CHAPTER VII

7.1 INTRODUCTION

The most critical component of any health or human service organization is not its physical facilities, buildings, equipment, or location, nor is it the sophistication of computer services, high-tech machines, or streamlined procedures. The most critical component of any agency or facility is the staff. Without quality staffing to ensure qualified personnel, equipment is misused, software is flawed, and processes go awry. Only by obtaining and retaining qualified individuals may an endeavor develop an efficient and effective system, ensuring its continued survival and efficacy. Thus the prime responsibilities of human resource management have become planning, organizing, leading, evaluating, and successfully staffing their enterprises.

As human resources have become viewed as more critical to organizational success, many organizations have realized that it is the people in an organization that can provide a competitive advantage. Human resource management deals with the design of formal systems in an organization to ensure the effective and efficient use of human talent to accomplish organization goals. Human resource utilization is concerned with the quality of human behavior and relationships as they influence performance of the individual as well as that organization. It is derived from the basic needs of the organization i.e. to develop human resources both for current and anticipated growth of the organization

HRM in health sector/hospital has to function with some unique characteristics. The workforce is large, diverse, and comprises separate occupations often represented by powerful professional association or trade unions. Many hospitals are targeting efficiency of nurses since they account for a major proportion of the labor expenses. The ability of nurses and organizations to improve the workplace partnership is vital to the future success of health care.
The challenges of hospital management are many. A satisfied provider is expected to provide a better care to his clients than an unsatisfied provider, because, providers derive greater personal and professional satisfaction from their jobs when they can offer good-quality care and can feel their work is valuable. Similarly, a higher client satisfaction also leads to job satisfaction of the provider. Clearly, the health outcome in a community depends on satisfaction of both clients and providers.

The administrators of all health institutions- large, medium, and small- in the public, private and voluntary sectors are facing today, challenging problems of providing quality health care services at reasonable cost, with the limited resources at their disposal. To achieve this goal, they have to effectively utilize the technical and supportive manpower in the health institutions. Since hospitals and health institutions cannot compete with commercial organizations and do not generate revenue at the same rate as the commercial and industrial organizations and therefore cannot pay at those rates, they are faced with pressing problems to motivation, reward and ensuring continuing commitment of health personnel. Application of the industrial legislation and employee trade unions in health institutions, have added further to the stresses and strains of health administrators. The hospitals and health institutions have, on the other hand, become professional career organizations where employees today look forward to achieving professional goals and satisfaction, as in other business and non-business organizations. Job satisfaction is an important contributing factor to an organization’s success. Understanding factors that contribute to an employee’s satisfaction is imperative for managers and their organizations.

Human resource management is now widely recognized as a critical in securing the high quality, patient- centered healthcare system that everyone wants. Evidence from many sources suggests that healthcare organizations with innovative and robust people management processes are more effective at all levels, including patient outcomes, than organizations lacking these approaches. In most hospitals, a manager has been appointed with responsibility for quality improvement, who may raise the question of the best approach. Choice of what to do should be guided by a
comprehensive framework enabling a diagnostic analysis of needs. Understanding quality management involves at least the following entities; resource; activities; patient; and effects.

Hospital managers spend about 55% of their expenses on labor, with nurses represented about 23% of the workforce, the single largest labor cost for hospitals. Therefore, the nursing department is the obvious first target for cost reduction. Hospital managers are focusing on this major expense and are striving to decrease the demand for nurses in an attempt to the reduce operating costs, re-organized by implementing techniques such as case management, work redesign, and implementation of technology. How do these techniques and other subsequent outcomes influence nurses’ job satisfaction?

Low job satisfaction is a major cause of turnover among nurses. In addition, job satisfaction may affect quality of service and organizational commitment. This has resulted in an increased emphasis in recent years on studying job satisfaction among nurses. Previous research has indicated that patients in understaffed hospitals have suffered from complications that have could have been prevented by good nursing care. Low job satisfaction is major cause of turnover among nurses. In addition, job satisfaction may affect quality of service and organizational commitment. This has resulted in an increased emphasis in recent years on studying job satisfaction among nurses.

It is imperative that hospitals strive to monitor and sustain the job and organizational work satisfaction of their nurses. Since the nursing department comprises the largest number of employees and the majority of direct caregivers at the bedside, it is very important that their needs are understood and addressed. Therefore, determining of nursing job satisfaction is high priority. This information is important in strategic planning for improving quality of care and retention of nurse within the organization. This chapter attempts to provide a concentrated summary on the topic of study. It aims to pool together all what has been discussed earlier.
7.2 SUMMARY OF FINDING RELATED TO THIS RESEARCH

Summary of finding related to this research topic is given below:

1- Demographic data;

- Total sample size contained 400 nurses in both public and private hospitals. Of these, 84.8% were female, the majority of nurses (26.5%) were aged 26-30, 62% were married, 29% were staying with parents, 81% did not have any dependents and 10.3% had 1-2 dependents, 64% of married nurses had 1-2 children and 28% did not have any children, 34% had 1 child below 7 years, 96% had a B.Sc. degree in nursing, 33.8% had 1-5 years work experience while 23.7% had 16-30 years work experience, 38.6% were employed for 1-5 years and out of them 31.9% was belonging to private hospitals and 6.6% was belonging to public hospitals, 49.5% had permanent employment, out of them 30.3% permanent nurses were in public hospitals and 19.3% were in private hospitals, while 38% had temporary employment, 30.8% of them were in private, and only 7.3% were in public hospitals, 92% were full time, 51% of nurses were working 1-5 years in their current hospitals, and 39.3% of nurses were working in their current wards for 6-12 months.

- The position of the majority of nurses’ (77.5%) was staff nurse, 50.3% of nurses worked in critical wards (ICU, CCU…), 77.7% of nurses believed that their wards were below the level of standard staffing (out of them 45.2% was in public and 32.5% was in private hospitals), 82.3% of nurses worked only in one nursing position, 38.8% had 1-60 hours per month over time working, 43% of nurses had rotating shift work (out of them 32.3% in public hospitals) and 25.3% day shift, 19.5% of nurses had 13 and more than 13 night duty shifts (out of them 5.0% in public and 14.5% in private hospitals), 50.4% of the educational level of the nurses’ spouse was B.Sc. degree and 55.2% of the jobs of nurses’ spouse were business, seller, etc. In both of public and private hospitals 37.0% of nurses had rental residence, 70.8% of nurses’ residences were at a far distance from hospitals, 33.3% were using bus for going to hospitals, and in public hospitals 16.3% were using hospital service. Also
39.0% of nurses attended for 1-5 workshops (out of them 25.8% in public and 13.3 in private hospitals), 42.3% attended 1-5 seminars (out of them 23.5% in public and 18.8% in private hospitals), and 33.3% of nurses attended 1-5 conferences (out of them 19.5% in public and 13.8% in private hospitals).

2- Relationship between nursing job satisfaction with job component and type of hospitals:

- Nurses who worked in private hospitals were more satisfied (or less dissatisfied) with the **nature of work** than public hospitals.
- Nursing job satisfaction with **autonomy** was the same in both public and private hospitals.
- Nursing job satisfaction with **co-workers** was the same in both public and private hospitals.
- Nursing job satisfaction with **recognition** was the same in both public and private hospitals.
- Nurses who worked in public hospitals were more satisfied (or less dissatisfied) with **promotion** than private hospitals.
- Nursing job satisfaction with **supervision** was the same in both public and private hospitals.
- Nursing job satisfaction with **pay** was the same in both public and private hospitals.
- **Total nursing job satisfaction** (include the all above job component) was the same in both public and private hospitals. Total nursing job satisfaction was 7.0% and total job dissatisfaction was 42.0%. According to the above result the researcher rejects the first hypothesis (that was job satisfaction in public hospitals nurses’ is more than those of private hospitals nurses in Iran).
- Also **overall nursing job satisfaction** (despite all the parameters) was the same in both public and private hospitals.
3- Relationship between HRM practices items and type of hospitals:

- HRM practices that related to salaries and fringe benefits were the same in both public and private hospitals.
- HRM practices about staffing philosophy, clerical work: floating and rotating shifts was the same in both public and private hospitals.
- HRM practices about professionalism; interdisciplinary relationship; public committees in public hospitals were better than private hospitals.
- HRM practices regarding staff development in public hospitals were better than private hospitals.
- HRM practices about administration support in public hospitals were better than private hospitals.

4- Relationship between HRM practices items and total nursing job satisfaction:

- HRM practices about salaries and fringe benefits had directly affected the job satisfaction of nurses.
- HRM practices about staffing philosophy, clerical work: floating and rotating shifts had directly affected the job satisfaction of nurses.
- HRM practices about professionalism; interdisciplinary relationship; public committees had directly affected the job satisfaction of nurses.
- HRM practices regarding staff development had directly affected the job satisfaction of nurses.
- HRM practices about administration support had directly affected the job satisfaction of nurses.
- Total HRM practices had directly affected the job satisfaction of nurses. It means when total HRM practices are good; job satisfaction is also high and vice versa. According to this result, the researcher accepts hypothesis No. 2 (i.e. job satisfaction of nurses is directly related to HRM practices).
7.3 RECOMMENDATIONS

It is important to the future of health care that ample strategies be identified to provide support for nurses as they take on the challenges of the new century. The following points for effective HRM practices of hospital management are recommended, for creating and improvement of the nursing job satisfaction, and quality of hospital management.

1. Hospital and nursing administrators should consider offering a retirement system plan and benefits to improve the work environment.

2. Administrators should spend more time in communicating with their nursing staffs. Hospital administrators need to talk to the nurses, especially staff nurses and charge nurses, regarding what is happening in their organization and what needs to happen to keep nurses satisfied over the long-term.

3. Administrators should consider the issues raised in this study. Special attention should be directed to the concerns of experienced nurses and the issues of benefits and location of working environments.

4. Administrators must consider changing the work context, especially concerning salary and promotions policies, in ways that can contribute to job satisfaction and maintain a viable nursing workforce for the future.

5. Administrators should create financial incentives and educational funds such as tuition reimbursement and scholarships to promote recruitment and retention of nurses. Knowing what incentives will do the most to increase the level of job satisfaction of nurses may help hospital administrators make decisions about the expenditure of scarce resources.

6. Administrator educational programs could focus more specifically on human resource management. Training programs about management expectations and quality of care programs could be developed to address administrators concerns about their employees.

7. Opportunity to maximize professional nursing practice through primary nursing, autonomy, availability of consultation, and resource personnel.

8. Support of nursing personnel by hospital administration.
9. Adequate staffing or decrease workload and documentation special in public sector.

10. Employer support for professional development and continued formal education.

11. Attractive employment benefits such as competitive salaries and flexible scheduling.

12. Create positive overall image of nursing both within and outside the organization.

13. Nurses must have input on the design of their work environments if such structures are expected to empower nurses in their practice.

14. Access to information about organization policies to all nurses.

15. Visibility of nurse managers at all level in the clinical setting (will support and give to the nurses for demonstrate their clinical expertise and to be recognized for their skills).

16. Access to opportunities to learn and grow for professional development programs, including in-service and continuing education program for both staff and managers.

17. Fund for education opportunities, make training very practical.

18. Improve communication and adopt less hierarchical structures.


20. Realistic appraisal system for nurses especially in private sector.

21. Current promotion possibilities are also a source of dissatisfaction. Changing promotion procedure for nurses might make nurses more satisfied.

22. Increase wages to make nurses more satisfied with their jobs.

23. Nurse Managers must identify the reasons staff nurses are dissatisfied in a timely manner and act to improve conditions to prevent costly turnover and provide patients with high-quality care.

24. Education to staff nurses on managing workload and stress in their shifts.

25. Empowering nurses in their jobs and allowing them to be involved in organizational decisions and planning.
27. Providing rewards for advanced training or education.
28. Supporting positive co-worker relationships.
29. Having satisfactory supervisors.
30. Creative supportive environment by managers who provide public recognition to their staff.
31. Participation of nurses in recognition program and assortment of recognition strategies.
32. Identify, evaluate, prioritize, and plan standardized process to decrease barriers to workflow (patient care).
33. Evaluate and plan improvements for physical work environment to support workflow and efficiency.
34. Create an educational plan for the entire staff.
35. Providing flexible scheduling options for nurses in their duty shifts.
36. Administration should give greater consideration to the role that current satisfaction of new and young nurses’ play in shaping future job intentions.
37. Supervising staff in the health care sector should pay more attention to individual differences in order to increase the person-job match.
38. It is extremely important to start paying attention to the work-related abilities, needs and desires of individual nurses, in order to adjust leadership style, work-related demands and developmental plans.
39. Managers must focus more on supporting nurses in the attainment of their values within the work setting.
40. Managers must spend equal time with all who work under their direction to support them.

The best sources of information regarding the workplace are the nurses themselves. In a rapidly changing health care environment, timely feedback is necessary. Short surveys, designed specifically to facility needs, are an expeditious initial step in nursing job satisfaction.
7.4 SUGGESTION FOR FUTURE RESEARCH

The findings of this study reaffirm the importance of nurse leaders routinely monitoring satisfaction ad evaluating and implementing strategies to address the dimensions of satisfaction that the data indicate need improvement. This study can serve as road-map for policy maker in Iran. For improving the HRM practices in hospital the following suggestion are made for future research:

1. A longitudinal study would be useful with data collection taking place at different time intervals (e.g. every 2 years).
2. Continuing the study over a period of a year to observe for change in job satisfaction is also recommended. (See model 7.1 suggested by the researcher).
3. Investigation of creating and maintaining of work milieu in output of hospitals as well as supportive environments affect specific nurse-patient interaction need to be pinpointed.
4. A study of the effects of management interventions to provide recognition based on staff nurse values.
5. A study of turnover and leave of work among nurses in public and private hospitals of Iran.
6. Investigate of the level of nursing job satisfaction and patient mortality in Intensive Critical Care Unit (ICU and CCU).
7. Research into the effectiveness of different human resource strategies in outputs of hospitals HRM practices and quality of medical care.
8. The link between the HRM practices and patient mortality.
9. Role of total quality management on quality of patient care and nursing job satisfaction.
10. Effective use of experience of nurses in improving quality of healthcare services.
Suggested Model by the researcher for continuously HRM practices research with considering Time and other elements contribute in job satisfaction.