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# Nurses' Job Satisfaction in Northwest Arkansas

Kaitlin McDowell
*University of Arkansas, Fayetteville*

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Kaitlin McDowell, BSN Student

Mentor: Susan Patton M.H.S.A., M.S.N.

University of Arkansas

**Introduction**

The need for nurses is increasing. In order to accomplish retention of nurses, there is a need to evaluate the level of satisfaction they get out of the various aspects of their job. The purpose of the study I conducted was to further understand factors related to job satisfaction for nurses, the factors that contribute to nurse retention, in the area of Northwest Arkansas.

**Literature Review**

Several studies, using various methods, have evaluated different areas of a nurse's job that contribute to their overall feeling of job satisfaction. Before we are able to address issues that affect job satisfaction for nurses, we must first define the quality of nursing work life and analyze what components are important when assessing for job satisfaction. The study titled "Defining Quality of Nursing Work Life", conducted using the socio-technical systems theory, defines factors involved in job satisfaction. Quality of nursing work life is defined as "the degree to which registered nurses are able to satisfy important personal needs through their experiences in their work organization while achieving the organization's goals" (Brooks and Anderson, 2005). The article asserts that hospitals fully engaging their employees in work design promote fulfillment and, in turn, can positively impact the hospital in helping to achieve organizational goals.

The two subsystems of the socio-technical systems theory, social and technical, both offer insight into the importance of various factors affecting nurses' job satisfaction. The social subsystem includes components such as working relationships with peers,

goals of the organization, environment adaptability, and the reasons that "members choose to work in the organization, their attitudes toward it, their expectations of it, and the skill levels of employees" (Brooks & Anderson, 2005). The technical subsystem focuses on the "tools, techniques, procedures, skills, knowledge, and organizational productivity" (Brooks & Anderson, 2005). Drawing from three models outlining critical components of quality of work life, the study concluded the most important factors to test in order to measure job satisfaction in nurses and quality of nursing work life were fair compensation, safe working conditions, use and development of skills, security, social integration, social relevance of work, and positive work and home life interaction. More specific to nursing were factors such as staffing, workload, continuing education, respect, and scope of practice that needed to be considered when testing for quality of nursing work life, in addition to the factors thought to affect quality of work life for the general population. Furthermore, the study concluded that hospital productivity improved as quality of nursing work life improved. While one might assume this strengthens the assertion that nurses' job satisfaction is vital to improved patient outcomes and overall hospital quality, the study states that job satisfaction is not the same as quality of work life and that there is little evidence to support that high satisfaction leads to higher patient outcomes or levels of performance. Even though the study asserts that surveys are a function of personality and results should not be seen as something that can be changed, they go on to state that their research about quality of nursing work life can lead to ways for management to improve work environment.

The McCloskey/Mueller Satisfaction Scale was developed in 1990 to "rank rewards that nurses value and that encourage them to remain in their jobs"

(Tourangeau, McGillis, Doran, and Petch, 2006). The different factors analyzed included:

> satisfaction with work conditions and supervisor support, satisfaction with praise and recognition, satisfaction with work control and responsibility, satisfaction with scholarly opportunities, satisfaction with scheduling, satisfaction with salary and benefits, satisfaction with extrinsic rewards, satisfaction with support for family responsibilities... (Tourangeau, McGillis, Doran, & Petch, 2006)

Qualities of the tool were examined through dimensionality, validity testing, and reliability testing.

Another series of studies used to examine nurse satisfaction utilized the Appreciative Inquiry model. These studies were carried out by constructing interviews with nurses that "brought them to design affirmative methods and processes important to attracting, developing, and keeping nurses connected to their profession" (Wood 2004). Nurse satisfaction and retention were both improved by reducing nurse turnover, reducing vacancy rate, increased rating of the hospital as a place to work, and patient satisfaction with nursing. This study "highlighted the idea that nurses love their work" (Wood 2004). In a study conducted entitled "Acute Care Hospital Based Staff Nurses," RNs were surveyed about factors related to job satisfaction. The work lives of the RNs were discussed, as were several variables that may contribute to the level of satisfaction a nurse receives from their job (Brewer 2005). Variables included health status, race, basic nursing program in the U.S., career orientation, supervisory support, work group cohesion, distributive justice, organizational constraints, work-to-family conflict, and quantitative workload.

The McCloskey/Mueller Satisfaction Scale survey was given to new baccalaureate nurses, both to measure various factors affecting job satisfaction and to determine how those were relative to their intent to remain in their current position. New graduate registered nurses were also chosen for this study to assess for the overwhelming evidence that "new nurses' expectations about their role clash with the realities of the practice environment... [leading] to high rates of turnover and absenteeism among new RNs during the first year after graduation" (Roberts, Jones, and Lynn, 2004). Similar to the original study using MMSS, 275 surveys were mailed to recent graduates from a BSN program. In addition to the original survey tool, a question was added regarding the "likelihood of remaining in their current position for a year" (Roberts, Jones, & Lynn, 2004). The response rate was 45%, the mean age being 26.1 years (SD 5.72). In addition to the original purpose of the survey tool, this study added questions regarding the level of importance for all the factors in order to "provide insight about areas into which recruitment and retention efforts should be directed" (Roberts, Jones, & Lynn, 2004).

The study was calculated to determine positive and negative discrepancies between level of satisfaction and level of importance of any given factor. Positive discrepancies were found when the satisfaction score exceeded the corresponding importance score. In other words, a new graduate RN may be satisfied in any given area, but may not place a high importance on that aspect of their job, leading to the conclusion that it is not as significant. Negative discrepancies were determined when the level of importance was ranked higher than the level of satisfaction. This means the "ideal discrepancy score would be a zero, where the level of satisfaction and importance

are equivalent" (Roberts, Jones, & Lynn, 2004). Graduates employed in the hospital setting ranked praise and recognition as the most important factor, a recurring theme in several studies. It was also determined that the less time nurses had been in the workforce, the more satisfied they were with praise and recognition. Regarding likelihood for new graduates to stay in their current position, those likely to stay were "significantly more satisfied with seven of the eight dimensions of the MMSS. In conclusion, the study determined that it is important for employers to develop retention strategies and that nurse administrators should assess new graduate RN satisfaction so that decisions can be made about how to best address retention, especially because satisfaction in the early stages of a nurse's career can affect future job intentions.

Nurse turnover can be a serious problem for hospitals; the time and money it takes to train a new nurse in any given position can have a significant impact, especially if the turnover rate is high. A study conducted at the University of York in the United Kingdom attempted to determine what causes turnover in nursing and how those factors can be addressed. The role of job satisfaction as it relates to causes of nurse turnover indicated that embeddedness in an organization is associated with reduced intent to leave. With regard to work and the nature of the work environment, it was concluded that "support should be provided with the long-term goal of assuring the retention of experienced nurses and continuous monitoring of nurses' perceptions should be used.. as a tool for staffing decisions" in the hospital (Currie and Carr Hill, 2012). Additional factors relating to nurse turnover included leadership style, other managerial/organizational factors, workplace stress, workplace location, personal factors, home and family, age/generation, values/ethics, and economic factors (wages,

etc). Regarding intention to leave the nursing profession, the study found that social work environment had a large impact on whether or not nurses were likely to stay in their positions or in the nursing workforce at all. Social support was found to be important and that it was needed from colleagues and from a direct superior. Other studies demonstrate praise and recognition are very important in determining likelihood of nurses to remain in their jobs.

Early professional satisfaction is relative to nurse turnover because the higher the job satisfaction, the more likely nurses are to stay in their current position and/or in the field of nursing. Reforms to nurse education listed that could maintain or increase nurses in the workforce were dependent upon "effective strategies to ensure the intake and training of sufficient numbers of students" (Currie & Carr Hill, 2012). Nurse education reform focused on "upgrading professional profiles, making nurse education more flexible, and accelerating degree programs" (Currie & Carr Hill, 2012). In conclusion, the study suggests that it is important for health care systems to carry out needs assessments of levels of nursing care in any given area to determine specific factors affecting high rates of nurse turnover.

High turnover rates can also lead to "reduced capacity within individual care teams and threatens the quality of care" (O'Brien-Pallas, Murphy, Shamian, Li, and Hayes, 2010). In the pan-Canadian study to determine the impact and determinants of nurse turnover, many variables were found that predicted the nurse turnover. The study used the Patient Care System and Nurse Turnover Model to analyze patient characteristics, nurse characteristics, and characteristics of the nursing unit and organization. These inputs were then analyzed in combination with environmental

complexity, staff deployment and utilization, and turnover rate. The outcomes from the

study included nurse outcomes, patient outcomes, and system outcomes.

Nurse outcomes were measured by assessing physical and mental health of

nurses on a given unit, as well as with the McCloskey/Mueller Satisfaction Scale.

Demographics of the study were listed in two groups of respondents with most being

Registered Nurses (88.97% in the first wave and 90.16% in the second), average age of

both groups was 39 years, around 40% had bachelors degrees or higher, and close to

59% of respondents were employed full-time. The data was analyzed using descriptive

statistics, random intercept hierarchical models, and hierarchical logistic regression.

After having given the nurses the SF-12, a "12-item scale measuring eight health

domains: physical functioning, vitality, role functioning, physical problems, social

functioning, bodily pain, mental health, and general health perceptions," the study

revealed that 27.78% of respondents were physically unhealthy and 44.4% were

mentally unhealthy (O'Brien-Pallas, Murphy, Shamian, Li, & Hayes, 2010). The nurse

job satisfaction scores for the two groups were 95.69 with a standard deviation of

18.265 and 96.79 with a standard deviation of 17.847, respectively.

Scores on the Role Ambiguity Scale, a six-item measure with the higher score

reflecting higher levels of ambiguity for the nurses in their roles, and the Role Conflict

Scale, an eight-item questionnaire with higher scores reflecting higher levels of role

conflict were high at about 70%, and this contributed strongly to the likelihood of nurse

turnover. Overall, the average annual turnover rate across units among nurses was

19.9% and many of these nurses completed the Reason for Leaving Survey, indicating

that many nurses left their positions within six months of deciding to do so. The factors

found to contribute most heavily to the high nurse turnover were, in order of importance:

> lack of team support (i.e. poor working relationships with nurse managers,
>
> physicians, and other nurses)... professional effectiveness (i.e. lack of autonomy
>
> and influence in decision making related to the organization and patient care,
>
> inability to deliver care according to competencies) and employer care (i.e. salary
>
> and support for ongoing professional development, and benefits such as child
>
> care, parking, and educational leaves" (O'Brien-Pallas, Murphy, Shamian, Li, &
>
> Hayes, 2010)

Salary and legal concerns were important factors in the second group of nurses

surveyed. The patient outcomes found to be affected by the higher level of nurse

turnover and higher levels of role conflict and role ambiguity were found to increase the

likelihood for patient medical errors as well. Results from this study concluded that

managing nurse turnover will have an impact on being capable of giving high-quality

patient care and nurses must be well-trained in a supportive environment in order to

reduce the turnover.

Evidence shows that professional relationships with nurse managers are vital to

job satisfaction in nurses and reducing role ambiguity and role conflict. A secondary

analysis study was carried out by collecting nurse, environment, and patient data daily

for one week on 94 different units. Nurses completed the 49-item Nursing Work Index-

Revised survey, along with questions related to job satisfaction, "satisfaction with

nursing as a profession and nurses' intention to leave their present position" (Duffield,

Roche, Blay, & Stasa, 2010). The Nursing Work Index-Revised survey includes factors

such as attributes of a nurse's job or satisfaction with his/her job that have been

associated with higher patient outcomes such as higher satisfaction, "lower mortality,

lower nurse emotional exhaustion and lower incidence of needle stick injuries" (Duffield,

Roche, Blay, & Stasa, 2010).

Five main attributes were analyzed including autonomy, leadership, resource

adequacy, control over practice and nurse-physician relations. Since the main focus of

this study was leadership, the leadership items included support for new ideas, nurse

manager as a good leader, highly visible nursing administrator, flexible work schedules,

praise and recognition, clear philosophy of nursing, active participation about costs and

selecting new equipment, nursing care is based on a nursing model, nurse managers

consult with staff about problems, and each patient care unit determines its own policies

and procedures. Regression analysis was used only to identify the most significant of

factors relating to nurse satisfaction and its relationship to the relationship with the

nurse manager. However, those surveyed included registered nurses (72.8%) as well

as clinical nurse educators, clinical nurse specialists, and nursing assistants. Of the

respondents, 51.7% were employed full-time and most claimed they were satisfied with

their current position and with nursing as a profession, 67.1% and 72.3% respectively.

These results were analyzed using logistic regression and compared to job

satisfaction and the factor most statistically significant in this study was praise and

recognition for a job well done. This serves to further the evidence that it is vital to a

nurse's job satisfaction that hospitals recognize their employees' accomplishments,

specifically the nurse managers as in this study, showing that an "effective nursing unit

manager who consults with staff and provides positive feedback is instrumental in

increasing job satisfaction and satisfaction with nursing" (Duffield, Roche, Blay, & Stasa, 2010). The nurse managers directly oversee the job performance of nurses working with them and must be conscious of the need to make an effort to recognize the nurses on their unit.

**Method**

During the month of October 2013, approximately 450 registered nurses working at a hospital in Northwest Arkansas were surveyed. All registered nurses were included in the study and were given the survey with instructions to complete it and return it within 30 days. IRB approval for this study was obtained from the University of Arkansas.

**Study Instrument**

After obtaining permission for use of the MMSS tool, a modified version of the McCloskey/Mueller Satisfaction Scale by Tourangeau in 2009 was utilized, evaluating factors related to job satisfaction: control and responsibility, scheduling, professional opportunities, praise and recognition, balance of family and work, relationship with coworkers, salary/vacation/benefits, maternity leave/child care, care delivery, social contact, research opportunities, and decision making. These variables were all rated individually using the scale of seven factors.

The scale format is a 5-point Likert of 31 items; 5 = very satisfied, 3 = neither satisfied nor dissatisfied, 1 = very dissatisfied. This scale was originally created to rank rewards which nurses value "and that encourage them to remain in their jobs" (Tourangeau, McGillis, Doran, & Petch, 2006). The construct validity of the revised scale correlated with characteristics found in areas of autonomy, friendship

opportunities, feedback, variety, and task identity; they were also found with relation to intent to stay in job. Test-retest reliability was found to be 0.64 on a Global Scale at a six month interval (Tourangeau, McGillis, Doran, & Petch, 2006).

**Sample**

The survey was distributed to approximately 450 bedside nurses and 93 were returned, giving a response rate just over twenty percent, 20.67%. Of the 93 returned, 14 were incomplete (15.1%).

**Data Analyses**

Survey results were entered into an excel spreadsheet. Demographics such as gender, employment status, highest level of nursing education, and shift preference choices were given numeric values. Answers to questions with a yes or no response such as "Is there a staff nurse leadership group?," "Do you belong to a professional organization?," and "Do you subscribe to a personal journal?" were also given a numeric coding. Analyses were completed using the IBM SPSS Statistics version 20.

A different type of analysis was used when determining nurses' likelihood of remaining at the hospital until retirement. The nurses were asked to rate this likelihood on a four point scale ranging from 1 (very unlikely) to 4 (very likely). Responses 3 and 4 (likely and very likely, respectively) were coded as likely, while responses 1 and 2 (very unlikely and unlikely, respectively) were coded as unlikely.

**Results**

Participant demographics in this study, displayed in Table 1, reflected the general nursing statistics in many aspects. According to the Census Bureau, approximately 9% of nurses are male, while the other 91% are female. The board of nursing states that the

ratio of full-time to part-time nurses working in hospitals is 90:10, which was very closely related in this study. The American Association of Colleges of Nursing found in 2008 that 13.9% of RNs held a diploma, 36.8% had a Bachelor of Science in Nursing degree, 36.1% had an associate's degree, and 13.2% of the nursing population had a master's or doctoral degree. Among the respondents, there were almost equal amounts of nurses with associate's degrees and bachelor's degrees. Of 33 nurses who responded yes to belonging to a professional organization, twelve (36.4%) held associate's degrees and 21 (63.6%) held bachelor's degrees or higher. Of 41 nurses who responded yes to subscribing to a personal journal, 21 (51.2%) had associate's degrees and 20 (48.8%) had bachelor's degrees or higher.

**Table 1.**

***Participant Demographics***

| Variable | n | % |
|---|---|---|
| Sex | | |
|     Female | 83 | 92.2 |
|     Male | 7 | 7.8 |
| Employment Status | | |
|     Full-time | 79 | 89.8 |
|     Part-time | 9 | 10.2 |
| Nursing Education | | |
|     Diploma | 1 | 1.2 |
|     ADN | 39 | 47.6 |
|     BSN | 38 | 46.3 |
|     >BSN | 4 | 4.9 |
| | **Mean** | **Median** |

| Variable | n | % |
|---|---|---|
| Age | 32.4 | 28 |
| Years Employed at Current Hospital | 4.41 | 2.00 |

Descriptive statistics for nurses' ratings of job satisfaction on the seven dimensions of the revised MMSS are provided in Table 2. Due to the seven dimensions of the scale being composed of different numbers of items, mean scores across the items on each subscale were calculated. The possible range of final scores for all subscales was one to five. Overall, the two highest rated subscales included satisfaction with collegial relationships and support and satisfaction with scheduling. The factors included on the survey in these two subscales were flexibility in scheduling your weekends off and hours, opportunity to work straight days, weekends off per month, nursing peers, physicians nurses worked with, and recognition of work from peers. The lowest rated subscale was satisfaction with support for family responsibilities, which included the factors maternity leave time and child care facilities. However, this can be explained due to the fact that the hospital in which the nurses were surveyed did not have any child care facilities.

**Table 2.**

*MMSS Subscales Satisfaction Scores*

| MMSS | Satisfaction Mean (SD) | Minimum | Maximum |
|---|---|---|---|
| Satisfaction with work conditions and supervisor support | 3.53 (.71) | 1.50 | 5.00 |
| Satisfaction with scheduling | 3.92 (.72) | 2.00 | 5.00 |

| MMSS | Satisfaction Mean (SD) | Minimum | Maximum |
|---|---|---|---|
| Satisfaction with social and interaction opportunities | 3.67 (.64) | 2.00 | 5.00 |
| Satisfaction with collegial relationships and support | 4.08 (.59) | 2.00 | 5.00 |
| Satisfaction with scholarly opportunities | 3.07 (.69) | 1.00 | 5.00 |
| Satisfaction with salary and benefits | 3.74 (.65) | 1.67 | 5.00 |
| Satisfaction with support for family responsibilities | 2.99 (.67) | 1.00 | 5.00 |

With regard to likelihood to remain at the current hospital until retirement (Table 3), respondents who gave an answer that was coded as likely to remain were significantly more satisfied with 2 of the 7 dimensions measured by the MMSS - satisfaction with work conditions and supervisor support and collegial relationships and support. Dimensions that were similar in which both nurses responded likely to remain and those who responded unlikely to remain include satisfaction with scheduling, satisfaction with social and interaction opportunities, satisfaction with scholarly opportunities, satisfaction with salary and benefits, and satisfaction with support for family responsibilities.

**Table 3.**

***MMSS subscales scores between likely to stay (n=40) and unlikely to stay (n=39)***

| MMSS subscale | likely to stay mean (SD) | unlikely to stay mean (SD) | t-test | significance |
|---|---|---|---|---|
| Satisfaction with work conditions and supervisor support | 3.71 (.67) | 3.33 (.71) | -2.497 | 0.015* |
| Satisfaction with scheduling | 4.00 (.69) | 3.80 (.79) | -1.224 | 0.225 |
| Satisfaction with social and interaction opportunities | 3.63 (.68) | 3.73 (.58) | 0.699 | 0.486 |
| Satisfaction with scholarly opportunities | 3.22 (.63) | 2.94 (.75) | -1.915 | 0.059 |
| Satisfaction with collegial relationships and support | 4.22 (.46) | 3.93 (.61) | -2.418 | 0.018* |
| Satisfaction with support for family responsibilities | 3.01 (.62) | 2.90 (.73) | -0.707 | 0.482 |
| Years employed | 5.92 (7.302) | 1.79 (1.6) | -3.229 | 0.002 |

**$*p < .05$**

The only two statistically significant subscales included satisfaction with work conditions and supervisor support and satisfaction with collegial relationships and support. Factors given a standard rating one to five regarding these subscales were immediate supervisor, control over what goes on in the work setting, recognition of work from superiors, amount of responsibility, control over work conditions, participation in

organizational decision making, and those affecting satisfaction with collegial relationships and support. Regarding the question "Is there a staff nurse leadership group?," 12% of the RNs surveyed replied no.

**Discussion**

When grouped as likely or unlikely to remain working at the current hospital until retirement, 39 of the 80 RNs (49%) who responded to this item did not intend to stay until retirement. The study findings are important in designing retention strategies. RN satisfaction is important in decisions to stay with their employer. Assessing satisfaction can assist administration focus retention efforts. Furthermore, nurses who were employed longer (mean 5.92 years) were significantly more likely to stay than nurses who were with the employer fewer years (mean 1.79 years). Another factor impacting the results was the age of the participants. Considering the median age of 28, a question on the survey asking respondents how likely they were to stay in their current position or at the current hospital for another year would provide insight into the turnover rate as it more closely affects the near future. This information would give administration the opportunity to assess for factors impacting quality of nursing work life over the course of the year in an effort to address those issues and therefore improve retention.

Another important finding is that there were 12% of RNs surveyed who were unaware of the staff nurse leadership group. This gives nursing administrators another opportunity to market the advantage of having such a group available to their staff nurses and encourage their employees to get involved and be an active participant in the organization.

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