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**AN EXPLORATORY STUDY ON JOB
SATISFACTION AND WORK PERFORMANCE OF
HEALTH CARE NURSES**

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An Exploratory Study on Job Satisfaction and Work Performance of Health Care Nurses

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Abstract – *This paper examined the nature of the work environment of community health nurses, and determined the level of job satisfaction among these nurses. It further explored the relationship between work environment and job satisfaction of these nurses, and perceived factors in the work environment that would increase their job satisfaction. Job satisfaction, quality of work environment and morale of health practitioners is beginning to receive attention worldwide. The efficiency of an organization depends largely on the morale of the employees. Job satisfaction of the health workers is said to be highly important in building up employee motivation and efficiency as higher job satisfaction determine better employee performance and higher level of patients' satisfaction. It has been observed that when health professionals are satisfied with their job as a result of presence of key elements in the workplace that strengthen and support the workforce, rates of absenteeism and turnover intent usually decrease, staff morale and productivity increase and work performance as a whole improves.*

Keywords: *Job Satisfaction, Work Environment, Primary, Health Care, Nurses, India, Employee, Motivation, Improve, Performance, etc.*

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INTRODUCTION

Job satisfaction generally describes how content an individual is with his/her job or the feelings people have about their jobs. The most focal employees' attitude is job satisfaction and employees have views about various aspects of their job, their career and for whom they work (Jayasuriya et al., 2012). In the literature there are many other definitions on job satisfaction. According to Greenberg & Baron (2000), job satisfaction is determined by the total amount of positive and negative perceptions of employees with regard to their working environment. Quality work environment on the other hand have been linked to nurses job satisfaction, organizational commitment and subsequent intention to remain employed (Ingersol et al., 2002; Ezeja et al., 2010; O'Biren – Pallas, 2010 & Jayasuriya et al., 2012).

The provision of a conducive and quality work environment has been cited as the most important influence of job satisfaction for rural nurses (Almalki, FitzGerald & Clark, 2012; Jayasuriya et al., 2012). Institutional effectiveness will not remain unhindered when poor quality work environment thus cause employee dissatisfaction with job with the usual resultant high turnover which can force a reduction in job performance. The cost of recruiting and training new employees may be an overwhelming task when turnover is high. Primary health care nurses' dissatisfaction with their job will invariably have a

significant public health implication considering the fact that this group of nurses form the largest percentage of trained health care giver in the rural communities of the developing countries..

REVIEW OF LITERATURE:

A study on job satisfaction among physicians as reported by Omolase et al. (2010) indicated that prolonged dissatisfaction may result in health problems for health care giver and that employees who are satisfied with their work are claimed to likely report high satisfaction in their marriages and fewer psychiatric symptoms. Reported correlated of physicians' satisfaction with general life satisfaction was also observed to be reciprocal, as people who are satisfied with life were reportedly better satisfied with their job and those that are satisfied with their job tend to be satisfied with life (Omolase et al., 2010). Since the countries around the world (Indian inclusive) have made considerable efforts in trying to bring health to all through national health policies and plans have been formulated and implemented by governments of these countries based on Primary Health Care principle. In a bid to make basic health services accessible to her citizenry, India fully joined the world wide movement to adopt and implement a national primary health care programme in 1986 (Tope-Ajayi, 2004; Omoleke, 2010). Bearing in mind the interplay between conducive work environment and job satisfaction, implementation of the Primary

Health Care's policy/programme or of any other health programme that aims to improve the quality of health of Indians will be defective if appropriate and quality work environment and committed and satisfied team are not developed and placed in their right context for efficient service delivery where everyone feels that he or she is an important stakeholder who must make significant contributions.

Empirical data on nurses' work environment in the community health care settings and the contributions of these to level of job satisfaction especially in India is scarce; hence this study was designed to assess job satisfaction and nature of work environment of nurses in the primary health care settings in India. The results of this study will guide policy makers on healthcare issues and nursing executives in developing a work environment with the work characteristics known to be linked to job satisfaction and positive effect on patient's care.

METHODOLOGY:

Materials and Methods:

Job satisfaction of the nurses was assessed with a 20 question short form of the Minnesota Satisfaction Questionnaire (MSQ) scored on a 5-point scale: Very dissatisfied (1), Dissatisfied (2), neither (3), Satisfied (4), and Very Satisfied (5) giving a total obtainable score of 100. Level of nurses' job satisfaction was grouped into three categories of high degree of satisfaction ($\geq 70\%$), average degree of satisfaction (40- 69%), and low degree of satisfaction ($< 40\%$) similar to the MSQ scoring system by Weiss et al.(1967). Ethical approval for this study was obtained from the Health Research Ethics Committee of the Institute of Public Health, life, India (protocol number IPHOAU/12/01) and the authority of the Health Care Development the supervisory body for the primary health care facilities / centres where the study was conducted. Informed consent of individual participants was obtained prior to the onset of the survey, the survey was anonymous and participation was voluntary. Data analysis was done using descriptive and inferential statistics.

Results:

A total of 161 filled questionnaires were retrieved out of 216 administered, giving a response rate of 75%. The 161 respondents comprised of 20 males (12.4%) and 141 females (87.6%). The ages of the respondents ranged from 22 to 62 years with a mean of 40.75 years. Most of the respondents (135, 85.4%) were married, 20(12.7%) were single, and 3(1.9%) were widowed. A total of 141(88.8%) nurses held a diploma certificate in either general nursing only or General Nursing with other diploma courses, 15(9.4 %) held a university degree while only 3(1.9 %) had a Master of Science degree(Table 1).

Table 1: Socio-demographic characteristics of community health nurses in India

Characteristics	N (%)	X(SD)	Range
Age Range (yrs) (N= 161)		40.75(10.52)	22-62
21-30	43(26.7)		
31-40	29(18.0)		
41 and above	89(55.3)		
Sex (N=161)			
Male	20(12.4%)		
Female	141(87.6%)		
Marital Status (N=158)			
Single	20(12.7)		
Married	135(85.4)		
Divorced/Separated/Widowed	3(1.9)		
Highest Nursing Educational Qualification			
MSc/MNsc	3(1.9)		
BSc/BNsc	15(9.4)		
Diploma Cert. in Nursing	143(88.8)		
Professional Qualification (multiple responses allowed)			
Registered Nurses	127(50.2)		
Registered Midwives	108(42.7)		
Registered Public Health Nurses	7(2.8)		
Registered Occupational Health Nurses	10(4.0)		
Registered Paediatric Nurse	1(0.4)		
Present Professional Status			
Nursing Officer II(NOII)	10(6.2)		
Nursing Officer I (NOI)	15(9.3)		
Senior Nursing Officer (SNO)	17(10.5)		
Assistant Chief Nursing Officer	20(12.4)		
Chief Nursing Officer (CNO)	99(61.5)		
Years of Qualification		16.54(9.72)	2-40
0-5	24(14.9)		
6-10	39(24.2)		
11-15	7(4.4)		
Above 15 years	91(56.5)		

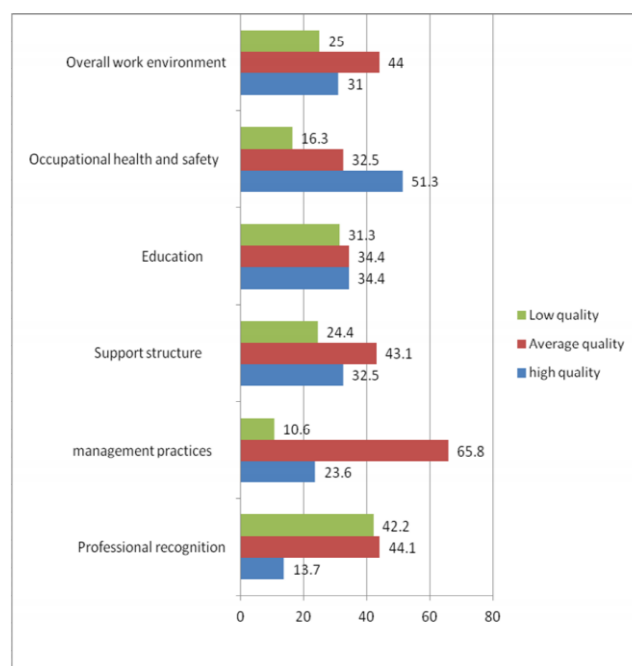


Figure 1: Respondents' perception of the nature of their work environment

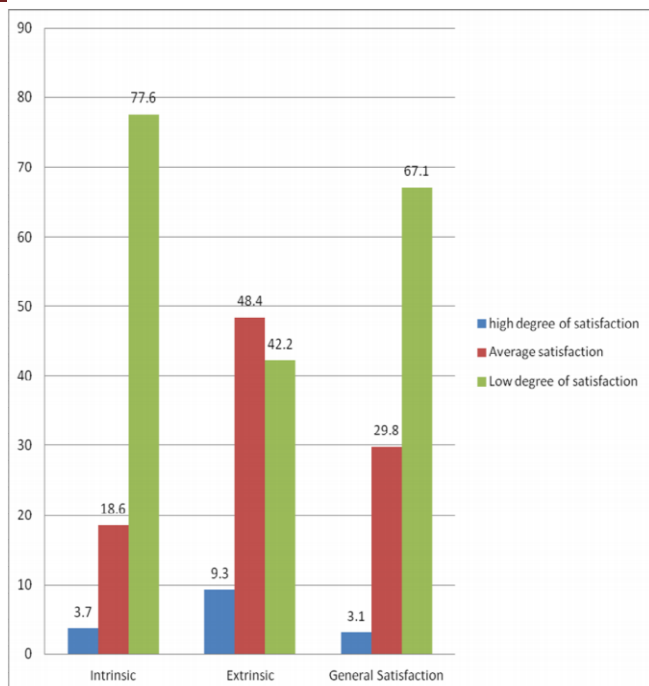


Figure 2: Status of Nurses' job satisfaction

Table 2: Correlations among facets of work environment and facets of job satisfaction

Work Environment	Job Satisfaction		
	Intrinsic Job Satisfaction	Extrinsic job Satisfaction	General Job Satisfaction
Professional Recognition	.33**	.57**	.46**
Management Practices	.35**	.64**	.50**
Support Structure in the Workplace	.37**	.62**	.52**
Education and Career Advancement	.33**	.40**	.39**
Occupational Health and Safety	.13	.46**	.30**
General Work Environment	.39**	.67**	.55**
Age of Nurses	-	-	.03
Experience in years	-	-	.13
* = p < 0.01			
** = p > 0.05			

Findings from the study revealed the mean score of nurses' perception of their work environment to be 64.65 ± 19.77 . Forty four percent (44%) of the nurses perceived their WE as of an average quality while 31%

reported high quality WE. Five facets or aspects of work environment that were identified from literature and measured in this study are: "professional recognition", "management practices", support structure in the workplace, "education and career advancement", and "occupational health and safety". In the 'professional recognition' facet of work environment, 44.1% of the nurses perceived the quality of their work environment as average, 42.1% recorded low quality work environment while only 13.7% rated high quality for their work environment. A majority of the nurses (65.8%) reported average quality for the 'management practices' facet of their work environment and only 10.6% reported low quality. Findings on the 'support structure' facet of nurses work environment revealed that 43.1% perceived their work environment to be of average quality while 24.4% perceived the environment as low quality. On the 'education and career advancement' facet of work environment, the same number of the nurses recorded both high and average quality (34.4%), and the remaining 31.2% recorded low quality work environment. Findings on the 'occupational health and safety' facet of nurses work environment revealed that more than half of the nurses perceived the environment as of high quality (51.3%), 32.5% rated the environment as average quality and 16.3% perceived it as low quality (figure 1).

A majority (67.1%) of the nurses had low degree of job satisfaction while only few nurses (3.1%) reported high degree of satisfaction with job (figure 2). A significant positive strong correlation was found between overall work environment and the general job satisfaction of the nurses ($r = 0.55$, $p = < 0.05$). However, there was weak and non-significant positive association between nurses general job satisfaction and age ($r = 0.03$, $p = 0.71$) and nurses' general job satisfaction and years of experience ($r = 0.13$, $p = 0.11$) (Table2).

CONCLUSION:

Quality work environment as an important factor for job satisfaction and turnover intention of community health nurses has provides insights about issues in the nursing profession needing attention in India. Data from this study revealed that issues of quality work environment and job satisfaction among nurses particularly those in the rural community health care settings should be taken seriously if marked improvement of primary health care delivery with the accompanied positive health outcomes for the general consumers of health care services is desired. Policy makers may find data useful when designing plans to improve work environment and increase the level of job satisfaction among Indian nursing professionals. Specific emphasis on improvement of working conditions, training, salaries and promotion

of Indian nurses particularly those in the community health care settings cannot be overemphasized.

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