CHAPTER I

INTRODUCTION, SCOPE

AND

RESEARCH

METHODOLOGY
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INTRODUCTION, SCOPE AND RESEARCH METHODOLOGY

1.1 INTRODUCTION

Public administration is an inevitable consequence of the existence of social life and has roots in the antecedent of humanity. Public administration examines the phenomenon of management, organization, decision-making and implementation processes, and explains political, social, and economical changes in the society. With the growing scope and nature of the administrative, welfare, developmental and corporate functions of the modern state, the importance of the Public administration has increased strongly. The role of Public administration in the modern state cannot be under emphasized and with the state becoming all-pervasive, the need for the well being of society calls for an efficient administration. In the words of Lepawsky, “The future of civilized government and even of civilization itself rests upon our ability to develop a science and a philosophy, and a practice of administration competent to discharge the functions of civilized society.”

Administration is a process permeating all organized human activities. The meaning of administration is to care, to serve, to look after, to administer or to manage public affairs. Pfiffner and Presthus defined administration as “the organization and direction of human and material resources to achieve desired ends.”

and further Herbert A Simon described it as, “the activities of groups cooperating to accomplish common goals.” These definitions reveal that administration comprises of two essentials – cooperative efforts and pursuit of common objectives. Thus, administration is a process common to all group effort, whether it is public or private.

Public administration is a vital dimension of the broader field of administration. The use of word ‘Public’ before ‘administration’ restricts its coverage to the administrative activities of the government. Public administration is defined as the organization and management of human and material resource to fulfill the objectives laid down by the government. It is the complex of government activities that are undertaken in public interest at different level such as central, state and local.
It is engaged in looking after myriad needs of human life—health, education, recreation, sanitation, social security etc.

Public administration is of pivotal importance in developing countries like India, which are engaged in a massive effort to lift themselves from a state of poverty, squalor and disease to a level of general happiness, health and prosperity, and which employs it (i.e. Public administration) as the instruments of change and development. A country’s progress is thus largely determined by the quality of its Public administration. In other words, in the promotion of the education, the health and the economic prosperity of the people, it is through Public administration that the modern state serves the people. The important target of the Public administration in delivering health services to the people is efficiency, productivity, profitability, cost-effectiveness and making people feel convenient and satisfied. Health is vital for ethical, artistic, material and spiritual development of man as stated by the Charaka, the renowned Ayurvedic physician. It is not only basic for leading a happy life to an individual but it is also necessary for all productive activities in the society.

Health is one of the fundamental human rights and it is vital responsibility of the state to look after the health of its people. The state is committed to fulfill this responsibility by taking appropriate health and social welfare measures through health administration.

Health administration is a branch of Public administration which deals with organising and co-ordinating government and non-government agencies whose purpose is to improve the physical, mental, social well being of the people. According to Winslow, “Health administration is a science and art of preventing diseases, prolonging life, promoting health efficiency through organized community effort for the sanitation of the environment, the control of communicable diseases, the education of the individual in personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, the development of social machinery to ensure every citizen has a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birth right of health and longevity”. It implies that the main purpose of health administration is preservation and promotion of health, prevention of diseases, which help the individual to enrich the quality of life.
In recent years, health has been accorded a privileged place on the global agenda, with its recognition as a central issue and condition for development. Growing poverty and inequity in a globalized world, heightened risks posed by ecological, demographic, and socio-economic changes and their impact on public health had defined health as a priority for the state. Consequently, the state has intended to deliver health care services to meet the needs of entire population through various health care system such as primary health centre, sub-centre, community health centre and hospital.

Hospital is a health care agency of health care delivery system which is manned by different groups of professionals using a variety of equipment and supplies for rendering patient care and expansion of medical knowledge. An expert committee of the World Health Organization defined the hospital as an integral part of a social and medical organization, the function of which is to provide for the population complete health care, both curative and preventive and whose outpatient services reach out to the family in its home environment; the hospital is also a centre for the training of health workers and for bio-social research. The primary purpose of any health care facility like hospital is to provide the best possible patient care. The basic quality of care given and the efficiency with which the facility operates are ultimately a reflection of performance of human resource. With different level of impact, the physicians, nurses, administrators and other health care workers combine their talents and efforts to provide patients with the care and treatment they need.

Human resource holds a key position in the economic development of any country because the real strength of the country and its institution depends upon the capabilities of their people. It is true that only dynamic employee can built dynamic organization. Organizations flourish only through the efforts and competencies of their human resources. In the health care system, nursing personnel are the main human resource that constitute the largest workforce and plays a very important role. In fact, it is accepted worldwide that nurses are the core functionaries in providing health care both in hospital as well as in the community. Health care involves human aspects much more than other components such as modern medical technology, modern infrastructure etc. Therefore, nursing care is important aspect of health care.
In the words of Francis, “Of all categories of hospital staff, the best organized and most compliant is invariably the nurses. Nursing care is extremely important for good patient outcome in a hospital set up. While physicians plan the treatment and perform the diagnostic and treatment procedures, it is the nurses who spend more time caring for the patient and looking after all his needs throughout the hospital stay. The success of patient care and the reputation of the hospital depend to the large extent on the efficiency and the tender loving care extended by the nurses. Ensuring high level of nursing care is, therefore a big challenge for the hospital and nursing administration.”

Nursing administration plays a vital role in managing the hospital services.

According to Finer, “Nursing service administration is a coordinated system of activities which provides all of the facilities necessary for the rendering of nursing care to patients and includes the establishment of overall goals and policies. It is the selection, provision and employment of resources for a purpose, the fulfillment of which is desirable or compulsory. Having originated in hospital organizations, the science of nursing service administration evolved in response to the need to manage the nursing resource and to develop coordinated care delivery processes.

Nursing resources are invaluable to the nation’s health. The need for knowledgeable, sophisticated, caring nurses is greater now than at any time in the history of profession. There exists a serious problem in retaining sufficient numbers of registered nurse in the nation’s health care facilities. The probable cause of the nursing shortage are complex and the shortage has become more and more pronounced as increasing numbers of nurses become dissatisfied and leave nursing.

Over the past two decades relative to demand, because of the decreasing supply of registered nurses, rather than viewing nursing staff as mainly an expense, health care leaders and management in hospitals and other health care organization are redirecting their attention to factors that satisfy and attract nurses.

As a result greater attention is focused on practices of health care organizations, nursing care processes, nursing staff perception. Nursing research on work conditions, work environment, staffing, management practices, and patient care outcomes has grown exponentially. Many feel that hospitals that can attract and retain qualified nurses will enjoy a competitive advantage over those hospitals that do
There is a need that hospitals must promote organizational climate and motivate nurses in order to retain them in their organization.

Given the pivotal role that nurses play in determining the efficiency, effectiveness and sustainability of health care systems, it is important to understand what motivates them and the extent to which the organization and other contextual variables satisfy them. Job dissatisfaction has frequently been cited as the primary reason for a high turnover of nurses, as well as increased rates of absenteeism, both of which impede efficiency and effectiveness, which in turn pose a threat to a health care organization's capacity to provide good care as well as meet the needs of patients. This may result in a decrease in morale and productivity of the remaining nurses due to the increasing pressure on them, which in turn has the potential to contribute to further work dissatisfaction and a further increase in nurse turnover.

In addition, dissatisfied providers not only give poor quality, less efficient care, there is also evidence of a positive correlation between professional satisfaction and patient satisfaction and outcomes. Nurses who were not satisfied at work were also found to distance themselves from their patients and their nursing chores, resulting in suboptimal quality of care. Baxter further highlighted the strong influence of nurse job satisfaction on the quality of care they provided as well as on the nurse-patient relationship. There is also compelling evidence of a positive relationship between job satisfaction and employee health. Blegen et al. demonstrated a strong negative association between job satisfaction and stress, while Grieshaber et al. showed that dissatisfaction led to increased stress and frustration, which resulted in physical, emotional and behavioral problems. This has been found to be an important contributor to suboptimal performance of nurses as well as to abandonment of the profession. It corroborates the importance of job satisfaction for the nurses and for the health care system.

It is well known that job satisfaction is an important concept widely studied in organizational psychology and organizational behavior. It is a worker’s sense of achievement and success and is generally perceived to be directly linked to productivity as well as to personal well being. Job satisfaction implies doing a job one enjoys, doing it well, and being suitably rewarded for one’s efforts. Job satisfaction further implies enthusiasm and happiness with one’s work.
Group observed job satisfaction as the key ingredient that leads to recognition, income, promotion, and the achievement of other goals that lead to general feelings of fulfillment. 

In the last several decades, many changes have occurred in the health care system which affects the organizational environment for nurses and the ways in which they provide care. Advances in technology and the greater emphasis on cost containment have resulted in changes in the structure, organization and delivery of health care services. Many of the traditional roles of the hospital have been shifted to community based settings. Meanwhile the overall acuity of the patients seen in the hospital settings has increased and the average length of stay has decreased. This means that today’s nurse particularly those in the hospital have more stressful work environment because they are caring for the patients who are more acutely ill and demands intensive care and meticulous effort from nurses. All of these factors can have significant impact on nurses’ satisfaction with their jobs. These elements have the potential to create tremendous stress and ultimately create negative attitudes which may cause dissatisfaction with the job. Job satisfaction is an important component of nurses' lives that can impact on patient safety, productivity and performance, quality of care and commitment to the organization and the profession.

1.2 NURSING: AN INDIAN SCENARIO

Nursing profession is totally devoted for the public service and is the part of Public administration. Nursing is a profession in the field of social sciences, whose object of study and intervention is human care, as implied in the constitution, experience, development, protection, and recovery of health, and whose beneficiaries are the human subject as a cultural being, the family, groups, communities, and society as unit of care. With a total healthcare workforce of 2.2 million and a population of over one billion, India's nursing density 7.9 per 10,000 populations is well below international standards and is inadequate to meet the current domestic health services needs.

In India, the hospital nurses work in the ratio of 1:100 in most of the hospitals and units as against the prescribed norms i.e. 1:6 in general wards, 1:4 in special wards and 1:1 in critical care units. These prescribed norms are recommended by Indian Nursing Council and also endorsed by staff inspection unit of Ministry of
Finance, formed in 1992 by the Government of India. In the community one Auxiliary Nurse Midwife looks after 15000-20000 population as against the prescribed norm of 1:5000 in plain areas and 1:3000 in hilly areas as recommended by Bhore Committee (1946) and High Power Committee (1987). In nursing schools at present the ratio of teacher to student is 1:25-30 as against the prescribed ratio of 1:10 as recommended by Indian Nursing Council in year 2001. The data showed that there is great imbalance in the nursing manpower in India. Many states in India face a shortage of nurses and midwives.\textsuperscript{31}

Further, in comparison to other countries, the health care system of India has been facing major challenges due to shortage of nurses though there is encouraging improvements in recent performance indicators of health. The nurse to population ratio in India is low. The ratio is 1:1100 in India and 1:100-150 in Europe. This ratio in African countries, Sri Lanka and Thailand is 1:1400, 1:1100 and 1:850, respectively. It is estimated that India is facing 40-50% shortage of nurses due to demand outstripping supply and the main reason could be that the Indian nurses prefer to work overseas for higher compensation and better working condition.\textsuperscript{31}

As stated in bulletin of World Health Organization 2012, India has 2000 nursing diploma schools, 1200 nursing degree schools and 281 MSc. (Nursing) Colleges. Annually the country produces around 60000 nurses.\textsuperscript{32} Though many new colleges and nursing institution are coming up but according to the Report of the National Commission on Macroeconomic and Health, around 3.25 lakh nurses would be required by 2015.\textsuperscript{33}

According to Sheikh K., senior scientist and director at the health governance hub of the Public health foundation of India, “Recent plans for Universal health coverage in India have been developed in the expectation of a principle role for nurses, as the backbone of public and essential health services and majority contributors to the health workforce”.\textsuperscript{34} Universal health care refers to “organized health care system, which are based on the principle of universal coverage for all members of society including health financing and service provisioning”. However the translation of these ideas into tangible measure is a path fraught with many barriers mainly shortage of nurses.\textsuperscript{35} These lines signifies the importance of nurses in health care delivery system in community.
Some of the major reasons for mismatched ratio are inadequate number of nurses being trained, migration, non-filling up of the posts and non-creation of posts. This in turn leads to low morale, demotivation and dissatisfaction, among nurses. The stress of work adversely affects the work performance of the staff nurses. The quality of nursing services provided by them does not match the expectations of patients, their family members and other health care team members, which is very frustrating for the nurses.

It has been a recorded fact that the nurses from India exhibit good knowledge as their performance scores are persistently high in the examination which the nurses qualify to get employed overseas. International migration of Indian nurses accounts for up to one fifth of the nursing labor force which is being lost to the wealthier states. The major cause apart from economic factor and working condition is unhappiness with prevalent social attitude towards nurses.

The performance of Indian nurse is undermined in comparison to their working conditions. The nurses work in a set up where the working conditions are non-conducive to carry out their job responsibilities. The nurses take care of the well being of others in the adverse work conditions which severely affect their physical and mental health. Therefore in order to provide quality services, it is mandatory to retain the nursing professionals in the system so that they can make a significant contribution to the health and development of the peoples of the hemisphere. It can be achieved by the enhancement of nurses' level of job satisfaction.

Job satisfaction has primarily been defined by two approaches: a global approach that encompasses overall attitudes, feelings and emotions towards their work experience and a faceted approach that emphasizes employees' attitudes towards individual aspects of their job which is more useful at determining specific areas for improvement. Although international research varies in its specific findings, the general conclusions seem to support a sentiment of growing dissatisfaction experienced by nurses around the world. Key dissatisfiers were found to include non-supportive work environments and increased workloads, while important predictors of nurse work satisfaction included autonomy, work content, professional development and recognition, and relationships with co-workers and peers. Poor
working conditions and organizational climate were also strong predictors of
dissatisfaction, while the social context of the job was found to be a strong predictor of satisfaction. The studies are, however, limited in the sense that they relate to studies in individual organizations, are done at regional level. Several studies have been conducted to find out job satisfaction among nurses of different regions of different countries. There have been no recent studies of this phenomenon in nursing in regional area of Uttar Pradesh in India. This study was a modest attempt to explore the job satisfaction among hospital nurses.

1.3 JOB SATISFACTION

Work defines a human on every level of every kind – social, professional, domestic, economic and personal. The more successful a person feels on each of these levels, the more satisfied the person feels as a worker and an individual. Heisler and Houck (1977) contended that three conditions are necessary for workers’ happiness – “the worker must feel he has satisfied the clients’ needs, the worker must feel that he has upheld high standards and the worker must feel his personal and moral needs have not been compromised”. Satisfaction and performance benefits both the organization and the worker.

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 set 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.

The term job satisfaction was brought to limelight by Hoppock. He described job satisfaction as, “any combination of psychological, physiological and environmental circumstances that cause a person to say I am satisfied with my job.”

The first major study of job satisfaction in nursing was conducted by Nahm at the University of Minnesota in 1940. Over the time, dynamism in the conceptualization of job satisfaction was highlighted. An individual’s job satisfaction
can vary in time and space, in other words between countries, geographical regions, hospitals and wards in the same hospital.45

1.3.1 Definition of Job satisfaction

- According to Kulhen, “Job satisfaction is the individual matching of personal needs to the perceived potential of the occupation for satisfying those needs.”46
- According to Worf, “Job satisfaction is need fulfilment, that is, whether or not the job met the employee’s physical and psychological needs for the things within the work situation.”47
- According to Conrad et al., “Job satisfaction is a match between what individuals perceive they need and what rewards they perceive they receive from their jobs.”48
- According to Herzberg and Mausner, “Job satisfaction is a function of satisfaction with the various elements of the job.”49
- According to Gruneberg, “Job satisfaction is all the feelings that an individual has about his job. However, what makes a job satisfying or dissatisfying does not depend only on the nature of the job, but on the expectations that individuals have of what their job should provide.”50
- According to Price, “Job satisfaction is the affective orientation that an employee has towards his or her work.”51

These definitions highlight the importance of both the context of the job and the content of the job in determining an employee’s job satisfaction level. It is inferred that job satisfaction refers to a set of attitudes that employees have about their jobs. It is psychological disposition of people towards their jobs, how they feel about the work and this involves numerous attitudes and feelings.
Table 1.1

Definition of Job satisfactions in nursing administration

<table>
<thead>
<tr>
<th>Job satisfaction Concept</th>
<th>Authors and years</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>Satisfaction as an affect</td>
<td>Willem A, Buelens M, Jonghe ID (2007)</td>
<td>An individual’s perceptual/emotional reaction to important facets of work.</td>
</tr>
<tr>
<td>Satisfaction as an attitude</td>
<td>Weiss HM (2002)</td>
<td>A positive or negative evaluative judgement one makes about one’s job or job situation.</td>
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<td></td>
<td>Lunderen S, Nordholm L, Segesten KM (2005)</td>
<td></td>
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<tr>
<td>Job satisfaction as an expectation</td>
<td>Jiang N (2008)</td>
<td>Difference between the amount of rewards workers receive and the amount they believe they should receive.</td>
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<tr>
<td></td>
<td>Liu LF (2007)</td>
<td></td>
</tr>
<tr>
<td>Job satisfaction as a belief system</td>
<td>Hegney D, Plank A, Parker V (2006)</td>
<td>Job satisfaction decreases when the intrinsic work values are not met.</td>
</tr>
<tr>
<td></td>
<td>White C (2006)</td>
<td></td>
</tr>
<tr>
<td>Satisfaction as a multidimensional construct</td>
<td>Ruggiero JS (2005)</td>
<td>Job satisfaction is a multidimensional concept. There is no consensus model for the dimensions of nurses’ job satisfaction.</td>
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<tr>
<td></td>
<td>Finn CP (2001)</td>
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<td></td>
<td>Adams A, Bond S (2000)</td>
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</tbody>
</table>
1.3.2 Importance of Job satisfaction in nursing

Worldwide a shortage of nurses has been extensively reported in many countries. In Australia, an extra 13500 new registered nurses each year will be needed by 2016, to meet the demand for nursing service. Canada is predicted to be short of approximately 113000 nurses by 2016. Similarly, by 2020 the USA nursing workforce is estimated to be 20% below requirements. Nurse job satisfactions are critical for nurse retention. Much of the research into nurse job satisfaction has looked at how to recruit and retain nurses by providing an environment that makes nurses want to stay in the profession. When higher levels of nurse job satisfaction are experienced, there is an increase in morale and commitment which makes it more likely that a nurse will stay in the profession.

Nursing job satisfaction is important to both health care providers and patients. Nursing satisfaction has been linked to positive patient outcomes and a greater perceived quality of care. Nurse dissatisfaction, on the other hand, contributes to the nursing shortage with a subsequent adverse effect of higher nurse–patient ratios, longer patient waiting lists and nursing staff burn out.

1.4 CONCEPTUAL MODEL FOR THE STUDY

According to Blegen and Irvine, “Job satisfaction is commonly viewed as a composite of conditions of the individual, the nature of the work and organizational context that surround that work.” Consequently, the variables included in this study represent these three conceptual categories: personal conditions, work conditions, and the organizational conditions.
CONCEPTUAL MODEL FOR THE STUDY

**Personal Conditions**
- Age
- Education
- Year of service
- Designation
- And other socio-demographic variables

**Work Conditions**
- Work Itself
- Group cohesion
- Nurse-Physician collaboration
- Work Relation
- Quality Of care
- Work Load
- Job Competence
- Team Respect
- Physical Work Environment
- Job stress

**Organizational conditions**
- Pay
- Organizational Autonomy
- Unit leadership behaviors
  - Value and Purpose
  - Participatory Decision making
  - Goal Achievement
  - Recognition and Confidence
  - Unit Autonomy

**Job Satisfaction**
The first set of variables in the model is personal conditions, which represent a compilation of factors that are inherent to the nurse. These variables are demographic conditions and include age, education, years of service in nursing, designation and other socio-demographic variables. These factors are intrinsic to the nurse and have the potential to shape attitudes towards elements of the job and influence satisfaction.

**Personal conditions** are placed at the top of the model because there are some evidence to support demographic conditions such as age and experience or length of service in nursing can influence attitude regarding the job and the work environment.<sup>55,56,57,58</sup> Particularly, perceptions of job competency may be influenced by tenure in one’s position and experiential level. Personal conditions were operationalized by data obtained from the demographic questionnaire.

**Work conditions** the second set of variables, reflect attitude toward the environment surrounding the job and actual performance of the job. They encompass feelings associated with having the time and the resources to adequately perform the job as well as the interpersonal relationships that exist in the work environment. These conditions are elements within the immediate unit and contribute to the work group atmosphere of unit surrounding the day-to-day work that nurses do. Variables within the set are work itself, group cohesion, nurse-physician collaboration, work relations, quality of care workload, job competence, team respect, physical work environment, staffing and job stress.

The first element of work conditions, **work itself** is defined as the extent to which the job provides the individual with interesting tasks, opportunities for learning and the chance to accept responsibility.<sup>59</sup>

The second element of work conditions, **group cohesion**, is defined as a general sense of individuals wanting to stay in particular group.<sup>60</sup> Attributes of productivity, efficiency, feelings of belongingness, morale and personal feelings about the group influence it.

The third element of work conditions, **nurse-physicians collaboration** is defined as “open discussion between nurse and physicians and shared responsibility for problem solving and decision-making”.<sup>61</sup>
Another variable within work conditions is **work relations**, which is the perception of interpersonal relationships within the work setting. Feelings regarding teamwork, cooperation and interaction with personnel represent this variable.\textsuperscript{62}

**Quality of care** refers to the perception of being satisfied with ability to provide quality, individualized care to patients. Lynn and Kelly\textsuperscript{63} in their study viewed quality of care as a nurse’s perception. They operationalized quality as comprised of attitudes about nursing care and the work environment and behaviors that demonstrate good nursing care. In the study, this variable represents nurses’ satisfaction with their capacity to provide care for patients that meets personally set standards.

The next variable is **work load**. It is defined as the subjective perception of having adequate time to provide patient care as well as complete other job requirements. Work load is influenced by nature and type of tasks that nurses engage in as well as personnel resources that are required for those tasks. Alexander et al.\textsuperscript{64} defined workload in his study as the degree to which the amount of work required interferes with the ability to meet patient needs and deliver high quality care and found it as one of the strongest predictor for job satisfaction.

**Stress** can be major factor in nurses’ daily work. Job stress plays a crucial role in influencing attitudes towards work.\textsuperscript{65, 66} Stress can be conceptualized as being driven from an internal source or an external source. Internal stress can be generated from a perception of one’s inability to competently perform the requirements of the job. This type of stress arises from doubts regarding one’s level of knowledge, ability to make judgments, and being respected by members of the team for one’s competency.

**Job competence** is defined as feelings regarding one’s ability to adequately perform the requirements of the job. Feelings regarding one’s ability to make patient care decisions, currency of knowledge and ability to use unit equipment are components of this variable. Seashore and Taber\textsuperscript{67} stated that a discrepancy between one's abilities and the abilities required by one's job is a strong and predominant correlate of job satisfaction. Conversely, lack of job competence can generate internal stress and thereby negatively influence job satisfaction.
Team respect, another variable related to personal job performances, refers to a perception of being respect for one’s knowledge by one’s supervisor and coworkers.

Job stress that is product from the external environment is generated by circumstances or aspects in the work setting itself. It is created by sub-optimum working conditions or deficiencies in the physical work environment.

Physical work environment is defined as a perception of the environment, particularly the workspace, availability of equipment and supplies.

Staffing is defined as a perception of the adequacy of staffing to provide patient care and allow for continuing education as well as satisfaction with scheduling. 68

Organizational conditions, the last variable set, correspond to factors that are external to the actual performance of nurses’ work and represent the larger context in which a nurse’s job is performed. This variable set typify factors that are peripheral to the day-to-day tasks that nurses do and it provides the organizational context in which the work is performed. It encompasses perceptions regarding the nursing leadership within the patient care unit as well as perceptions related to receiving adequate compensation for the job performed. The degree of autonomy fostered within the organization as evidenced by involvement in administrative policy-making and decision-making is also a component of organization conditions. Specifically, this variable set will be represented by factors of pay, organizational autonomy, and a group of variables comprising unit leadership behavior.

Pay, the first element of organizational conditions, is defined as satisfaction with the remuneration for the performance of work and a perception of the equity and reasonableness of pay in relationship to what is expected.

Organizational autonomy, the second element, is defined as opportunities for involvement in administrative decision-making and advancement along with administrative sensitivity to nursing problems. It reflects a perception of nurses’ involvement in determining policies and procedures, ability to advance professionally within the organization, as well as nurses’ perception of administrative sensitivity to nursing and the problems encountered by nurses. 68
The last group of variables under organizational conditions is concerned with perceptions of the nursing leadership on the unit. Particularly these are attitudes regarding behavior that the nursing leadership engages in to empower nurses to effectively perform their jobs. It is a perception of the leadership’s ability to make nurses’ work meaningful, involve nurses in decision-making, assist nurses’ to achieve professional goals, have confidence in nurses’ performance, and provide the necessary resources for nurses to carry out their jobs. Hui had given following components of leadership behavior: 69

The first component of leadership behavior, value and purpose, is characterized by the leader’s actions that provide purpose and meaning to staff so that they feel important and valued within the organization and therefore motivated to carry out their jobs.

The second component, participatory decision-making is defined as behavior that actively involves and solicits input from staff in the decision-making process. It involves creating opportunities for the expression of opinions and mutual decision-making.

The next element, goal achievement, refers to leader behavior that enables staff to achieve their goals through the provision of adequate resources, removal of job obstacles and enhancement of staff skills.

Recognition and confidence, the fourth element, is behavior that demonstrates confidence in the staffs’ ability to perform at a high level and recognition of the accomplishment of the staff.

The last element of leadership behaviors is unit autonomy. This variable is defined as leadership behaviors directed towards diminishing administrative details and workers rule-mindedness so as to promote their autonomy and ability to effectively perform their jobs.

Job satisfaction, the outcome variable, is an attitudinal variable, one that is derived from thoughts toward the job itself and the context in which the job is performed. It is defined as “an overall measure of the degree to which the employee is satisfied and happy with the job”. 70 Therefore, in this study, job satisfaction was viewed as an attitude toward one’s job in general or in other words as a general
feeling of liking or enjoying one’s job in relation to specific job elements. Nurses’ who indicate that they like their jobs are highly satisfied with those jobs. 

1.5 REVIEW OF THE LITERATURE

1.5.1 Theoretical basis of job satisfaction

In the literature, job satisfaction is most commonly viewed from two perspectives, a one-dimensional or a multi-dimensional concept. As a one-dimensional construct, job satisfaction is most commonly defined as “the degree to which individuals like their work”. It refers to individuals overall perceptions towards the work roles they are engaging in. Job satisfaction is therefore an affective component or attitude towards one’s job. Taking the multi-dimensional approach, job satisfaction is viewed as a composite of factors, conditions of the job, the environment, and the individual.

Most of the nursing research on job satisfaction relies heavily on the work of social psychology theorists. Abraham Maslow’s pioneer work in the 1950s provided a foundation for understanding the motivating factors in human behavior and how that can be related to the work environment. Maslow advanced a theory of human motivation that is rooted in human needs. According to Maslow, human beings are in a continual state of want or need, never being completely satisfied. The state of unmet needs provides the impetus and motivation for behavior. Motivation, therefore, is grounded on fundamental goals and needs. In applying this concept to the workplace, by determining what factors motivate employees and fostering the attainment or provision of those factors, job satisfaction can result.

The work of Herzberg and Mausner (1959) has also been extremely influential in studying job satisfaction. Building on Maslow’s theory of human needs, Herzberg argued that factors that are job satisfiers are different than factors that cause dissatisfaction, thereby labeling his theoretical approach as a “Dual-factor theory.”

The first factor is referred to as motivation and it is represented by elements that are intrinsic to the job; doing it, liking it, being successful in it, being recognized for it and being able to move ahead in it. Herzberg identified the specific elements as achievement, recognition, advancement, responsibility and the nature of the work. Because these elements satisfy an individual’s self-actualization and creativity needs,
their presence products high level of job satisfaction and positive job attitudes. However, on the other hand, the absence of these elements may not necessarily lead to job dissatisfaction.

The second factor Herzberg identified is referred to as hygiene. Hygiene factors are viewed as extrinsic and include elements surrounding the context in which the job is performed. Included under this factor are the elements of supervision, interpersonal relations, physical working conditions, salary, organization policies and administrative practices, benefits and job security. These factors also meet needs, specifically the need for fair and just treatment in relationship to one’s job. According to Herzberg, absence of these factors produces job dissatisfaction and poor job attitudes. Herzberg argued that the elimination of the hygiene factors, or dissatisfiers, would only serve to decrease dissatisfaction and not significantly contribute to satisfaction.

Vroom’s (1964) “Expectancy theory” of job satisfaction has also been influential, like Maslow. Vroom examined the interrelationships between work and motivation, particularly the effect of motivational variables on work behavior. The theory highlights three important concepts, valence (preference, or particular feelings or attitudes) expectancy (the belief of the likelihood that a particular outcome will result from a particular behavior) and force (the compelling nature driving behavior based on valence and expectancy).

According to Vroom, job satisfaction is a function of the preferences or feelings towards certain outcomes and the likelihood that those outcomes will be attained. Force becomes the impetus for action that an individual will engage in with regard to the outcome. If a job produces certain outcomes that are perceived as undesirable, job satisfaction will be negatively influenced, and there is no force motivating behavior. Likewise, if an outcome is not viewed as important, then increasing the likelihood of attaining that outcome will not influence job satisfaction or behavior. On the other hand, if an outcome is valued, and there is a strong possibility of attaining it, job satisfaction will be increased. Job satisfaction appears to be highest when there is a match between desired outcomes and the ability and expectancy to achieve them. However, when there is a discrepancy between preferences and expectancy, job satisfaction suffers.
Similar to this view, Locke (1969) also emphasized the important relationship between individual values and factors that are found to be satisfying in one’s job. From his perspective job satisfaction is viewed “as the pleasurable emotional state resulting from the appraisal of one’s job as achieving or facilitating the achievement of one’s job values.” Dissatisfaction occurs when there is disparity between what is desired and what is received when a particular job facet is deemed to be important.

1.5.2 Nursing Job satisfaction

Job satisfaction is a most frequently studied variable in almost all academic discipline. The traditional model of job satisfaction focuses on all the feelings that an individual has about his/ her job. However, what makes a job satisfying or dissatisfying does not depend only on the nature of the job, but also on the expectations that individuals have of what their job should provide. Thus, job satisfaction is the affective orientation that an employee has towards his or her work. It can be considered as a global feeling about the job or as a related constellation of attitudes about various aspects or facets of the job. The global approach is used when the overall attitude is of interest while the facet approach is used to explore which parts of the job produce satisfaction or dissatisfaction. Some facets of job satisfaction considered significant by Spector were: appreciation, co-workers, fringe benefits, communication, job conditions, nature of the work itself, the nature of the organization itself, an organization’s policies and procedures, pay, personal growth, promotion opportunities, recognition, security and supervision.

Nursing job satisfaction has been extensively studied around the world since the 1930s. One of the most well known nursing studies was Nahm’s (1940) survey of 275 Minnesota private duty, institutional, and public health nurses. Overall, 78% were satisfied with their job and 98% were satisfied with nursing as an occupation. Only 41% had attained some knowledge about nursing work prior to entering the profession and 54% entered nursing with little or no knowledge of the work they would be expected to do. Those entering for humanitarian reasons were generally satisfied. Those with financial reasons were generally dissatisfied.
McCloskey (1974) studied 94 Registered nurses who had resigned from metro hospitals (53% turnover rate), found inadequate rewards and incentives as the source of their dissatisfaction.

Nolan et al. (1995) found that level of job satisfaction had remained stable and two factors were dominant in nurses’ understanding of satisfaction and morale, namely: the perceived ability to deliver good patient care and good collegiate relationships with co-workers. Together, these accounted for more than 50% of all the additional positive comments received. Nolan et al. (1998) further found that the vast majority of respondents (85%) considered that their work was interesting and this was one of the most significant factors influencing job satisfaction. Regarding job satisfaction and morale, 35% of respondents considered that their job satisfaction had decreased and 69% felt that overall morale had fallen.

Similarly, Adamson et al. (1995) found that British nurses’ perceived themselves to be more dissatisfied than Australian nurses. The British nurses perceived their professional status to be lower, their relationship with hospital administrators to be poorer and their working conditions to be less adequate than Australian nurses. They also reported more conflict between the idealized perspectives of work gained during training and actual work practice, and were less satisfied with their professional organization. The British nurses were also more concerned about the lack of communication between nurses and doctors and reported being less respected by other allied health professionals, hospital administrators and doctors. However, there was no overall significant difference between the Australian and British nurses regarding perceived level of autonomy of the medical profession.

From another point of view, Lee (1998) cross-sectional survey examined the level of job satisfaction regarding six job components - autonomy, professional status, pay, interaction, task requirements and organizational policies. The results showed that nurses were dissatisfied more than satisfied and reported most satisfaction with professional status and most dissatisfaction with task requirements. The level of need for autonomy was below the mid-score of the sub-scale with no significant relationship between their satisfaction with job autonomy and their individual need for autonomy.
Utilizing this questionnaire, Tovey and Adams (1999) found that key sources of nurses’ dissatisfaction included working relationships, particularly those with management, lack of staff, professional concerns about poor standards of care and external work pressure.

Lundh’s (1999) studies showed that over 90% of respondents saw their work as interesting and most respondents also thought that they received respect from their superiors (68%). Conversely, however, 55% of respondents reported that leadership within the organization was not seen to be particularly democratic with limited opportunities to influence the decisions of managers. In addition, nearly three quarters of respondents reported that their levels of stress had increased over the last 12 months, while important aspects of their job satisfaction, such as satisfaction with pay and satisfaction with overall working conditions had fallen.

Adams and Bond (2000) found that most nurses positively rated aspects of ward services, facilities and layout. The highest correlations were found between job satisfaction and cohesion of the ward nursing team, staff organization, the level of professional practice achieved within the ward and collaboration with medical staff. The most important contributors to nurses’ job satisfaction were the degree of cohesion existing among ward nurses, the degree of collaboration with medical staff and perception of staff organization.

Aiken et al. (2001) found job dissatisfaction among nurses was highest in the United States (41%) followed by Scotland (38%), England (36%), Canada (33%) and Germany (17%). One third of nurses in England and Scotland and more than one fifth in the United States planned on leaving their job within 12 months of data collection. More striking, however, was that 27–54% of nurses less than 30 years of age planned on leaving within 12 months of data collection in all countries. Regarding the work climate, only about one third of nurses in Canada and Scotland felt that they participated in developing their own work schedules in comparison with more than half in the other three countries. When compared with other countries, the nurses in Germany (61%) reported that they were more satisfied with the opportunities for advancement while the nurses in the United States (57%) and Canada (69%) felt more satisfied with their salaries.
In addition to providing a general outline of reported job satisfaction, Price (2002) explored key areas of job satisfaction using the Mueller and McCloskey’s (1990 b) satisfaction scale. It is a 5-point Likert scale (5= very satisfied, 1= very dissatisfied) comprising 31 items on eight dimensions: extrinsic rewards, scheduling, balance of family and work, co-workers, interaction opportunities, professional opportunities, praise and recognition, control and responsibility. The global scale’s correlation coefficient was reported as 0.89 and the validity ranged from 0.53 to 0.75, with the scale correlating positively with several established satisfaction scales. The results demonstrated that over half of the respondents were generally satisfied with their job. They identified that highest satisfaction was related to co-workers and extrinsic rewards and that most dissatisfaction was with the amount of control and responsibility they had and with professional opportunities. The individual items on this scale with which nurses were most satisfied were identified as annual leave, nursing peers and hours worked and for dissatisfaction compensation for working weekends and control over work conditions and childcare facilities.

Using the same scale, Wang (2002) found that Chinese nurses were more dissatisfied than satisfied and were mostly dissatisfied with pay and job promotion.

According to Larrabee et al. (2003), job dissatisfaction has been a primary predictor of nurses intention to vacate positions. Their study examined the influence of nurses’ attitudes, context of care, and structure of care on nurses’ job satisfaction and intent to leave on a sample of ninety nurses at a 450 bed university medical centre in West Virginia. The results revealed that those nurses who had graduated less than five years earlier and who had been in current positions for less than five years were more likely to report an intention to vacate a position. Age did not significantly correlate with level of job satisfaction.

These results contrast with a study by Ernst et al. (2004). They conducted a study of nurses representing all hospital departments in an urban, pediatric facility to examine what factors affect nursing satisfaction. The results showed that elder nurses with more years of experience and more tenure at the facility experienced less job stress, less concern with task requirements, more recognition for their work, and less concern with pay than their younger counterparts. The majority of nurses reported feeling “enthusiastic” about their work and “satisfied” with the patient care provided.
Having physicians respect their knowledge of judgments, confidence in abilities or patient care decisions, and coping skills were revealed as the most important reported factors influencing job stress.

A qualitative study performed by Archibald (2006) sought to examine the job satisfaction of nurses caring for infants in an intensive care unit. The main findings were patient outcomes, monetary compensation, team spirit, advocacy, and physician support as the most influential factors of job satisfaction. This study’s limitation was that all participants were nurses who worked in the night shift.

Additionally, educational benefits have been implicated in nurses’ job satisfaction. For example, study by McGills et al. (2006) found that teaching hospitals produce nurses with higher perceptions of their work environment than do community hospitals. They further report that although nurses in the study experienced higher levels of job stress, they were more satisfied with their jobs than the community hospital nurse counterparts. Community hospital nurses reported lower perceptions of autonomy, professional relationships, role enactment, and benefits. The findings suggested that teaching facilities may put higher emphasis on strategies aimed at nursing retention.

A study by Rambur et al. (2007) however, found that in terms of autonomy, growth, job stress, and physical demands, baccalaureate prepared nurses were found to be significantly more satisfied than were associate degree nurses. No significant differences were seen in the categories of pay and benefits, opportunities for advancement, supervision and continuing education. The exclusion of advanced practice nurses and non practicing nurses could be considered limitations of this study which may have provided further insights into how educational preparations affect job satisfaction and job/career longevity.

Zheng and Liu’s (2010a) conducted study and found that the Chinese nurses’ had average level of job satisfaction and their highest satisfaction was related to co-workers, while most dissatisfaction was with pay and job promotion.

Ai-hong et al. (2012) conducted a study to compare the job satisfaction level among eight groups of health care professionals in private settings. A total of 81 health care professionals, including nurses, physiotherapists, occupational
therapists, medical laboratory technologists, dieticians, medical imaging practitioners, environmental health officers, and optometrists in private settings. A Kruskal–Wallis analysis showed significant differences in promotion, supervision, operating conditions, co-workers, nature of the work, and communication, but there were no significant differences in pay, fringe benefits, and contingent rewards among the eight health care professions. The Friedman test showed a significant difference in job satisfaction score among the eight health care professions. The conclusion was that the overall job satisfaction levels are different among health care professionals in private settings, especially regarding promotion, supervision, operating conditions, co-workers, the nature of the work, and communication.

Lorber M. and Savic B.S. (2012) studied to determine the level of job satisfaction of nursing professionals in Slovenian hospitals and factors influencing job satisfaction in nursing. The study included four hospitals selected from the hospital list comprising twenty six hospitals in Slovenia. The employees of these hospitals represent 29.8% and 509 employees included in the study represent 6% of all employees in nursing in Slovenian hospitals. One structured survey questionnaire was administered to the leaders and the other to employees, both consisting 154 items evaluated on a 5 point Likert-type scale. They examined the correlation between independent variables (age, number of years of employment, behavior of leaders, personal characteristics of leaders, and managerial competencies of leaders) and the dependent variable (job satisfaction i.e. satisfaction with the work, coworkers, management, pay, etc) by applying correlation analysis and multivariate regression analysis. In addition, factor analysis was used to establish characteristic components of the variables measured. It was found that a medium level of job satisfaction in both leaders and employees, however, there was a significant difference between their estimates. Job satisfaction was explained by age, years of employment, personal characteristics of leaders, and managerial competencies of leaders in 46% of cases. The factor analysis yielded four factors explaining 64% of the total job satisfaction variance.

Ramoo V. (2013) conducted a study to assess Malaysian nurses' perceived job satisfaction and to determine whether any association exists between job satisfaction and intention to leave current employment. The findings of the study were overall nurses had a moderate level of job satisfaction, with higher satisfaction for
motivational factors. Significant effects were observed between job satisfaction and demographic variables. About 40% of the nurses intended to leave their current employment. Furthermore, age, work experience and nursing education had significant associations with intention to leave. Logistic regression analysis revealed that job satisfaction was a significant and independent predictor of nurses’ intention to leave after controlling for demographic variables.

1.5.3 Indian studies

Ghai S. (1998) had conducted a study on nursing services administration at Nehru Hospital, Post Graduate Institute of Medical Education and Research, Chandigarh where she had studied job satisfaction of nurses and enumerated the factors for dissatisfaction among the nurses. The result established that 54% staff nurses were satisfied whereas 43% were dissatisfied with their job. The major factor for dissatisfaction were: allowances, promotional policies, respect given by the society, health and leave facilities, 12 hours night shift duty, non–nursing jobs’ workload, inadequate supply of equipment.

Upreti P. P. (2005) conducted a descriptive cross sectional study to assess the level of satisfaction among the nursing personnel. Total 100 samples were selected by using systematic stratified sampling technique. Data was collected by self-administration method by using semi-structured instrument. The findings of the study revealed that 78% of the participants expressed average satisfaction, 21% dissatisfaction and only 1% was found to be highly satisfied. There was significant association between the level of job satisfaction and present working wards/units. Nurses working in critical areas are more satisfied than the nurses working in non-critical areas. The conclusion of the study was, there were various satisfying factors such as good interpersonal relationship, good communication pattern, fair evaluation, opportunities for higher education, job security and dissatisfying factors were such as low salary, increased workload, unreasonable pressure, lack of in-service education and trainings facilities.

Saini S. and Singh C. (2005) conducted a study in a tertiary level hospital of a state government to find out job satisfaction among nursing personnel. A self-developed Job satisfaction questionnaire was administered to one hundred and seventy eight nurses who were selected by systematic random sampling. Results
revealed that 77% nurses were satisfied or highly satisfied with their job, 1.7% was dissatisfied and rests 21.3% were undecided about their level of job satisfaction. On an average, nurses were satisfied with achievements related to job, recognition, work, responsibility, supervision and interpersonal relationship. Significantly higher numbers of married nurses were satisfied as compared to single nurses. Significantly more number of nurses working in Intensive care units and Operation theatre were satisfied as compared to nurses working in other areas of hospital as indicated by Chi-square test. Higher numbers of nursing supervisors were satisfied than bed side nurses and nursing administrators. More number of nurses with professional qualification Diploma in General Nursing and Midwifery were satisfied as compared to Degree holder nurses. Though these differences were statistically not significant.

Nigy M.N. (2006)\textsuperscript{10} conducted a study on job satisfaction of nursing staff in a multispecialty hospital. The data was collected from 40 nursing staffs using questionnaire and it was found that majority of the staffs are highly satisfied with their job and the quality of patient care depends upon the extent they are satisfied with financial and non-financial incentives.

Chhugani M. (2008)\textsuperscript{13} conducted study on the topic development of nursing staff and she concluded the reason of dissatisfaction among nurses were work load, insufficient resources provided to work, participation in research activities, appreciation and credit for work, continuing education, library facilities, participating in professional organization activities, being rewarded and recognized for good or extra work, clearly written job responsibilities, interference of supervisor, interest of authority in staff problem, insufficient equipments, instruments and supplies, facilities for staff nurse e.g. changing room, resting room and problem solving approach of hospital administrator. And they were highly satisfied for the following factors: to be a nurse, place of work, sufficient resourced to work, practicing whatever is learnt, opportunity to work with persons from other field, serving and prolonging life as patients, on job training facilities, participation in care of patients with different illness, nursing care with degree of completeness, initiative in planning own work and handling sophisticated equipments.
Dhadda R.K. (2008)\textsuperscript{102}, she conducted study on the practical pertaining to the management of equipment and supplies and she found that the nursing staff satisfaction level is correlated with the availability of resources and equipment.

Another study conducted by Sharma S.K (2009)\textsuperscript{103} patient satisfaction in selected government and private hospital at Ludhiana also studied nurses’ job satisfaction in relation to patient satisfaction.

Patil S.B. and Choudhari P.T. (2011)\textsuperscript{104} conducted a study to assess the satisfaction level of nurses in private and government hospitals with their jobs and working environment as well as to examine the effect of nurses’ demographic factors on it. Three hundred nurses working private hospitals and sixty nurses working government hospitals were included in the study. This study found that nurses in government hospital were more satisfied and committed to their hospital than the nurses working in private hospitals. Besides, satisfied nurses tend to have a higher degree of commitment then the less satisfied ones.

Jathanna R. et al. (2011)\textsuperscript{105} conducted a study to explore the correlation between employee’s personal profile and their satisfaction in their job. The personal profile determinants which were compared with overall job satisfaction were age, gender, work experience, marital status, dependent children and parents. It revealed that majority of the determinants studied were having positive impact on the job satisfaction. It is interesting to note that comparatively young employees with dependents were more satisfied with their job. They were feeling satisfied and motivated to work as they were contributing to the family.

Jahan T. and Kiran U.V. (2013)\textsuperscript{106} conducted a study to examine the job satisfaction of nurses in the government and private hospital of Lucknow, Uttar Pradesh. The result of the study indicated a better job satisfaction among nurses of government sector in comparison to nurses belonging to private sector and married nurses were found to be more stressed than unmarried nurses due to the extra responsibilities of family and child rearing.

Gupta M.K. et al. (2014)\textsuperscript{107} compared the level of job satisfaction among nurses in government and private hospitals of Andhra Pradesh, India. The result showed that Government nursing employees were more satisfied as compared to the
private nurses, with their profession as well as salary structure. Migration to Gulf countries in future was disagreed by the nursing personnel. This disagreement was significantly stronger among government nursing employees.

Table 1.2

Matrix of reviewed literature

<table>
<thead>
<tr>
<th>S.No</th>
<th>AUTHOR(s)</th>
<th>PLACE</th>
<th>FINDINGS</th>
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<tbody>
<tr>
<td>1</td>
<td>Nahm, H. (1940)</td>
<td>USA</td>
<td>Those nurses who have joined nursing for humanitarian reasons were satisfied and those who have joined with financial reasons were generally dissatisfied.</td>
</tr>
<tr>
<td>2</td>
<td>McCloskey (1974)</td>
<td>USA</td>
<td>The major source of dissatisfaction among nurses was inadequate rewards and incentives.</td>
</tr>
<tr>
<td>3</td>
<td>Nolan et al. (1995)</td>
<td>England</td>
<td>Level of job satisfaction had remained stable and two factors were dominant in nurses’ understanding of satisfaction and morale, namely: the perceived ability to deliver good patient care and good collegiate relationships with co-workers.</td>
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<tr>
<td>4</td>
<td>Adamson et al. (1995)</td>
<td>England and Australia</td>
<td>British nurses’ perceived themselves to be more dissatisfied than Australian nurses. The British nurses perceived their professional status to be lower, their relationship with hospital administrators to be poorer and their working conditions to be less adequate than Australian nurses.</td>
</tr>
<tr>
<td>5</td>
<td>Lee (1998)</td>
<td>Hong Kong</td>
<td>The nurses were dissatisfied more than satisfied and reported most satisfaction with professional status and most dissatisfaction with task requirement. No significant relationship between satisfaction with job autonomy and individual need for autonomy.</td>
</tr>
<tr>
<td>6</td>
<td>Tovey and Adams (1999)</td>
<td>England</td>
<td>Key sources of nurses’ dissatisfaction included working relationships, particularly those with management, lack of staff, professional concerns about poor standards of care and</td>
</tr>
</tbody>
</table>
7. **Lundh (1999)**
- **Country:** Sweden
- **Findings:** Nurses’ levels of stress had increased, while satisfaction with pay and overall working conditions had fallen.

- **Country:** England
- **Findings:** The most important contributors to nurses’ job satisfaction were the degree of cohesion and perception of staff organization.

9. **Aiken et al. (2001)**
- **Countries:** United States, Scotland, England, Canada, and Germany
- **Findings:** Job dissatisfaction among nurses was highest in the USA followed by Scotland, England, Canada, and Germany. German nurses were more satisfied with the opportunities for advancement while the nurses in the United States and Canada felt more satisfied with their salaries.

- **Country:** England
- **Findings:** Over half of the nurses were generally satisfied with their job. The highest satisfaction was related to co-workers and extrinsic rewards and most dissatisfaction was with the amount of control and responsibility they had and with professional opportunities.

- **Country:** Mainland China
- **Findings:** Chinese nurses were more dissatisfied than satisfied and were mostly dissatisfied with pay and job promotion.

12. **Larrabee et al. (2003)**
- **State:** West Virginia
- **Findings:** Nurses who had graduated less than five years earlier and who had been in current positions for less than five years were more likely to report an intention to vacate a position. Age did not significantly correlate with level of job satisfaction.

13. **Ernst et al. (2004)**
- **City:** Miami, USA
- **Findings:** Elder nurses with more years of experience and more tenure at the facility experienced less job stress, less concern with task requirements, more recognition for their work, and less concern with pay than their younger counterparts.

- **State:** Florida, USA
- **Findings:** The most influential factors of job satisfaction of nurses were patient outcomes, monetary compensation,
<table>
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<tr>
<th></th>
<th>Authors</th>
<th>Location</th>
<th>Description</th>
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<tbody>
<tr>
<td>15</td>
<td>McGills et al. (2006)</td>
<td>Toronto, Canada</td>
<td>Teaching hospitals produce nurses with higher perceptions of their work environment than do community hospitals. Community hospital nurses reported lower perceptions of autonomy, professional relationships, role enactment, and benefits.</td>
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<td>16</td>
<td>Rambur et al. (2007)</td>
<td>USA</td>
<td>In terms of autonomy, growth, job stress, and physical demands, baccalaureate prepared nurses were found to be significantly more satisfied than were associate degree nurses.</td>
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<td>17</td>
<td>Zheng and Liu’s (2010a)</td>
<td>China</td>
<td>The Chinese nurses’ had average level of job satisfaction and their highest satisfaction was related to co-workers, while most dissatisfaction was with pay and job promotion.</td>
</tr>
<tr>
<td>18</td>
<td>Ai-hong et al. (2012)</td>
<td>Malaysia</td>
<td>The overall job satisfaction levels are different among eight groups of health care professionals in private settings, especially regarding promotion, supervision, operating conditions, co-workers, the nature of the work, and communication.</td>
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<td>19</td>
<td>Lorber M. and Savic B.S. (2012)</td>
<td>Slovenia</td>
<td>A medium level of job satisfaction in both leaders and employees, however, there was a significant difference between their estimates. Job satisfaction was explained by age, years of employment, personal characteristics of leaders, and managerial competencies of leaders in 46% of cases.</td>
</tr>
<tr>
<td>20</td>
<td>Ramoo V. (2013)</td>
<td>Malaysia</td>
<td>Nurses had a moderate level of job satisfaction, with higher satisfaction for motivational factors. Significant effects were observed between job satisfaction and demographic variables.</td>
</tr>
<tr>
<td>21</td>
<td>Ghai S. (1998)</td>
<td>India</td>
<td>54% staff nurses were satisfied whereas 43% were dissatisfied with their job. The major factor for dissatisfaction were: allowances, promotional policies, respect given by the society, health and</td>
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<td>22</td>
<td>Upreti P.P. (2005)</td>
<td>India</td>
<td>Nurses working in critical areas are more satisfied than the nurses working in non-critical areas. Satisfying factors such as good interpersonal relationship, good communication pattern, fair evaluation, opportunities for higher education, job security and dissatisfying factors were such as low salary, increased workload and unreasonable pressure, lack of in-service education and training facilities.</td>
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<td>23</td>
<td>Saini S. and Singh C. (2005)</td>
<td>India</td>
<td>77% nurses were satisfied or highly satisfied with their job, 1.7% was dissatisfied and rest 21.3% were undecided about their level of job satisfaction. On an average, nurses were satisfied with achievements related to job, recognition, work, responsibility, supervision and interpersonal relationship.</td>
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<td>Nigy M.N. (2006)</td>
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<td>Majority of the nursing staffs are highly satisfied with their job and the quality of patient care depends upon the extent they are satisfied with financial and non-financial incentives.</td>
</tr>
<tr>
<td>25</td>
<td>Chhugani M. (2008)</td>
<td>India</td>
<td>The reason of dissatisfaction among nurses were work load, insufficient resources provided to work, participation in research activities, appreciation and credit for work, continuing education, library facilities, participating in professional organization activities, being rewarded and recognized for good or extra work, clearly written job responsibilities, interference of supervisor, interest of authority in staff problem, insufficient equipments, instruments and supplies, facilities for staff nurse e.g. changing room, resting room and problem solving approach of hospital administrator.</td>
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<td>Page</td>
<td>Author(s) and Year</td>
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<td>26</td>
<td>Dhadda R.K. (2008)</td>
<td>India</td>
<td>The nursing staff satisfaction level is correlated with the availability of resources and equipment.</td>
</tr>
<tr>
<td>27</td>
<td>Patil S.B. and Choudhari P.T. (2011)</td>
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<td>Nurses in government hospital were more satisfied and committed to their hospital than the nurses working in private hospitals. Besides, satisfied nurses tend to have a higher degree of commitment than the less satisfied ones.</td>
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<td>28</td>
<td>Jathanna R. et al. (2011)</td>
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<td>The personal profile determinants were compared with overall job satisfaction. The majority of the determinants were having positive impact on the job satisfaction.</td>
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<td>Jahan T. and Kiran U.V. (2013)</td>
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<td>30</td>
<td>Gupta M.K. et al. (2014)</td>
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<td>Government nursing employees were more satisfied as compared to the private nurses, with their profession as well as salary structure. The disagreement among government nursing employees was significantly stronger for migration to Gulf countries in future.</td>
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</table>

### 1.5.4 JOB SATISFACTION AND PERSONAL CONDITIONS

Demographic conditions have been a frequently measured variable in many studies of job satisfaction.

**Age:**

Evidence regarding the effect of age on job satisfaction is equivocal. Based on the result of two meta-analyses, age and job satisfaction had a weak positive correlation.\(^{35, 56}\).
A study of 412 acute care nurses by Smith M. and Servelien V. (2000) found only a slight positive correlation between age and job satisfaction and the result showed that the older employees were more satisfied and had higher levels of organizational commitment.

Kovner and Brewer (2009) reported that in a nationally representative sample of nurses, 50 years of age or older nurses had significantly higher level of global job satisfaction compared to their younger counterparts.

**Length of service:**

Studies examining the influence of length of service (tenure) have also demonstrated mixed results.

Mottaz (1998) found significant differences in overall work satisfaction based on years of job tenure, finding that as years of tenure increased so did work satisfaction.

Holaday and Bullard (1991) in a study of paediatric nurses, found that those nurses employed over ten years were the most dissatisfied with the work context. The study also found that nurses employed 5-9 years scored the highest on general satisfaction with their jobs while those employed 2-4 years scored significantly lower.

**Education**

Munro (1983) found no differences in job satisfaction based on educational degree. Studies reported by Chu et al. (2003) and Piko (2006) showed that the educational level and staff nurses job satisfaction were negatively related. On the other hand, Bjork et al. (2007) found it positive.

**1.5.5 JOB SATISFACTION AND WORK CONDITIONS**

**Job Stress and Job Satisfaction**

Stress represents a feeling of psychological discomfort that arises when environment stressors exceed one’s ability to cope. Because job stress is a response to elements in the work environment, it has the ability to directly influence perceptions of being happy in that environment. Stress is an extremely important
concept because it has been shown to influence perceptions of many aspects of the work that nurses do. Stress has the potential to negatively influence autonomy, interactions with members of the healthcare team and negatively influence perceptions of the nursing leadership.

Job stress can be generated from a number of factors surrounding the job. Stressors can be categorized as being generated from the physical work environment, staffing and workload issues, interpersonal relations, role conflict, management and governance issues, and lack of personal competence to perform the requirements of the job. 71

Boyle et al. (1999) 117 conducted a study to find the relationship between job stress and job satisfaction. The predominant finding was a strong negative association between job stress and job satisfaction.

In another study, Laschinger et al. (1999) 118 had also found that job stress can diminish work effectiveness and work productivity.

**Group Cohesion and Work Relations**

Interpersonal relationships with co-workers are an important element in nurses work setting. Group cohesion embraces the collegial group environment that nurses work in and the perception of cohesiveness and productivity of that work environment. Interactions between co-workers is based on trust, respect and sharing of knowledge, skills and values helps to achieve optimal patient care. 119 Promoting and encouraging interactions between multidisciplinary team members and by taking a regular and active leadership role in clinical practice decisions that affect nurses are strategies that nurse managers can use to improve job satisfaction for nurses working in acute care wards.

**Job Competence**

Studies have explored the relationship between job competence and job satisfaction. Several studies have specifically examined management conditions, job satisfaction and retention. The findings of the study conducted by Boyle et al. 117 reveals that perceptions of having the skill and ability to perform the job along with
feelings of being respected by one’s colleagues for that knowledge, was significantly correlated with a sense of job enjoyment.

**Team Respect**

Another related element is team respect. Seymour and Buscherhof (1991) in their survey of attitudes towards nursing, found that dissatisfaction with nursing colleagues, particularly the lack of mutual support and respect, was one of the top ranked dissatisfier identified by the respondents.

**Physical Work Environment**

In order for nurses to successfully carry out their job responsibilities, adequate resources need to be in place. Availability of functional equipment, sufficient workspace, and tolerable noise levels can be essential to performing one’s job effectively. Particularly in intensive care units, where patient care is technologically supported, the availability and adequacy of these resources is paramount. However, when these resources are lacking, they can significantly contribute to nurse’s job stress, cause frustration and job dissatisfaction.

Kotzer and Arellana (2008) showed that nurses’ had negative perceptions of physical work environment. Kotzer and Arellana found that in sample of paediatric hospital nurses, temperature, lighting, workspace crowding, workspace aesthetic appearance, ventilation and furniture arrangement received the lowest rating in the existing physical work environment. It suggest that nurses’ desired better physical work environment than the environment in which they currently worked.

Bailey, Steffen, and Grout (1980) had found that elements of the physical work environment, such as malfunctioning equipment, inadequate work space and supplies, were a major source of job stress.

**Staffing and Workload**

Another concept connected to job satisfaction is the perception having adequate time to perform one’s job. Work overload, understaffing, and the inability to provide adequate care can significantly influence stress levels, overall job satisfaction. In a longitudinal study, employing the Hinshaw and Atwood turnover model,
Davidson et al. (1997) found that excessive workload was one of the most important determinants of low satisfaction and turnover.

Quality of Care

Delivery of quality nursing care is dependent on the possession of requisite knowledge and skills in conjunction with the competence to apply them in clinical practice. However, the phenomenon of quality of care has remained somewhat elusive with varying definitions and the ways to operationalize it. It has been viewed as encompassing structural elements such as nurse to patient ratios and staff satisfaction, process elements that are targeted to meeting patient needs, and outcome elements focused on patient improvements such as decreased length of stay or decreased morbidity.

Aikens et al. (2000) in a study of seven hospitals revealed that over 50% of nurses surveyed were very satisfied with their jobs and almost 90% identified the quality of care in their institutions as good to excellent.

1.5.6 JOB SATISFACTION AND ORGANIZATIONAL CONDITIONS

Pay

Receiving payment for one’s work is viewed as an important reward or outcome. Institution of salary differentials has been implemented in efforts to enhance job satisfaction and provide incentive. Pay is also an important form of recognition. Adequate pay communicates that value is placed on the services performed for that pay. Nurses need to feel that their services are adequately rewarded.

In studies on pediatric nurses, when asked to rank order factors important to their job satisfaction, pay was identified as the most important factor, however, nurses were last satisfied with their current level of pay.

Best and Thurston (2004) and Curtis (2007) found in their respective studies that pay was the second highest factor for job satisfaction among nurses.

Autonomy

It refers to the amount of freedom, independence, or personal initiative that is allowed in one’s job. Being able to have control over the environment in order to
make clinical decisions, having input into decisions and perceiving the support of one’s supervisors are components of autonomy. In several studies, nurses reported that autonomy contributed to their job satisfaction. Li and Lambert (2008) noted that nurses in China do not exercise autonomous practice and expect all direction for patient care to be provided by medical staff. This highlights that culture can influence interactions between a nurse and other healthcare colleagues and hence impact on the ability for the nurse to have an autonomous role in their practice.

Unit Leadership Behavior

Administrators and nurse managers have control over many factors contributing to nurse job satisfaction. Conditions of job design, work environment, leadership and management styles can significantly influence satisfaction of nurses.

In two meta analyses, job satisfaction was related to nurses perceptions of their interaction or relationship with their supervisors. Positive leadership and respect from supervisors was identified as being important for nurses at a ward level. Nurses wanted respect, social support and organizational support from the administrators. A number of areas where nurses believed that supervisors contributed to job dissatisfaction, included: failing to recognize work accomplishments, providing insufficient communication, being absent when difficult clinical events arose, being indifferent to personal needs, providing excessive criticism and a lack of team conflict resolution skills.

Job satisfaction was associated with good working relations, positive communication, capable leadership, and receiving recognition or feedback from one’s supervisor. Across studies, the behaviour of the nurse manage, particularly in reference to the provision of positive feedback and recognition of staff, consistently correlate with job satisfaction.

Participative management, a concept advanced by Likert (1967), is a management style characterized by group method of decision making and supervision. This system fosters high degree of member involvement and

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participation. Work groups are highly involved in setting goals, making decisions, improving methods and appraising results. Studies have consistently demonstrated that nurses who perceive their nurse managers to have a participatory leadership style are more satisfied.\textsuperscript{138,139}

Nurse managers are pivotal in influencing job satisfaction of nurses in the hospital by providing positive leadership, role-modeling and understanding local issues that affect nurses. However, it is not the sole responsibility of nurse managers; all nurses can contribute to developing and sustaining an environment which is conducive to higher levels of job satisfaction for themselves and their colleagues.

\section*{1.6 INFERENC DRAWN FROM THE LITERATURE}

Job Satisfaction is an important factor for the organization growth, effectiveness and productivity. The performance of the human resource is generally dependent upon their level of job satisfaction. Nursing is a kind of occupation delivering service to individuals, families and societies of all conditions. High-level job satisfaction is important for nurses in order to provide high quality services to the patient. Various studies have suggested that when care providers are satisfied, then patient are more likely to be contented. Furthermore, nurses’ who are happy with their job have a higher level of organizational commitment. The review of literature suggests current workforce shortages all over the world which highlights the importance of understanding the impact and interrelationships of the identified variables of health care organizations and to implement interventions to improve the retention of their nursing workforce. Although several models of job satisfaction have been postulated, these models require further testing especially regarding the relative contribution of different factor. The review of literature suggests that the current models of job satisfaction need to be modified as they omit some important predictors of job satisfaction. The lack of comprehensive model of job satisfaction in nursing is a major shortcoming and without which effective management intervention cannot be developed and tested.
1.7 SIGNIFICANCE OF THE STUDY

The study of job satisfaction has relevance to nursing from economic, humanitarian and professional perspectives. In hospitals, the nurse is the most vital resources of the organization. Not only is the high proportion to the total budget expended on nursing personal in salary and benefits, but also profit and service delivery are directly related to the presence, performance and productivity of the nurse. The efficiency and stability in health care organization rely on maintaining and improving the quality of work life for nurses. Studying the quality of work life and the improvement of work satisfaction for nurses is of humanitarian value and is legitimate goal in itself. Research to develop a clearer understanding of the forces that shape job satisfaction in nursing, a predominantly female profession, may help policy makers design strategies to make social and economic institution better serve the needs of working women.

From a professional perspective, theory-generating research in the area of job satisfaction can contribute to the body of knowledge in nursing and identify areas for further research. Research findings can be used by nurse to negotiate for changes in working conditions and can be incorporated by nursing administrators into managerial decision- making to create and maintain employment environments that foster job satisfaction.

The research on job satisfaction in nursing is very scarce. A need exist for research in job satisfaction in nursing to further the understanding of this phenomenon in the hospital setting.

1.8 SCOPE OF THE STUDY

The study proposes to examine the job satisfaction among nurses: A case study of Sir Sunderlal hospital, Banaras Hindu University, Varanasi. It is a 1200 bedded super-specialty, tertiary level teaching hospital attached to Institute of Medical Sciences, Banaras Hindu University, Varanasi with the nursing strength of 398. The nurses make up the largest group of workforce in the Hospital. The nursing services are considered as essential to provide safe and effective care to the patients and they are a vital resource to achieve health related targets in the hospitals. As key member of the health care team, nurse job satisfaction plays an important role in the
delivery of high quality health care and better patient outcome. Nursing satisfaction with their job has been viewed as one important factor influencing this issue. The present study will help the nursing administrators to create a healthy and congenial atmosphere at the work place so that the nurses could offer their best for the development of the organization with a sense of belongingness, satisfaction and growth. Hence, the present study was undertaken to measure the level of job satisfaction of Hospital nurses.

1.9 OBJECTIVES OF THE STUDY:

1. To assess the nursing service administration of the hospital.

2. To determine how the different conditions (personal conditions, work conditions, organizational conditions) influences the nurses’ job satisfaction of the hospital.

3. To find out the relationship between personal conditions and job satisfaction of nurses of the hospitals.

4. To assess the relationship between work conditions and job satisfaction of nurses.

5. To examine the relationship between organizational conditions and job satisfaction of the hospital nurses.

6. To comparatively analyze the level of job satisfaction of nurses working in intensive care areas and non intensive care areas.

7. To assess the overall level of job satisfaction among nurses.

8. To make broad suggestion for improving level of nurses’ job satisfaction in the hospitals in particular and other hospitals in general.

1.10 HYPOTHESES:

H1: Nurses with different personal conditions (age, nursing education, length of service and designation) have different level of satisfaction.

i. Nurses’ level of satisfaction increases with the age.
ii. Nurses with higher educational status are least satisfied.

iii. Experienced nurses are more satisfied than beginners.

iv. Nurses’ at higher level are highly satisfied.

H2: Work conditions (group cohesion, nurse-physicians collaboration, work relation, workload, quality of care, job competence, team respect, physical work environment, staffing) influences the level of job satisfaction of the nurses.

i. Group cohesiveness and team respect are positively related to nurses’ job satisfaction.

ii. Lack of effective collaboration between nurses and physicians has been viewed as major contributor to nurses’ dissatisfaction in their work settings.

iii. Heavy workload leads to nurses’ dissatisfaction.

iv. Lack of job competence negatively influences job satisfaction of the nurses.

v. Inadequacies of the physical environment and non-availability of resources is negatively correlated with job satisfaction.

vi. Shortage of nursing staff has major contribution to the job dissatisfaction.

vii. Nurses’ job satisfaction has positive impact on quality of care.

H3: Organization conditions (pay; organizational autonomy; unit leadership behaviors- value and purpose, participatory decision making, goal achievement, recognition and confidence; and unit autonomy) contribute towards enhancement of job satisfaction of the nurse.

i. Rewards and pay have a positive correlation with job satisfaction.

ii. Nurses who perceive less organizational autonomy are less satisfied with their jobs, less committed & less motivated.

iii. Unit leadership behavior has positive association with job satisfaction.

iv. Leader behavior that enables staff to achieve their goal contributes towards their job satisfaction.
v. Unit autonomy is important determinate of job satisfaction.

H4: There will be significant difference in the level of job satisfaction of nurses working in intensive care areas and non-intensive care areas.

1.11 RESEARCH METHODOLOGY

The research approach selected for the study is an exploratory correlation design used to determine the relationship among personal conditions, work conditions, organizational conditions and the job satisfaction of the nurses of the Sir Sunderlal Hospital, Banaras Hindu University (BHU), Varanasi. Exploratory research is an extension of descriptive research that focuses more directly on the discovery of the relationships, focusing on an existing phenomenon of interest, thus facilitating a richer understanding of new phenomenon that is being investigated.

1.11.1 Research setting

The Sir Sunderlal Hospital attached to Institute of Medical sciences, Banaras Hindu University is a 1200 bedded, central government tertiary care level referral hospital with the nursing strength of 398. The hospital caters to a large section of the population.

1.11.2 Population

In the present study, the population comprised of all the nursing staff working in different departments at different administrative level in Sir Sunderlal Hospital, BHU, Varanasi. The total nursing position is 398 out of which 368 were on roll at the time of data collection and rest 30 position were vacant.

1.11.3 Sample and Sampling technique

Census sampling method was used for the selection of the participants for the study applying planned inclusion and exclusion criteria for the sample. Census method was used as it provides a true measure of the population and benchmark data may be obtained for future studies. The following inclusion criteria were observed in selecting the sample subjects:

1. Nursing personnel having minimum one year of work experience in Sir Sunderlal Hospital, BHU, Varanasi.
2. Available during the data collection period
3. Willing to participate in the study.

The sample size for the study was 281. Out of 368, 281 nursing personnel participated in the present study.

In order to determine whether the sample size was adequate, Creative Research systems survey software was used. With the confidence level of 95% and confidence interval of 4 and population size of 400, the sample of 240 participants would be required. Therefore, the sample size of 281 was deemed adequate for the present study.

<table>
<thead>
<tr>
<th>Job Level</th>
<th>Designation</th>
<th>Total number of position</th>
<th>Total number on roll</th>
<th>Sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top Management Level</td>
<td>Nursing Superintendent</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Deputy Nursing Superintendent</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Assistant Nursing Superintendent</td>
<td>7</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Middle Management Level</td>
<td>Sister</td>
<td>77</td>
<td>77</td>
<td>55</td>
</tr>
<tr>
<td>Operational Level</td>
<td>Staff Nurse</td>
<td>311</td>
<td>282</td>
<td>223</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>398</td>
<td>368</td>
<td>281</td>
</tr>
</tbody>
</table>

1.11.4 Research tool

The research tool was developed by means of reviewing the related literature extensively, informal discussions with nursing administrators and consulting the supervisor. The structured questionnaire was developed for measuring the job satisfaction.
Variables under study

- Independent Variable
  - Personal conditions
  - Work conditions
  - Organization conditions

- Dependent Variable
  - Job satisfaction amongst nursing personnel

1.1.5 Description of the Tool:

Questionnaire is the format of 5 and 7 point Likert scale (Appendix I). The questionnaire was divided into three parts.

Part A consists of questions related to socio demographic profile of the nursing personnel.

Part B consists of sub section from A to G

Sub section A contains 11 statements scored on five point Likert scale describing the immediate work group. It measures a general sense of member wanting to stay in a particular group. The items solicit perception of group productivity, efficiency, and feelings of belongingness, morale and ability to work together as well as personal feelings towards the group. The first seven items range from 1 (not at all) to 5 (to a very great extent) and rest four items ranged from 1 (below average) to 5 (above average). The higher score indicates more positive perception of satisfaction. It mainly measures the perception of participant about group cohesion, work relation and team respect.

Sub section B contains 4 statements scored on five point Likert scale related to decision making process. It was designed to measure perceptions of the participants about nurse and physician collaboration and satisfaction with the process of how patient care decisions are made. Three of these items measures elements of collaboration: planning together, good professional relationship, shared responsibility. It ranges from 1 (strongly disagree) to 5 (strongly agree). The fourth item served as a global measure of satisfaction with decision making process for patient care which ranges from 1 (not satisfied) to 7 (very satisfied). The higher value indicates higher level of satisfaction.

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Sub section C has 15 items describing the behaviour of the nursing leadership at the unit. It measures the five leadership behaviour like enhancing the meaningfulness of work (value and purpose), fostering participation in decision making (participatory decision making), facilitating goal accomplishment (goal achievement), expressing confidence in high performance (recognition and confidence) and providing autonomy from bureaucratic constraints (unit autonomy). The scale indicates their extent of agreement or disagreement on a 5-point scale (strongly disagree = 1, strongly agree = 5). Item number C13 was negatively worded, therefore requiring reverse scoring. The higher degree of agreement indicates higher level of satisfaction.

Sub section D has 10 items related to the feelings that individual have about their organization. It mainly measure how much an individual gives importance to the organization on a 7-point Likert scale (strongly disagree = 1, strongly agree = 7). Item number D5 to D9 were negatively worded, therefore requiring reverse scoring.

Sub section E has 47 statements related to the feelings that individual have about their job. It measures the component of work conditions like workload, work relation, quality of care, job competence, work itself, physical work environment, staffing and organizational condition like Pay and benefits, organizational autonomy. The scale indicates their extent of agreement or disagreement on a 5-point scale (strongly disagree = 1, strongly agree = 5). Several items on the scale were negatively worded therefore requiring reverse scoring.

Sub section F has 9 statements related to the personal life of the individual. The scale is a measure of factors that contribute to nurses’ perception of stress related to their jobs. The response were scored on a 5-point Likert scale (strongly disagree = 1, strongly agree = 5). Item number F3 to F9 are negatively worded and require reverse scoring. The higher score reflects positive perception.

Sub section G has 8 statements related to the difficulty individual have at their job. The items measures how frequently an individual nurse faces difficulty in doing the job at workplace because of organizational rules and procedures, supervisor, lack of supply and equipments, interruptions by other people, lack of information, inadequate help from others, incorrect instructions and staff shortage. The scale ranges from – never, less than once a month, 1-3 days per month, 1-2 days per week, 3-4 days per week, 5 or more days per week.
Part C has 4 open ended questions about job satisfaction. These questions reflect the overall job satisfaction level, the factors for job satisfaction and dissatisfaction and the way to improve the level of job satisfaction.

The table 1.3 summarizes the study variables including means, ranges, variance and internal consistency estimate (Cronbach’s alpha) for each scale and subscale measuring the variables.

1.1.6 Validity and Reliability

To ensure the content validity of the tool, it was submitted to the experts in the field of Public Administration, Hospital Administration and Nursing. The experts were requested to review and verify these items for adequacy, relevance, clarity, suitability and meaningfulness. With minor modification in items as suggested by the experts the tool was finalized. The translation of the tool in Hindi was done as most of the nurses were Hindi speaking and they understand Hindi much better in comparison to English. Reliability was computed using Cronbach alpha. The reliability coefficient was found to be 0.94. The tool was found to be valid and reliable.

Table 1.3

Variables: Means, Ranges, Variance and Internal Consistency Reliabilities (N=281)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Items</th>
<th>Mean</th>
<th>Variance</th>
<th>Cronbach’s alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work itself</td>
<td>9</td>
<td>3.805</td>
<td>1.315</td>
<td>.718</td>
</tr>
<tr>
<td>Group Cohesion</td>
<td>4</td>
<td>3.754</td>
<td>0.853</td>
<td>.856</td>
</tr>
<tr>
<td>Nurse-physician Collaboration</td>
<td>4</td>
<td>3.706</td>
<td>1.002</td>
<td>.802</td>
</tr>
<tr>
<td>Work Relation</td>
<td>6</td>
<td>3.425</td>
<td>0.957</td>
<td>.770</td>
</tr>
<tr>
<td>Workload</td>
<td>7</td>
<td>3.092</td>
<td>1.627</td>
<td>.738</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>6</td>
<td>3.42</td>
<td>1.225</td>
<td>.612</td>
</tr>
<tr>
<td>Team Respect</td>
<td>3</td>
<td>3.842</td>
<td>.759</td>
<td>.665</td>
</tr>
<tr>
<td>Physical Work Environment</td>
<td>3</td>
<td>2.913</td>
<td>1.549</td>
<td>.800</td>
</tr>
<tr>
<td>Staffing</td>
<td>3</td>
<td>2.668</td>
<td>1.522</td>
<td>.762</td>
</tr>
<tr>
<td>Job Competence</td>
<td>3</td>
<td>3.814</td>
<td>.951</td>
<td>.641</td>
</tr>
<tr>
<td>Job Stress</td>
<td>10</td>
<td>3.519</td>
<td>1.341</td>
<td>.778</td>
</tr>
<tr>
<td>Pay and Benefits</td>
<td>4</td>
<td>2.968</td>
<td>1.719</td>
<td>.701</td>
</tr>
<tr>
<td>Organizational Autonomy</td>
<td>4</td>
<td>3.037</td>
<td>1.593</td>
<td>.621</td>
</tr>
<tr>
<td>Value and Purpose</td>
<td>10</td>
<td>3.793</td>
<td>1.197</td>
<td>.692</td>
</tr>
<tr>
<td>Participatory Decision Making</td>
<td>3</td>
<td>3.313</td>
<td>1.272</td>
<td>.658</td>
</tr>
<tr>
<td>Goal Achievement</td>
<td>5</td>
<td>3.305</td>
<td>1.082</td>
<td>.602</td>
</tr>
<tr>
<td>Recognition and Confidences</td>
<td>8</td>
<td>3.417</td>
<td>1.220</td>
<td>.715</td>
</tr>
<tr>
<td>Unit autonomy</td>
<td>4</td>
<td>3.250</td>
<td>1.321</td>
<td>.630</td>
</tr>
</tbody>
</table>
1.11.7 Procedure for Data Collection

After seeking permission from the Medical Superintendent of the Sir Sunderlal Hospital, the data was collected within the span of 5 months. Respondents were approached individually and questionnaire was administered.

1.12 ETHICAL CONSIDERATION

The following ethical consideration was observed while conducting the study:

- Prior permission for conducting the study was taken from the competent authority of the hospitals.

- Informed consent from the nursing personnel was taken before administering the research tool

- Maintenance of confidentiality was assured and the participants were informed that the data will be used for academic purpose only.

1.13 DATA ANALYSIS

The data was analyzed by using SPSS 16.0. The main technique have been used for the analysis of the data consist of mean, standard deviation, t-test, ANOVA, Chi-Square test, Pearson’s correlation and multiple regression analysis.

1.14 SCORING OF THE JOB SATISFACTION SCALE

To measure the job satisfaction level the summative score approach was used. For using this approach, the 7-point Likert scales was reduced to 5-point likert scale by combining moderately and slightly disagrees or agrees in same point. The words disagree and agree are assumed to be meant dissatisfied and satisfied respectively. The scoring of the item ranges from 1 to 5 point. 5 being the highest (i.e. highly satisfied) and 1 being the lowest score (i.e. highly dissatisfied) and for negative item the reverse scoring was done.
1.15 MEASUREMENT OF THE JOB SATISFACTION

The two most widely used approaches are a single global rating and a summation score made up of a number of job facets. The single global rating method is nothing more than a response to one question. The other approach is a summation of job facets.\textsuperscript{140} Locke (1976) \textsuperscript{141} indicated that there is a need to measure the level of employees’ job satisfaction through the summation of facets approach because employees’ job are a complicated combination of roles, responsibilities, tasks and rewards that are all interrelated. Summation of facets has frequently been used for diagnostic purposes in organizational research and allows for the identification of areas in which employees’ satisfaction can be measured as acceptable or needing improvement. The satisfaction score of the respondents on the various facets of the job like autonomy, job competence, workload etc are added to create an overall job satisfaction score. In present study summation approach was used. The scale has 96 items on Likert scale (5-point). So, the minimum score is 96 and maximum score is 480. The actual range of score was 213– 473. After obtaining the collective score of each respondent it was divided by 96 to get the mean job satisfaction score of each respondent. Like, other researchers who divided the respondents into different levels of job satisfaction groups depending upon the total observed attitude score on the elements of job.\textsuperscript{142} The respondents are divided into three categories of low, medium and highly job satisfaction level. The low job satisfaction level included respondents with mean score below 2.5, medium job satisfaction level included respondents with mean ranging from 2.5 to 3.5 and high job satisfaction level consist of respondents with mean above 3.5.

### Table 1.4: Scoring of level of job satisfaction

<table>
<thead>
<tr>
<th>Level</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly Satisfied</td>
<td>5</td>
</tr>
<tr>
<td>Satisfied</td>
<td>4</td>
</tr>
<tr>
<td>Neither satisfied nor dissatisfied</td>
<td>3</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>2</td>
</tr>
<tr>
<td>Highly dissatisfied</td>
<td>1</td>
</tr>
</tbody>
</table>
Table 1.5

Different level of job satisfaction according to range of score and mean of Job satisfaction.

<table>
<thead>
<tr>
<th>S.no</th>
<th>Level of job satisfaction</th>
<th>Range of score</th>
<th>Mean of job satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Low job satisfaction</td>
<td>96-240</td>
<td>&lt;2.5</td>
</tr>
<tr>
<td>2</td>
<td>Medium job satisfaction</td>
<td>241-336</td>
<td>2.5-3.5</td>
</tr>
<tr>
<td>3</td>
<td>High job satisfaction</td>
<td>337-480</td>
<td>&gt;3.5</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td>213-473</td>
<td>2.5-5.0</td>
</tr>
</tbody>
</table>

1.16 CHAPTERIZATION

Chapter 1: Introduction, Scope and Research methodology

Chapter 2: Nursing Service Administration of Sir Sunderlal Hospital, Banaras Hindu University, Varanasi

Chapter 3: Job Satisfaction and Personal Conditions

Chapter 4: Job Satisfaction and Work Conditions

Chapter 5: Job Satisfaction and Organizational Conditions

Chapter 6: Conclusion and Recommendations
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