two; employees often see pay as a reflection of management’s concern for them. Employees want a pay system, which is simple, fair and in line with their expectations. When pay is seen as fair, based on job demands, individual skill level, and community pay standards, satisfaction is likely to result. What needs emphasis is that it is not the absolute amount paid that matters, rather it is one’s perception of fairness.

**Nature of Work:** Most employees crave intellectual challenges on jobs. They tend to prefer being given opportunities to use their skills and abilities and being offered a variety of tasks, freedom, and feedback on how well they are doing. These characteristics make jobs mentally challenging. Jobs that have too little challenge create boredom. But too much challenge creates frustration and a feeling of failure. Under conditions of moderate challenge, employees experience pleasure and satisfaction.

**Promotions:** Promotional opportunities affect job-satisfaction considerably. The desire for promotion is generally strong among employees as it involves change in job content, pay, responsibility, independence, status and like. An average employee in a typical government organization can hope to get two or three promotions in his entire service, though chances of promotions are better in private sector. It is no surprise that the employees take promotion as the ultimate achievement in his career and when it is realized, he/she feels extremely satisfied.

**Supervision:** Supervisors is the set of people who are related to job satisfaction in any organization because they who establish a supportive personal
relationship with subordinates and take a personal interest in them contribute to their employee satisfaction. They also help the new employee to clarify goals and paths of the organization.

**Work Group:** The work group does serve as source of satisfaction to individual employees. It does so primarily by providing group members with opportunities for interaction with each other. It is well–known that for many employees work fills the need for social interaction.

The work group is even stronger source of satisfaction when members have similar attitudes and values. Having people around with similar attitudes causes less friction on a day-to-day basis. Co-workers with similar attitudes and values can also provide some confirmation of a person’s self-concept: “We are ok and you are ok”.

**Working Conditions:** Working conditions that are compatible with an employee’s physical comfort and that facilitate doing a good job contribute to job-satisfaction. Temperature, humidity, ventilation, lighting and noise, hours of work, cleanliness of the work place, and adequate tools and equipments are the features which affect job-satisfaction.

The assumption that working conditions and satisfaction are interrelated contradicts the two-factor theory of motivation. According to this theory working conditions are a part of maintenance factors, which when provided, help remove dissatisfaction but not satisfaction and the opposite of dissatisfaction is no-satisfaction but not satisfaction.

Thus, while working conditions constitute a source of job-satisfaction, they are relatively minor source. Generally, unless working conditions are either extremely good or bad, they are taken for granted by most employees. Only when employees themselves change jobs or when working conditions change dramatically over time (e.g. moving into new facilities) do working conditions assume more relevance.
4.9- JOB SATISFACTION AND JOB WITHDRAWAL

Job satisfaction is a pleasurable feeling that results from the perception that one’s job fulfills or allows for the fulfillment of one’s important job values. This definition reflects three important aspects of job satisfaction. *First*, job satisfaction is a function of values, defined as “what a person, consciously or unconsciously desires to obtain.” *Second*, this definition emphasizes that different employees have different views of which values are important, and this is critical in determining the nature and degree of job satisfaction. One person may value high pay above all else; another may value the opportunity to travel; another may value staying within a specific geographic region. The *third* important aspect of job satisfaction is perception. It is one’s perception of one’s present situation relative to one’s values that matters. An individual’s perception may not be a completely accurate reflection of reality, and different people may view the same situation differently. Thus, values, perceptions, and importance are the three components of job-satisfaction. People will be satisfied with their jobs as long as they perceive that their jobs meet their important values.

4.10- JOB DISSATISFACTION AND PROCESS OF JOB WITHDRAWAL

Job withdrawal is a set of behaviors that dissatisfied individuals enact to avoid the work situation. The right side of figure 4.5 shows a model grouping the overall set of behaviors into three categories: behavior change, physical job withdrawal, and psychological job withdrawal.

The researcher presents the various forms of withdrawal in a progression, as if individuals try the next category only if the preceding is either unsuccessful or impossible to implement. This theory of *progression of withdrawal* has a long history and many adherents. Others have suggested that there is no tight progression in that any one of the categories can compensate for another, and people chose the category that is most likely to redress the specific source of dissatisfaction. Either way, the withdrawal behaviors are clearly related to one another, and they are all at least partially caused by job-dissatisfaction.
Fig. 4.5

An Overall Model of the Job Dissatisfaction – Job withdrawal process

4.10.1-Behavior Change:

One might expect that an employee’s first response to dissatisfaction would be to try to change the conditions that generate the dissatisfaction. This can lead to supervisor-subordinate confrontation, perhaps even conflict, as dissatisfied employees try to bring about changes in policy or upper level personnel. Where employees are unionized, it can lead to an increased number of grievances being filed. Although at first this type of conflict can feel threatening to the manager, on closer inspection, this is really an opportunity for the manager to learn about and perhaps solve an important problem.

Employees can also sue their employers when the disputed policies relate to race, sex, safe working conditions, or any other aspect of employment regulated by state or federal laws. Such suits are costly, both financially and in terms of the firm’s image, regardless of whether the firm wins or loses. Most employers would prefer to avoid litigation altogether. Keeping a majority of their employees happy is one means of achieving this.

4.10.2-Physical Job Withdrawal:

If the job conditions cannot be changed, a dissatisfied employee may be able to solve the problem by leaving the job. This could take the form of an internal
transfer if the dissatisfaction is job-specific (the result of an unfair supervisor or unpleasant working conditions). On the other hand, if the source of dissatisfaction relates to organization wide policies (lack of job security or below-market pay levels), organizational turnover is likely.

Many employees who would like to quit their job have to stay on if they have no other employment opportunities. Another way of physically removing oneself from the dissatisfying work is to be absent. Like turnover, absenteeism is disruptive and costly to an organization. Short of missing the whole day, a dissatisfied employee may be late for work. Although not as disruptive as absenteeism, tardiness can be especially costly when companies are organized around teams because the tardy individual often creates difficulties that spill over and affect the other team members.

4.10.3-Psychological Withdrawal:

When dissatisfied employees are unable to change their situation or remove themselves physically from their jobs they may psychologically disengage themselves from their jobs. Although they are physically on the job, their minds may be somewhere else.

This psychological disengagement can take several forms. First, if the primary dissatisfaction has to do with the job itself, the employee may display a very low level of job involvement. **Job involvement** is the degree to which people identify themselves with their jobs. People who are uninvolved with their jobs consider their job an unimportant aspect of their lives. For them, performing well or poorly on the job does not really affect their self-concept, which makes them harder to motivate. Over time, job-dissatisfaction leads to low job involvement.

A second form of psychological disengagement, which can occur when the dissatisfaction is with the employer as a whole, is a low level of organizational commitment. **Organizational Commitment** is the degree to which an employee identifies with the organization and is willing to put forth effort on its behalf. Individuals who have low organizational commitment are often just waiting for the first good opportunity to quit their jobs. In other words, they have developed a
strong intention to leave the organization. In the meantime, like individuals with low job involvement, they are often difficult to motivate. Like job involvement, organizational commitment is strongly related to job satisfaction.

4.11- SOURCES OF JOB-DISSATISFACTION

Many aspects of people and organizations can cause dissatisfaction among employees. Managers and HR professionals need to be aware of these because they are the levers, which can raise job satisfaction and reduce employee withdrawal. Some of aspects are as follows:

4.11.1-Personal Dispositions:

Personal disposition is the first source of job dissatisfaction. It is not surprising that many who have studied these outcomes have focused on individual differences, because dissatisfaction is an emotion that ultimately resides within the person. Negative affectivity is a term used to describe a dispositional dimension that reflects pervasive individual differences in satisfaction with any and all aspects of life. Individuals who are high in negative affectivity report higher levels of aversive mood states, including anger, contempt, disgust, guilt, fear and nervousness across all contexts (work and nonwork).

People who are high in negative affectivity tend to focus extensively on the negative aspects of themselves and others. They are also more likely, in a given situation, to experience significantly higher levels of distress than others- which implies that some people bring dissatisfaction with them to work.

Another construct useful in understanding dispositional aspects of job satisfaction is the notion of core self- evaluations. Core self-evaluations have been defined as a basic positive or negative bottom-line opinion that individuals hold about themselves. A positive core evaluation reflects the person’s self image on a number of more specific traits, including high self-esteem, high self- efficiency internal locus of control, and emotional stability. These factors, both alone and together, have been found to be quite predictive of job satisfaction.
4.11.2-Tasks and Roles:

The second source of job dissatisfaction is tasks and roles. As a predictor of job-dissatisfaction, nothing surpasses the nature of the task itself. Many aspects of the task have been linked to dissatisfaction. Several elaborate theories relating task characteristics to employee reactions have been formulated and extensively tested. The researcher focuses on three primary aspects of task that affect job-satisfaction: the complexity of the task, the degree of physical strain and exertion on the job, and the value of the employee puts on the task.

With a few exceptions, there is a strong positive relationship between task complexity and job satisfaction. That is, the boredom generated by simple, repetitive jobs that do not mentally challenge the employee leads to frustration and dissatisfaction. Moreover, monotony at work has been shown to have a particularly strong negative affect on women relative to men.

The second primary aspect of task that affects job satisfaction is the degree to which the job involves physical strain and exertion. This aspect is sometimes overlooked at a time when automation has removed much of the physical strain associated with the jobs. Indeed, the fact that technology has aimed to lessen work-related physical exertion indicates that such exertion is almost universally considered undesirable. Nevertheless, many jobs can still be characterized as physically demanding.

The third primary aspect is whether the object of the work promotes something valued by the employee. Over one million volunteer employees in the United States perform their jobs almost exclusively because of the meaning they attach to the work. Some of these jobs are even low in complexity and high in physical exertion. These volunteers view themselves as performing a worthwhile service, however, and this override the other two factors and increases satisfaction with the job.

One of the major interventions aimed at reducing job dissatisfaction is job enrichment, which explicitly focuses on the task as a source of dissatisfaction. **Job enrichment** refers to specific ways to add complexity and meaningfulness to a
person’s work. As the term suggests, this intervention is directed at jobs that are “impoverished” or boring because of their repetitive nature or low scope.

Another task-based intervention is **Job rotation**. This is a process of systematically moving a single individual from one job to another over the course of time. Although employees may not feel capable of putting up with the dissatisfying aspects of a particular job indefinitely, they often feel they can do so temporarily. Job rotation can do more than simply spread out the dissatisfying aspects of a particular job. It can increase work complexity for employees and provide valuable cross training in jobs so that employees eventually understand many different jobs. This makes for a more flexible workforce and increases employee’s appreciation of the other tasks that have to be accomplished for the organization to complete its mission.

In addition to the specific task performed by an individual, in the broader scheme of work, each person also has a role in the organization. The person’s **role** in the organization can be defined as the set of expected behaviors that both the person and other people who make up the social environment have for the person’s in that job. These expected behaviors include all the formal aspects of the job and usually much more as well.

Three aspects of organizational roles stand out as significant influences on job-satisfaction: role ambiguity, role conflict, and role overload. **Role Ambiguity** refers to the level of uncertainty about what the organization expects from the employee in terms of what to do or how to do it. Ambiguity associated with work methods and scheduling are two of the most problematic forms of ambiguity, but by far the most critical dimension in terms of predicting job-satisfaction is ambiguity around performance criteria. Employees have strong needs to know precisely how they are going to be evaluated on the job- and when this is unclear, job satisfaction suffers.

A second source of dissatisfaction is **Role Conflict**: recognition of incompatible or contradictory demands by the person who occupies the role. Role conflict occurs in different forms. For example, a member of cross-functional project team might have a project manager as well as manager in her functional area
who holds mutually exclusive expectations for the employee. Another form of role conflict occurs when the employees may be occupying more than one role at a time and the roles have incompatible expectations. Conflict between work roles and family roles, for example, is common in organizations.

In order to help employee manage role conflict, companies have turned to a number of family-friendly policies in order to both recruit new talent and hold onto the talent they already have. These policies may include provisions for childcare, eldercare, flexible work schedules, job sharing, telecommuting, and extended maternal and paternal leaves. Although these programs create some headaches for managers in terms of scheduling works and reporting requirements, they increase the level of employee commitment to the organization. They have also been linked to increased organizational citizenship behaviors on the part of individual employees, as well as enhanced organizational performance, especially in organizations that employ a large percentage of female employees.

Role conflict is especially a problem when employees are asked to take assignments overseas that are highly disruptive to other members of the family. Research shows that the inability to effectively manage this type of role conflict is the single biggest cause of expatriate turnover.

Dissatisfaction can also arise from role overload, a state in which too many expectations or demands are placed on the person (whereas role underload refers to the opposite problem). There can be either too much or too little task scope. Research on job stress has focused primarily on high scope jobs (jobs that requires the person to manage too many things), as we have noted, role overload seems to be an increasingly prevalent problem in today’s organizations because of their emphasis on downsizing and cost cutting. A 2001 survey, for example, indicated that 46 percent of American workers felt they were working too many hours. Roughly a quarter of those surveyed worked six days and over 50 hours a week.

4.11.3-Supervisors and Coworkers;

The third source of job dissatisfaction is supervisors and coworkers. The two primary sets of people in an organization who affect job-satisfaction are
coworkers and supervisors. A person may be satisfied with supervisor and coworkers for one of three reasons. First, he/she may have many of the same values, attitudes, and philosophies that the coworkers and supervisors have. Most individuals find this very important. Indeed, many organizations try to foster a culture of shared values among employees. Even if one cannot generate a unifying culture throughout an entire organization, it is worth noting that increases in job satisfaction can be derived simply from congruence among supervisors and subordinates at one level.

Second, the person may be satisfied with supervisor and coworkers because they provide social support. Social support means the degree to which the person is surrounded by other people who are sympathetic and caring. Considerable research indicates that social support is a strong predictor of job satisfaction, whether the support comes from supervisors or coworkers. Support from other organizational members is also related to lower employee turnover.

Third, one’s supervisor or coworkers may help the person attain some valued outcome. For example, a new employee may be uncertain about the goals to pursue or what paths to take to achieve those goals. He/she will likely be satisfied with a supervisor or with coworkers who can help clarify those goals and paths.

Many organizations foster team building both on and off the job (such as via softball or bowling leagues), because a supportive environment reduces dissatisfaction. The idea is that group cohesiveness and support for individual group members will be increased through exposure and joint efforts. Although management certainly cannot ensure that each stressed employee develops friends, it can make it easier for employees to interact a necessary condition for developing friendship and rapport.

4.11.4-Pay and Benefits:

This is the last source of job dissatisfaction. One should not discount the influence of the job incumbent, the job itself, and the surrounding people in terms of influencing job satisfaction, but for most people, work is their primary source of income and financial security. Pay is also seen as an indicator of status within the
organization as well as in society at large. Thus, for some people, pay is a reflection of self-worth, so pay satisfaction takes on critical significance when it comes to retention.

One of the main dimensions of satisfaction which pay deals with pay levels that is, the absolute amount of income associated with the job. Indeed, when it comes to retention, employees being recruited away from one organization by another are often lured with promises of higher pay levels. Benefits also make up a large portion of any employee’s total compensation package. Hence, satisfaction with benefits is another important dimension of overall pay satisfaction. Because many individuals have a difficult time ascertaining the true money value of their benefits package, however, this dimension may not always be as silent to people as pay itself.

Satisfaction with pay structure deals with how happy the person is with the manner in which pay within the organization is rank ordered across different job categories. A manager of a sales force, for example might be satisfied with his/her overall pay, but if he/she discovers that due to sales commission some subordinate actually winds up with higher pay, then dissatisfaction with the structure of pay may result. Finally, relative to changes over time, satisfaction with raises also needs to be considered. People generally expect that their pay will increase over time, and to the extent that this expectation is not met, they may wind up dissatisfied with pay raises.50
SECTION - II
NURSING AND NURSING JOB SATISFACTION

4.12 INTRODUCTION

Nearly everywhere nurses make up the largest proportion of the health care workforce. They are the most widely distributed group and they have the most diverse roles, functions and responsibilities. Nurses provide health and nursing care to individuals, families, groups, and communities. Their care includes health promotion and disease prevention as well as the treatment of common diseases, acute care, rehabilitation once an illness has passed the acute phase, and long-term care of persons with chronic degenerative or terminal illnesses. What individual nurses do, however, varies widely from country to country and even within countries, depending not only on the context described above, but also on the availability of nurses, the availability of physicians and the nurse-physician ratio. In some rural areas nurses are the only health workers and they provide the full range of primary health care. Nurses may not only provide care but also essentially manage all the district health services, coordinating a variety of programmes to control malaria, tuberculosis, leprosy, diarrhoeal diseases, etc.

In most of the world, however, the great majority of nurses’ work in hospitals, primarily in urban centers, is giving curative and rehabilitative care. In some areas they have a great deal of autonomy, assessing patients’ conditions, diagnosing nursing needs, initiating nursing actions independently when needed and participating with physicians in rounds and meetings to present and discuss patient situations.

In hospitals nurses’ responsibilities may include not only direct patient care but also maintaining inventories of linens, drugs and other supplies, supervising housekeeping staff, even cleaning reusable equipment and carrying out clerical work.
Nurses could also assume greater responsibility for the organization and management of health care. In hospitals they could take more leadership in assessing patients and in planning, implementing and evaluating care, organizing and leading the work of others. Further, given their understanding of the importance of health promotion and disease prevention, they could take a lead in refocusing health care away from hospital care toward community and home care, and manage health care personnel to support primary health care.

However, given the limited authority and autonomy of nurses in many countries, the ability of nursing to independently adapt and expand practice remains limited. Nursing practice is dictated by the health policies and plans of countries and by the resources available for health care. In many areas because of dissatisfaction of nurses there are acute shortages of nurses, particularly well educated nurses, and the main challenge is still to provide basic nursing care. Therefore, nurses’ satisfaction is an important key for maintenance of organization’s success and providing safe place for the patient care.

In this section the researcher attempts to explain about nursing and nursing job satisfaction.

4.13 THE HEALTH CARE INDUSTRY AND THE NURSING PROFESSION

How health is perceived depends on how health is defined. In the preamble to its constitution, the WHO defines health as a “state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity”. Such a definition of health does not allow for any variation in degrees of wellness or illness. On the other hand, the concept of health-illness continuum allows for a greater range in describing a person’s health status. By viewing health and illness on continuum, it is possible to consider a person as having neither complete health nor complete illness. Instead, a person’s state of health is ever-changing and has the potential to range from high-level wellness to extremely poor health and imminent death.
The health care delivery system is rapidly changing as the population and its health care needs and expectations change. The shifting demographics of a population, the increase in chronic illnesses and disability, the greater emphasis on economics, and technological advances have resulted in changing emphases in health care delivery and in nursing.

Changes occurring in health care delivery and nursing are the result of social, economic, technological, scientific, and political forces that have evolved throughout the 20th and into the 21st century. Among the most significant changes are shifts in population demographics, particularly the increase in the aging population and the cultural diversity of the population; changing patterns of diseases; increased technology; increased consumer expectations; the high costs of health care and changes in health care financing; and other health care reform efforts. These changes have led to institutional restructuring, staff downsizing, increased outpatient care services, decreased lengths of hospital stay, and more care being provided in the community and in the home. Such changes are having a dramatic influence on where nurses practice, with an increasing trend for nurses to provide health care in community and home setting. Indeed, these changes have a dynamic influence on our view of health and illness and therefore affect the focus of nursing and health care.

The health care focus must center more on prevention, health promotion, and management of chronic conditions than in previous times. This shift in focus coincides with a nationwide emphasis on cost control and resource management directed towards providing cost-efficient and cost-effective health care services to the population as a whole.

The health care industry, like other industries has experienced profound changes during the past several decades. Nursing, as a health care profession and a major component of the health care delivery system, is significantly affected by shifts in the health care industry. In addition, nursing has been and will continue to be an important force in shaping the future of the health care system.
Although the delivery of nursing care has been affected by changes occurring in the health care system, the definition of nursing has continued to distinguish nursing care and identify the major aspects of nursing care.\textsuperscript{52}

\section*{4.14 NURSING DEFINED}

Since the time of Florence Nightingale, who wrote in 1858 that the goal of nursing was to “put the patient in the best condition for mature to act upon him.” Nursing leaders have described nursing as both an art and a science.\textsuperscript{53}

Probably the most widely known definition of nursing originates from Virginia Henderson:

\textit{The unique function of the nurses is to assist the individual, sick or well, in the performance of those activities contributing to health of its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge and to do thus in such a way to help him regain independence as soon as possible (Henderson, 1961).}

While Henderson’s definition remains valid in a wide range of circumstances, it does not describe the important roles of nurses in working with families and communities, in education, public health and health promotion activities, and in providing, sometimes, a full range of curative and preventive services in primary health care. Nurses functioning within the broader concepts of nursing are crucial in making health care accessible to millions of people, and in achieving the aims of health for all through primary health care. Indeed, it has been argued that:

\textit{Primary health care is an objective that has always been a fundamental driving force for (nurses), a natural extension of nursing practice, especially in community health (WHO, 1987).}
In exploring three definitions of nursing from well-known nursing theorists, it is clear that the philosophy of primary health care is consistent with these nursing philosophies:

*Nursing is the science that observes, classifies, and relates the processes by which persons positively affect their health status, and the practice discipline that uses this particular scientific knowledge in providing a service to people* (Roy, 1984).

*The goal of nursing is that individuals achieve their maximum health potential through maintenance and promotion of health, prevention of disease, nursing diagnosis, intervention and rehabilitation* (Rogers, 1970).

*Nursing is deliberate action to bring about humanely desirable conditions in persons and their environments* (Orem, 1985).

In *Nursing in Action* (Salvage, 1993), nursing is functionally defined as:

*To help individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the challenging context of the environment in which they live and work. This requires nurses to develop and perform functions that promote and maintain health as well as prevent ill health. Nursing also includes the planning and giving of care during illness and rehabilitation, and encompasses the physical, mental and social aspects of life as they affect health, illness, disability and dying.*

*Nurses ensure the active involvement of the individual and his or her family, friends, social group and community as appropriate in all aspects of health care, the encouraging self-reliance and self-determination. Nurses also work as partners with members of other professions and occupations involved in providing health and related services.*
Nursing is both an art and a science that requires the understanding and application of the knowledge and skills specific to the discipline. It draws on knowledge and techniques derived from the humanities and the physical, social, medical and biological sciences.

The nurse accepts responsibility for and exercises the requisite authority in the direct provision of nursing care. He/She is an autonomous practitioner accountable for the care he/she provides (Pp.15-16).

This functional definition, said to be “nursing’s mission in society”, in no way contradicts any other definitions, but rather extends the focus of nursing to include families and groups, as well as individuals. Explicitly in the mission is commitment to encouraging people to participate in determining and meeting their own health needs, and to working with others to achieve these aims.

However, the definition of nursing has evolved over time. The American Nurses Association (ANA 1995), defined nursing as “the diagnosis and treatment of human responses to health and illness” and provided the following illustrative list of phenomena that are the focus for nursing care and research:

- Self-care processes.
- Physiologic and pathophysiologic processes in areas such as rest, sleep, respiration, circulation, reproduction, activity, nutrition, elimination, skin, sexuality, and communication
- Comfort, pain, and discomfort
- Emotions related to experiences of health and illness
- Meaning ascribed to health and illness
- Decision making and ability to make choices
- Perceptual orientations such as self-image and control over one’s body and environments
- Transitions across the life span, such as birth, growth, development, and death
- Affiliative relationships, including freedom from oppression and abuse
Environmental Systems

Nurses have a responsibility to carry out their role as defined above, to comply with the nurse practice act of the State where they practice, and with a code for nurses as spelled out by the International Council of Nurses and the ANA.\textsuperscript{55}

4.15- ROLES OF THE NURSE

Nurses have roles in acute and rehabilitative care, but they also have a major role in providing the essential health care services of the primary health care approach adopted by WHO in 1978. For nurses to play their appropriate roles in countries at various stages of economic development and with varying health care problems and needs, however there must be a broad understanding of the current nature and scope of nursing practice, the factors that enhance or construct nursing practice, and the potential for nurses to expand their practice in providing essential health care services.\textsuperscript{56}

Nurse in hospitals now care for patients who are older and sicker and require more nursing services; nurses in the community are caring for patients who have been discharged earlier and needs acute care services with high-technology and long term care. The importance of an effective discharge planning program, along with utilization review and a quality improvement program is unquestionable. Nurses in acute care setting must assume responsibility with other health care team members for maintaining quality care while facing pressures to discharge patients and decrease staffing costs. These nurses must also work with nurses in community settings to ensure continuity of care.\textsuperscript{57}

Unfortunately, until recently the work of nurses was poorly understood and undervalued almost everywhere, and even now, when nurses are the large number of health professionals worldwide and nursing is a key component of health care in every type of setting, many people have no idea what a nurse actually does. Nurses work in many different settings in roles which vary from that of medical assistant to
only health care professional in a community, providing comprehensive health care services.\textsuperscript{58}

As stated earlier, in the definition of nursing, nursing is the diagnosis and treatment of human responses to health and illness and therefore focuses on a broad array of phenomena. There are three major roles assumed by the nurse when caring for patients. These roles are often used in concert with one another to provide comprehensive care.

The professional nurse in institutional, community-based or public health, and home care settings has three major roles: the practitioner role, which includes teaching and collaborating; the leadership role; and the research role. Although each role carries specific responsibilities, these roles relate to one another and are found in all nursing positions. These roles are designed to meet the immediate and future health care and nursing needs of consumers who are the recipients of nursing care.

4.15.1- Practitioner Role

The practitioner role of the nurse involves those actions that the nurse takes when assuming responsibility for meeting the health care and nursing needs of individual patients, their families, and significant others. This role is the dominant role of nurses in primary, secondary, and tertiary health care settings and in home care and community nursing. It is a role that can be achieved only through use of the nursing process, the bases for all nursing practice. The nurse helps patients meet the needs through direct intervention, by teaching patients and family members to perform care and by coordinating and collaborating with other disciplines to provide needed services.

4.15.2- Leadership Role

The leadership role of the nurse has traditionally been perceived as a specialized role assumed only by those nurses who have titles that suggest leadership and who are the leaders of large groups of nurses or related health care professionals. However, the constant fluctuation of health care delivery demands
and consumers require a broader definition of nursing leadership, one that identifies the leadership role as inherent within all nursing positions. The leadership role of the nurse involves those actions the nurse executes when assuming responsibility for the actions of others that are directed towards determining and achieving patients care goals.

Nursing leadership is a process involving four components: decision making, relating, influencing, and facilitating. Each of these components promotes change and the ultimate outcome of goal achievement. Basic to the entire process is effective communication, which determines the accomplishment of the process. Leadership in nursing is process in which the nurse uses interpersonal skills to effect change in the behavior of others. The components of the leadership process are appropriate during all phases of the nursing process and in all settings.

4.15.3- Research Role

The research role of the nurses was traditionally viewed as one carried out only by academicians, nurse scientists, and graduate nursing students. Today, participation in the research process is also considered to be responsibility of nurses in clinical practice.

The primary task of nursing research is to contribute to the scientific base of nursing practice. Studies are needed to determine the effectiveness of nursing interventions and nursing care. Through such research efforts, the science of nursing will grow and a scientifically based rational for making changes in nursing practice and patient care will be generated. Evidence-based practice will be facilitated, with a resultant increase in the quality of patient care.

Nurses who have preparation in research methods can use their research knowledge and skills to initiate and implement timely, relevant studies. This is not to say that nurses who do not initiate and implement nursing research studies do not play a significant role in nursing research. Every nurse has valuable contributions to make to nursing research and a responsibility to make these contributions. All
nurses must constantly be alert for nursing problems and important issues related to patient care that can serve as a basis for the identification of researchable questions.

Those nurses directly involved in patient care are often in the best position to identify potential research problems and questions. Their clinical insights are invaluable. Nurses also have a responsibility to become actively involved in ongoing research studies. This participation may involve facilitating the data collection process, or it may include actual collection of data. Explaining the study to other health care professionals or to patients, and their families is often of invaluable assistance to the nurse who is conducting the study.

Above all, nurses must use research findings in their nursing practice. Research for the sake of research alone is meaningless. As stated previously, evidence-based practice requires the inclusion of valid research. Only with the use and evaluation of research findings in nursing practice will the science of nursing be furthered. Research findings can be substantiated only through use, validation, replication, and dissemination. Nurses must continually be aware of studies that are directly related to their own area of clinical practice and critically analyses those studies to determine the applicability of their conclusions and the implications for specific patient populations. Relevant conclusions and implications can be used to improve patient care.

**4.15.4- Expanded Nursing Roles**

Professional nursing is adapting to meet changing health needs and expectations. One such adaptation is through the expanded role of the nurse, which has developed in response to the need to improve the distribution of health care services and to decrease the cost of health care.

Nurses may receive advanced education in such specialties as family, critical care, coronary care, respiratory care, oncologic care, maternal and child health care, neonatal intensive care, rehabilitations, trauma, rural health, and gerontologic nursing, to name just a few. With the expanded role of the nurse,
various titles have emerged that attempt to specify the functions as well as the educational preparation of nurses, although functions are less distinct than in previous years. In medical-surgical nursing, the most significant of these titles are Nurse Practitioner (NP) and Clinical Nurse Specialist (CNS), and the more recent title of advanced practice nurse, which encompasses both NPs and CNSs.

With advanced practice roles has come a continuing effort by professional nursing organizations to define more clearly the practice of nursing. Nurse practice acts have been amended to give nurses the authority to perform functions that were previously restricted to the practice of medicine. These functions include diagnosis (nursing), treatment, performance of selected invasive procedures and prescriptions of medications and treatments. The board of nursing in each state stipulates regulations regarding these functions. The board defines the education and experience required and determines the clinical situations in which a nurse may perform these functions.

In general, initial care ambulatory health care, and anticipatory guidance are all becoming increasingly important in nursing practices. Advanced practice roles enable nurses to function interdependently with other health care professionals and to establish a more collegial relationship with physicians. As changes in health care continue, the role of advanced practice nurses, especially in primary care settings, is expected to increase in terms of scope, responsibility, and recognition.59

4.16- THE NATURE OF NURSING

Nursing encompasses notions of caring for people, which at times means, undertaking physical tasks for their comfort and well-being. Nursing also has an educational dimension, to promote self-sufficiency and health. However, nurses are not the only health workers who would thus describe the nature of their practice: is it possible to identify what is unique about the nature of nursing?
It is important to be able to name what it is that constitutes nursing, because nursing will then be recognizable as a profession, and the contribution of nursing to the totality of health care will be more easily described and, where appropriate reimbursed.

Benner (1984) recognized that much of the knowledge base required for nursing was embedded in practice and acquired not only through theories learned, but also by learning how to be an effective practitioner. In other words, a way of constructing a theory of nursing is to watch what it is that nurses do, and to ask them to reflect on their practice, and then to define, from the practice-based information, the nature of nursing.

Building on Benner’s work, Brykczynski (1989) described, through observational research, the nature of nursing practiced in primary health care settings in the USA. She identified six domains of nursing practice in this setting, and these are adapted, compared and combined with data from the regional papers to offer a framework for the consideration of the nature of nursing. These six domains are explained as follows:

4.16.1-Management of Health and Illness Status

The domain includes assessing, monitoring, coordinating and managing health status over time. The nurse detects acute and chronic disease, instigates and interprets investigations, selects and monitors appropriate therapeutic interventions and does this within a supportive and caring relationship so that he/she can also attend to the experience of illness with the patient.

4.16.2-Monitoring and ensuring the quality or health care practices

Within this domain fall the responsibilities associated with professional practice, such as self-monitoring and seeking consultation with others as appropriate. The nurse, as an autonomous professional practitioner, ensures not only that he/she is a safe and effective practitioner, but also that his/her colleagues,
including physicians, are too (exactly as physicians do for nursing). This domain also covers the mastery of problem solving skills which nurses demonstrate: for example, nurses are capable of assessing what could be added to, or omitted from, medical orders. Nurses feel able to give constructive feedback to others on the quality of their practice.

4.16.3-Organizational and work role competencies

The competencies within this domain are about self-management and management of the health care system. Included is the setting of priorities with individuals, families and communities to ensure that multiple needs are met in a timely fashion; coping with staff shortages; dealing with bureaucracies; building and maintaining a therapeutic team; and obtaining specialists care for patients as necessary. The nurse works intersectorally in a range of settings, including community clinics, hospitals, schools and workplaces. Nurses can influence health policies at a strategic level, locally, regionally or nationally, through setting priorities, being actively involved in health programme planning and the allocation of resources, and through preparing and submitting reports at all levels.

4.16.4-The helping Function

In this important domain lie the characteristics of caring in nursing. It includes the ability to establish a climate for healing, providing comfort, being with a patient, whether individual, family or community, in distress, and being committed to a healing relationship within nursing care. The helping role should ensure that the individual, family and community has maximum participation in all health care planning, treatment and care giving. On an individual level, pain management is an important part of this domain, with the nurse helping to interpret pain and, with the patient, select appropriate strategies for management.

In working with families and groups, the nurse can facilitate the development of healthy community or family, through helping to set appropriate
goals, teaching, and by providing emotional and informational support, especially in helping patients and careers to understand disease processes and symptoms.

4.16.5-The teaching –coaching function

Within this domain are included competencies in teaching for health. In order to motivate people to change, the nurse has to capture readiness to learn, and to provide information in an appropriate way. In addition, the nurse should teach for self-care. To do this, the nurse has to demonstrate a readiness to understand the person’s or group’s interpretation of health and illness, the realities of their social and economic situations, and the nature of their environment.

4.16.6-Effective management of rapidly changing situations

Not only must nurses be skilled in every day “ordinary” situations, they must also know how to deal with emergencies. To do this they have to be able to understand the problem, and sometimes institute immediate treatment. They should also be able to manage a crisis situation in health care through appropriate allocation of resources to meet rapidly changing demands. For nurses in some countries it may be war or natural disasters which cause the situation changes and response may be needed on a large scale; one example is the organization of health care services to meet the needs of a sudden immigration of refugees.

Other rapid changes may be directly related to health and illness. In epidemic situations, for example there will be a need for emergency planning and allocation of nursing resources. For individuals and families, nurses must be a resource to help them cope with a changing illness/health trajectory.

Together, these six domains provide a helpful description of nursing practice, because they can be appropriately applied to a number of settings. The domains of practice were generated by observing nursing work, and therefore, not surprisingly, describe the role of the nurse in direct care giving, health promotive activities, educational work, disease prevention and in offering these skills with a
relationship characterized by a commitment to caring, and to a partnership with the person or group who is the recipient of nursing care.\textsuperscript{60}

It is important to the future of health care that we identify strategies that provide support for nurses as they take on the challenges of the new century. The job satisfaction of nurses is very important and key factor for the health care industry in general. Now we are going to explain some researches that related to the job satisfaction of nurses.

\textbf{4.17- REVIEW OF THE LITERATURE ABOUT NURSING JOB SATISFACTION}

Job satisfaction represents the degree to which employee like or enjoys their jobs.\textsuperscript{61} The concerns nurses have about their work life have evolved throughout the past decade. The Institute of Medicine (IOM) Committee on the adequacy of Nurse Staffing in Hospitals and Nursing Homes identified the quality of nurses’ work life as a key issue. “Quality” work life settings for nursing as those that place an emphasis on workplace safety, personal satisfaction and support, teamwork, a reasonable workload, and adequate physical surroundings.\textsuperscript{62}

Work settings that promote nursing professional autonomy, greater control over the practice environment, and better physician- nurse relationships may have a positive influence on patient outcomes. Despite this knowledge, changes to health care internationally over the latter part of the 1990s have resulted in a number of new challenges for nursing leaders. In response to fiscal constraints and funding reductions, many health care settings restructured and downsized in an effort to reduce costs and improve the efficiency of services provided. These restructuring efforts, coupled with an impending nursing shortage, have prompted increased concern in the health care community regarding the quality of the work life environment for nurses.\textsuperscript{63}
Critical factors for achieving excellence in nursing work environments are: (a) leadership development and effectiveness, (b) empowered collaborative decision-making, (c) work design and service delivery innovation, (d) value-driven organizational culture, (e) recognition and reward systems, and professional growth and accountability (AONE). In Canada, an Advisory Committee on Health Human Resources (ACHHR), 2000 suggested that the quality of work life for nurses is determined by a number of interrelated issues including “appropriate workload, professional leadership and clinical support, adequate continuing education, career mobility and career ladders, flexible scheduling and deployment, professional respect, protection against injuries and diseases related to the workplace, and good wages”.

Further the researcher explains briefly a number of factors and research about nurse staffing, team work, organization climate and culture that are related to nursing job satisfaction.

Staffing

Nurse staffing and the care provided by nursing personnel are central to the provision of quality patient care in the health care system. Substantial theoretical evidence suggests that nurse staffing is an important parameter to capture in the study of outcomes research. Since the 1970s, nurse researchers have examined nurse staffing from the perspective of scheduling and productivity. The move to explore nurse staffing in relation to patient outcomes emerged in the late 1990s following the release of key report in the United States by the Institute of Medicine (IOM) Committee on the Adequacy of Nurse Staffing in Hospitals and Nursing Homes that served as a catalyst for much of the research conducted in this area. Commissioned to explore whether there was a need to increase the number of nurses in hospitals and nursing homes to enhance patient care quality as well as the quality of nurses’ work life, the committee identified that few studies existed in this area and suggested a need for empirical evidence regarding the relationship between the quality of patient care and nurse staffing levels and staff mix.
Definition of the Concept of Nurse staffing

Early definitions suggested that nurse staffing involved “the provision of the appropriate amount and type of care by persons possessing the requisite skills to the largest number of patients possible in the most cost efficient and humanly effective manner consistent with desired patient outcomes and personnel needs for satisfaction”. Nurse staffing involved “the numbers and kinds of personnel required to provide care to the patient or client” Nurse staffing has also been described as the process of determining the appropriate number and mix of nursing resources to meet the workload demand for nursing care on the patient care unit.

These definitions include a number of elements that are necessary to capture in theoretical models of frameworks aimed at determining nursing staffing. These elements include appropriateness of the number of nursing staff, type or level of patient care required, skill level of the nursing staff, mix of the nursing staff, the number of patients cared for on the assignment, cost efficiency and effectiveness, and linkage to patient and nurse outcomes. Numbers of factors have been found to influence nurse staffing from the patient, staff, and organizational perspectives. These factors often serve as variables explored in research studies that have sought to identify the links between nurse staffing and patient, nurse, and organizational outcomes.

Some empirical studies assessed the relationship between nurse staffing and outcomes experienced by nurses. These studies examined a wide range of nursing outcomes including job satisfaction, job stress, job pressure, job threat, burnout and role tension.

Aiken et al. (2001) examined nurse staffing, organization of care, and outcomes in 711 acute care hospitals across five countries. A 1998 survey of 43,329 nurses identified that 33- 41% of nurses working in four of the five countries including the United States, Canada, England, and Scotland reported job
dissatisfaction. Similarly, 30-40% of nurses from these countries had high burnout score. Lower scores were reported by nurses from the Germany sample.\textsuperscript{70}

McGillis Hall and Doran conducted a study aimed at determining the links between nurse staffing and patient, system, and nursing outcomes on adult medical, surgical, and obstetrical units within 19 teaching hospitals in Ontario, Canada. A total of 1,116 nurses participated in this study. Although none of the nurse staffing variables was significantly related to the nursing outcomes studied, a number of the work environment variables were found to be predictors of the nurse outcomes in this study. Nurses’ perceptions of the quality of care at the unit-level were found to have a statistically significant positive influence on nurses’ job satisfaction, and a statistically significant negative influence on nurses’ job pressure and job threat. Nurses who had a positive perception of the nursing leadership on their unit had higher job satisfaction and lower perceptions of job pressure, job threat and role tension.\textsuperscript{71}

As part of a larger international study, Aiken, Clarke, Sloane, Sochalski, and Silber (2002) explored the relationship between nurse-to-patient ratios and nursing job satisfaction and burnout in 168 Pennsylvania hospitals. Nurses in hospitals with higher nurse-to-patient ratios “were more likely to experience burnout and job dissatisfaction”.\textsuperscript{72}

Mark, Salyer, and Wan (2003) also examined the impact of professional nursing practice on organizational outcomes in large study of 68 southeastern United States hospitals on 136 general medical-surgical units. One of the outcomes explored by the authors under the domain of organizational outcomes was nurses’ work satisfaction, which can be considered a nurse outcome.\textsuperscript{73}

Scott, Forest, and Brown (1976) examined hospital structural factors in relation to mortality and morbidity in 17 United States Hospitals using data collected in 1973. The ratio of registered and graduate nurse to practical and
vocational nurses working on surgical wards was the measure of nurse staffing utilized in this study. A higher ratio of nurses was significantly associated with lower mortality and greater experience was positively related to care quality, although the relationship was not statistically significant.\textsuperscript{74}

Aiken, Clarke, and Stoane (2002) also explored the effect of nurse staffing and supports for nursing care on nurses’ job satisfaction, burnout, and perceptions of quality of care across four countries. Data were obtained from 10,319 nurses working on medical and surgical units in 303 hospitals in the United States, Canada, England, and Scotland. The authors reported that nurses working in hospitals with limited support for nursing care were twice as likely to report job dissatisfaction and burnout. These hospitals in turn, were rated as providing low quality care.\textsuperscript{75}

Thus, the literature provides substantial evidence of a link between nurse staffing and patient, nurse, and organizational outcomes with evidence accumulating from research employing large data sets and multicenter studies. As well, a number of smaller studies have also generated similar results, although the ability to generalize their findings is limited. Strong evidence exists to link nurse staffing to patient adverse occurrences including pressure ulcers, urinary tract infections,\textsuperscript{76} pulmonary compromise, pneumonia, postoperative wound infections, thrombosis,\textsuperscript{77} falls, Pain management, upper gastrointestinal bleeding, shock or arrest, failure to rescuer,\textsuperscript{78} as well as patient satisfaction.\textsuperscript{79}

**Team work**

Teamwork is a composite term made up of several sub concepts. These include concepts such as communication, coordination, and shared decision-making. Furthermore, teamwork and collaboration are essentially synonymous concepts. Providing effective health care to patients in today’s environment involves teams of health care providers interacting and delivering care for the purpose of achieving desired outcomes. The quality of health care depends on how well members of the team communicate, coordinate care, and negotiate their
interdependencies in practice to achieve a cohesive treatment plan for patients. Accumulated evidence from several studies has demonstrated that the quality of team interactions, communication, and care coordination are important determinants of each team member’s ability to influence improvements in the quality of care\textsuperscript{80} and to achieve positive patient outcomes\textsuperscript{81}.

Collaboration among health care providers necessitates the joint contribution of persons in a relationship of mutual respect and trust. Communications is the process by which information is exchanged among health care providers. It is essential to maintain continuity and coordination of effort. Coordination involves the integration of individual effort and care decisions to achieve coherence in patients care. Coordination is achieved both through programmed means such as care plans and clinical pathways, and through personal interaction among care providers. Effective collaboration, communication, and coordination require an environment with a team orientation, reward systems that recognize group accomplishments and organizational values that support participation\textsuperscript{82}.

**Organizational Climate and Culture**

Organizational climate and culture are increasingly recognized as important variables in the success or failure of change initiatives including quality improvement\textsuperscript{83} and patient safety\textsuperscript{84}. They are not strongly differentiated, and represent different but overlapping interpretations of the same phenomena. Organizational climate and culture are influenced by individual, organizational and external factors. Much of research on climate and culture are available. A key assumption in the literature is that the internal social psychological environment of organizations is related to individual meaning and organizational adaptation.

Organizational climate and culture have been described as perhaps the most difficult organizational concepts to define. Definitions of organizational culture emphasize its shared or social nature including a wide range of social beliefs,
values, assumptions, symbols, ceremonies, and rituals that define an organization’s character and norms. According to Edgar Schein (1991), organizational culture is the unconscious pattern of: basic assumptions that a given group has identified, discovered, or developed in learning to cope with its problems of external adaptation and internal integration, and that have worked well enough to consider valid, and therefore, to be taught to new members as the correct way to perceive, think and feel.

Hofstede (1998) notes, that while culture is manifested in and measured from the verbal and / or nonverbal behavior of individuals, it is aggregated at the level of their organizational unit. Simply stated, “Culture is a characteristic of the organization, not of individuals”.

Empirical studies linking organizational climate or culture to patient, nursing, and organizational outcome achievement were identified in the nursing literature. Assessments of organizational culture were evidently favored in the empirical literature, since some of the empirical studies reviewed here investigated culture in relationship to outcome achievement. Also the studies examined the relationship between organizational climate and job satisfaction. Keuter, Byrne, Voell, and Larson (2000) identified a significant positive correlation between organizational climate and job satisfaction measured by the Nurse and Work Satisfaction Index. The study also found significant differences in three climate subscales (i.e. responsibility, standards, and structure) when comparing the culture profile of a medical unit and a cardiac intensive care unit of the same hospital. Kangas, Kee and Mckee- Waddle (1999) found that higher levels of job satisfaction, as measured by the Nurse job Satisfaction Scale (Torres, 1988) were predicted by a supportive culture. These authors used the terms climate and culture synonymously. This demonstrated a positive correlation between nursing job satisfaction and organization culture.
One study examined the relationship between organizational culture and job satisfaction. Gifford, Zammuto, Goodman, and Hill (2002) explored the relationship between job satisfaction and culture type. This study also examined the relationship between organizational culture and job involvement, empowerment, organizational commitment, and intent toward turnover. The researchers concluded that human relations culture type was positively related to job satisfaction, organizational commitment, job involvement, and empowerment, and negatively related to intent toward turnover. Other study examined the relationship between nurse empowerment and organizational culture. Mok and Au-Yeung (2002) found a positive correlation between nurse empowerment and organizational culture.

Span of Control

Span of control pertains to the number of persons who report directly to single manager, supervisor, or leader, and includes the functions of planning, organizing and leading. Span of control, which has been referred to as span of management, span of authority, or span of supervision, is considered a useful concept for measuring the closeness of contract between a manager and staff.

Nurse Managers have been found to have an impact on staff outcomes. In several nursing studies, the nurse manager’s leadership style has been shown to be a key factor influencing nurses’ job satisfaction and retention. A high level of support from managers was found to decrease nurses’ feelings of emotional exhaustion and to increase nurses’ self-esteem. Furthermore, a participatory and supportive management style was identified as one of the key characteristics of magnet hospitals. However, organizations such as hospitals are increasingly adopting structures with wider managerial span of control creating dramatic changes in the work environment including a reduction in the number of management positions. This reduction has resulted in nurse managers being responsible for several units and for motivating and evaluating a large number of staff, sometimes more than 100 staff members. Nurse Managers, who are directly responsible for maintaining standards of care and developing staff, are less able to
provide nurses with the traditional mentoring and coaching, and individual support and encouragement.\textsuperscript{99}

A few studies were found that demonstrated the effect of span of control on staff performance such as satisfaction and turnover, which have been shown to affect patient outcomes. McCultcheon (quoted by Linda McGillis Hall 2005) showed that span of control had a significant effect on the relationship between leadership style and nurses’ job satisfaction. Specifically, the wider the span of control, the less the positive effect of transformational and transactional leadership styles on nurses’ job satisfaction. As well, the wider the span of control, the greater the negative effect of management by exception leadership style on job satisfaction.\textsuperscript{100} Management by expectation managers is perceived as only available to monitor their staff to prevent mistakes. This tends to cause higher levels of anxiety and emotional exhaustion. As well, the manager’s monitoring may be perceived as a lack of trust by staff. This in turn may decrease staff satisfaction.\textsuperscript{101}

**Nursing Workload and Productivity**

*Workload*

Nursing workload or nursing intensity is defined as the amount and type (i.e. direct and indirect) of nursing resources needed to care for an individual patient on a daily basis. The hours of nursing resources can be summed over the patient stay to provide an indication of the amount of nursing resources that were used over a patient’s entire episode of care. Individual patient workload can be summed across all patients on a unit or a program to determine the total resources required on a daily basis. Consistent with the MIS guidelines, workload can be reported prospectively, as the amount of care the patient requires, and retrospectively, as the amount of care the patient received, and institutions must declare which format they report.
Productivity

Productivity is defined as the relationship between the amount of acceptable output produced and the input required to produce the output. The most common definition of productivity is “nursing hours per patient day,” but this considers only direct patient care. A definition of productivity is needed that considers the context in which nursing occurs and the effect of all resources consumed. Acceptable presumes that commonly held and generally acceptable standards exist. Output infers that the result of the activity has some recognizable shape and the significance has some economic worth to the consumer.\textsuperscript{102}

A number of factors that influence nursing workload and productivity include patient and care provider characteristics, staffing patterns, and the organization of patient care.

Patient Characteristics

In the hospital system, patient characteristics such as age and nursing and medical diagnoses have demonstrated different influences on nursing workload. Halloran identified that as patient age increased, the average nursing workload increased as well. Nursing and medical diagnoses explained 60\% of the variation in daily nursing workload, and nursing diagnoses explained twice the variation in nursing workload as a did medical diagnoses.\textsuperscript{103}

Provider characteristics

The characteristics of the providers of nursing services constitute another factor that explains variation in nursing workload. It is suggested that emotionally exhausted nurses may not be able to work at the same level of productivity as when they are not emotionally exhausted, while mentally healthy nurses may be inclined to say no to unrealistic work expectations.\textsuperscript{104}
- **Staffing patterns**

Little is known about how management decisions regarding staffing patterns, continuity of care providers, and caseload influence nursing workload. In the community setting, Payne et al. (1998) found that visit type, scheduled visits, caseload and travel and case coordination time significantly influenced average visit time. O’Brien Pallas, Irvine Doran, et al. (2001) observed that as the number of nurses visiting the client increased, so too did the average visit time and the number of visits. The greater the proportion of visits made by the primary nurse, the shorter the visit time and number of visits that were required. As would be expected, the greater the nurses’ caseload on a particular day, the shorter the visit time per patient.

- **Organization of patient care**

In the community sector, variation in average nurse visit time or the number of nurses visits has been associated with the organization of patient care such as type of visit, programme of service, type of insurance, and type of agency providing the service. Shukla (1990) evaluated how an admission, monitoring and scheduling system design to reduce fluctuations in workloads on nursing units influenced productivity. The productivity of units was described as the ratio of staff costs outputs to staff full-time equivalent inputs. Streamlining the admission planning process and linking it to workload on the units actually improved productivity by 3% and reduced the number of days that nurses were sent home without pay on low census day by 40%.

The study noted an almost perfect correlation between the hours of over time worked and sick time claimed. Heavy workloads may also explain why full time nurses have higher rate of absenteeism than part-time nurses. For example in U.S. hospitals, an increase of one patient per nurse was associated with a 23% increase in burnout and a 15% increase in job dissatisfaction.
In a study of 232,342 medical and surgical patients from 168 hospitals in Pennsylvania, for every additional patient in an average nursing workload Aiken et al. (2002) identified a 7% increase in both the odds of patient mortality within 30 days of admission and the odds of failure to rescue. Therefore, if a nurse’s workload increases from four to six patients, the odds of patient mortality would increase by 14%.111

**Professional Nurse Autonomy and Decision-Making**

Professional nurse autonomy is extensively addressed in the literature as a key indicator of quality work environments; yet the definition, measurement, and interpretations of research findings have complicated the effective integration and promotion of this key indicator into nursing work environments. The opportunity exists to build upon the detailed descriptive work that exists in this area. The concept of professional nurse autonomy has been visible and replete in the nursing literature for many years. The prevailing assumption and belief is that autonomous practice is desired and of benefit to nurses, patients, employers, and the discipline.112

Autonomy is a complex, multidimensional phenomenon, an interactive, relational process that occurs within the context of one’s being and work. Wade (1999) in her concept analysis of professional nurse autonomy; distinguished between: (a) structural and work autonomy as the worker’s freedom to make decisions based upon job requirements; (b) attitudinal autonomy as the belief in one’s freedom to exercise judgment in decision-making; and (c) aggregate autonomy, which encompasses attitudinal and structural dimensions, the socially and legally granted freedom of self governance and control of the profession without influence from external sources. She defined professional nurse autonomy as a “belief in the centrality of the client when making responsible decisions both independently and interdependently, that reflect advocacy for the client”. This definition builds upon historical definitions in which autonomy was defined as the freedom to make decisions consistent with one’s scope of practice and the evolving
trend of shared control and interdependence in health care freedom to act upon these decisions.\textsuperscript{113}

There are two basic dimensions of nurses’ work autonomy: organizational and clinical practice.\textsuperscript{114} Organizational autonomy refers to the capacity of nurses to be involved as participants in the decision-making process that guides the work of their unit or organization. On the other hand clinical practice autonomy occurs within the scope and milieu of clinical practice. Autonomy does not imply independence. Professional nurse autonomy implies the right to exercise clinical and organizational judgment within the context of an interdependent health care team and in accordance with the socially and legally granted freedom of the discipline. The outcome of autonomy is accountable practice and practice decisions and ultimately, improved patient care and nursing work.\textsuperscript{115}

Much has been written about the positive relationship between nurse autonomy and job satisfaction and retention, particularly in the early 1980s, and more recently in the early 2000s.\textsuperscript{116} The cyclic reemergence of job satisfaction and nurse autonomy in the literature has paralleled changes in health care systems and nursing shortages. In the early 1990s, there was ongoing restructuring and redesign of hospital settings that led to less integration among nurses, competitiveness for scarce jobs, dissipated professional leadership, uncertainty, unfamiliar work environments, and deskilling – all changes that contributed to less autonomy in the workplace and increased job dissatisfaction.\textsuperscript{117} Efforts to enhance job satisfaction, and corollary nurse retention and recruitment, have looked carefully at the magnet hospital research. This research has clearly shown that autonomy and staff involvement in decision-making were significant predictors of job satisfaction. As a large cohort of the nursing workforce reaches retirement age and the younger generation of baccalaureate-prepared nurses enters employment, job satisfaction and work autonomy will become major workplace issues.\textsuperscript{118}
Autonomy has been explored within the context of different types of nursing professional practice models. Rafferty et al., (2001) surveyed 10,022 staff nurses in 32 hospitals in England to explore the relationship between interdisciplinary teamwork and nurse autonomy on hospital care. It was seen that nurse autonomy was positively correlated with better perceptions of quality of care and higher job satisfaction.119

Nurses with higher teamwork score reported higher levels of autonomy and more involvement in decision-making; a finding that suggests autonomy and teamwork are synergistic and not in conflict with one another. Kangas, Kee, and Mckee-Waddle (1999) surveyed 92 nurses in three different hospitals representing three different nursing care delivery models (i.e., team, case management, and primary) to identify differences and relationships among nurse job satisfaction, patient satisfaction, nursing care delivery models, and organizational attributes. The type of nursing care delivery model had no impact on levels of nursing job satisfaction. Perceiving the environment as supportive and working in a critical care environment were significant predictors of nurses’ job satisfaction (i.e., autonomy) scores.120

Professional Development Opportunities

Professional development is a term that covers a wide variety of educational activities ranging from formal professional requirements to informal, individual actions further characterize that professional developments has three key roles or functions: maintenance, survival, and mobility. The maintenance role refers to lifelong learning; the survival role refers to competence; while mobility refers to employment capacity. Generally, most models of professional development focus on the survival role or competency. Regulatory bodies whose purpose is to protect the public tend to focus predominantly on competency. Workplace setting whose mandate is to provide efficient care tend to focus on employment capacity, while learners themselves may be more likely to see themselves as lifelong learners in ever-changing work environments.
Continuing professional development is a complex multifaceted concept whose definition and measurement should incorporate stakeholder prospective (e.g., employer, regulatory body, and individual) in relation to specific learning contexts, attributes of the professional identified in the literature include knowledge, critical thinking ability, communication skills, leadership ability, participation and use of research in practice, involvement in professional nursing organizations, and reflection skills. Factors influencing professional development from the perspective of the individual include learner motivation; learner defined needs; financial support—tuition and travel reimbursement; employer support—release time from work with pay and space; support – physician, workplace superior, peer, and family support; the shift worked; and availability and accessibility of programs.

Factors influencing professional development opportunities from the view of employer include organization – defined needs related to competence, flexibility, cost of provision and cost effectiveness as an outcome. A great deal of emphasis is placed on patient focused care, cross-training and orientation provided by employers as professional development opportunities.121

Nursing Leadership

Dunham and Klafehn (1990) defined leadership as an individual with decision making capacity, shared values with nurses, a vision, and the ability to inspire others to work toward this vision.122 Huber et al., (2000) defined leadership as a process whereby the leader’s role is to influence nurses to accomplish executive who had a strong position within the executive team.123 This feature along with nurse outcomes such as autonomy, control over practice, organization of clinical responsibilities at the unit-level, and a culture of valuing nursing knowledge has been supported by current research on the characteristics of magnet hospitals.124

Nursing leadership is becoming increasingly scrutinized in a health care environment that is constantly changing and where there is an increased focus on balancing the costs and quality of health care. In nursing, leaders face the added challenge of recruiting and retaining the right mix of staff to produce quality
outcomes. To accomplish this, the nursing professional requires leaders who can transform practice cultures so the “essence, uniqueness, and outcomes of professional practice can be realized.”

Studies examined the relationship between nursing leadership and patient outcomes. Most of them examining nursing leadership explored relationships between nurse leadership behaviors and nurse outcomes variables such as; work environment, job satisfaction, productivity, intent to stay, and organizational commitment. Other studies collected data on nurse leaders’ and staff nurses’ perceptions of factors related to leadership success and effectiveness.

Nursing leadership is of central importance to the work environment of nurse. Havens and Aiken (1999) suggested that work environments that foster professional nursing practice in which nurses are encouraged to use their expertise and judgment are essential in increasing job satisfaction among clinical nurse. Nursing job satisfaction has been positively linked to quality patient outcomes. A growing body of nursing research has identified that nurse leaders influence nurses’ job satisfaction, work empowerment, and work environments. Other studies suggest that nursing care affect patient outcomes, that nurses’ work satisfaction relates to patient satisfaction and that nurses autonomy and participation in decision-making leads to improved patient outcomes. However, the studies have explored the role of nursing leadership in shaping the environment to promote positive patient outcomes, although nursing leadership is critical in providing and managing the context, structure, human, and material resources that are necessary for effective patient care delivery systems. It is nursing leadership that creates the environment for professional practice.

Morrison and associates (1997) conducted a descriptive study in a regional medical center and invited 442 nursing department staff to participate. The response rate was 64% (275 staff). The results of the study confirmed that leadership accounted for a significant amount of variance in job satisfaction, and transformational leadership behaviors were perceived by staff as empowering for
them to work effectively. Transformational and transactional leadership styles were positively related to job satisfaction. Transformational leadership is positively related to empowerment, and empowerment was positively correlated to job satisfaction. They also discovered that, regardless of the type of leadership style of nurse managers, nursing staff preferred that leaders take an active rather than passive leadership role. This study highlighted that leadership can be a significantly greater influence on job satisfaction than empowerment for specific nursing personnel.\textsuperscript{131}

Chiok Foong Loke (2001) examined the effect of leadership behaviors on employee outcomes using a descriptive study of nurses in one acute care hospital. The study explored the relationship between leadership behaviors and the specific nurse outcome variables of job satisfaction, productivity and commitment. Twenty nurse managers and 100 nurses were selected from a 1,600 bed acute care hospital in Singapore. Results showed that employee outcomes of productivity, job satisfaction, and organizational commitment were found to be statistically correlated with the manager’s use of leadership behaviors. Regression analysis identified that leadership behaviors explained 9% of the variance for productivity, 29% of the variance for job satisfaction, and 22% of the variance for organizational commitment.\textsuperscript{132}

**Overtime**

Overtime most often refers to hours worked in excess of 40 hours in an employees’ regularly scheduled workweek. However, overtime can also be interpreted as hours above and beyond the planned workday. For example, a part time nurse may be booked to work 8 hours but required to stay at work for an additional hour or two. While this nurse may not work more than 40 hours in a week, the unplanned extra work can still create havoc with her or his home life and add to the nurses’ feelings of job strain due to loss of control.
Overtime is a growing issue for both nurses and the organizations that employ them. Nurses have always been expected to work overtime during emergency situations but in recent times overtime has been used more frequently, often to cover known absences. The Canadian Labor and Business Centre (2002) reports that Canadian nurses work almost a quarter of a million hours of overtime every week. This is the equivalent of 7,000 full time jobs per year.

Views on overtime vary depending on the particular discipline examining the issue. In general, nurses tend to view overtime negatively and the recommendations generated by the Canadian Nurses Advisory Committee (CNAC, 2002) Reports are aimed at reducing overtime hours for nurses. Hollman (quoted by Linda McGillis Hall 2005) reported that U.S. statistics indicated one out of every four full-time American workers (27.4%) worked overtime. He indicated that managers cannot avoid the issue of overtime and must consider the impact of overtime on the quantity and quality of work and the effect on staff morale. He also suggested that improper assignment of overtime and excessive overtime can lead to grievances and poor management-employee relations. In the United kingdom, one in three nurses reported working the equivalent of one shift per month of unpaid overtime and one in six reported working more than two shifts per month.

There are strong feelings that mandatory overtime should be used only as a last resort to provide patient care. When managers are not able to fill vacant positions or unpredictable absences with part-time staff, they should consider other alternatives such as the use of agency staff, part-time staff on other units, or posting of planned overtime. Staffs who want to work voluntary overtime can select it, and this allows them to make appropriate arrangements to meet this demand. Full-time staffs that are off duty should be offered the opportunity for voluntary overtime before those who are already at work are required to work mandatory overtime.

Studies indicated significant positive mean correlations between overall health symptoms and hours of work. Worthington (2001) outlined three areas of
concern related to overtime: prolonged exposure to hazards, fatigue, and stress. Fatigue can cause injuries. The odds of a high registered nurse (RN) lost time claim rate increased by 70% for each quartile increase in the percentage of RNs reporting more than one hour of overtime per week in a study involving more than 8,000 Ontario nurses. Accident risk increasing beyond the ninth hour and many nurses routinely work 12-hour shifts so overtime is well beyond this threshold.  

In addition to accidents, work overload and long hours can lead to health problems such as smoking, high stress levels, and cardiovascular disease. In a Japanese study of men, weekly work hours were related to progressively increased odds ratios of acute myocardial infarction. Overtime is related to both sleep problems and fatigue. Overwork can also affect workers’ stress levels and high blood pressure. Workers who had higher levels of perceived constraints worked overtime or reported higher levels of job stress. These findings of physical and mental health relationships to overtime substantiate the significant correlations between health symptoms and the ability to refuse overtime.

Overwork contributes not only to poorer worker health, but also disrupts family relationships. Overtime takes a toll not only on workers but also on their families, their communities, and their clients. Longer hours of work make it difficult to balance the conflicting demands of home and work. Nurses working overtime hours ensure that there are sufficient numbers of nurses to provide patient care and to avoid overwork for the nurses on the shift. In addition to increases in back injuries and a threefold increase in accident rates after 16 hours of work, there was also an increase in hospital outbreaks of bacterial infection associated with overtime.

**Absenteeism**

Absenteeism is the lack of physical presence at a given setting and time when there is a social expectation to be there. Days absent and occasions absent are the most frequent measures of absenteeism. There are two types of
absenteeism noted in the literature: (a) innocent absenteeism, and (b) culpable absenteeism. Innocent absenteeism refers to employees who are absent for reasons beyond their control, such as sickness and injury. Innocent absenteeism is not culpable, which means that the absence is blameless. In contrast culpable absenteeism refers to employees who are absent without authorization for reasons that are within their control. For the large majority of employees, absenteeism is legitimate, innocent absenteeism, which occurs infrequently.

Absenteeism is one of the major contributors to the rising health care costs. Research indicates that absenteeism can be influenced by work culture and the content of work itself. There must be a concerted effort to clearly define absenteeism is measured and studied as well as understanding the full costs associated with absenteeism. In addition, it must be recognized that effect on patient outcomes may be associated with absenteeism when absences are not replaced or when agency or part-time staff is used to replace sudden absences. Although the research conducted on nonnursing organizations may give us clues for understanding absenteeism in nursing, the very nature of the nurses and nursing work requires attention when considering nurse absenteeism. Future research endeavors related to nursing absenteeism should address issues specific to nursing work and the context in which it occurs.

Little attention has been paid to the long – range effects of absenteeism on the effectiveness of the health care system. In the short run absenteeism diverts essential financial resources away from the provision of patient care, thereby reducing the ability to meet the demand for nursing care. In the long run, an unhealthy work environment may drive some nurses to leave the nursing market to seek better employment opportunities and deter others from entering nursing as a profession. In the upcoming era of nurse shortages, these potential effects on recruitment and retention cannot be ignored. In addition, nurse absenteeism may have an effect on patient outcomes.
Johnson, Croghan, and Crawford (2003) conducted a review of sickness absence management in the context of the health care sector in the United Kingdom stating that employee absenteeism is an expensive and difficult problem for the National Health Service (NHS). They felt that the many and diverse causes of sickness absence need acknowledgement when devising strategies that can effectively provide solutions to the problems of sickness absence. Few countries maintain databases on absenteeism. In fact, without a public health system governments have no access to this information. The nature of this absenteeism varies from a single missed day to long-term disabilities. Nurses can experience both physical and stress-related illnesses. Some of the illnesses are work-induced and may trigger workers’ compensation claims.\textsuperscript{145}

Job satisfaction is still the most important predictor of absenteeism. This relationship was confirmed in a more recent nursing study by Zboril-Bensen (2002), who found that higher rates of absenteeism were associated with the level of job satisfaction, longer shifts, working in acute care, and working full-time.\textsuperscript{146}

The factors that contribute to absenteeism appear to be a combination of individual employee factors and characteristics of the workplace. Individual factors that have been cited include age, gender experience, and nurses’ health and stress. Organizational factors include job category, level of supervisor support, amount of overtime worked, the size and type of the organization, the type of nursing unit, the content of work, and organizational climate and controls. Michie and Williams (2003) found that the key work factors related to absenteeism were long hours of work, work overload, and pressure but the effects of the factors on personal lives can be medicated by management style. Managers need to evaluate the rewards that are valued by nurses. Support by managers seems to be of great importance.\textsuperscript{147}

Few studies were found on the effect of hospital size on absenteeism, but studies of absenteeism in nonnursing work environments found that there were significant linear relationships between hospital size and absenteeism. Shamian and
colleagues (2002) found that teaching hospitals had higher rate of self-reported absenteeism. It is possible that this finding may be related to size rather than teaching status. This may have been related to the visibility of absenteeism and the relationships that are formed in smaller workplaces. Both Shamian et al, (2002) and Burke and Greenglass (2000) found that fulltime nurses had higher rates of self-reported absenteeism, and it was postulated that this may have been due to the greater number of hours worked in a poor work environment.

One study suggested that absenteeism occurs when turnover is low. This might be the effect of a tight marketplace. When there are other opportunities nurses leave, but when there are no available jobs, dissatisfied nurses call in sick. Similar to absenteeism, occupational stress, job satisfaction, and autonomy have been linked to turnover. Efforts to reduce absenteeism are likely to reduce turnover, another cost to the organization, as well.

Organizations incur additional costs when absenteeism rates are high. This may be in the form of lost productivity due to the absence of the worker or cost for replacement staff to maintain output levels. Nurse absenteeism disrupts the community of patient care, but few studies have attempted to measure the extent of this effect. Taunton, Kleinbeck, Stafford, Woods, and Bott (1994) demonstrated that there was an increase in complication rates linked to increased absenteeism and hypothesized that this was related to loss of continuity of care and safety related to replacement of staff by nurses who are less skilled. Complications included nosocomial urinary tract and bloodstream infections.

Now, the researcher wants to explain more about the research that focus on the association between job satisfaction, retention, and turnover and the following organizational factors:

a. Organizational policies
b. Departmental policies
c. Salary, benefits, rewards, and compensation package
d. Stress
e. Professional image
f. Communications with physicians, coworkers, managers, administrators and other departments.

Ames and et al., (1992) described a literature based retention survey that was developed by a 10-member Nursing Services task force to refocus efforts from recruitment to retention. The task force delineated the following components of satisfaction as important: (a) interaction/communication, (b) professional practice/advancement, (c) pay/benefits, (d) work environment, and (e) team building. The retention survey consisted of 33 items grouped into the 5 categories previously listed. Items in which 50 percent or more of staff indicated an issue was important to them and which dissatisfaction was present were chosen for intervention. The workgroup found the following categories to be most important to nurses: (a) pay and benefits, (b) open communications, (c) opportunities to channel ideas into the hospital, (d) environmental and support services, and (e) recognition and professional advancement.\footnote{155}

In one study about attitudes of nurses in a rural setting towards career and organizational commitment was that nurses were asked why they stay in nursing profession and why they stay in their organizations. The top three reasons nurses said they stayed in their profession were: (a) fulfillment/satisfaction, (b) career opportunity with financial/job security, and (c) desire to care for people. The top 3 reasons nurse stayed in their organization were: (a) location and convenience, (b) job satisfaction and work environment, and (c) investment of time and benefits.\footnote{156}

In another research, the researchers asked which of the following situations that nurses perceive to be most stressful: (a) workload, (b) death and dying, (c) inadequate preparation in dealing with emotional needs of patients and families, (d) lack of staff support, (e) uncertainty concerning the treatment of patients, (f) conflict with physicians, and (g) conflict with other nurses and supervisors. The study found evidence that nursing, as an occupation is stressful. In addition, higher
levels of stress are related to lower levels of job satisfaction. Nurses with six months to five years experience had higher levels of stress than those nurses with ten more years of experience. The three areas nurses found to be most stressful were: (a) workload, (b) death and dying, and (c) relationship with physicians. The study also found ten-hour shifts were preferred over 8 and 12 hours shifts.\textsuperscript{157}

Joseph and Deshpande (1997) examined the ethical climate types present in the hospital, the levels of different facets of job satisfaction and overall job satisfaction, and the influence of different ethical climate type on facets of job satisfaction and overall job satisfaction. The researchers found the following cause dissatisfaction:

a. Dissatisfaction with their supervisors was reported by 36% of nurses.

b. Dissatisfaction with promotion opportunities in the hospital was reported by 62% of the nurses.

c. An efficiency (cost control) environment had a negative impact on staff and supervisors.

They found nurses believing that their hospital has a caring climate are more satisfied with their pay and supervisors. They also concluded instrumental of independent climate did not have any impact on job satisfaction. Forty-three percent of nurses stated that their hospital had an instrumental climate (climate where people protect their own interests above all else). Thirty one percent of nurses reported their hospitals had an independent environment (climate where employees decide for themselves what is right or wrong).

Joseph and Deshpande found that their previous research documents productivity declines and turnover increases when nurses are not treated fairly or supported by their supervisors. The authors recommend training supervisors or making better selection decisions in the hiring process. The researchers also recommend involving nursing in institutional problems solving, promoting a caring
environment by ensuring that the major consideration is what is best for everyone in the hospital, and creating a climate that emphasizes no favoritism.\textsuperscript{158}

The study of Leveck and Jones (1996) provided documentation and support for the belief that aspects of nurse practice environment—management style, group cohesion, job stress, and job satisfaction—directly and indirectly affect staff nurse retention. Their findings included:

a. Units where nurses perceived a participative management style reported higher levels of group cohesion and lower levels of job stress and decreased stress seemed to increase quality of nursing care.

b. Nurses who perceived they were part of a valued team and were allowed to participate in unit activities were more satisfied than nurses who did not have these perceptions.

c. Nurses on medical-surgical units perceived higher levels of stress than did nurses working in specialty units and were less satisfied.

d. There is a relationship between staff retention and experience on the unit.

The authors state “job satisfiers, of perceptions of quality care, enjoyment, and time to do one’s job, provide direction for the development of interventions aimed at staff retention.\textsuperscript{159}

McCloskey and McCain (1987) researched satisfaction; organizational commitment and professionalism in 320 newly employed nurses in the Midwest. The survey was given three times in the first month of employment, one time at six months, and one time after one year of employment. The findings were as follows:

a. Satisfaction declined during the first six months and remained steady over the next six months.

b. Nurses were satisfied with their benefits, their peers, their supervisor and the amount of responsibility.
c. Nurses were least satisfied with lack of opportunity to work straight days and compensation for weekend work.

d. Commitment declined during the first six month, but did recover slightly by the end of twelve months.

e. Professionalism declined slightly with six months and then held steady.

The researchers conclude the decline of satisfaction, commitment and professionalism during the first six months of employment for all nurses, new and experienced alike, suggests that beginning job expectations were not met. Employers need to assess initial expectations of new employees and either meet more of these expectations or be clear before hiring that these expectations are unrealistic.¹⁶⁰

McGowan (2001) conducted a descriptive and analytical study using the Nurse Stress Index questionnaire to examine the relationship between job satisfaction and self-reported stress levels among nurses working in a children’s hospital in Belfast. Seventy-two nurses completed the questionnaire. The researcher found that as stress levels increased, job satisfaction decreased. The main sources of stress were: (a) shortage of resources; (b) lack of support from management; (c) decisions made without nursing input or consent; (d) lack of time to complete tasks; (e) dealing with aggressive people; and (f) initiating change.¹⁶¹

The study of Muus, K.J., and colleagues (1993) compared specific areas of job dissatisfaction that best distinguish those who anticipate leaving in one-year from those committed to remain in their prospective job for five years or more. Six areas of dissatisfaction were found among short-term nurses: (a) pay scale reasonability, (b) extent that administration is involved in problem solving, (c) salary reasonability, (d) amount of respect doctors show toward staff, (e) extent that agency rewards advanced training and education, and (f) adequacy of benefits.¹⁶²

Urden (1999) reported the study which showed the top five reasons nurses stay in their positions were: (a) coworker communication and support, (b) overall
job satisfaction, (c) satisfaction with shift and schedule, (d) opportunities for diversity with clinical experiences and challenges, and (e) salary. The study also asked nurses what major determinates influence a decision to leave. The top five determinates influencing decisions to leave were: (a) low salary; (b) poor benefits; (c) little recognition, respect, or input into practice; (d) dissatisfaction with shift and schedule; and, (e) career opportunities elsewhere.\textsuperscript{163}

Nevidjon and Erickson offer the following solutions to nurses job satisfaction and to retain nurses;

a. Identify what benefits would keep nurses in the profession. The best source of the information is the nurses themselves.

b. Administrators and educators must learn what the satisfiers are for staff. When roles are redefined, they must help staff identify new satisfiers.

c. Human resource administrators must be responsive to the individuality of what is important to staff and create flexible and supportive policies and benefits.

d. Hospitals can help retain nurses through intensive training programs for nurses in specialty areas.

e. Involve staff in defining and developing the practice of care in the organization. Nurses should also participate in the financial management of their unit.\textsuperscript{164}
Reference:


4- Ibid, Rao, P. subba , p.480.


20 - Daftuar, Chittranjan N, (1982) Job attitudes in Indian management; a study in need deficiencies and need importance. Concept publishing company, New Delhi, p.16.
32. Ibid, p.17
53. Ibid, p 5.


- Ibid.


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111. Ibid.

112. Ibid, Linda McGillis Hall (2005), Pp. 139-140.


