CHAPTER-7

JOB SATISFACTION

Nurses are the backbone of Nehru Hospital attached to the Post Graduate Institute of Medical Education and Research, Chandigarh. They are the hub around which all the spokes of the hospital services are revolving. The doctor leaves complete care of the patient in the hands of the nurse. The nurse stays in the ward round the clock to look after her patients. The nurse not only takes care of the physical well-being of her patients, but caters to the social and psychological needs of the patients as well as educates the patients and their relatives regarding health care. Thus the role of the nurse in the hospital setting is of utmost importance.

In the words of Shanks and Kennedy: "the fundamental goal of nursing profession is to provide patients with the best possible nursing care. Throughout the history of their profession, nurses have strived to attain this goal while confronted by vast technologic,
economic and sociologic changes that have exerted a challenging impact on the nature of the health services provided. Nursing has responded to the demands imposed by these changes and will continue to respond in order to accomplish the goals of the profession. As health services increase, the need for nursing services increases and more and more persons become involved in providing these services."1

So, when there is increased need of nursing services, there is also an utmost requirement for a Nursing Personnel Administration Department.

Tead mentioned that: "Personnel administration is the utilisation of the best scientific knowledge of all kinds to the end that an organisation as a whole and the individuals composing it, shall find that the corporate purpose and individual purposes are being reconciled to the fullest possible extent, while the working together of these purposes realises also a genuine social benefit."2

The above definition clearly brings out that scientific knowledge is to be utilized in order to reconcile the objectives of the individuals and the objectives of the organisation. A person joins an organisation in order to fulfil his own objectives or to satisfy his needs. These needs may be material needs, social needs or psychological needs. If his objectives reconcile with the objectives of the organisation in which he works, then he is likely to satisfy his needs and thereby derive satisfaction at his job. If the individual finds that his job satisfy his needs, then he will
continue to stick to his job and he will do it whole-heartily.

This dictum also applies to nursing profession. A person who joins nursing profession must reconcile with the objectives of the nursing profession, along with the gratification of her personal needs in the profession. When a nurse finds that her job satisfies her personal needs, she will continue to stick to the job and she will do it whole-heartily and efficiently in order to enjoy maximum gratification of her needs. Social scientists and psychologists have given this factor the name of "Job Satisfaction." Thus, Job Satisfaction occupies a prominent place in Scientific Nursing-Service-Administration.

According to Blum, "Job satisfaction is the generalized attitude resulting from many specific attitudes in three areas-specific job factors, individual adjustment and group relationships." He further adds, "It is an individual phenomenon and is measured by ascertaining certain attitudes. These attitudes result from summation of many likes and dislikes in connection with the job."3

So, job satisfaction is the attitudes people hold towards different aspects of their job. Positive attitudes towards the job being conceptually equivalent to job satisfaction and negative attitudes towards the job being equivalent to job dissatisfaction.

Locke defines job satisfaction as: "the pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating the achievement of one's job values."4

According to Blegen and Mueller: "job satisfaction is the
Bush gives a more elaborate definition of job satisfaction as:

"The perception that one's job fulfils or allows the fulfilment of one's important job values, providing and to the degree that those values are congruent with one's needs."\textsuperscript{6}

Thus job satisfaction is generated by an individual's perceptions of how well his job on the whole is congruent with his needs. Since no two human beings are alike, their needs also differ from each other. Therefore they also differ in the gratification of their needs through their jobs, and attain and experience different levels of job satisfaction. Not only this, the same individual may experience different levels of job satisfaction at different times. Further, the same individual may derive different levels of job satisfaction on different types of jobs.

The words of Ford are the best commentary on job satisfaction. According to him: "Job satisfaction may or may not be tied to happiness. But we will know that we are doing something right if we can change the conditions of the job so that employees will stay on the work productively. For the older workers the test will be whether they are with us in spirit as well as in body. The way to achieve this end, for new or old employees, is not to confront them with demands, but to confront them with demanding, meaningful work. And the employees will always have the last word as to whether the work is meaningful."\textsuperscript{7}

Strauss and Sayles have summarised the significance of 'job'
and 'job satisfaction' in the following words:

2. Those who do not obtain job satisfaction, never reach psychological maturity.
3. Those who fail to obtain job satisfaction, becomes frustrated.
4. The job is central to man's life.
5. Those without work are unhappy. People want to work, even when they do not have to.
6. Lack of challenging work leads to poor mental health.
7. Work-and-leisure patterns spill into each other. Those with uncreative jobs engage in uncreative recreation.
8. Lack of job satisfaction and alienation from work leads to lower morale, lower productivity, and unhealthy society."

Job satisfaction of nurses is of great significance as they deal with the living organisms in distress pulsating with the feelings, emotions, sentiments etc. and the attitudes of nurses towards them can be one of the important factors in ameliorating their sufferings and well being. Hence, the role of the nurse in the health delivery system is of utmost importance and the gratification of her needs in and through her job acquires a position of prime importance.

Rider has genuinely emphasized that: "Unless the nurses'
human needs are met in her work, she will be unable to satisfy the human needs of her patients."9

The subject of job satisfaction has been of keen interest for scientific investigation over the years. In the beginning, it was assumed that job satisfaction was related mainly to the amount of money earned. Workers at that time were regarded as part of the machinery to be managed in the most efficient way possible. But Hoppock conducted pioneer research on vocational satisfaction. He interviewed a cross-section of industrial workers and concluded that, "job satisfaction could not be measured in terms of monetary rewards only. There were many other factors which contributed to job satisfaction, such as the individual's ability to adapt to the work situation, his ability to adapt to his co-workers, his relative status in the socio-economic hierarchy of the group, the nature of work in relation to his interest and abilities and his preparation for the job. He also conducted the first community wide study of job satisfaction. He administered a questionnaire and computed an index of job satisfaction. The results indicated that 15% of the sample were not satisfied with their jobs."10 Robinson and Hoppock collated a number of studies reporting percentage of job satisfaction. They found that two thirds of the studies revealed dissatisfaction by one third workers.11

Kornhauser criticised such generalisations in the following words: "...feelings of satisfaction and dissatisfaction are complicated and varied. Working people may be satisfied with
many of the conditions of their employment and still be markedly
dissatisfied with other features of job or of their working lives.
The number considered dissatisfied will depend in large
measures, upon the arbitrary method of defining what the term
dissatisfaction refers to in a given case."

Another approach to job satisfaction has been on the basis
of 'incentives'. It was thought that by providing financial and
non-financial incentives to the worker, specific goals of production
could be achieved. If it were possible to know employee's attitudes
towards these incentives, the organisation would implement the
incentive system which would enhance the job satisfaction of the
worker.

Maier analysed the data of some studies from the incentive
approach and found that work security for the worker was the
highly important item, followed by opportunity for advancement.
Good hours and easy work was rated as less important.

The 'incentive' approach has been criticised for being
uni-dimensional approach. It does not take into account 'off the
job factors'. It overemphasises the economic aspect and seems to
neglect factors such as better interpersonal relations and other
social aspects of work environment.

Another approach to job satisfaction was by ranking job
factors into a hierarchy of importance. But it was seen that different
workers regarded different factors as important. There was hardly
any agreement concerning the order of importance of these factors.

Kornhauser has commented upon this drawback in the following words:

"Some studies show that physical conditions of work are of little importance; but other studies demonstrate that changes in particular physical surroundings, such as ventilation and lighting, produce markedly significant results. Social relations with fellow workers are of paramount importance or they are entirely omitted from consideration. The same sort of disagreement occurs with respect to almost every influence."\textsuperscript{14}

The most striking disagreement is in relation to wages as a motivation. Many investigators have pointed out the relative unimportance of money as a motivating factor. Brown goes to the extreme by saying that "of all the incentives known to man, money is the least important."\textsuperscript{15} However quite opposite findings have also been reported in literature.

On the other hand, Gangoli, analysed three studies on Indian workers and found that adequate earnings topped the list of factors. Job security and opportunity for advancement were also ranked high. Such factors as working hours, relations with colleagues, job status and prestige did not matter much.\textsuperscript{16}

The Hawthorne experiments introduced the concept of human relations approach to the study of job satisfaction. These experiments highlighted the interrelatedness of various elements
of work, such as working hours, rest, fatigue, incentives, employer's attitudes, as well as formal and informal organisations.

The Hawthorne experiments stressed the importance of considering the worker as an integrated 'whole man', not simply as an 'economic man', who lived by bread alone.

Mayo, concluded that the most important determinant of job satisfaction was group interaction. Mayo was the first author to consider the worker from the psychological perspective and to add the psychological dimension to job satisfaction.\(^{17}\)

The human relations approach has been criticised by Whyte and Miller\(^{18}\) as well as by Friedman\(^ {19}\).

The human relations approach once again seems to be one-sided approach. At best, it is a partial explanation of the phenomena of job satisfaction.

A controversial theory of job satisfaction is the 'two factor' theory of Herzberg. It is also known as 'Motivator-hygiene' theory\(^ {20}\).

Maslow, influenced the study of job satisfaction by 'Human Motivational Theory', according to which, our needs are never satisfied because as soon as we satisfy one need, another takes its place. Maslow categorized the basic human needs hierarchically from physiological needs, to safety needs, to belongingness, to esteem needs, and finally, needs for self-actualization. Maslow’s theory states that there are basic or primary physiological needs such as food, water and shelter that individuals look to satisfy.
first, after which they turn attention to the so-called higher order needs. \(^\text{21}\)

Herzberg, developed a theory of job satisfaction based on Maslow's hierarchy but concluded that not all factors increase satisfaction. Herzberg made a distinction between factors that are satisfiers and those that are dissatisfiers. Certain factors, corresponding roughly to Maslow's lower needs, add to dissatisfaction by their attainment. Herzberg stated that factors related to the job environment including salary and work conditions are important because such factors when poor or absent cause dissatisfaction. However, other factors related to the work itself such as peer recognition or increased responsibility are necessary for satisfaction and increased motivation. \(^\text{22}\)

Lawler, put forth the expectancy theory of job satisfaction which relates motivation to the expectations of achieving a reward, the value of the reward, and the efforts required to achieve it. \(^\text{23}\)

Organisational literature by and large has been devoted to the empirical and the intuitive analysis of job satisfaction in the field of industry and education. But there are very few studies in the field of nursing which have a direct bearing on job satisfaction.

In 1936, American Nurses Association conducted a study of general staff nurses employed in 18 states in U.S.A. Out of 40,000 nurses employed in hospitals, only 2370 nurses responded. The main objective was to study the effect of income, salaries and job
conditions on job satisfaction level. A structured questionnaire was sent to all the nurses to elicit necessary information. The three main reasons indicative of dissatisfaction were (1) too small pay, (2) long working hours, and (3) no advancement opportunity.²⁴

Nahm, conducted a study on job satisfaction of nurses in U.S.A. A structured questionnaire and Remmer's Attitude Towards Occupation Scale was used. The nurses as a group had a high degree of satisfaction with their work. 98% had satisfactory attitude towards nursing as an occupation and 78% liked their jobs. Only 1% disliked their job whereas 21% were indifferent to their vocation.²⁵

Helen, studied satisfaction among graduate nurses. She found that satisfaction was associated with a liking with bedside care of patients and a feeling that an institution is well planned and well programmed. Other factors which were associated with satisfaction were faculty members, doctors and others, opportunities to help plan work, initiative, and to express ideas on hospital divisions, opportunities for advancement and to earn adequate salaries after graduation.²⁶

Barde, studied the source of satisfaction among public health nurses in New England and U.S.A. Her findings are not comparable and applicable to the Indian setting. She used open end interview schedule to collect data.²⁷

Simon and Olson, assessed job attitudes of nursing service personnel at University Hospital, Iowa city, U.S.A. The purpose
of the study was to develop an instrument of overall job satisfaction as well as a measure of attitudes towards specific aspects of jobs. It also attempted to detect differences in attitudes among nurses. Findings indicated that there was no difference in job satisfaction among nurses. Three topmost factors contributing to job satisfaction were (1) good chances for promotion (2) not having to work too hard (3) getting along well with head nurse and supervisor.28

Marlow, conducted opinion poll on 757 registered nurses to ascertain their greatest needs. The five most important needs, found in order, were: (1) good working conditions (2) work that keeps you interested (3) job security (4) good wages and (5) full appreciation of work done.29

Dean, conducted a study on turnover of nurses and the factors associated with turnover. The tool consisted of three questionnaires: one each for nurses, for physicians and for patients.30

Rump, concluded that nurses working in larger institutions expressed dissatisfaction and this was due to social distance and lack of communication with other nurses.31

Vechio, stated that job satisfaction and occupational prestige were related to each other.32

Zuriakat and McCloskey, in a nationwide survey, examined the factors contributing to job satisfaction and dissatisfaction. The results revealed that on the average Jordanian Nurses were more
dissatisfied than satisfied. They were somewhat satisfied with their social and safety rewards and incentives but somewhat dissatisfied with their psychological rewards and incentives as offered to them by their hospital work settings. Jordanian nurses were satisfied with 15 and dissatisfied with 18 out of 33 possible factors, related to job satisfaction. They were most satisfied with their relationship with their immediate supervisors. They were also satisfied with their relationship with their nursing peers, with physicians, with control over work conditions, and with the amount of responsibility. The least important factor as contributing to job satisfaction was the hours of work. The factors most often contributing to job dissatisfaction were: opportunity to write and publish, to participate in nursing research, to attend educational programmes, and opportunity for part-time work.  

Nagarathnamma, examined the relationship between the values at work and job satisfaction of incumbents in the nursing profession working in teaching hospitals in Andhra Pradesh. She found that nurses in long service group scored higher with regard to the values like attitude towards earnings, upward striving and job involvement, may be due to social conformity after they have been in the profession for considerable time (15-25 yrs.) and also they appeared to have reconciled themselves to their lot. Activity preference, upward striving and pride in work were found to be significantly related to job satisfaction. On the other hand, social status, attitude towards earnings and job involvement were not found to be related to job satisfaction.
Changes in the health care industry have led to a dramatic evolution of the head nurse role. During a period of role transition, nursing administration at one hospital studied head nurses' satisfaction with various aspects of their roles. Head nurses indicated that they were confused about the new expectations in their roles and this led to decreased job satisfaction. One significant finding was that head nurses reported higher satisfaction levels when not working as charge nurses. The survey showed significant dissatisfaction with secretarial activities and those related to equipment and environment. However, the percent of time head nurses spent in those activities was low. Activities related to direct patient care and patient care management were rated as relatively satisfying and accounted for a large percent of head nurses' time.35

According to Forsey, Cleland and Miller, It is important to emphasize that the levels of staff nurse and nurse manager positions are differentiated by educational preparation for practice. The assumption is that at each level the added theoretical and academic training will provide the nurse with a broader framework in which to make decisions and solve problems. Nurses who are educated differently should have separate performance expectations and career tracks and when so performed be rewarded differently. The use of differentiated job descriptions and differentiated compensation will enable nurse executives to develop cost effective staffing models based on whatever education-based level of practice is needed in a particular position. It also means
that nurses are held responsible for the defined type of clinical or administrative practice from the day of hire within that practice category, the nurse can be paid at an appropriate performance level. The goal is to encourage and reward education, while at the same time recognizing the essential contributions all nurses make to nursing practice. So they emphasize that compensation of nurses in differentiated practice is based on distinctive job descriptions. The employer can then pay according to education, position, and actual performance level and seek to hire the staff mix that is most cost-effective for the institution.

Traynor and Wade, developed a Measure of Job Satisfaction (MJS) with five dimensions of job satisfaction, personal satisfaction (10 items), satisfaction with workload (7 items), satisfaction with professional support (9 items), satisfaction with pay and prospects (8 items) and satisfaction with training (4 items), These factors form the basis of five subscales of satisfaction which summate to give an overall job satisfaction score.

Wade, compared the job satisfaction of health visitors, district nurses and practice nurses working in communities served by four trusts and reported that practice nurses appeared to be the most satisfied group whereas the level of satisfaction for health visitors is significantly lower in the five different aspects i.e., personal satisfaction, satisfaction with workload, satisfaction with personal support, satisfaction with training and satisfaction with pay and prospects. Twelve areas of satisfaction-dissatisfaction were probed. The findings indicated that salary was not one of
the most important job factors to nurses. Fair and consistent supervision constituted the highest source of satisfaction.38

The findings of the studies conducted in the foreign countries are not applicable in the Indian setting.

In India, although some important studies have been conducted regarding job satisfaction in the fields of industry, banking and education, but there is very little work done concerning job satisfaction in the field of nursing.

Roy, investigated the levels of job satisfaction dissatisfaction and the factors contributing to it among nurses in West Bengal. The findings indicated that majority of staff nurses were satisfied, though the satisfaction levels varied. Highly satisfied were 21%, satisfied were 44%, low satisfied were 25% and dissatisfied were 10%. The factors contributing to satisfaction-dissatisfaction were not properly defined. She also found that personal characteristics such as age, years of service and marital status have no significant relation with job satisfaction.39

Aggarwal, conducted a comparative study of the levels of satisfaction of nurses in medical college associated group of hospitals at Ajmer and Rajasthan. His findings indicate that 60% of nurses were dissatisfied with their jobs. (Dissatisfied 49.5%+ more dissatisfied 10.5%). The satisfied group constituted about 9.5 % (highly satisfied 0.9% + satisfied 8.6%). There was an indifferent group of about 30%.40

Another important study about job satisfaction among nurses
was conducted by Madhu Malhotra. She studied job satisfaction in terms of its association with five indices, i.e., (1) job security (2) nature of work (3) inter-personal relations (4) salary and (5) physical needs. She also studied the effect of socio-demographic factors upon job satisfaction. The findings revealed that 63% nurses were highly satisfied with the security variable; 85.5% were highly satisfied with the variable nature of work; 83% were highly satisfied with interpersonal relations; 72% were highly satisfied with their emoluments etc. and all nurses revealed high job satisfaction with the variable of physical needs.41

Joshi, investigated personality dimensions and job satisfactions of nurses. Eysenck personality inventory was administered to assess the personality dimensions. A semi-structured questionnaire was used to collect demographic data and factors affecting job satisfaction. Eysenck personality inventory revealed that nurses possessed extrovert type of personality and they had higher satisfaction on wage front and working conditions. Comparatively, they scored low on ego need satisfaction, relations with superiors and individual job satisfaction.42

Gangadharaiah, Nardev and Reddy, conducted a study to find out Nurses' job satisfaction in Mental Health and Neuro-Sciences setting. They found that job satisfaction increases with age and number of years of service. Married, non-hindus (mostly Christians) and Incharge staff nurses, with general nursing were more satisfied as compared to their counterparts. The study also
showed that nurses were not satisfied with physical working conditions, co-operation with others and working hours.43

The traditional intrinsic-extrinsic dichotomy, which exists in the elements of job satisfaction, did not apply to the nursing profession. The scales that are used to operationalize the concept of job satisfaction vary considerably. For example, measure of job satisfaction devised in industrial or commercial setting have been used to study nurses as mentioned by Gillies et al.44, Metcalf45 and Simpson.46 Although such general scales may be appropriate for comparing the job satisfaction of workers in different types of organisations, they lack specificity and may be insensitive to differences between various workers in the same or similar settings, or between the same type of the worker in different settings. Mueller & McClosky, suggest that occupation-specific scales can better delineate the components most relevant to the satisfaction of a particular occupational group.47 Hale, is even more critical, suggesting that the instruments used to measure job satisfaction across different types of settings are often neither valid nor reliable.48

Scales designed to study job satisfaction among hospital staff have often been devised for a specific purpose, such as the investigation of absenteeism by Price & Muller,49 nurse retention by Butler & Parsons,50 the mobility of nurse educators by Marriner & Craigie,51 or to measure the impact of a change in the system of care delivery by Degerhammar & Wade.52
So, first and the foremost need of the personnel is, to be satisfied internally and externally. Efficiency and productivity will come from the efforts of those personnel who find satisfaction in their work, who feel encouraged to move ahead and to meet new challenges, who perceive their working environment as one in which high standard of performance are maintained and rewarded and not one in which indolence and inefficiency can be ignored or even protected and rewarded.

An investigation was conducted by the author herself in the Nehru Hospital attached to the Postgraduate Institute of Medical Education and Research, Chandigarh to study the perceived dimensions of job satisfaction among the registered staff nurses in 1980. A satisfaction-dissatisfaction questionnaire consisting of 60 questions was administered. It also studied socio-demographic factors. In all 200 protocols were processed on five point Likert scale for statistical analysis. By analysing the socio-demographic data, following results were apparent:

i) Age is directly proportional to the attainment of job satisfaction.

ii) Qualification is inversely proportional to the attainment of job satisfaction.

iii) Marital status does not make much difference in the attainment of job satisfaction for staff nurses.

iv) Job experience is directly proportional to the attainment of job satisfaction.
v) Those respondents are more satisfied at their jobs whose parental residence is in urban area as compared with rural area.

6. The qualification of the father of the respondent is inversely proportional to the level of job satisfaction.

7. Father's occupational status is inversely proportional to the level of job satisfaction of the nurse.

8. Father's income is inversely proportional to job satisfaction.

9. Prior information from the blood relation working in the nursing profession affects job satisfaction.

The results established that 54% staff nurses were satisfied whereas 43% were dissatisfied with their job. Only 3% staff nurses had indicated an attitude of indifference towards their job. The major factors about which staff nurses were not satisfied are as follows:

1. Allowances.
4. Respect given by society.
5. Respect shown by class IV employees.
7. Communication about major plans before implementation.
8. 12 hours night shift system of duties.
9. Supply of equipment in the ward.
10. Changing room facilities in the ward.
11. Dining place facilities in the ward.
13. Leave facilities.
15. Non-nursing jobs.
17. Role of professional organisations.
18. Opportunities for higher education.
19. Prescribed uniform.
20. Wearing of cap.

Some of the above mentioned factors about which staff nurses were not satisfied in the above mentioned study conducted in 1980 were modified/changed e.g. the traditional uniform of white frock and cap prevalent at that time was changed to blue saree or salwar kameez on 1st January 1981. The pay scales and allowances were changed on the implementation of Fourth Central Pay Commission in 1986. Similarly, many more changes have taken place since then.

Now the present investigation has been undertaken almost after a decade.

This investigation has taken into account the various
theoretical factors which govern the nursing personnel such as staffing pattern, promotions, recruitment, incentives, physical environment, health and safety, amenities and recreational facilities, human relations, supervision, personnel administration, role of professional organisations, recognition, educational opportunities, professional status etc.

METHODS AND MATERIAL

Population

There are eight hundred fifty seven Nursing Sister Grade II (staff nurses) working in the Nehru Hospital attached to the Postgraduate Institute of Medical Education and Research, Chandigarh. The Nursing Sister Grade II (staff nurses) included registered 'A' grade diploma nurses, graduate nurses and post graduate nurses.

Sample

Simple random sampling method was used to select nursing personnel for the study. Total 200 Nursing Sister Grade II (staff nurses) constituted the sample of the study irrespective of their age, education, experience or marital status.

Tool

A job satisfaction questionnaire consisting of 50 items was
finalized after computing the validity and reliability of each item. These 50 items are related to 12 major areas affecting job satisfaction. This tool was used for measuring job satisfaction of the sample. The scoring of each item was planned on the lines of Likert type scoring. The job satisfaction questionnaire is given in the (Annexure 14).

The subjects were contacted at the place of their duty as well as in the nurses hostel. Each subject was approached personally and was requested for participation. Comprehensive instructions were given to the subjects regarding the method of answering the job satisfaction questionnaire. The subjects were assured of the confidentiality of the information elicited from them. This enhanced the interest of the subjects in the study. The job satisfaction questionnaire was then administered. The subjects were thanked on the return of the completed questionnaire and were again reassured about the confidentiality of their responses and the test results. The subjects were specifically requested not to discuss the proceedings of the session with any other person.

Procedure for Data Analysis

All the items of the job satisfaction questionnaire were scored for computing the total satisfaction-dissatisfaction of each subject. All the scores were analysed in percentages.
Each item of the job satisfaction questionnaire was analysed for the whole sample. Job satisfaction-dissatisfaction score for each item was computed to find out factors of satisfaction and dissatisfaction.

An attempt was made to find the significance of the clusters of factors of job satisfaction-dissatisfaction.

**Key for Scoring**

Job satisfaction was measured on the continuum of satisfaction-dissatisfaction which was further divided into the Likert type scale of five points, i.e., very satisfied, satisfied, indifferent, dissatisfied and very dissatisfied. The scoring for these five categories is given in the following table 7.1.

**TABLE-7.1**

**Showing level of Satisfaction and its score**

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Level of Satisfaction</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Very satisfied</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Satisfied</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Indifferent</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Dissatisfied</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>Very dissatisfied</td>
<td>1</td>
</tr>
</tbody>
</table>
In the light of the above given scoring procedure, any one item ticked by 200 subjects, could carry the following scores:

Minimum possible score on an item = 200

Maximum possible score on an item = 1000

The level of satisfaction-dissatisfaction of all the subjects on any one item is given in the following table 7.2.

**TABLE-7.2**

Showing levels of satisfaction and score range of each item

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Level of Satisfaction</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Very satisfied</td>
<td>801-1000</td>
</tr>
<tr>
<td>2.</td>
<td>Satisfied</td>
<td>601-800</td>
</tr>
<tr>
<td>3.</td>
<td>Indifferent</td>
<td>401-600</td>
</tr>
<tr>
<td>4.</td>
<td>Dissatisfied</td>
<td>201-400</td>
</tr>
<tr>
<td>5.</td>
<td>Very dissatisfied</td>
<td>1-200</td>
</tr>
</tbody>
</table>
The score range and level of satisfaction-dissatisfaction of any single subject on all the 50 items is given in the following table 7.3.

**TABLE-7.3**

Showing level of satisfaction and score range of each subject

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Level of Satisfaction</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Very Satisfied</td>
<td>201-250</td>
</tr>
<tr>
<td>2.</td>
<td>Satisfied</td>
<td>151-200</td>
</tr>
<tr>
<td>3.</td>
<td>Indifferent</td>
<td>101-150</td>
</tr>
<tr>
<td>4.</td>
<td>Dissatisfied</td>
<td>51-100</td>
</tr>
<tr>
<td>5.</td>
<td>Very dissatisfied</td>
<td>1-50</td>
</tr>
</tbody>
</table>
All the protocols were analysed to find out the overall satisfaction-dissatisfaction continuum.

The following table 7.4 shows the total number of respondents falling in each category of the scale along with their percentages.

**TABLE-7.4**

**Showing the Total Respondents and their level of satisfaction**

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Level of Satisfaction</th>
<th>Total No. of Respondents</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Very much satisfied</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2.</td>
<td>Satisfied</td>
<td>74</td>
<td>37</td>
</tr>
<tr>
<td>3.</td>
<td>Indifferent</td>
<td>90</td>
<td>45</td>
</tr>
<tr>
<td>4.</td>
<td>Dissatisfied</td>
<td>36</td>
<td>18</td>
</tr>
<tr>
<td>5.</td>
<td>Very much dissatisfied</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The above table shows that there are 37% respondents who are satisfied, 18% respondents are dissatisfied and 45% are indifferent. It also shows that none of the respondents fall in the extreme categories i.e. very satisfied or very dissatisfied.

The above result have been depicted diagrammatically on the following pages.
FIGURE 7.1
LEVEL OF SATISFACTION-DISSATISFACTION

45%

18%

37%

VERY MUCH SATISFIED
SATISFIED
INDIFFERENT
DISSATISFIED
VERY MUCH DISSATISFIED
LEVEL OF SATISFACTION-DISSATISFACTION

FIGURE 7.2
As regards the 12 clusters, alongwith the item numbers representing them are shown in the following table 7.5.

**TABLE-7.5**

**Showing the clusters along with the item numbers**

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Cluster of items</th>
<th>Item No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Monetary benefits</td>
<td>18,25,28</td>
</tr>
<tr>
<td>2.</td>
<td>Promotional aspects</td>
<td>20,30,32</td>
</tr>
<tr>
<td>3.</td>
<td>Recognition</td>
<td>8,21,33</td>
</tr>
<tr>
<td>4.</td>
<td>Interpersonal relationship</td>
<td>6,12,14,35</td>
</tr>
<tr>
<td>5.</td>
<td>Duty system</td>
<td>4,10,29,38,44</td>
</tr>
<tr>
<td>6.</td>
<td>Patient Care</td>
<td>2,13,15,23,43,47</td>
</tr>
<tr>
<td>7.</td>
<td>Physical set-up of the ward</td>
<td>1,5,19,42</td>
</tr>
<tr>
<td>8.</td>
<td>Personal benefits</td>
<td>9,31,36,37,39,49,50</td>
</tr>
<tr>
<td>9.</td>
<td>Type of work</td>
<td>17,22,27,41</td>
</tr>
<tr>
<td>10.</td>
<td>Professional growth</td>
<td>40,45</td>
</tr>
<tr>
<td>11.</td>
<td>Administration</td>
<td>11,24,34,48,26</td>
</tr>
<tr>
<td>12.</td>
<td>Miscellaneous</td>
<td>3,7,16,46</td>
</tr>
</tbody>
</table>
Monetary Benefits

Money occupies the most important place in all contractual obligations. The very definition of work declares that it has to be paid for.

Haire et al. have rightly pointed out that "pay in one form or another, is certainly one of the mainsprings of motivation in our society."54

The present study also assessed the attitudes of the Nursing Sister Grade-II towards the monetary benefits as depicted in table 7.6.

TABLE-7.6
Showing Scores and Ranks of the total sample in the area of Monetary Benefits

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Items</th>
<th>Total Score</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>How much satisfied are you with your present pay scale ?</td>
<td>515</td>
<td>2</td>
</tr>
<tr>
<td>28</td>
<td>How much satisfied are you with the allowances you get ?</td>
<td>442</td>
<td>3</td>
</tr>
<tr>
<td>25</td>
<td>How much satisfied are you with your pay as compared to other employees in the hospital ?</td>
<td>578</td>
<td>1</td>
</tr>
</tbody>
</table>
It shows that they are neither satisfied nor dissatisfied with their present pay scales and allowances as such. But the scores of attitude towards allowances is indicating trend towards marginal dissatisfaction whereas pay in comparison to other employees of the hospital, trend is towards marginal satisfaction.

The Pay Commission/Authorities can think of giving more financial benefits so as to raise their level of satisfaction to a still higher level.

**Promotional Aspects**

Pigors and Myers have put it very succinctly: “Promotion is the advancement of an employee to a better job-better in terms of greater responsibilities, more prestige or status, greater skill and especially increased rate of pay or salary.”

The above said factors prompted the investigator to study their effects on satisfaction-dissatisfaction of the Nursing Sister grade II.

The assessment of satisfaction/dissatisfaction about the promotional aspects as shown in table 7.7 depicts that they are dissatisfied about the policies governing promotions as well as about the rewards given for outstanding performance. But they are indifferent about the system of performance appraisal though the trend is towards marginal dissatisfaction. So over-all nurses are not satisfied with the promotional system.
TABLE-7.7

Showing Score and Ranks of the total sample in the area of Promotional Aspects

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Items</th>
<th>Total Score</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>How much satisfied are you with the policies governing promotions?</td>
<td>289</td>
<td>3</td>
</tr>
<tr>
<td>32</td>
<td>How much satisfied are you about the system of performance appraisal?</td>
<td>444</td>
<td>1</td>
</tr>
<tr>
<td>30</td>
<td>How much satisfied are you with the rewards for your outstanding performance?</td>
<td>333</td>
<td>2</td>
</tr>
</tbody>
</table>

The factors which disturb most of the Nursing Sister Grade-II is concerned with the policies governing promotions. This variable has scored minimum on the satisfaction scale.

This is also a pointer for the management to re-examine the whole issue of promotions.

Recognition

Every individual has a desire to be recognized by the society and the co-workers. The nurses are human beings. So they also aspire for recognition.

The following table 7.8 shows that Nursing Sister Grade II are dissatisfied about the recognition given to their qualifications. Whether post-graduate, graduate or undergraduate, it makes little difference.
They are indifferent about their recognition as the member of the health team and the respect given to them by the patients and their attendants.

So, there is a need to give recognition to those with higher qualification, may be in the form of higher responsibilities and promotion/salary/allowances etc. Nurses should also be given due recognition as important member of health team as they share equal responsibilities, if not more, in the care of the patients.

**TABLE-7.8**

**Showing Score and Ranks of the total sample in the area of Recognition**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Items</th>
<th>Total Score</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>How much satisfied are you with the recognition given to your qualifications?</td>
<td>378</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>How much satisfied are you with the recognition of your worth as a member of the health team?</td>
<td>488</td>
<td>1</td>
</tr>
<tr>
<td>33</td>
<td>How much satisfied are you with the respect given to you by the patients/attendants?</td>
<td>467</td>
<td>3</td>
</tr>
</tbody>
</table>

If a job is looked down upon by society, then naturally the incumbents of that job will not be happy. This has become clear in the present study. The table shows that the item regarding respect given by patients or their attendants, nurses has scored
Inter Personal Relationship

In a co-operative enterprise the team work is responsible for the ultimate achievement of the objectives. This is especially true of the health department.

The table 7.9 indicates that in the area of inter-personal relations nurses are satisfied with the working environment in the ward and by the guidance they get from their seniors in the performance of their duties.

TABLE-7.9
Showing Score and Ranks of the total sample in the area of Inter-personal Relationship.

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Items</th>
<th>Total Score</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>How much satisfied are you with the respect given to you by the doctors?</td>
<td>448</td>
<td>3</td>
</tr>
<tr>
<td>14</td>
<td>How much satisfied are you with the respect shown to you by class IV employees?</td>
<td>380</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>How much satisfied are you with the guidance you get from your seniors in the performance of your duties?</td>
<td>511</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>How much satisfied are you with the working environment in the ward?</td>
<td>642</td>
<td>1</td>
</tr>
</tbody>
</table>
However, nurses are dissatisfied with the respect given to them by the doctors as well as class IV employees. It can be interpreted that the class IV employees do not give due regards to nurses, although they are supposed to work under nurses. This item has scored the minimum.

**Duty System**

In the democratic system, right and duties go hand in hand. The employees sometimes forget that rights are safeguarded by performing the duties earnestly. On the other hand the management must take into consideration the duties enforced on the workers. The work-load, the shift system etc. are strong contributory factors towards satisfaction-dissatisfaction of the workers.

The table 7.10 indicates that staff nurses are satisfied with the following factors concerning duty:

i) by working in morning shift and

ii) the system of days off.

They are indifferent about working in evening shift and by working in rotation shift system of duties. Working in the morning shift has scored the first rank. This is also the trend of workers in industry.
**TABLE-7.10**

**Showing Score and Ranks of the total sample in the area of Duty System**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Items</th>
<th>Total Score</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>How do you feel about the system of days off ?</td>
<td>600</td>
<td>2</td>
</tr>
<tr>
<td>44</td>
<td>How do you feel about working in morning shift ?</td>
<td>733</td>
<td>1</td>
</tr>
<tr>
<td>29</td>
<td>How do you feel about working in evening shift ?</td>
<td>556</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>How do you feel about working in night shift ?</td>
<td>372</td>
<td>5</td>
</tr>
<tr>
<td>38</td>
<td>How do you feel about working in rotation shift system of duties ?</td>
<td>508</td>
<td>4</td>
</tr>
</tbody>
</table>

Regarding working in night shift, it has got the lowest score and nurses have dissatisfaction by working in night shift.

So, authorities can give extra incentives for working in night shift. Though one day off is given extra for six night duties in a month but that is not sufficient. Nurses may be compensated for working in night shift with extra allowance for night duty.

**Patient Care**

Patient care is the main objective of a hospital. The table 7.11 indicates that nurses are satisfied with their own performance.
TABLE-7.11
Showing Score and Ranks of the total sample in the area of Patient Care.

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item s</th>
<th>Total Score</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>How much satisfied are you with your own performance?</td>
<td>711</td>
<td>1</td>
</tr>
<tr>
<td>13</td>
<td>How do you feel about the amount of authority given to you for fulfilling your responsibilities?</td>
<td>644</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>How do you feel about the supply of equipment in the ward?</td>
<td>400</td>
<td>6</td>
</tr>
<tr>
<td>15</td>
<td>How much satisfied are you with the services provided by other departments?</td>
<td>620</td>
<td>3</td>
</tr>
<tr>
<td>43</td>
<td>How much satisfied are you about providing quality nursing care?</td>
<td>562</td>
<td>5</td>
</tr>
<tr>
<td>47</td>
<td>How much satisfied are you with the freedom to initiate improvements?</td>
<td>578</td>
<td>4</td>
</tr>
</tbody>
</table>

Other areas of satisfaction are the amount of authority given to fulfill the responsibilities, and the services provided by other departments. Regarding the freedom to initiate improvements and the provision of quality nursing care, they are indifferent but trend is towards satisfaction. About the supply of equipment in the ward,
indication is nearly towards dissatisfaction, So, the supply of equipment in the ward needs improvement.

All the above factors should be given due attention in order to improve patient care.

**Physical Set-up of the ward**

The physical set up of the ward is an important factor for satisfaction-dissatisfaction of staff nurses because they have to give direct bedside care to the patients.

Nurses are moderately satisfied as regards the lay-out of the ward of their hospital. The changing room facilities have been found indifferent. On the contrary the dinning room facilities and toilet facilities in the ward have been regarded as indifferent but very close to dissatisfaction as indicated in the following table 7.12.

It may be added here that building of Nehru Hospital is well planned and the hospital engineering services take pains for the upkeep of the building. Alterations and additions for efficient service to the patient and convenience of the health personnel are promptly introduced. This may be the possible reason for the positive attitude of the nursing personnel about the physical lay out. But there is a need to make adequate provision for the dinning place facilities, toilet facilities and to improve changing room facilities.
TABLE-7.12
Showing Score and Ranks of the total sample in the area of Physical Set-up of the ward

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Items</th>
<th>Total Score</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How much satisfied are you with the layout of the ward?</td>
<td>667</td>
<td>1</td>
</tr>
<tr>
<td>42</td>
<td>How much satisfied are you with the changing room facilities in the ward?</td>
<td>546</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>How much satisfied are you with the dining place facilities in the ward?</td>
<td>418</td>
<td>4</td>
</tr>
<tr>
<td>19</td>
<td>How much satisfied are you with the toilet facilities in the ward?</td>
<td>450</td>
<td>3</td>
</tr>
</tbody>
</table>

Personal Benefits

One of the important factors among personal benefits is about the leave facilities. Human beings need rest and recreation after working. It is the responsibility of the management to develop a suitable system of holidays so that the employee can take rest after continuously working for a few days.
Regarding the nurses working in Nehru Hospital, they are satisfied with the health facilities and the creche facilities, provided to them as shown in the table 7.13.

Basic aims of a broad-gauged health and medical programme on the part of the modern employer are these:

1. to procure and assist in proper placement of personnel who are physically fit to perform,
2. to train employees in personal hygiene and health care,
3. to reduce loss of work time and
4. to generate peace of mind among members of the staff about their personal well being. To achieve such aims requires an array of activities which may be conveniently summarized under two headings:

1. those pre-employment or on-the-job health services such as physical examinations, treatment of accident injuries and minor illness, health education, and supervision of sanitary and other conditions affecting health; and
2. provision of comprehensive group insurance for general health care of employees and their families.

The respondents have not at all indicated any dissatisfaction as regards the leave facilities provided to them and about the guidance in their personal matters as well as tea break or rest period but there is a scope for improvement. However, about accommodation and transport facilities, it is very near to dissatisfaction, hence definitely needs attention of the authorities.
<table>
<thead>
<tr>
<th>Item No.</th>
<th>Items</th>
<th>Total Score</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>How much satisfied are you with creche facilities?</td>
<td>649</td>
<td>2</td>
</tr>
<tr>
<td>36</td>
<td>How much satisfied are you with living accommodation provided to you?</td>
<td>330</td>
<td>7</td>
</tr>
<tr>
<td>50</td>
<td>How much satisfied are you with the tea break/rest period?</td>
<td>485</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>How do you feel about the health facilities provided to you?</td>
<td>711</td>
<td>1</td>
</tr>
<tr>
<td>39</td>
<td>How do you feel about the leave facilities provided to you?</td>
<td>578</td>
<td>3</td>
</tr>
<tr>
<td>37</td>
<td>How much satisfied are you with the guidance you get in your personal matters?</td>
<td>556</td>
<td>4</td>
</tr>
<tr>
<td>31</td>
<td>How much satisfied are you with the transport facilities provided to you?</td>
<td>422</td>
<td>6</td>
</tr>
</tbody>
</table>

TABLE-7.13

Showing Scores and Ranks of the total sample in the area of Personal Benefits

305
In the light of the above mentioned facts, the nurses are deprived of some of the said facilities. There is neither health insurance policy nor any provision for disability pension.

**Type of Work**

Job satisfaction does not depend only on the individual’s personality make-up but it is also related to the type of work the individual has to do. In the present study this variable was tapped. The table 7.14 shows the results on the various aspects of the work. Nurses are the back bone of the hospital. They are given a large number of responsibilities.

**TABLE-7.14**

**Showing Scores and Ranks of the total sample in the area of Type of Work**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Items</th>
<th>Total Score</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>How much satisfied are you with the variety of work you have to do ?</td>
<td>532</td>
<td>1</td>
</tr>
<tr>
<td>22</td>
<td>How do you feel about the non-nursing jobs you have to do ?</td>
<td>440</td>
<td>4</td>
</tr>
<tr>
<td>41</td>
<td>How do you feel about the work load given to you ?</td>
<td>486</td>
<td>3</td>
</tr>
<tr>
<td>27</td>
<td>How do you feel about the amount of responsibility given to you ?</td>
<td>513</td>
<td>2</td>
</tr>
</tbody>
</table>
The respondents of the present study also feel indifferent about the amount of the work load given to them and the variety of the work they have to do as well as the amount of responsibility given to them and the non-nursing jobs they are supposed to do. But the feeling about non nursing job and the work load is near to dissatisfaction.

The staff nurses are overloaded with the work and they have to perform many times non nursing jobs. These two factors have definitely created a feeling of dissatisfaction among the staff nurses. But this can be easily remedied by the management.

**Professional Growth**

Professional/Educational growth is an imperative for any professional discipline. Nursing is such a professional discipline where any advances in the medical profession are reflected. Hence, there is a dire necessity for the nursing personnel to keep abreast of the latest developments both in the biological and social sciences. This is possible if nursing personnel have an easy access to a well equipped library and the management makes conscious efforts to run inservice education/training programmes.

Stahl has rightly emphasized the role of inservice training in the following words:

"Inservice training is never fully accomplished, it is always in process. It is concerned with initiating new recruits. It focuses generalised knowledge on specific functions of organisation programmes. It seeks to keep employees abreast of developments in their fields of activity, in organisation aims and strategy, and in
national and world wide conditions that affect their work. It helps to equip them for higher responsibilities or to diversify their skills. It is, like so many of the other personnel duties of the organisation, a never ending proceeding.

From the table 7.15 below, it is clear that nurses are satisfied regarding the on-the-job training. It shows that nursing administrators are running enough short-term courses for refreshing their knowledge and to acquaint them with the latest developments in the field.

**TABLE-7.15**

**Showing Scores and Ranks of the total sample in the area of Professional Growth**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Items</th>
<th>Total Score</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>How much satisfied are you with the opportunities for higher education given to you ?</td>
<td>624</td>
<td>2</td>
</tr>
<tr>
<td>45</td>
<td>How much satisfied are you regarding facilities for on-the-job training ?</td>
<td>667</td>
<td>1</td>
</tr>
</tbody>
</table>

So, there is good arrangement for on-the-job training and the staff nurses are satisfied with this facility. But there is no end for improvement. Dooley has rightly emphasized:

"Training is not something that is done once to new employees—it is used continuously in every well-run establishment. Every time you get some one to do work the way you want it done, you are
training. Every time you give direction or discuss a procedure, you are training.

The present study indicates that the staff nurses are marginally satisfied as regards the opportunities for higher education is concerned. This may be due to the fact that the P.G.I. has the College of Nursing offering education to the doctorate level and the management aims at bringing all the nursing personnel at least up to the degree level education.

**Administration**

Much of the achievement of the objectives of nursing services i.e. quality patient care depends upon the nursing service administration in the ward/unit. This area was also assessed in the present investigation and its findings as depicted in table 7.16 revealed that most of the nursing personnel are satisfied with ward administration. The other area of satisfaction is the place of posting and supervision. It shows that adequate supervision is done for guidance and assistance of nursing personnel for the provision of nursing care. However, they are indifferent about the posting in the area of their speciality. This area is of importance in the sense that there is no use of doing any speciality unless that knowledge is utilised in the real sense.

Regarding communication of major plans before implementation, it is must to know the views of those who are going to be effected by the plans because this will help to gain their cooperation. Therefore implementation is made easy and effective.
Nurses have not shown any satisfaction or dissatisfaction about the communication of major plans before implementation. So, improvement can be done in this area. If the workers are posted according to their speciality or choice, the output will be more as they will work wholeheartedly and can put their knowledge into practice, otherwise they will work half-heartedly and are prone to shirk work thereby give poor results. So in that sense, administration is also beneficial by gaining increased output.

**TABLE-7.16**

**Showing Scores and Ranks of the total sample related to the Administrative Factors**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Items</th>
<th>Total Score</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>How much satisfied are you with present posting?</td>
<td>710</td>
<td>2</td>
</tr>
<tr>
<td>24</td>
<td>How much satisfied are you with the Nursing Service Administration in the ward?</td>
<td>732</td>
<td>1</td>
</tr>
<tr>
<td>34</td>
<td>How much satisfied are you with the practice of posting in the area of your speciality/Choice?</td>
<td>467</td>
<td>5</td>
</tr>
<tr>
<td>26</td>
<td>How much satisfied are you with the communications about major plans before implementation?</td>
<td>491</td>
<td>4</td>
</tr>
<tr>
<td>48</td>
<td>How do you feel about supervision?</td>
<td>622</td>
<td>3</td>
</tr>
</tbody>
</table>
Miscellaneous Factors

There are some other factors related to job-satisfaction which influence the morale of the nursing personnel.

Table 7.17 indicates that nurses on the whole are satisfied with their prescribed uniform as it is in tune with the Indian culture.

### TABLE-7.17

Showing Scores and Ranks of the total sample in the Miscellaneous Factors

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Items</th>
<th>Total Score</th>
<th>Rank Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>How much satisfied are you with the opportunity to show your worth?</td>
<td>600</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>How much satisfied are you with the choice of your profession?</td>
<td>578</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>How much satisfied are you with your prescribed uniform?</td>
<td>628</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>How do you feel about the policy of losses in the ward?</td>
<td>452</td>
<td>4</td>
</tr>
</tbody>
</table>

Another important indication is that most of the respondent were nearly satisfied with the choice of their profession and the opportunity to show their worth.
Nurses are marginally dissatisfied with the policy of losses in the ward as they have to pay/replace the things which are lost from the ward, though the things are used by other members of the health team.

**Results and Discussion**

The findings of the investigation conducted in the Nehru Hospital attached to the Post Graduate Institute of Medical Education and Research, Chandigarh to find out Job Satisfaction among nurses established that 37% nurses are satisfied whereas only 18% are dissatisfied with their job. Majority of the nurses i.e. 45% have indicated indifferent attitude about their job which means that they are neither satisfied nor dissatisfied. None of the Nursing Personnel fall in the extreme categories of very much satisfied or very much dissatisfied.

It shows that the rate of satisfied is double the rate of dissatisfied. A high rate of satisfaction definitely speaks high of the hospital authorities and the management policies. The results of this study, when compared with other studies quoted in review and the study conducted by the author herself in 1980, are very encouraging. The morale and the job satisfaction of the subjects of the present study is a good sign of administration.

Aggarwal, K.C. found that only 9.5% nurses were satisfied whereas in our present study 37% nurses are satisfied, which is about four times more than that of K.C. Aggarwal’s study. There were 60% nurses dissatisfied with their job in Aggarwal’s study whereas in our present study only 18% are dissatisfied, which is
less than one third than that of K.C. Aggarwal’s study. The attitude of indifference is 30% in K.C. Aggarwal’s study whereas it is 45% in the present study as shown in table 7.18. So, it speaks high of Nursing Service Administration in Nehru Hospital, P.G.I.M.E.R. Chandigarh.

TABLE-7.18
Showing Comparison of findings of the Present Study with K.C. Aggarwal’s Study

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Levels of Satisfaction</th>
<th>K.C. Aggarwal’s Study</th>
<th>Present Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Very much Satisfied</td>
<td>--</td>
<td>0%</td>
</tr>
<tr>
<td>2.</td>
<td>Satisfied</td>
<td>9.5%</td>
<td>37%</td>
</tr>
<tr>
<td>3.</td>
<td>Indifferent</td>
<td>30%</td>
<td>45%</td>
</tr>
<tr>
<td>4.</td>
<td>Dissatisfied</td>
<td>60%</td>
<td>18%</td>
</tr>
<tr>
<td>5.</td>
<td>Very much dissatisfied</td>
<td>--</td>
<td>0%</td>
</tr>
</tbody>
</table>

When compared with Roy’s findings the present study shows less of satisfaction as well as less of dissatisfaction as shown in the table 7.19.

In the Roy's study 21% nurses were very much satisfied and 44% satisfied whereas in the present study, no one was very much satisfied and only 37% were satisfied. The number of dissatisfied nurses in the Roy's study was 10% and very dissatisfied were 25%, whereas in the present study none was very much dissatisfied and only 18% dissatisfied.
TABLE-7.19
Showing Comparison of findings of the Present Study with Roy's Study

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Levels of Satisfaction</th>
<th>Roy's Study</th>
<th>Present Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Very much Satisfied</td>
<td>21%</td>
<td>0%</td>
</tr>
<tr>
<td>2.</td>
<td>Satisfied</td>
<td>44%</td>
<td>37%</td>
</tr>
<tr>
<td>3.</td>
<td>Indifferent</td>
<td>--</td>
<td>45%</td>
</tr>
<tr>
<td>4.</td>
<td>Dissatisfied</td>
<td>10%</td>
<td>18%</td>
</tr>
<tr>
<td>5.</td>
<td>Very much dissatisfied</td>
<td>25%</td>
<td>0%</td>
</tr>
</tbody>
</table>

In comparison with the study of Prem Aggarwal conducted in General Hospital, Sector-16, Chandigarh, the present study shows less of satisfaction as well as less of dissatisfaction. The number of dissatisfied subjects is exactly half as indicated in the table 7.20.

TABLE-7.20
Showing Comparison of findings of the Present Study with Prem Aggarwal's Study

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Level of satisfaction</th>
<th>Prem Aggarwal's Study</th>
<th>Present Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Very much Satisfied</td>
<td>19%</td>
<td>0%</td>
</tr>
<tr>
<td>2.</td>
<td>Satisfied</td>
<td>35%</td>
<td>37%</td>
</tr>
<tr>
<td>3.</td>
<td>Indifferent</td>
<td>10%</td>
<td>45%</td>
</tr>
<tr>
<td>4.</td>
<td>Dissatisfied</td>
<td>25%</td>
<td>18%</td>
</tr>
<tr>
<td>5.</td>
<td>Very much Dissatisfied</td>
<td>11%</td>
<td>0%</td>
</tr>
</tbody>
</table>
time we find that rate of satisfaction has also decreased comparatively.

The major factors about which nurses are dissatisfied are as follows:

- Policies governing promotions
- Rewards for outstanding performance
- Recognition given to qualifications
- Respect shown by Class IV employees
- Working in night shift
- Supply of equipment in the ward
- Provision of living accommodation

These are the areas in which administration needs to make efforts so that rate of satisfaction can be increased e.g.

i) policies governing promotions may be improved,

ii) thereby qualifications and merit may be given due recognition,

iii) rewards should be given for outstanding performance.

Administration of the Institute should also look into the supply of equipment in the wards, so that each nurse can do her best without wasting time in search for equipment required for provision of nursing care.

Administrators also need to provide good living accommodation according to their status near to the hospital so that it becomes convenient for them to reach on duty in time even at odd hours, and without delay in case of emergency call. This will indirectly help to improve respect shown by Class IV employees if the
nurses' accommodation will be better than them.

Even the administrators can think of providing more incentives for night shift so as to improve satisfaction in this area.

Major areas in which nurses have indifferent attitude, i.e. about which they are neither satisfied nor dissatisfied are as follows:

- Pay scales.
- Allowances.
- System of performance appraisal.
- Recognition of worth as a member of the health team.
- Respect given by doctors.
- Guidance given by seniors in the performance of duties.
- The system of days off.
- Working in evening shift.
- Rotation shift system of duties.
- Freedom to initiate improvement.
- Provision of quality nursing care.
- Changing room facilities in the ward.
- Dinning place facilities in the ward.
- Toilet facilities in the ward.
- Provision of tea break/rest period.
- Leave facilities.
- Guidance in personal matters.
- Transport facilities.
- Variety of work.
- Non- nursing jobs.
- Work load.
- Amount of responsibility.
- Opportunity to show worth.
- Choice of profession.
- Policy of losses in the ward.
- Practice of posting in the area of speciality or choice.
- Communication about major plans before implementation.

Suggestions

Very little effort is required on the part of administration to change this indifferent attitude into attitude of satisfaction as these factors are just on the margin e.g. Pay scales and allowances should be increased, such as conveyance allowance can be provided for those who are not given accommodation within the campus. Nurses should also be given risk allowance, as they are prone to catch deadly diseases from the hospital, like AIDS, Tuberculosis, Hepatitis etc. They should also be given night duty allowance as work in night disturbs the whole life style of the nurses as well as their families.

The system of performance appraisal or evaluation may be made more objective and the seniors and supervisors should guide the junior nurses in the performance of their duties whenever and wherever required. Their personal problems should also be sorted out by guidance as far as possible as they can put their head and heart only if they are tension free.

Nurses should be recognised as one of the important members of the health team as they have equal contribution in the recovery of the patients. Nurses' notes should be preserved in the
records as that of the doctors. Thus they should be given opportunity to show their worth. Thereby nurses will derive respect by the doctors as well as patients and their attendents.

The System of days off may be improved as per their choice decided through discussion with P.G.I. Nurses Welfare Association. The proposal regarding alternative to shift system of duties may also be asked for. Different incentives may be given for different shifts according to the level of hardship involved.

Nurses should have freedom to initiate improvements which are essential for provision of quality patient care. Provision must be made for meeting basic human needs of nurses such as dinning room facilities, toilet facilities, changing room facilities and tea break or rest period during night shifts of 12 hours. If their basic human needs are satisfied only then they can be expected to meet basic human needs of their patients.

Nurses should get adequate leave facilities as per Government rules and according to their requirement.

Provision may also be made for improved transport facilities for nurses residing in satellite towns of Mohali and Panchkula, so that they can reach on duty in time, as they have to work in shift system and have to go to and fro during odd hours.

Nurses have to do variety of work for the care of the patients right from the distribution of medicines to the making of beds, offering bed pan and attending to their personal hygiene. Nurses are also expected to do non-nursing jobs which adds to their work load and increased amount of responsibility. To over come this,
different level of nurses may be employed with different levels of preparation for distribution of work e.g. Practical nurses with Diploma Course or A.N.M. may be employed for simple tasks like bed making, giving of enemas or attending to personal hygiene of patients and Professional nurses with degree programme may be made responsible for higher level functions to meet the nursing needs of the patients like giving medication, injection, intravenous infusions, checking vital signs etc. Non-nursing jobs may be handed over to the respective personnel e.g. clerical personnel or security personnel etc.

At present, nurses are made responsible for the loss of equipment in the wards and they have to replace or pay for it. This system should be changed as every person using that equipment is equally responsible.

The nursing personnel should be posted in the area of their speciality or choice. Thus they will be able to do their best.

Communication may be done regarding the major plans before they are implemented especially concerning nurses or effecting nursing personnel, so that nurses' point of view are also taken into account to facilitate their cooperation.

If all these factors are improved, the nursing personnel will be satisfied internally as well as externally at their jobs and will be proud of their choice of the profession. They will feel encouraged to come forward and to meet challenges in which high standards of performance will be maintained to yield best possible results in terms of achievement of goals.
REFERENCES


22. Herzberg, F. et al., op. cit., p.120.


