

ORGANIZATIONAL CLIMATE AND NURSES' JOB SATISFACTION IN CROSS RIVER STATE, HEALTH INSTITUTIONS, NIGERIA

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ABSTRACT

The purpose of the study was to determine nurses' perception of organizational climate and their job satisfaction in Cross River State Health Institutions, in Nigeria. To direct the study three specific objectives and two hypotheses were raised: To determine Nurses' perception of their organizational climate, the extent of Nurses' job satisfaction, the influence of organizational climate on nursing care, and relationship between organizational climate and job satisfaction and also relationship between type of health institution and Nurses' perception of organizational climate. Simple random sampling technique was used to select 30 health institutions out of 89 institutions. The stratified random sampling technique was used to select 450 Nurses from private, state and federal institutions in the state. Questionnaire was use as instrument for data collection. Data were analyzed using SPSS 14.0 Result showed that 255 (56.7%) did not enjoy a conducive working climate, while 195(43.3%) respondents felt the organizational climate was conducive. Among the 450 Nurses, 244(54.2%) were not satisfied with their jobs, while 206(45.8%) Nurses felt satisfied with their various jobs. Among the 255 respondents that felt that organizational climate was not conducive, 57 (22.4%) had a significant impact on nursing care. Majority, 102 (40.0 %) felt like abandoning nursing profession for other professions that were more prestigious and promising, while 96 (37.6 %) felt like seeking for greener pastures in developed countries. Correlation coefficient of 0.725 was obtained showing a significant relationship between organizational climate and job satisfaction. Nurses from the federal institution had a significantly highly favorable perception of their organizational climate than nurses from state and private health institutions. To improve organizational climate and minimize migration of Nurses, Nurse leaders should be included as policy makers and be exposed to regular seminars and workshops to enlighten them on how to create conducive organizational climate.

KEYWORDS: Organizational Climate, Nurses, Job satisfaction, health Institutions, Cross River State, Nigeria

INTRODUCTION

Organization climate plays a major role in the development of any enterprise for maximum productivity since it has the ability to attract, retain and maintain competent and satisfied staff in its employment. Organizational climate is often seen as the recurring patterns of behavior, attitudes and feelings that characterize life in an institution (Isaksen & Ekvall, 2007). Adenike (2011) and Nicholson and Miljus (1992) viewed

organizational climate as a measure of individual perceptions or feelings about an organization which incorporate management or leadership styles, participation in decision making, provision of challenging jobs to employees, reduction of boredom and frustration, provision of benefits, personnel policies, provision of good working conditions and creation of suitable career ladder for academics. Koontz, O'Donnell and Wehrich (1980) viewed organizational climate as a set of measurable properties of the work environment

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perceived directly or indirectly by the people who lived and worked in this environment and are assumed to influence their motivation or behavior. Organizational climate according to Ezeocha (1985) helps to set the stage for employee behavior and therefore acts as a frame of reference against which an employee can evaluate his/her own behavior. Health institutional climate may be open or closed, permissive or dictatorial, high tone or low tone, tense or relaxed depending on the atmosphere created by the system. Different climates lead to different consequences which in turn affect the satisfaction and retention of Nurses. The health institution represents one universal environment with its peculiar climate. However, variations in organizational climate have been shown to exist between institutions. It is pertinent to point out that every work environment has a peculiarity which is shaped more by the nature of work itself and accumulated personalities of the individuals of that social system. The quality of interaction between members can also shape a healthy organizational climate.

In the health care industry, the issue of organizational climate and job satisfaction has received considerable attention in recent years especially among Nurses that form 80% of the workforce. There has been increased migration of nursing workforce to international communities; this has been an area of intense concern to nursing administrators and hospital personnel managers.

Studies show that unconducive organizational climate and job dissatisfaction is not a plague peculiar to health care system alone, almost half of new Nurse Educators leave the field during the first five years of their employment (Adenike, 2011; Kestetner, 1994). Reports also abound that 30 - 40% of Nurses' resignations from work are due to job dissatisfaction (Ukeh, 1998; Uchenna, 1995; Oke, 1989). Nurses' agitation for better working conditions have resulted in industrial disputes often culminating in strikes, work to rule and lock out. It therefore implies that if Nurses are dissatisfied and discontented, then quality care may be adversely affected. Brayfield and Herzberg (1995) found evidence of strong relationship between employee dissatisfaction and withdrawal behavior of turnovers and absenteeism. Underlying this statement is the assumption that Nurses will continue to desert their professional callings for other jobs (as is observed in Cross River state and Nigeria as a whole) as long as their work climate remains

unfavorable. The adverse effect of this will not only be on the health institutions but also on patients who are the recipients of health care delivery. Shortage of nursing man power will hinder the realization of the objectives of the health care delivery system as well as fall below the expectations and defeat one of the principal objectives of the United Nations Millennium Development Goals (UNMDGs), which is health for all by 2020.

Ginzberg (1951) in his job satisfaction theory stated that an individual satisfaction could either be intrinsic, concomitant or extrinsic satisfaction. An intrinsic satisfaction is derived from two sources and these involves the pleasure derived from engaging in work activities and experiencing sense of accomplishment, by meeting social standards (work activities of success) and personal realization of abilities through achievement.

Concomitant satisfaction is associated with the physical and physiological conditions of a person's work. It includes working in a clean environment or house, well furnished office with an air conditioner, having fringe benefits, enjoying co-operation and friendliness with fellow staff, working in a company with worker's interest and working with an organization with high public image and status. While extrinsic satisfaction involves reward of work, sometimes obtaining tangible rewards from the work place. It includes pay and bonuses. Ginzberg (1951) further stressed that it is not the absolute amount of this satisfaction but the amount in relation to expectation, a function of values and goals. Troy Wyness and McAuliffe (2007) observed that dissatisfied nurses from low income countries migrate to high income countries. This is possible due to the fact that the high income countries provide an enabling policy which encourages nurse migration in other to meet up with an increased demand of their ageing workforce and caring for increasing numbers of elderly people. Young women who have been traditionally recruited into the profession flee having more attractive alternative career choices (Buchan, 2002). They added that reasons for migratory intentions in nursing include the opportunity to work abroad, better organisational climate or working condition, suitable employment, better quality of life, and irrespective of the influencing factors, none of the overseas nurses expressed an intension of returning to clinical nursing in their home country. The main reason was the difficulty of returning to the poorer working conditions in the hospitals. Troy, Wyness and McAuliffe (2007)

identified positive effects of recruitment and migration which included benefit to the nurse, his or her family, and the economy of the source country but most participants in the study also expressed their concerns on the detrimental effect on nursing and the health systems in their own country of origin. Nurses that migrate from low and middle-income countries tend to be more experienced and highly skilled. Ultimately it is the patient that suffers from the absence of skilled Nurses. However, the quality of nurses in the future is of great concern, as this would have disastrous effects on the health system of the developing country. Migration also increased workloads and increasing stress levels on nurses who remain in low and middle-income countries. This has in turn lead to increased sick leave and absenteeism, further de-motivating the remaining staff. The loss of skill is felt in all sectors of the health system as nurses migrate from private, public and rural areas (<http://www.nursingworld.org/pressrel/2005/pr0328.htm>). In a Survey of 76,000 Nurses Probes Elements of Job Satisfaction in USA it was observed that while nearly two-thirds (63.3 percent) said they were satisfied with their jobs, their levels of job satisfaction for each category varied depending on the unit in which the nurses worked. Those who worked at maternal-newborn and pediatric units reported higher levels of job enjoyment than their counterparts working in medical-surgical, critical care, step-down and emergency rooms. The respondents reported moderate levels of satisfaction regarding interactions with doctors, nursing management, nursing administration, decision-making, tasks and pay. Ignoring Nurses job satisfaction will only be detrimental to health care and the managers responsible for it. It is pertinent to note that nursing care is the primary factor in how patients view their hospital stay (<http://www.nurseweek.com/features/97-10/jobsatis.html>). The more patients are satisfied with nurses, the more satisfied they are with their stay. Nurses are the heart of health care. Since Nurses satisfaction will have positive repercussions on quality of care, the need to provide a conducive organizational climate to enhance Nurses' job satisfaction cannot be over emphasized, it is a task that must be given considerable attention nurse leaders and health instructional leaders to curb further brain drain in Cross River State.

Statement of problem

About thirty years ago, Nurses worldwide were observed to be dedicated, devoted and

committed to their nursing duties, implying satisfaction with their professional calling. Of recent, they have been observed to have turned away from showing the expected commitment and satisfaction with their professional calling to exhibiting various nonchalant and non-caring attitudes to their work. Nurses have portrayed such great dissatisfaction that the issue of stabilization and dedication to duty is far fetched. The dissatisfaction has manifested in abandonment of their nursing duties to other professions, or leaving to other countries in search of more fulfilling jobs' resulting in high rate of brain drain of Nurses in Nigeria and Cross River State in particular.

As far back as early 80's Adesina (1982) and Onipede (1983) recognized the fact that brain drain of Nurses within the Nigerian health sector had been on the increase due to job dissatisfaction in their country of origin. Ajibola (2001) quoted the Nigerian ambassador to the United States of America (USA) as saying "should Nigerian Medical Practitioners or Professional employed in the USA, Britain and Saudi Arabia decide to withdraw their services, there will be crisis in their respective health systems. Among the health professional referred to, nurses ranked highest followed by doctors. Evidence from Cross River State Ministry of Health, shows that about eight hundred (800) nurses have withdrawn their services and gone abroad, while two hundred (200) have transferred their services to other disciplines between January 2004 and January 2009.

During the course of this work, it was observed that out of fifty (50) qualified Nurse undergoing further studies at the University of Calabar, thirty (30) were studying in disciplines not related to nursing, for example. Law, Political Science, Public administration, Business administration, Educational administration and planning, Philosophy, Sociology among others. Ten (10) Nurses were studying in nursing related disciplines such as medicine, microbiology, medical sociology, physical and health education, while the remaining ten (10) were studying in nursing program proper. Also, between years 2002 to 2010, Nurses in Nigeria and Cross River State in particular at different times have embarked on about four to five industrial actions, all in agitation for better conditions of service and for professional recognition and autonomy. Nurses who are supposed to be disciplined have been observed to manifest undisciplined behaviors such as truancy, lateness to work, absenteeism and engagement in part time

practices. It can be argued that the observed high rate of brain drain and frequent occurrence of industrial actions may be pointers to nurses' dissatisfaction.

It is commonly assumed that Nurses' dissatisfaction is a function of poor material benefits such as salaries, allowances and other fringe benefits. But the Federal Government despite the rising cost of living, declining resources and explosion of patients' population has continued to make considerable efforts to improve on Nurses, doctors and other health workers' salaries in particular and those of other civil servants in general. For instance, General Yakubu Gowon (Rtd.), during his regime, between 1966 and 1970, upgraded the status of nursing with an improved salary scale. This singular act brought nursing for the first time into limelight. Also, the Governments of General Abubakar (Rtd.) and General Olusegun Obasanjo (Rtd.) the current democratic president in 1999 and 2000 respectively approved a special salary scale for medical and health workers – referred to as MSS and HSS while other civil servants in the country receive the general salary scale. The HSS (Health salary scale) is for Nurses and other health workers while MSS (Medical Salary Scale) is for doctors. The HSS includes among other benefits shift duty allowances, call duty allowances and hazard allowances. In spite of the above efforts made by the Nigerian Government, most Nurses in Cross River State in particular and in Nigeria as a whole are still observed to continue leaving the country everyday to oversea countries or resign/transfer to other professions.

It is therefore evident that despite governments' effort to enhance the lot of Nurses in Nigeria, the efforts taken so far have not been able to offer any lasting solutions to the problem of nurses' dissatisfaction and brain drain. The researchers were therefore motivated to investigate the problems of Nurses' dissatisfaction in Cross River State in particular. The aspects of the climate considered for the study include Nurses' perception of their of the organizational climate, their satisfaction in their various health care institutions and the influences of their organizational climate on nursing care and the relationship between type of health care institution and job satisfaction.

METHODOLOGY

A descriptive design was utilized to assess the health care system organizational

climate in Cross River State. The study was conducted in health institutions in Cross River State. These included state, federal and private hospitals and schools of nursing and midwifery. For effective categorization of the health institutions in Cross River State, the already existing 3 senatorial districts were used. They include Southern, Central and Northern senatorial districts. The southern comprises Calabar Municipality, Akpabuyo, Odukpani, Akamkpa, Bakassi, and Biase, local government areas. This zone has fifty (50) health institutions (9 states institutions, that is, 7 hospitals and 2 schools of Nursing and Midwifery, 5 federal institutions and 36 registered private clinics). The central senatorial district has 6 local government areas which include Yakurr, Abia, Obubra, Ikom, Etung and Boki, with 23 health institutions. The institutions comprised 6 state (5 hospitals and 1 school of nursing) and 17 private clinics. The northern senatorial district comprises 5 local government areas viz Ogoja, Yala, Bekwarra, Obudu and Obanliku with 16 health institutions (9 state institutions having 6 hospitals and 3 schools of Nursing and Midwifery) and 7 private clinics.

Simple random sampling technique was used to select 30 health institutions out of 89 institutions. Then Stratified random sampling technique was used to select 450 nurses from private, state and federal institutions in the state. A survey questionnaire (Nurses Organizational Climate Job Satisfaction Questionnaire (NOCJSQ) was adopted from the Halpin and Croft Organizational Climate Description Questionnaire (1973), Porter's Needs Satisfaction Schedule (1969) and Minnesota job Satisfaction Questionnaire which were modified for use as instrument for data collection. Data were analyzed using SPSS 14.0

RESULTS

TO DETERMINE NURSES' PERCEPTION OF THEIR ORGANIZATIONAL CLIMATE IN CROSS RIVER STATE.

Among the 450 respondents, 255 (56.7%) felt they did not enjoy a conducive working environmental climate in terms of relationship with nurse leaders, lack of resources for nursing services, inadequate manpower, appropriate remuneration, conducive working environment and lack of motivation/rewards for hard work. While 195 (43.3%) respondents felt the organizational climate was conducive (Fig.1).

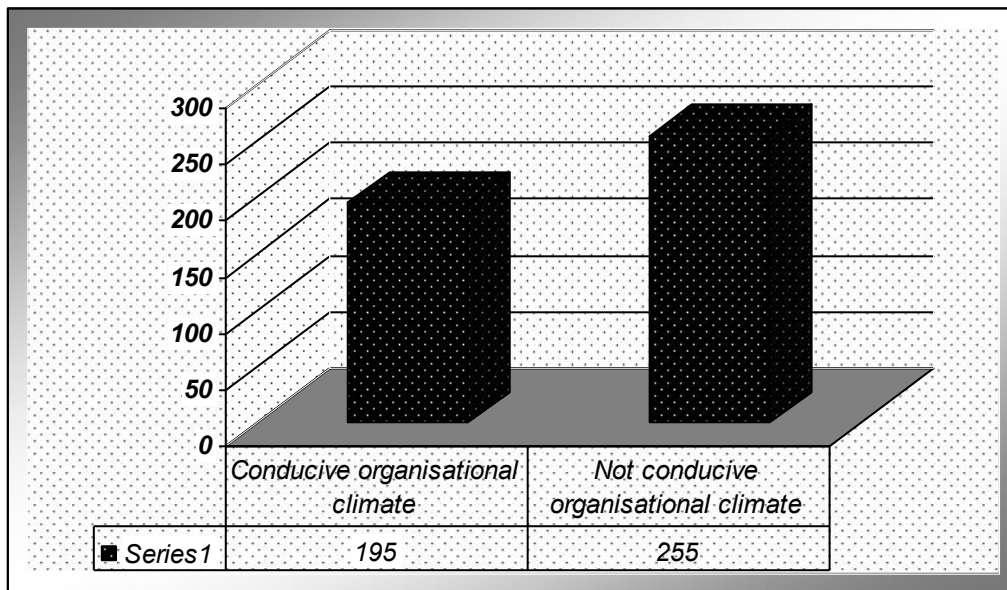


Fig. 1: Nurses perception of their organizational climate in Cross River State, Nigeria

TO DETERMINE THE EXTENT OF NURSES' JOB SATISFACTION IN THEIR VARIOUS HEALTH INSTITUTIONS IN CROSS RIVER STATE.

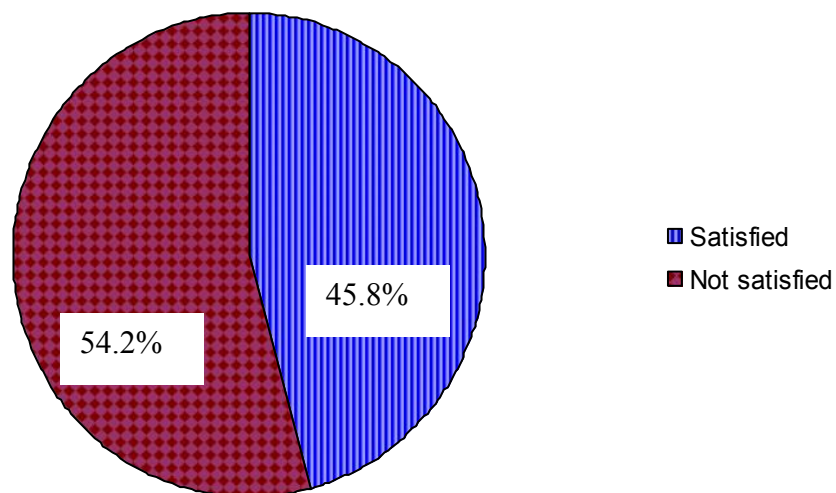


Fig. 2: The level of satisfaction among nurses in Cross River State, Nigeria

Among the 450 nurses 244(54.2%) were not satisfied with their jobs, while 206(45.8%) nurses felt satisfied with their various jobs (Fig.2)

TO DETERMINE THE INFLUENCE OF ORGANIZATIONAL CLIMATE ON NURSING CARE

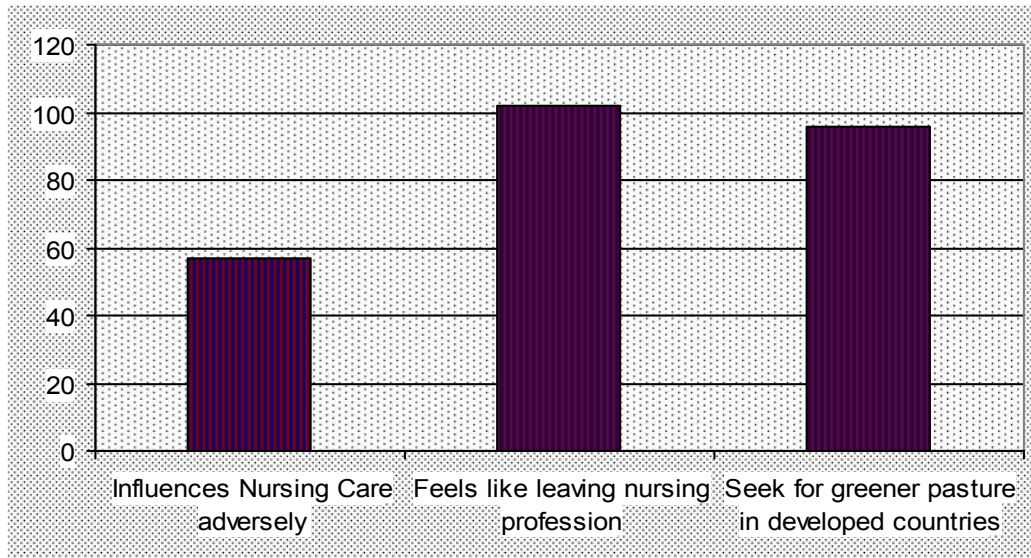


Fig. 3: The observed influence of organizational climate on nursing care in Cross river State, Nigeria

Among the 255 respondents that felt that organizational climate were not conducive, 57 (22.4%) had a significant impact on nursing care, majority, 102 (40.0 %) felt like abandoning nursing profession for others that were more prestigious and promising, while 96 (37.6 %) felt like seeking for greener pastures in developed countries.

Hypothesis 1: There is no significant relationship between organizational climate and job satisfaction among nurses in Cross River State health institutions. Correlation coefficient of 0.725 was obtained showing a significant relationship between organizational climate and job satisfaction.

Table 1: Fisher's LSD multiple comparison test analysis of type of health care institutions and perception of organizational climate.

Type of institution	Private (n=226)	State N=150	federal N=150
Private	22.65 ^a	-0.85 ^b	0.44
State	0.96	2.63	22.21
Federal	-2.36 ^c	23.50	1.29
MSw =11.96			

a. Group mean all along the diagonal.

b. Differences between group mean above the diagonal.

c. Fisher's LSD t-values are below the diagonal

*significant at 0.05 alpha level critical t=1.96.

Result above implies that nurses from the federal institution have a significant highly favorable perception of their organizational climate than nurses from other health care institution. (Table. 1).

DISCUSSION

The purpose of the study was to determine nurses perception of organizational climate and their job satisfaction in Cross River State, Nigeria. Study revealed that majority of the respondents did not enjoyed a conducive organizational climate in terms of their relationship with nurse leaders, lack of resources for nursing services, inadequate manpower, appropriate, remuneration, conducive working environment, lack of motivation /rewards for hard work (Fig.1). This is true in that apart from lack of adequate infrastructure /equipment the ratio of nurses to patient in a particular shift are always below WHO stipulated standards in most health care institutions in Cross River State and this will in turn increase their stress level. This finding is similar to previous report by Troy, Wyness and McAuliffe (2007) who observed that with reduced manpower/ poor working conditions in the hospitals, Nurses tend to migrate to developed countries and refuse to return back to their country of origin. Also Adenike (2011) and Kestetner (1994) observed that many workers in developing countries are dissatisfied with their employment and almost half of new educators leave the field during the first five years of their employment and Ukeh (1998), Uchenna (1995), and Oke (1989) was of the view that 30- 40% of resignations from work are due to job dissatisfaction arising from non-conducive organizational climate. The thinking that organizational climate was conducive by some respondents is also in line with Ginzberg (1951) job satisfaction theory which affirmed that it is not the absolute amount of job satisfaction but the amount in relation to expectation. This is a function of values and goals of individual workers in any establishment, where some expectations are met others remained unmet.

It was also observed that majority of the respondents were not satisfied with their jobs (Fig.2) and a significant correlation existed between individual perceived organization climate and job satisfaction. This is true in that if an individual feels that an environment is not conducive then he or she can never be satisfied in such place. This observation agrees with Troy, Wyness and McAuliffe (2007) who observed that nurses that are dissatisfied in developing countries migrate to developed countries and remain permanent residents of such countries. Brayfield and Herzberg (1995) also observed that most employees were dissatisfied and there was

strong relationship between employee dissatisfaction and withdrawal behavior, turnovers and absenteeism. Underlying this statement is the assumption that nurses will continue to desert their professional callings for other jobs (as is observed in Cross River state and Nigeria as a whole) as long as their work climate remains inconducive. The adverse effect of this will not only be on the health institutions but also on patients whom they are expected to give care to. (Fig.3). Shortage of nursing man power will hinder the realization of the objective of the health care delivery system.

Results also revealed that nurses from the federal institutions had a significant highly favorable perception of their organizational climate than nurses from other health care institutions. (Table 1). This may be due to the leadership style utilized by federal nurses' managers and their workload compared to their counterparts in private and state, and also higher pay packages enjoyed by federal nurses. In order to improve organizational climate and minimize migration of nurses, it is pertinent for the employers (federal, state and local councils) to organize regular seminars and workshops where nurses leaders are enlightened on how to create conducive organizational climate in their places of work. Nurses should be included as policy makers for equal representation of nurses' interest and provision of facilities to create conducive environment for nursing care. This also should be encouraged at all levels of nursing care.

CONCLUSION

The study which determined the organizational climate and job satisfaction of Nurses in Cross River State revealed a strong relationship between their perceived organizational climate and their job satisfaction. There is therefore need for Health Institution managers and Nurse leaders(administrators) to provide a conducive working environment for nurses in Cross River State to prevent further brain drain of nurses in Cross River State and in Nigeria in general so as to improve quality nursing care.

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