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Nurse's satisfaction with their working environment in a public sector hospital

Selebi, Ogorogile Clement

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CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In this chapter the literature review and framework of the study are discussed. The motivation (intrinsic) and hygiene (extrinsic) factors as described by Herzberg, Mausner, Snyderman and Bloch (1959: 113-119) were used as the theoretical framework for this study. Empirical studies on staff turnover and job satisfaction of nurses are discussed.

Staff turnover could be beneficial for some organizations especially if those who are leaving are disruptive and low performing employees. Staff turnover would be useful if it encouraged non-performers to leave and best performers to be retained. The issue of staff turnover should be looked at from the perspective of who exactly is leaving and the frequency of leaving (Johnson, 2000: 107-8). According to Gillies (2002: 357) job satisfaction is a primary factor in staff turnover. It includes aspects such as:

- Salary, the level of salary received and the perceived fairness of that salary.
- The work itself, that is, the degree to which job tasks are considered interesting and provide opportunity for learning and accepting responsibility.
- Opportunities for promotion, and the availability of opportunities for advancement in the workplace.
- The technical competency and interpersonal skills of one's supervisor.

- Interpersonal relationships with co-workers, and the degree to which co-workers are friendly and supportive.
- The working environment – the extent to which the physical working environment is comfortable and supportive of productivity.
- Competency of co-workers, and job security**.**

2.2 Studies on staff turnover and job satisfaction

A research study on nurses' job satisfaction and the intent to leave conducted by Larrabee, Janney, Ostrow, Withrow, Hobbs and Burant (2003:271) made use of a sample of ninety (90) registered nurses from two (2) medical, two (2) surgical and three (3) intensive care step-down nursing units at a four hundred and fifty (450)-bed university medical centre in north central West Virginia. The participants were drafted through convenience sampling. The purpose of the study was to investigate the relative influence of nurses' attitudes, context of care, and structure of care, on job satisfaction and intent to leave. The study was a non-experimental, predictive design evaluating these relationships in a non-random sample using a Work Quality Index scale (WQI) which has thirty eight (38) items on a seven (7)-point response scale. The intent to leave was measured using Price's single item with a five (5)-point response scale: 1 = Definitely will not leave, 5 = Definitely will leave. Nurse Manager Leadership Style was measured using the nine leadership subscales of the Multifactor Leadership Questionnaire. Autonomy was measured using the five-item Autonomy subscales and control of practice was measured using the eight item Professional Work Environment subscale of the WQI. Nurse/Physician Collaboration was measured using the nine item Nurse Collaborative

Practice Scale CPS) which has a 6-point Likert scale: 1= Never, 6 = Always. Support Services were measured using a support service instrument with face validity. Group Cohesion was measured using the six item Group Cohesion Scale, an instrument with face validity that consists of two subscales (Attractiveness and Cohesion) using a 7 point response scale.

It was observed in the above study by Larrabee, Janney, Ostrow, Withrow, Hobbs and Burant (2003: 271) that turnover is negatively related to job satisfaction, that is, the higher the nurses' satisfaction, the lower the turnover and the lower the satisfaction the higher the turnover. Turnover cannot be viewed in isolation, without considering job satisfaction, productivity, job performance and retention strategies. Predictors of registered nurses included the intent to leave, nurses' job dissatisfaction, salary, fewer years on the job, not enough time to do the job well and demographic characteristics (males, unmarried, non-white and with no children at home are more likely to leave). The two predictors with most empirical support are intent to leave and job satisfaction. Registered nurses' job satisfaction was correlated with context, structure and attitude variables. More registered nurses (RNs) indicated the intention to stay (40%) than to leave (22, 5%) but over a third of the sample indicated uncertainty. The problem with the study is that members of the total population were not afforded the opportunity to participate (random).

The RNs who had been working in their current job for less than five (5) years indicated an intention to leave. These RNs were more likely to indicate "moving away" as a reason

for leaving. Other reasons for leaving were dissatisfaction, becoming a full-time student, promotion and better salary/benefits.

In contrast with the above study, Shaver and Lacey (2003: 166) on job satisfaction point out that staff shortages and job satisfaction are related. The purpose of the study was to assess the roles played by employment setting, job commitment, tenure, years until retirement, short-staffing and patient load in predicting satisfaction for RN and staff nurses. The study was conducted in North Carolina in 2001. The sample size was six hundred (600) RNs and six hundred (600) staff nurses. A total of seven hundred and thirteen completed questionnaires were received and only five hundred and ninety nine (599) were analysed. The research was a non-experimental, predictive study. The setting was measured by asking nurses to respond to ten (10) different employment settings. Commitment was initially measured by asking nurses how long they expected to stay in their current position. Job tenure was measured by asking nurses, "How long have you been in your current nursing position?" Nurses' perception of short staffing in their workplace was measured using an ordinal scale to capture the relative frequency of short staffing affecting the respondent's ability to meet their patients'/clients' needs. It was noted that periods of staff shortage, leading to work overload, uncertainty, and overtime for the remaining nurses finally leading to *stress/burnout*, results in a drop in the quality of care provided and adverse patient outcomes. Job satisfaction has been studied several times as an indicator for leaving the workplace (Shaver & Lacey, 2003: 166,169). The findings of this study were that short staffing is moderately correlated with both the satisfaction variables. Nurses who work in hospital inpatient units reported lower levels of work satisfaction than nurses in other settings. When nurses feel that short-staffing

prevents them from providing an appropriate level of nursing care, they are less satisfied with both their job and career. For RNs, employed in a hospital inpatient setting, a low level of job commitment and relatively high daily patient loads were also significantly associated with lower levels of job satisfaction.

The above information clearly demonstrates that being employed in a hospital inpatient unit has a unique and independent (and negative) effect on work satisfaction for RNs. This finding highlights one of the probable reasons for hospitals experiencing a more severe nursing shortage than other health care settings.

Furthermore, a South African study entitled "The perceptions of nurses in a district health system in Kwa-Zulu Natal of their supervision, self-esteem, and job satisfaction" by Uys, Minnaar, Reid & Naidoo (2004: 52) concluded that the nurses felt very dissatisfied and neutral in the health services. The study points out particular problems that need to be addressed, such as the quality of supervision, the training opportunities, pay and prospects. The comparison of nurses' salaries with other professions, and with nurses internationally, according to the researchers, demonstrates that the pay problem for nurses is very real for South Africa.

From the above-mentioned studies it is evident that nurses' satisfaction is influenced by multiple factors, such as salary, years on the job, competency of the supervisor, interpersonal relationships with fellow workers, insufficient time to do the job well, hardiness, patient load, employment setting, and job commitment. It was important to do the current research in a public hospital since nurses in this kind of hospital are exposed to high patient loads, a shortage of staff, increased negative patient incidents, involuntary

overtime, and are rarely able to take their breaks. Their level of satisfaction and intention to stay therefore needs to be measured.

2.3 Framework of the study

The motivation-hygiene factor theory in career and job satisfaction by Herzberg (1971: 71-91) was used as the framework for this study. The theory concerns a person's two-dimensional need system. It proposes that one is influenced by both intrinsic and extrinsic (hygiene) factors. Intrinsic (motivating) factors refer to elements that generate satisfaction from within the individual, such as to be innovative and creative in one's job. The extrinsic (hygiene) factors refer to elements in the environment that influence an individual's satisfaction, for example his or her relationship with co-workers and the application of workplace policies (see figure 2.1). The intrinsic factors are also known as motivating factors because they are generally involved in motivating employees. The extrinsic factors are also known as hygiene factors because their presence in the workplace discourages dissatisfaction even though they do not necessarily guarantee satisfaction (see figure 2.1).

Motivating factors are the determinants of job satisfaction (for example promotion, provision of more responsibility, being responsible for own practice, having the opportunity to do one's job creatively and innovatively, recognition and achievements) and the hygiene or maintenance factors are the determinants of dissatisfaction (for example relationships in the workplace with supervisor and co-workers, the ability of the supervisor, the working conditions, policies, salary and job security). The motivating

factors which are considered most important for lasting change are recognition, advancement and the work itself (Herzberg 1971: 72-74).

Hygiene factors are important in the workplace since they predict fairness in the workplace (see figure 2.2). They must be present in the workplace for dissatisfaction to be minimized. Their absence will lead to dissatisfaction but their presence does not guarantee satisfaction. The motivator events lead to job satisfaction because of a need for growth or self-actualization. At the psychological level, the two dimensions of job attitudes reflect a two-dimensional need structure, namely, the need system for the avoidance of unpleasantness and a parallel need system for personal growth.

Herzberg (1971: 75-76) emphasizes that factors involved in producing job satisfaction are *separate and distinct* from factors that lead to job dissatisfaction. Thus the opposite of job satisfaction is not job dissatisfaction, but rather no job satisfaction; similarly the opposite of job dissatisfaction is no job dissatisfaction, *not* satisfaction with one's job. Meeting the hygiene factors alone will not bring about job satisfaction. The data collected during the study was arranged and analyzed according to the motivating and hygiene factors in order to diagnose the level of satisfaction in terms of its origin. Herzberg (1976: 58) has argued that no motivation strategy will be successful unless the hygiene factors are dealt with.

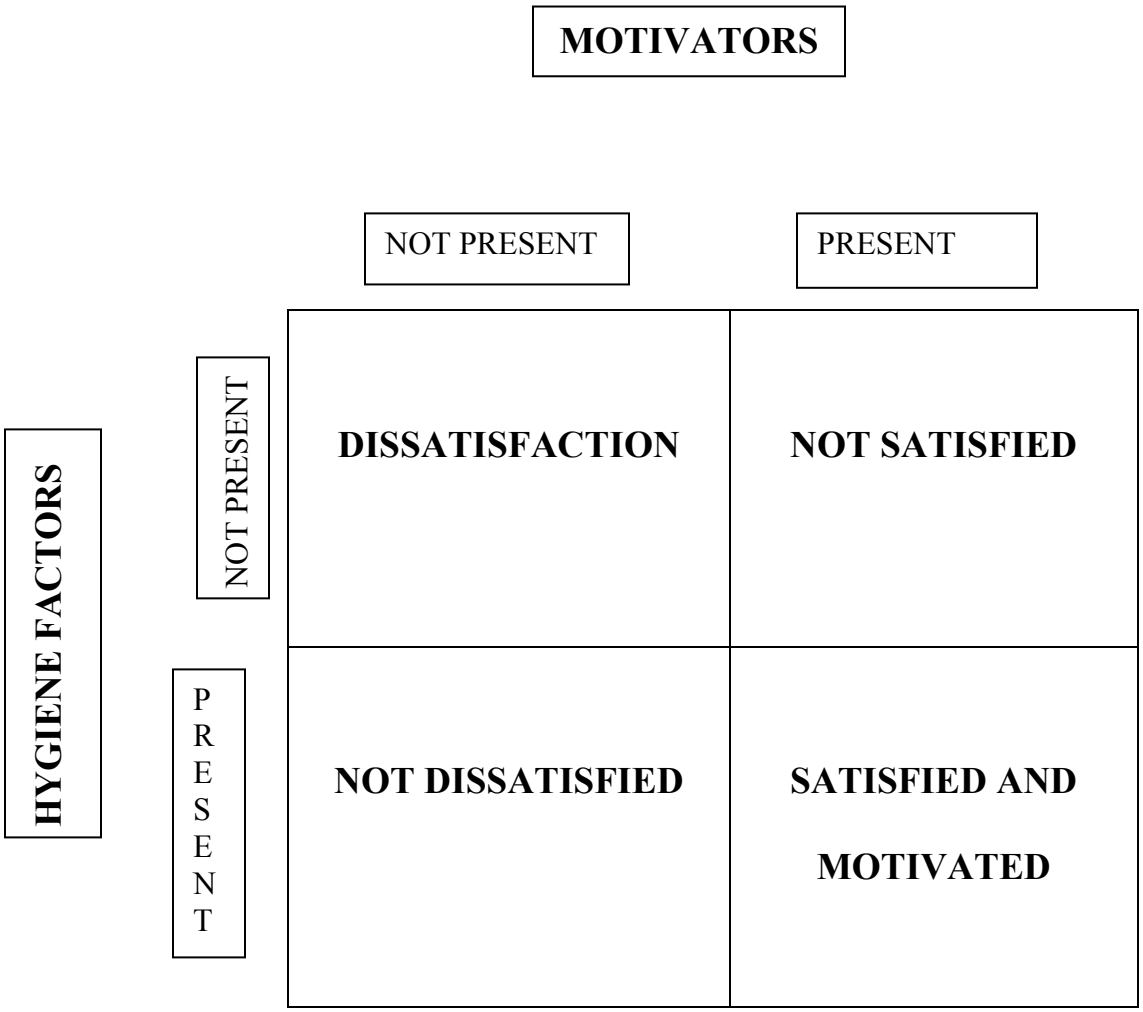


Figure 2.1: **HERZBERG TWO FACTOR MODEL OF MOTIVATION**. (Swanepoel, Erasmus, Van Wyk & Schenk, 2003: 329)

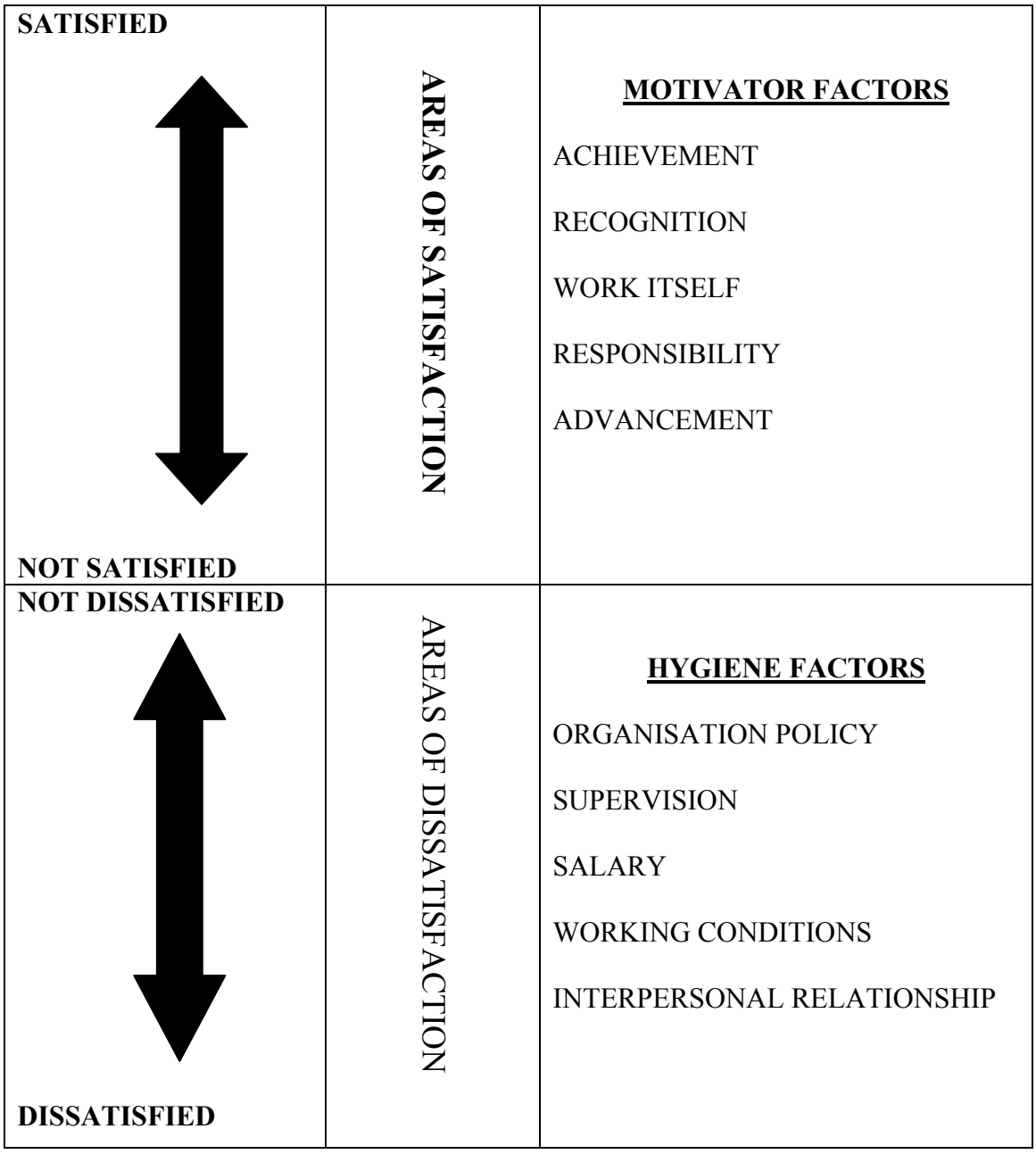


Figure 2.2: HERZBERG TWO FACTOR MODEL OF MOTIVATION (Differences between hygiene and motivator factors) (Smit & Cronje, 2003: 351)

2.4 Conclusion

It is clear from the above-mentioned studies that nurses' satisfaction is influenced by multiple factors, for example:

- salary (how equitable it is seen to be);
- years on the job (nurses with less than five years experience tend to be dissatisfied and are likely to express the intention to leave);
- competency of the supervisor (technical skill and interpersonal relationship);
- interpersonal relationships with fellow workers, not enough time to do the job well, hardiness, patient load (the higher the workload is perceived the lower the satisfaction);
- employment setting (nurses working in the hospital's inpatient units experience lower levels of satisfaction than nurses in out-patient and clinic settings); and
- job commitment.

The methodology of the study is discussed in Chapter 3.