

*Full Length Research Paper*

# **The role of human resource management and nurses' job satisfaction in medical service organisations**

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Accepted 27 October, 2010

**The scarcity of nurses nationwide has been documented. As population increases, there is an increase in hospitals' strains, thereby creating difficulty to find and keep good and qualified staff nurses. Job satisfaction of nurses and assurance has been an essential concern for hospital management. High staff absence and turnover, affect the hospital management which takes toll. Satisfied nurses tend to be more fruitful, innovative and dedicated to hospitals. The general models of job satisfaction focus on the view that a person has about his/her work. Job satisfaction or dissatisfaction not only depends on the type of work, but also on the perception of job. The study aims to find out the effects of 'human resource' in terms of results to be achieved so that it can give a basis for assessing the effectiveness of the process carried out. Non-probability sampling technique was used and 110 female nurses from three government hospitals (Advanced Hospital Hasanabdal, POF Hospital Wah Cantt and District Hospital Haripur) were selected for the study.**

**Key words:** Government hospitals, Advanced Hospital Hasanabdal, POF Hospital Wah Cantt, District Hospital Haripur, job satisfaction, qualified nurses, hospital management, fruitful, innovative, perception, dissatisfaction, scarcity.

## **INTRODUCTION**

Shortage of nurses is seen and documented world wide. As an increase is seen in the population and in the capacity and number of hospitals, it is difficult to find and retain qualified staff nurses. Job satisfaction of nurses and quality of work is an issue for hospital administration. Work quality depends on the job satisfaction of the nurses. This is therefore a management's responsibility to frequently ensure the level of satisfaction to manage the nurses accordingly.

### **Nurses' job satisfaction and HRM**

Nurse and patient relationship and caring are the heart of nurses' job in the hospital. Nurse and patient relationship is centered on the physical, emotional, social and medical problems of the patient. It develops anxiety, anger and

dissatisfaction, as the patient do not always recover on time. It causes stress to the nurses and leads to burnout. Maslach describes job dissatisfaction or burnout as an emotional situation of overtiredness and decreased personal achievement between people who do public jobs. Emotional tiredness is the decrease of the emotional control, when nurses find that they are unable to administer their duties. Depersonalization is a negative feeling and attitude, portrayed by nurses, as a result of which they become unkind toward their patients. Decreased personal achievement has a negative effect on them, particularly with respect to the care for the patients. They develop a feeling of dissatisfaction and unhappiness with their achievements.

This causes a negative and unsafe outcome, which results in job dissatisfaction and burn out on other workers, their patients and hospital too. The studies of Maslach and her colleagues recommended that burn out directly decreased the caring quality; and was found to be a cause of turnover, absence and low morale. Burnout also causes sleeplessness, tiredness, drugs addiction,

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marital and family problems. Organizations have recognized the significance of HRM, and the function it plays in formulating the prospect of the organization. Therefore, many organizations have their own HR departments, according to their setup. To improve competition, the medical sector organizations are also giving a lot of significance to the HR sector.

## Background

The aim of this research is to study the HR procedures in Pakistan's nursing sector. The study analyses the job satisfaction characteristics (intrinsic, extrinsic and fairness perception), revealing how the hospitals are being managed and how HR is trying to deal with this transformation. The limitations of the HR's purpose of hospitals have also been identified, along with suggestions. Staff nursing training is very important to grow in educated professional persons who are multi-skilled, flexible and focused on patient. To grow and bloom in the competitive surroundings, hospitals have to face different challenges. Now, how HR is administered for the value and survival of the hospital is considered. This is not only for profits, but also for employee development, satisfaction and opportunities for employment. Different aspects of HR administration are involved in knowing how the hospitals develop relations with the surroundings and how they attain, plan, develop and give them these values which can make hospitals meet their competitions. Hospitals always have profit as their objective and receive maximum output at the minimum cost. The hospitals, earning big profits, are the ones that are able to manage it the best.

Therefore, HR administration is vital for the growth and development of hospitals. A planned and strategic HR administration approach gives a proactive and competitive benefit of human resources, which is the most valuable asset of any organization. The HR department is to be involved in the improvement of a strategy used to distinguish the staff related problem. Once HR administration has implemented the plan by aligning and developing HR procedures, it should make sure that the hospital has a motivated staff with the required abilities and talents.

## Significance of the study

Hospitals are struggling to deal with the shortage of nurses. A worldwide survey report of 2005 revealed that most of the respondent nurses plan on leaving their current jobs in the coming years. "Nurses and job satisfaction 2005" survey, revealed that 32% of respondents were expected to change their jobs and 18% planned on leaving their present jobs in the next 6 months. Hospitals who suffer from a shortage are expected to face worse conditions. Therefore, it is important to identify causes of the nurses leaving the medical services. The purpose of

the study is to uncover the effects of the 'human resource department' of a hospital towards support, individual background, fairness perception and job characteristics (extrinsic and intrinsic on the degree of job satisfaction) among staff nurses in public sector hospitals. This study tries to help the administrators to better meet the need of nurses and improve the quality of care in their hospitals. Nurse Managers have to deal with multiple jobs in hospitals. They have to deal with staff issues, salaries, supplies and patient. In addition, the nurses' responsibilities are of patient care, clinical issues, personnel issues and home concerns. However, it is always difficult to manage all of them.

During the last few years, an increase in nursing dissatisfaction has been noted. One of the main reasons is that nurses are leaving because of intensive workloads, less staff, long working hours and less time with families. In a survey, nurses reported that the departments have high stress levels, shortage of staff, compromised patient care and congestion of beds. Nurses are also experiencing the feeling of less appreciation for the work they do. Nurses reported the underappreciated feeling and felt the dissatisfaction of seniors. All of these factors are enough for nurses to leave the hospital setting and join a smaller clinic facility with regular timing, less patients and a more supportive staff. Furthermore, it is recorded that around 62.3% nurses leave the profession, thus creating health problems (Robert D. Hiscott). This is all due to a lack of job satisfaction at workplace. A case study of Health Research and Education Trust Philippine showed that both domestic and international demand for nurses has generated a rapidly increasing education sector now made up of about 460 colleges and approximately 20,000 nurses (CHED, 2006). The study recommended that 25 years National Health Resource Policy and Development should be developed for better nurses' management in hospitals.

In today's context, the issue of how the position of nurses' executives can be more attractive is how they can teach others. It is true that it is difficult to find nurses in the nurse manager's posts. There is often no financial incentive, but now some hospitals are providing better salaries for management posts. There are nurses with talent, ability and desire for good work. The senior nurse can become the head nurse who can control the ward, patient care and the physicians, so she has both clinical and financial responsibilities. With no management education in nursing training, the nurse manager is expected to have knowledge of resource management, utilization and budgeting. This is a good improvement, but it needs serious strategic human resource planning and organization to be implemented properly in other medical service organizations. The dilemma is that hospitals try to recruit and retain the best nurses, whereas nurses look for good employers, handsome salary and benefits, flexible schedules, stability recognition and life balance which is the focus of this study.

## LITERATURE REVIEW

The problems related to human resource are unlike other resources in the context of job. These problems can be reduced with computerization in some situation, but it requires highly skilled and trained persons to design, maintain and operate the systems. The other side is to find commitment by organizing work and creating behavior and attitudes which produce the best outcomes. HRM is, on the whole, a search for best practices to generate high levels of performance and commitment. It is common to misunderstand, answer back, challenge own belief about how things might be done and have different levels of interest and motivation. This is a challenge to management's effective control and how far persons could be replaced by machines. Storey (2009) has recognized two generally different pictures of HRM. There are rational or economic, social or psychological, control and compliance commitment view of employment. These are generalization terms and practice, but it helps to differentiate trends. It is acknowledged that high turnover, dissatisfied patients and poor quality of care is because of low pay and benefit than in regulating the control and influence they have in their daily work. Gilmore noted that dissatisfied nurses are often anxious about the care of patient. She also found that job satisfaction would increase if they had better control over their work. Management, usually try to reduce costs, and the priorities list is not the job satisfaction for nurses.

Steve (1991) found that overlooking the job satisfaction of nurses would be unfavorable to the medical sector, and as such, the managers are responsible for it. He confirmed that the care of nurses is the prime feature of the patient's analysis of the hospital admission. Therefore, happy patients are satisfied because of the better care of nurses. Strasser said that unhappy nurses have plenty of opportunities to pass their distress down if they want. Nurses give the medicines to patients and so they are the closest point of service to them. She also learnt that nurses enjoyed their work mostly by helping people. This is what enabled them to give quality care and feel good that their care for their patients was good at the end of the day. Aiken (2002), said that decentralized management is preferred by nurses, in which judgment are carried out in the ward, and can be more effective and efficient in such situations. She further added that physicians know well how to use them and to find the maximum patient outcomes. So making decisions onsite can be more effective. Therefore, patient's satisfaction is not a small matter in hospitals. Renewed interest in increasing performance levels in government should interest public administrators in identifying factors that foster workers' satisfaction. However, little empirical attention has been given to the evaluation of job-satisfaction levels among public-sector employees (De Santis and Durst, 1996). Loper is of the opinion that in today's medical sector, with increased number of patients and lesser trained staffs, some nurses are overburdened

and may have long stressful days. Increasing staff give control over the work, and allowing them operate within their boundary will help them to reduce stress and increase their job satisfaction.

Baggs (1995) noted that by giving nurses more opportunities to work together with physicians improved the nurse-physician teamwork. Mike Evans said that nurses are the centre of the medical sector and if they are happy, it will have an encouraging effect on the quality of care. He developed a management system for nurses that nurses lack options and differ with a physician's decision. Therefore, they can make a request to the senior nurse, and if she agrees, the issue will be passed up for review and consultations with the clinician through channels, but it should have complete support of the management. Evans surveyed about 500 nurses annually in a hospital and found a 22% turnover rate. Their pay was not found as an issue as it was above average. The survey concealed a less control on job and less appreciation from senior managers. Evans then restructured the nursing services to ensure that nurses are selected from every unit, and at the end of the year, turnover was reduced. Key performance indicators introduced were bedsores, hospital acquired infections and medication errors, which can be reduced. Michael Erwin conducted an online survey on nurses' job satisfaction in 2005, and found that 32% of the nurses were expected to quit their work within a year, while 18% planned to leave within the next 6 months. The nursing department, suffering from a shortage, was expected to worsen as job dissatisfaction was identified as the main reason for the change of job. It was also found that, nurses' dissatisfaction increase from 40 to 60%. Further research in this field has shown that changes in situational factors such as job complexity are important predictors of job satisfaction (Gerhart, 1987). Other important reasons for getting burned out was less staff, demanding workloads, working hours and leading to time away from their homes. It was also reported in the nurses' survey by Bedi that hospitals with compromised patient care were understaffed, amid closely placed beds, high stress levels and a feeling of under appreciation and dissatisfaction with their managers.

These factors are enough for nurses to leave the hospital jobs and join a smaller medical facility that has fewer patients with the aim of helping the staff. She further added that nurses leaving the hospitals and joining a smaller medical facility might get less pay, but also a less level of stress. Bedi recommended that hospitals should find ways to recruit and retain their nurses. In human resource management, the most difficult aspect is to retain the organizational employees, so retention of nurses is a priority in health care. So, a better understanding of factors that add to job satisfaction and intent to leave is needed. There can be one possible factor which is the quality of the interpersonal relationships that occur among managers, peers and nurses (Kettle, 2006). Nurses are looking for good salaries and benefits, easy schedules, stability and recognition. By offering career

progression, educational programs and training make them feel that they are really appreciated. By taking these important steps, nurses' efficiency and loyalty can be increased. Pay is a reason, but it is the workload and appreciation that will surpass pay at the end of the day. Acknowledgment from doctors and nurse managers develops a good working environment. Job satisfaction is one of the most long-term, but vague term used in the studies. For years, researchers have tried to measure and define the models of job satisfaction, but they could only be able to improve the scales. It is important to develop a suitable and dependable scale that could be applicable to a range of jobs. A benefit of such a scale is that models, which will allow persons to review how satisfied the employees are in relation to others, can be developed. The worth of such a scale cannot be elaborated due to its high correlations with job outcomes. Job stress, involvement, employee attendance and turnover have been associated with satisfaction and job outcomes. Job status and age have also been found to be correlated positively with job satisfaction.

On the other hand, through a review of existing literature, it was also stated that satisfaction is not related to either self-rated effort or performance. So, job involvement, like satisfaction, bore a noteworthy relationship to definite job characteristics unlike satisfaction (Edward and Hall, 1970). Macdonald and MacIntyre (2006) found that job characteristics like promotions, pays, posts, working circumstances and terms with other workers are the most widely used models that have been considered in numerous scales to measure job satisfaction. They also found that general models inspect levels of satisfaction despite their source. Few researchers have recommended that the general and facets approach play a key role in the job satisfaction that has lesser correlations with one another. It could be concluded that the general models examine the overall levels of satisfaction, whereas the facets approach examines the structure of satisfaction. The survey of Baggs and Schmitt (1999) concluded that the shortage of nurses will be from an increase in stress and a decrease in patient quality care. Wilson found that employees are often underpaid in medical care settings, such as home medical care, acute care facilities and nursing home. He further added that retention and recruitment efforts should also focus on the rising motivation to improve their job satisfaction. Furthermore, the changing models of care delivery and constrained resources need nursing leaders to be responsive and have the ability to demonstrate flexibility (Krugman and Smith, 2003). It is found by the research work of Hussami (2008) that job satisfaction depends on commitment, perceived supports, leadership and education level. Organizational commitment, job stress and tension were identified as key factors and strong reasons for nurses leaving their jobs. A leadership style or behavior may influence the level of job satisfaction.

Though public sector professionals job characteristics can be consistent with the normative information from the job diagnostic survey, job satisfaction and work involvement are lower than those of the blue-collar workers. So, work motivation is not higher than that of blue-collar workers; and job characteristics do not explain variations in professionals' satisfaction, motivation and involvement, rather they can be explained by social satisfaction, fulfillment of employees' intrinsic needs (especially growth needs) and information from others on job performance (Emmert and Taher, 1992). Good leadership and moral performance are found to be associated in many studies. Similarly, immediate manager had more influence on the worker than the overall company's policy and procedure. Major characteristics of job satisfaction are identified by researchers (Macdonald and MacIntyre, 2006) who are of the opinion that the function of nursing management is to propose, supervise and facilitate care of patients. Nurses in management positions work in coordination with all types of medical professionals to provide care to patients. The professional work is the clinical job of nursing devoted to the patient's consideration, caring plan and implementation, and the evaluation of care for individuals, groups of patients and communities. Nurses in management develop the environment and the resources necessary for the quality care of patients, involving management decision making and improvement of the in care resources. Nurses provide a unique medical viewpoint to planning of strategies and policies in medical sectors, represent the clinical services provided by the organization in the community served and connect the local nursing practice with the broader nursing community to keep the nursing practice up to date with developments in the field. Roles and functions of nurses in management are difficult. Having originated in hospitals, the nursing management develops in response to the need to administer the nursing department and to improve medical care processes. In addition, to get high performance, rewards play a vital role. A similar case in the nursing profession that has rewards is tied to performance and is considered to be significantly related to job satisfaction (Lewis, 2007). Nursing management includes components of nursing care, mutual practices and supervision concepts and theories.

The nursing clinical components are grounded in a strong philosophy and value system of care and compassion, critical thinking and coordination of care. Nurses provide the 'intangibles' in patient care, that is, those aspects of their function that are difficult to define and measure in terms of resources, cost, outcomes and output that are notable in the quality of health care delivery. Nurses in management interpret structures and parameters for the treatment method and for the resources needed to meet requirements for the care of patients. Managing performance is a vital management skill, if nursing managers are to inspire, motivate and lead their teams to achieve clinical excellence. It comprises

the assessment of an individual's job, goals and objectives. It is a feeling of achievement and optimism about possibilities for the future. Many performance reviews are not managed well because they focus on written goals and outcomes that are meaningless and are not followed up. In these instances, practical measures that address the 'why' and 'how' of doing something are not given sufficient consideration and the exercise can become merely a process of generating raw stuff. A thorough individual performance review is critical and such an exercise is beneficial for both the nurses and the management. Effective performance management requires the nurse's managers to be perceptive about individual employee if a performance plan is to be tailored to meet the needs of both managers and employees. Having agreed on a performance plan, the managers and the employees can then use a plan as an ongoing guide to their shared objectives and development needs. Another study, which described how to improve one's personal satisfaction in the nursing field, how it can be done through examining why someone chooses the nursing profession and why they choose to stay, was conducted. Productivity is then examined to determine how it affects job satisfaction (Frederick, 2006).

Performance review (PR) then enables assessment and review of performance against these objectives and needs. It helps also in forming the basis for decisions on such matters as promotion, reclassification, training, educational needs, support needs and in some circumstances, disciplinary action. The global shortage of nurses has heightened the challenge of recruiting and retaining qualified staff. Once they have been recruited, nurses must be nurtured and looked after if they are to remain its staff. In addition to the individualized programs of orientation, mentoring and perception at the beginning of employment, an ongoing process of supporting both personality and professionalism, is required. Staff satisfaction and staff performance are vital to patient satisfaction and it is a manager's role to recognize when staff members are dissatisfied or when the performance of team members falls below an acceptable standard. Once they are aware of issues, the manager must respond in a timely, objective, unbiased and effective manner. Ignoring a problem and hoping that it might 'go away' is not a solution. In this way, problems continue, and they often escalate until they are addressed. Performance matters to both employees and managers. Most nurses go to work to contribute to the workplace. Once there, they want to feel valued and respected through acknowledgment and praise for a job well done. Performance nurses must be nurtured and looked after if they are to remain as staff. Management is thus a partnership that values staff. It can empower staff members to make decisions, accept responsibility for these decisions and be accountable for them.

In addition, to bring an evaluation of performance, PR should also be an opportunity for confidential discussions about the workplace in general, and managers can learn

much about their area of responsibility during such discussions. The features that make performance management important can be of all available resources. Recent changes in care delivery models include the movement toward stronger patient's participation in care, increasingly complex care for acutely ill persons who are hospitalized, increased assessment and planning for the continuum of care (such as making the transition from acute to sub acute care) and assurance that patients have the resources and access to information, emotional support, and emergency or urgent care as they assume more responsibility for their own care following many types of outpatient procedures. The roles and functions of nurse executives, which have changed concurrently and which involve developing new cultures and new staffing configurations for the more "progressive" patient care, ensuring effective relationships between and among patient and caregivers within the continuum of care, reconciling outdated and often restrictive financing and regulation and establishing patient-focused services that involve the family and others, are important to the patients. Each achievement toward the continuum of care creates new issues, problems and requisites for development, which keeps the role of the nurse executives in an ever changing state. The general definition of what nurses in executive practice do is to design, facilitate and manage patient care. Some aspects of the role are integral with the organization, but there are common elements in the role in every setting. The common elements in the nurse executive's role from human resource management perspective relate to direct patient care, including the following:

1. Defining parameters and methods for care quality.
2. Establishing the environment for care delivery.
3. Establishing nurse-physician relationships around care processes and outcomes.
4. Managing the resources needed for care.
5. Organizing and coordinating systems for care delivery.
6. Recruiting, retaining and developing staff.
7. Establishing intra and extra organizational relationships for clinical and management functions.
8. Measuring and improving the care delivery and systems that support care.
9. Designing systems for managed care, including care/case management.
10. Participating in executive staff functions such as strategic planning.
11. Establishing performance parameters for patient care services.
12. Working with communities for assessment and prioritization of services.
13. Functions related to the organization's included role inherent in the nurse-executive.
14. Participating in decision making on policy and planning.
15. Serving as a champion for patient care resources and services.

## 16. Defining and establishing broader clinical roles for nurses.

These are the competencies necessary to meet the challenges of the present day. Nurse-executives need to redefine the management measurement tools for nursing practice. The traditional methods of measuring patient requirements for care and staffing are also less useful in today's practice. For example, when patients were hospitalized in an extensive period of time needed for recovery in the past, the nursing staff cares for patients in different phases of illness and disease. Patient classification systems differentiate patient requirements for care. In today's settings, only those patients who need intensive and acute care are hospitalized. Patient classification systems based on long patient stays do not always account for the patient with 23-hour admission and the patient who uses hospital services for treatment as an outpatient, or who remains only for a fewer period of time on the hospital unit. Measuring the workload for nurses who care for patients across settings and those who work with interdisciplinary teams is yet another challenge. Staffing of nurses, so that qualified nurses are with patients at the right time and for the right care is a continuous challenge in both traditional and emerging health care delivery systems. With the development of new approaches to patient care, new parameters are needed to commensurate the methodology that is used to measure the resources required for that care. One of the age old issues is the nurse-physician relationship. The preferred perspective on the nurse-physician relationship is that the relationship is complementary. The practices are very different, and collaboration makes it possible to extend clinical resources to serve greater numbers of patients. Adversarial relationships between nurses and physicians inhibit the benefits. There are some gray areas in which nurses function more like physicians and physicians function more like nurses. However, the best practices are evaluated on patient care outcomes for quality and cost drive development. Changes that have resulted from redesign are only a tip of the "change iceberg". Events such as consolidation of services, downsizing, mergers, or other initiatives that have resulted in the realignment of staff have been met with varying responses. Staff now needs renewal, re-energizing and respect. The realignment of the staff has been both positive and negative, with gains and losses for staff. Added to this turmoil of change and reactions to change is the fact that there are fewer managers and fewer departments. The previously dedicated "unit manager" now manages several patient care units, oversees ambulatory care services and participates in business planning and development of new services inside and outside the hospital. An effect of all of this change is that staff members are more vulnerable than ever, but there are fewer people providing leadership and support.

This situation is a challenge for nurses in executive practice. Almost every report of the expansion of nurse-

executive roles and functions mentions managing quality. Nurses are accustomed to developing and using the process, and to help other health care professionals understand and use techniques such as utilization review and risk management, as well as advanced tools such as critical pathways and clinical algorithms. Staff development experts have been a valuable resource for quality initiatives. In institutions with downsized education departments, nurses provide some advanced practice of the needed expertise, as do leaders in nursing services. New methods for measuring quality are also being designed. Some of the total quality management techniques and some new techniques that fit the new interdisciplinary collaboration around patient populations are the basis for these new methods. At the baseline, financial and clinical outcome data indicate what is happening in patient care. For nurse executives, a significant challenge is the systematic development of the nursing capacity to provide patient care. Nursing is surrounded by superlatives in the health care industry. Nurses comprise the largest single group of health care professionals. Nursing care is the most intangible and least understood component of patient care. Nursing has the most entry routes to practice, the highest number of professional organizations and the best articulated educational mobility programs of any of the vocational and technical health care workers. Nurses work in all types of health care settings, on all shifts.

The management of this complex and valuable patient care resource is a study of change, innovation, chaos and of values. Dichotomies abound, the structure is diffused and the roles varied as the situations of patient care. Breakthroughs in developing a more unified approach to planning and utilizing the nursing workforce are essential if the nurse's full capacity for care is to be realized. The highest demand for nurses in today's practice is for advanced practice nurses, who have the appropriate graduate education and certification in critical care, emergency care and special care. Updating and preparing nurses in practice for change is another major challenge. The nursing profession is just catching up with the new requirements for patient care. In practice settings, nurse-executives have initiated staff nurse education on the changes in health care delivery, new expectations for nursing care and new ways to participate in the organizational change and redesign of patient care. Competency based orientation and evaluation have also become increasingly essential to ensure staff qualifications for care. There are trends to establish credentiality and systems' privileges for nurses in advanced practice roles.

## Hypotheses development

This study aims to provide a perspective of the job satisfaction of nurses. The study explores the concept and factors that influence their job satisfaction when working

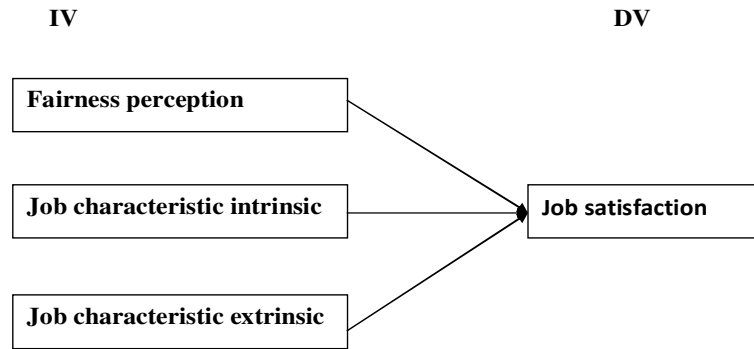


Figure 1. Hypothetical model showing the variables of the study.

in different hospitals. The research examines the following:

1. To what level can conditions, such as age, gender, level of education completed, experience or total years employed and monthly income, affect job satisfaction of nurses?
2. To what level can job characteristics (intrinsic and extrinsic) affect the job satisfaction of nurses?
3. To what level can fairness perception affects job satisfaction of nurses?

## METHODOLOGY

A sample of 110 female nurses from the three hospitals (Advanced Hospital Hasanabdal, POF Hospital Wah Cantt and District Hospital Haripur) was selected. The list of respondents was obtained from the concerned hospitals and respondents were selected on population basis (50 from Advanced Hospital Hasanabdal, 40 from POF Hospital Wah Cantt and 20 from District Hospital Haripur). Non-probability sampling technique was used as it was convenient and purposive. A questionnaire was developed as a tool for data collection which was tested for its validity and reliability through pilot testing. The data were collected through the questionnaire which was composed of two major parts. The first comprised demographic variables including age, gender, education, employment experience and monthly income, and the second part comprised job satisfaction, fairness perception, intrinsic job characteristics and extrinsic job characteristics. There were five questions each related to job satisfactions, fairness perception, intrinsic job characteristics and extrinsic job characteristics.

The reliability and validity of the tool were tested through pilot testing and then the questionnaire was used for actual data collection. Finally, the questionnaire was divided in four parts with 5 questions each. All questionnaires were distributed among nurses from three different hospitals (Advanced Hospital Hasanabdal, POF Hospital Wah Cantt and District Hospital Haripur) to obtain their response. Involvement in data filling was voluntary and privacy was assured. After data collection, the analyses done through SPSS (Statistical Package for the Social Sciences) were tabulated, and the regression, descriptive and correlation statistical analyses were performed.

## Theoretical framework

A total of four variables were selected, out of which three were

independent variables and one was a dependent variable (Figure 1). The study aimed at providing a realistic picture of nurses in the context of their job satisfaction.

Three hypotheses were developed and tested accordingly. The hypotheses made are shown in Figure 2.

Considering the problem statement according to the theoretical framework, the following hypotheses were developed:

H<sub>0</sub>: Fairness perceptions do not account for a deviation in the job satisfaction of nurses.

H<sub>1</sub>: Fairness perception accounts for a deviation in the job satisfaction of nurses.

H<sub>0</sub>: Job characteristics - Intrinsic job characteristics do not account for a deviation in the job satisfaction of nurses.

H<sub>2</sub>: Job characteristics - Intrinsic job characteristics account for a deviation in the job satisfaction of nurses.

H<sub>0</sub>: Job characteristics - Extrinsic job characteristics do not account for a deviation in the job satisfaction of nurses.

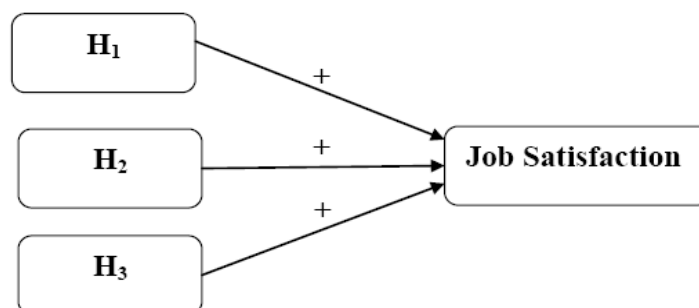
H<sub>3</sub>: Job characteristics - Extrinsic job characteristics account for a deviation in the job satisfaction of nurses.

## DATA ANALYSES

The variable selection was conducted by reviewing the literature on job satisfaction, while the variables that affect job satisfaction have been determined. Each variable has 5 questions with Likert response categories from strongly disagree to strongly agree. Other variables included in the study were individual background (like age, gender, level of education, experience or years of service and monthly income) and job characteristics (like intrinsic, extrinsic and fairness perception).

The demographic characteristics considered in this study were gender and age (where respondents were asked to indicate their gender and age), workplace effect (where a series of items examined various effective characteristics of the workplace), work (where a series of items examined respondents to indicate the response of duration of service) and job security (where the items measured the degree to which respondents felt that their jobs were secured).

The influence of age, gender and occupation on the scale of job satisfaction was examined, and a t-test revealed no difference significantly. A significant effect was



**Figure 2.** Three hypotheses made. 1. To what level did the intrinsic job characteristics affect the job satisfaction of nurses? 2. To what level did the extrinsic job characteristics affect the job satisfaction of nurses? 3. To what level did the fairness perception affects the job satisfaction of nurses?

**Table 1.** Distribution of the respondents with respect to age (N = 110).

Age	Number	Percentage	Rank
21-25	31	28.18	2
26-30	40	36.36	1
31-35	20	18.18	3
36-40	14	12.73	4
41 and above	5	4.55	5
Total	110	100	

**Table 2.** Distribution with respect to gender (N = 110).

Gender	Number	Percentage	Rank
Female	110	100	1
Male	0	0	2
Total	110	100	

**Table 3.** Distribution with respect to education (N = 110).

Education	Number	Percentage	Rank
Matric	0	0	4
FA/FSE	0	0	3
BSE Nursing	98	89.1	1
Master nursing	12	10.9	2
Total	110	100	

found for age group, where it was discovered that the oldest age was more satisfied than others, but no other significant differences were found. The independent variables considered include: Background of the individual (like age, sex, education level, years of service or experience and monthly income), job characteristics (intrinsic and extrinsic) and fairness perception (Tables 1 to 6).

The data show that 28.18% of nurses fall in the 21 to

25 age category, 36.36% fall in the 26 to 30 age group, 18.18% fall in the 31 to 35 age group, 12.73% fall in the 36 to 40 age group and 4.55% fall in 41 and above age group category. It means that majority of the population under study fall between 26 to 30 years of age group. The study focuses on the female nursing staff of government hospitals. Therefore, 100% respondents fall in the same category. Table 3 shows that 10.9% of the nurses have masters degree, whereas 89.1% have a bachelors'



**Table 4.** Distribution with respect to experience (N=110).

Experience	Number	Percentage	Rank
Less than 1 year	15	13.6	5
1 to 5 years	20	18.3	3
6 to 10 years	27	24.5	2
11 to 15 years	31	28.2	1
16 and above	17	15.4	4
Total	110	100	

**Table 5.** Distribution with respect to fairness perception (N = 110).

Fairness perception	Number	Percent	Rank
Strongly disagree	38	34.5	1
Disagree	22	20	3
Neutral	27	24.5	2
Agree	19	17.3	4
Strongly agree	4	3.7	5
Total	110	100	

**Table 6.** Distribution with respect to job characteristics (intrinsic) (N = 110).

Job characteristics (intrinsic)	Number	Percent	Rank
Strongly disagree	22	20	3
Disagree	33	30	2
Neutral	36	32.7	1
Agree	19	17.3	4
Strongly agree	0	0	5
Total	110	100	

**Table 7.** Distribution with respect to job characteristics (extrinsic) (N = 110).

Job characteristics (extrinsic)	Number	Percent	Rank
Strongly disagree	1	0.9	5
Disagree	23	20.9	3
Neutral	45	40.9	1
Agree	36	32.8	2
Strongly agree	5	4.5	4
Total	110	100	

degree. However, it is the basis of qualification for a registered nurse. Table 4 shows that 13.6% of the nurses have less than one year experience, while 18.3% have 1 to 5 years experience, 24.5% have 6 to 10 years experience, 28.2% have 11 to 15 years service or experience and 15.4% have above 16 years experience.

Table 5 shows that 34.5% of the nurses strongly disagree, 20% moderately disagree, 24.5% have neutral feelings, 17.3% feel that they are treated fairly at work place, while only 3.7% strongly agree. The data in Table

6 show that 32.7% of the nurses have neutral response toward intrinsic job characteristics, 30.0% have low response, 20.0% have low satisfaction, 17.3% have high satisfaction, but none have a very high response. The data in Table 7 show that 40.9% have neutral feeling toward extrinsic job characteristics, 32.8% responded high, 4.5% responded very high, 20.9% responded low and only 0.9% has a very low response to extrinsic job characteristics. The data in Table 8 show that 25.5% have very low job satisfaction, 21.8% have low job

**Table 8.** Distribution with respect to job satisfaction (N = 110).

Job satisfaction	Number	Percent	Rank
Strongly disagree	28	25.5	1
Disagree	24	21.8	3
Neutral	12	10.9	5
Agree	27	24.5	2
Strongly agree	19	17.3	4
Total	110	100	

**Table 9.** Mean and standard deviation.

Variable	Mean	Std. deviation	N
Job satisfaction	2.8634	1.4745	110
Fairness perception	2.3546	1.2236	110
Intrinsic job characteristics	2.4728	1.0018	110
Extrinsic job characteristics	3.1908	0.8514	110

low job satisfaction level, 24.5% are satisfied with their job, 17.3% have high satisfaction level and 10.95% have neutral feeling of job satisfaction.

Pearson product-moment correlations coefficients ( $r$ ) were performed with a relation that exist between the variable of job satisfaction, that is, age, gender, level of education, experience, fairness perception, intrinsic and extrinsic job characteristics (Tables 1 to 7). A regression analysis was performed for assessment of the values of age, gender, level of education, experience, fairness perception, intrinsic and extrinsic job characteristics on the job satisfaction of nurses in government hospitals. Analyses were carried out at the 0.05 significance level. The research of job satisfaction of nurses ( $n = 110$ ), signifies that there is a correlation  $r(110) = 0.679$ ,  $p < 0.05$  between the extrinsic characteristic and job satisfaction. Correlation 0.679 showed that about 60% of the variance was accounted for by the extrinsic characteristic (Tables 8 to 9). Extrinsic job characteristic developed the highest correlation with job satisfaction out of the independent variables. Table 10 illustrates the results which create a positive correlation of ( $n = 110$ ),  $r(110) = 0.815$  and  $p > 0.05$  between age and satisfaction. Correlation between experience and job satisfaction, ( $n = 110$ ),  $r(110) = 0.778$  and  $p < 0.05$ , also has a positive result. Additionally, a positive correlation of  $r(110) = 0.654$  and  $p < 0.05$  was seen between fairness perception and job satisfaction.

The seven variables (age, gender, level of education, experience, fairness perception, intrinsic job characteristics and extrinsic job characteristics) were very strongly associated to the job satisfaction of nurses. The regression model analysis (Table 11) included the seven independent variables of age, gender, level of education, experience, fairness perception, intrinsic job characteristics and extrinsic job characteristics. Moreover, the linear

sum of the seven independent variables was notably associated to the dependent variable ( $R^2 = 0.767$ , adjusted  $R^2 = 0.752$ ,  $F = 47.754$  and  $P = 0.000$ ). The regression equation result scores for the variables of job satisfaction are  $0.405$  (age) +  $9.212$  (gender) +  $6.202$  (education) +  $0.176$  (experience) +  $0.312$  (fairness perception) +  $0.723$  (extrinsic job characteristics). Adjusted  $R^2$  in Table 11 illustrated that 75% of the discrepancy was explained, that is, the amount of the discrepancy of dependent variable was described by variations in the independent variables. Thus,  $R^2$  of job satisfaction among nurses is 0.767.  $R^2$  showed that 76.6% of the disparity was explained (that is, the amount of the disparity) in the dependent variable that was described by discrepancy in the independent variables. Standard error was more than 10% of the mean, that is, it measured the dispersion of the anticipated dependent variables around its mean when measured with the mean of the "predicted" values of the dependent variable. The F-change was 47.754, where significance F-change was 0.000. The coefficients are illustrated in Table 12 to provide information on the confidence with which it can be supported. If the value in "Sig." is less than 0.05, it is supposed that the estimate in column "B" can be asserted with a confidence level of 95%. The value in the case of gender and education was more than 0.1. As the coefficient estimate has too much discrepancy, therefore these independent variables were not reliable. Table 11 shows the ANOVA test. The sum of square of regression is larger than its residual value and 0.000 is the significance level; thus, it describes that the model fits the data and there is a significant relation between the variables (that is, dependent and independent). So, it was found that:

$H_1$ : Fairness perceptions do account for a deviation in the job satisfaction of nurses.

**Table 10.** Correlation matrix.

	Job satisfaction	Age	Gender	Education	Experience	Fairness perception	Intrinsic job characteristics	Extrinsic job characteristics
Job satisfaction	1.000							
Age	0.815	1.000						
Gender	-0.192	-0.211	1.000					
Education	-0.029	-0.012	-0.237	1.000				
Experience	0.778	0.884	-0.203	-0.015	1.000			
Fairness perception	0.654	0.604	-0.123	0.011	0.632	1.000		
Intrinsic job characteristics	0.654	0.606	-0.231	-0.111	0.575	0.707	1.000	
Extrinsic job characteristics	0.678	0.587	-0.274	-0.108	0.528	0.482	0.841	1.000

Pearson correlation of job satisfaction, age, gender, education, experience, fairness perception, intrinsic and extrinsic job characteristics is described here.

**Table 11.** Regression model.

Model summary					
Model	R	R <sup>2</sup>	Adjusted R <sup>2</sup>	Std. error of estimate	
1	0.876	0.767	0.752	0.7370	
ANOVA					
Model	Sum of square	df	Mean square	F	Sig.
Regression	181.556	7	25.935	47.754	0.000
Residual	55.400	101	0.544		
Total	236.956	108			
Change statistics					
	R <sup>2</sup>	ΔF	Df1	Df2	Sig. ΔF
1	0.767	47.754	7	101	0.000

Multiple linear regressions, model summary and ANOVA.

H<sub>2</sub>: Job characteristics (intrinsic) do account for a deviation in the job satisfaction of nurses.

H<sub>3</sub>: Job characteristics (extrinsic) do account for a deviation in the job satisfaction of nurses.

### Conclusion

Dissatisfaction in the hospital environments depends on many aspects. Identification of frustrations,

turnover, internal empowerment and decrease in external stress can reduce dissatisfaction. The study aimed at finding a relationship from a set of defined dependent and independent variables of

**Table 12.** Multiple linear regressions (coefficients).

Model	Un-standardized coefficient		Standardized coefficient	
	B	Std. error	t	Significance
1 (Constant)	-0.588	0.404	-1.459	0.149
Age	0.405	0.109	3.758	0.000
Gender	9.212	0.196	0.475	0.638
Education	6.202	0.064	0.098	0.922
Experience	0.176	0.111	1.593	0.116
Fairness perception	0.312	0.097	3.231	0.003
Intrinsic job characteristics	-0.316	0.171	-1.852	0.068
Extrinsic job characteristics	0.723	0.168	4.279	0.000

variables of job satisfaction among nurses. The relationship is precise, and the overall  $R^2$  (or adjusted  $R^2$ ) quantifies how the selected independent variables predict the dependent variable among nurses for job satisfaction. The selected independent variables (that is, age, gender, education, experience, job characteristics and fairness perception) have an important effect on the relationship of job satisfaction among nurses' dependent variables. Individual background like age and experience developed a correlation with positive job satisfaction. So more experienced employees have greater levels of job satisfaction and are committed to their job than less aged and less experienced ones. Education on the other hand has a negative correlation with job satisfaction (Tables 1 to 7).

## Recommendations

The study disclosed the relationship between the independent and dependent variables of job satisfaction of nurses, and not how these aspects are interconnected to each other. Similarly, some other important independent variables may be selected to observe their relation with the job satisfaction of nurses. Multicollinearity exists among variables; therefore, more analysis may reveal other factors which affect job satisfaction. This study also suggests some strategies that nurses' managers should follow to elevate nurses' job satisfaction. Thus, the relations produce in data analysis propose different approaches that managers should follow. Nurses are rarely praised or rewarded by the senior nurse for exceptional performance and this develops dissatisfaction among them. Verbal praise should be considered by the managers for the possible effects used to increase performance. Seniors can give verbal praise, small gifts, certificates and medals to stimulate motivation, leading to increase in job satisfaction. It is further recommended that managers provide more non-financial encouragement to increase motivation and commitment. This will acknowledge and identify the extraordinary performance. These fundamental systems of rewards can help to satisfy and motivate committed nurses and increase their morale.

The quantitative findings of this study showed that nurses' fairness perception is positively correlated with their job satisfaction. So, if they are fairly treated by their managers, their job satisfaction increases. This will finally lead to a reduced turnover intention and increase in their productivity. Managers should also reward nurses according to their performance, knowledge, skills, abilities, services and experience. It is felt that the pay of nurses has no direct relation with their performance, if it is perceived that the managers are treating them fairly in terms of conditions and pay. This will make them more devoted to the work (hospital) and their satisfaction will be definitely high. Also, it would lead to a steadier group of more capable, committed and satisfied nurses.

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