

EDUHEM 2018
VIII International conference on intercultural education and
International conference on transcultural health: THE
VALUE OF EDUCATION AND HEALTH FOR A GLOBAL,
TRANSCULTURAL WORLD

EVALUATION OF NURSES' JOB SATISFACTION

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Abstract

Job satisfaction is a dimension of organizational behaviour, which can influence different levels of it. Knowledge of nurses' job satisfaction is important for health organizations, as it can affect various levels such as quality and safety of care, patient satisfaction, and factors of the nurses' wellbeing. Policy makers must know nurses' job satisfaction and implement strategies to improve or maintain them. One of those strategies could be Clinical Supervision. Nursing research is increasingly revealing that Clinical Supervision is crucial not only to support nurses and help them to develop and improve their practices, but also to bring a greater job satisfaction. This descriptive and exploratory study aims to evaluate the nurses' job satisfaction in three surgery and two medicine wards of Unidade Local de Saúde de Matosinhos (ULSM), before the implementation of a Contextualized Clinical Supervision Model (CCSM). Data were collected in 2016/2017, using the "Professional Satisfaction Scale of ULSM" (PSS-ULSM), that assess the nurses' satisfaction regarding four sub-scales – head nurse, professional relations, workplace and quality improvement –, according to a 5-point Likert scale. From the 91 participants, the majority (85,7%; n=78) were female, and the average age is 35 years old (SD=6,98 years). Of the four sub-scales that were assessed, the one that has a higher average is related to the head nurse (M=3,490), and the one that has lower average is related to the professional relations (M=2,719). All the four sub-scales from the PSS-ULSM can be improved to grant higher levels of nurses' job satisfaction.

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Keywords: Clinical supervision, job satisfaction, nurses.



1. Introduction

According to European Agency for Safety and Health at Work (EU-OSHA, E. A., 2015), the work content and the organizational environment where it takes place have undergone substantial changes resulting from social, economic and technological modifications, forcing organizations and workers to adapt to the new demands of a globalized and competitive economy that has increased psychosocial risks at work. Those includes, for instance: excessive workload and work rhythm; precarious employment contracts and job insecurity; inflexible and irregular work schedules, such as shift work and night work; qualitative and quantitative work intensification; high emotional demands on the job; lack of social support from supervisors and lack of participation in decision-making; role ambiguity, poor communication and conflicting labour demands; and difficulties in reconciling work and personal life (Quintas, Queirós, Marques, & Orvalho, 2017). Nurses face a large part, if not all, of those psychosocial risks in their work, which can influence not only their physical, psychological and social well-being, but also the care they provide to clients, and job's satisfaction.

Job satisfaction refers, essentially, to the degree that a collaborator likes his job (Jiang, Lambert, Liu, & Zhang, 2018). Temesgen, Aycheh, & Leshargie (2018) states that it can be seen as the worker's emotional response to different job-related factors resulting in finding pleasure, comfort, confidence, rewards, personal growth and various positive opportunities, including upward mobility, recognition, and appraisal done on a merit pattern with monetary value as compensation.

2. Problem Statement

Job satisfaction has significant effects on organizational outcomes such as patient care quality (Boamah, Read, & Spence Laschinger, 2017), work performance, organizational commitment, burnout and turnover (Jiang et al, 2018). The research in nurses' job satisfaction have shown that work environment variables have stronger relationships with job satisfaction: for instance, poor work environments related with inadequate staffing levels decrease job satisfaction and the quality of the care provided in hospital settings (Lu, Ruan, Xing, & Hu, 2015). In a portuguese study with 162 nurses, mostly female, who performed care functions in rotative hours, concluded that 48,8% showed work dissatisfaction; the most important dimensions of professional dissatisfaction were salary (96.9%), work excess (89.5%), career progression (84.0%) and recognition (71.0%).

A study with 144 French nurses conducted by Gillet et al. (2018) reveals that job satisfaction is positively related to the quality of care. Through their work, they propose some practical implications for improving nurses' job satisfaction and quality of care. One of the tactics is to promote supportive work environments and encourage supportive supervision practices, which can be achieve through frequent interactions between supervisors and subordinates to promote respect, justice, and trust. According to this, the implementation of clinical supervision programs could be one of the strategies to improve job satisfaction and also the safety and quality of care. The research in this area also shows that clinical supervision increases job satisfaction (Gonge & Buus, 2011; McGilton, Chu, Shaw, Wong, & Ploeg, 2016), and that higher levels of job satisfaction lead to better quality of care (Leggat, Bartram, Casimir, & Stanton, 2010; Boamah et al., 2017). Brunero and Lamont (2012) states that clinical supervision is crucial for the

professional development since it allows nurses not only to discuss a variety of issues in a supportive environment, but also to share with peers the daily work problems. In a three-year study, Koivu, Saarinen, & Hykas (2012) found that nurses working in medical and surgical services who were involved in clinical supervision processes have better levels of self-confidence and were more involved in their work compared to the ones who were not. In psychiatry nursing contexts, the implementation of a clinical supervision model proved to have both individual benefits to the participants and benefits related to the work itself, such as greater job satisfaction and vitality, more effective coping strategies and less stress, emotional exhaustion and depersonalization (Gonge & Buus, 2011).

In Portugal, despite all the advantages shown by the studies performed in this area, clinical supervision is still not a reality. Therefore, a Contextualized Clinical Supervision Model (CCSM) was created to meet the supervisory needs felt by nurses. The Project that aims to implement the CCSM is “C-S2AFECARE-Q: Clinical Supervision for Safety and Quality of Care”. The C-S2AFECARE-Q Project consists of three phases. In the first one, a situation diagnosis is performed to assess job satisfaction and other sensitive indicators to the nurses’ professional practice. On the second phase, a CCSM is implemented: group supervision sessions between the supervisors and the supervisees take place, during one year, to meet the supervisory needs felt by nurses. In this second phase, nurses have the chance to discuss various work problems, related to their day-to-day routine so they can feel more secure, supportive, less helpless. In the third and last phase, the process of the CCSM implementation is evaluated. In order to do that, a relation between the CCSM applied and the evolution of level of nurses’ job satisfaction are again evaluated. The literature states that if those levels are higher after the implementation of a CCSM, we can predict that the clinical supervision was efficient (Koivu et al., 2012; Cruz, 2012).

3. Research Questions

This article refers to the first phase of the C-S2AFECARE-Q Project, especially to the assessment of the nurses’ job satisfaction before the implementation of the CCSM. In fact, the situation diagnosis was performed in a general hospital in Matosinhos, Portugal. It took place in three surgery and two medicine wards of Unidade Local de Saúde de Matosinhos, E.P.E. (ULSM). Therefore, the main research question is: What is the level of nurses’ job satisfaction before the implementation of the CCSM?

4. Purpose of the Study

The purpose of our study is to assess the nurses’ job satisfaction before the implementation of the CCSM, in the phase one of C-S2AFECARE-Q Project. When we know that, we intend to propose measures to the organization’s decision makers, so they can be implemented in the second phase of C-S2AFECARE-Q Project. In third phase we are going to evaluate if the proposed measures had or no impact on nurses’ job satisfaction.

5. Research Methods

Data were collected in three surgery and two medicine wards in ULSM since 2016 to 2017. The instrument used was the “Professional Satisfaction Scale of ULSM Normative Document No. 2482.1”

(PSS-ULSM) – the Board of Directors and the Ethics Committee of this institution authorized its use. The PSS-ULSM assess four different and related sub-scales: the satisfaction with the hierarchical superior, in this case, with the head nurse; the satisfaction with the professional relations; the satisfaction with the quality of the workplace; and the satisfaction with the investment on the continuous quality improvement. The PSS-ULSM contemplates a 5-point Likert scale (1-Poor; 2-Fair; 3-Good; 4-Very Good; 5-Excellent) and nurses should select the option that best expresses their opinion regarding the four sub-scales mentioned above. The researchers went to the selected five ULSM wards, explained the C-S2AFECARE-Q Project, the PSS-ULSM instrument and its purpose, distributed it to the 91 nurses of the five wards and collected it: all the nurses fill out the PSS-ULSM. The answers were then exported to SPSS version 24. All the ethical issues related to the application of this type of instruments have been taken into account.

6. Findings

In the phase one of the C-S2AFECARE-Q Project, 91 participants were involved: 47 nurses from the surgery wards and 42 of the medical ones. The average age is 35 years old (SD=6,98 years), and most nurses are between the ages of thirty and forty (51,65%; n=47). They are mostly female (85,7%; n=78) and concerning the professional title, 76 nurses (83,5%) are generalist nurses, while the rest are specialist nurses (16,5%; n=15). The nurses' time of professional practice is distributed in a very similar way until the 20 years of experience: after this period of time, only 11 nurses from the 91 that participates in this study were working (12,09%) (table 01).

Table 01. Sociodemographic and professional characterization of nurses

Variable	Frequency (n)	Percentage (%)	
Sex	Female	78	85,70%
	Male	13	14,30%
Age	< 30 years	24	26,37%
	≥ 30 < 40 years	47	51,65%
	≥ 40 < 50 years	18	19,78%
	≥ 50 years	2	2,20%
Professional title	General Nurse	76	83,50%
	Specialist Nurse	15	16,50%
Ward	Surgery	47	51,65%
	Medicine	42	46,15%
Time of professional practice	< 5 years	19	20,88%
	≥ 5 < 10 years	20	21,98%
	≥ 10 < 15 years	20	21,98%
	≥ 15 < 20 years	21	23,08%
	≥ 20 years	11	12,09%

6.1. Nurses' satisfaction regarding the head nurse

The average of nurses' satisfaction regarding the head nurse was approximately 3 - "Good". However, it should be noted that, within the seven parameters assessed, the one that had a higher average (M=3,70) was "Interest and efforts made to improve the quality of service", followed by "Openness and availability" (M=3.69) (table 02).

Table 02. Nurses’ satisfaction regarding the head nurse

Nurses’ satisfaction regarding: head nurse	1 Poor	2 Fair	3 Good	4 Very good	5 Excellent	Average (M)
Openness and availability	3 (3.3%)	15 (16.5%)	12 (13.2%)	38 (41.8%)	23 (25.3%)	3.69
Provide support	7 (7.7%)	13 (14.3%)	23 (25.3%)	29 (31.9%)	19 (20.9%)	3.44
Recognize your work has been well done and when and how it can be improved	5 (5.5%)	16 (17.6%)	31 (34.1%)	25 (27.5%)	14 (15.4%)	3.30
How you are motivated to improve your work	5 (5.5%)	20 (22%)	31 (34.1%)	26 (28.6%)	9 (9.9%)	3.15
Knowledge about how the work should be done and what goals to achieve	2 (2.2%)	10 (11%)	27 (29.7%)	39 (42.9%)	13 (14.3%)	3.56
Interest and efforts made to improve the quality of service	2 (2.2%)	7 (7.7%)	24 (26.4%)	41 (45.1%)	17 (18.7%)	3.70
Easy information’ circulating through the correct and timely circuits	5 (5.5%)	9 (9.9%)	20 (22%)	42 (46.2%)	15 (16.5%)	3.58

6.2. Nurses’ satisfaction regarding the professional relations

The nurses’ satisfaction regarding the professional relationships is worse than the one with the head nurse. According to table 03, the average in all parameters, except for “Easiness of communication between professionals” (M=3,05) was approximately 2 -“Fair”. Nevertheless, there are two parameters that had almost an average of 3 (M=2,96), which is “Demonstrated confidence among professionals of the same service” and “Sharing and encouraging ideas among professionals in order to improve the service”.

Table 03. Nurses’ satisfaction regarding the professional relations

Nurses’ satisfaction regarding: professional relations	1 Poor	2 Fair	3 Good	4 Very good	5 Excellent	Average (M)
Staff’ continuity, providing team’ stability	13 (14.3%)	23 (25.3%)	37 (40.7%)	13 (14.3%)	5 (5,5%)	2.71
Adequacy between the number of nurses employed and the work’ amount performed.	14 (15.4%)	37 (40.7%)	24 (26.4%)	15 (16.5%)	1 (1.1%)	2.47
Easiness of cooperation and mutual aid of the various teams	5 (5.5%)	34 (37.4%)	32 (35.2%)	18 (19.8%)	2 (2.2%)	2.76
Easiness of communication between professionals	2 (2.2%)	28 (30.8%)	29 (31.9%)	27 (29.7%)	5 (5,5%)	3.05
Demonstrated confidence among professionals of the same service	3 (3.3%)	27 (29.7%)	37 (40.7%)	19 (20.9%)	5 (5,5%)	2.96
Sharing and encouraging ideas among professionals in order to improve the service	4 (4.4%)	26 (28.6%)	35 (38.5%)	22 (24.2%)	4 (4.4%)	2.96

How management agencies support and appreciate professionals	14 (15.4%)	37 (40.7%)	30 (33%)	9 (9.9%)	1 (1.1%)	2.41
Easiness of communication between management and professionals	12 (13.2%)	42 (46.2%)	23 (25.3%)	13 (14.3%)	1 (1.1%)	2.44
How the activity planning is carried out (the information made available by the management and objectives carried out by the service)	4 (4.4%)	35 (38.5%)	36 (39.6%)	15 (16.5%)	1 (1.1%)	2.71

6.1. Nurses’ satisfaction regarding the quality of the workplace

Regarding the quality of the workplace, nurses’ satisfaction has almost in every parameters an average of 3 - “Good”. Although, it is important to highlight that two of the six parameters had a lower average – “How the teamwork is organized in the provision of users’ health care” (M=2.99) and “How the patient was informed about his illness and treatment, and the care to be taken” (M=2.71) (table 04).

Table 04. Nurses’ satisfaction regarding the quality of the workplace

Nurses’ satisfaction regarding: quality of the workplace	1 Poor	2 Fair	3 Good	4 Very good	5 Excellent	Average (M)
How is the users’ service, including the time spent	1 (1.1%)	26 (28.6%)	38 (41.8%)	23 (25.3%)	3 (3.3%)	3.01
How the teamwork is organized in the provision of users’ health care	0	28 (30.8%)	39 (42.9%)	21 (23.1%)	3 (3.3%)	2.99
How the health professionals’ capacity is demonstrated and how they perform their job	0	20 (22%)	44 (48.4%)	24 (26.4%)	3 (3.3%)	3.11
Interest shown by users' problems and concerns	1 (1.1%)	13 (14.3%)	45 (49.5%)	23 (25.3%)	9 (9.9%)	3.29
Level of cleaning and lighting, comfort and temperature of waiting rooms, work rooms, wards, toilets, corridors and offices.	6 (6.6%)	21 (23.1%)	31 (34.1%)	29 (31.9%)	4 (4.4%)	3.04
How the patient was informed about his illness and treatment, and the care to be taken	5 (5.5%)	34 (37.4%)	35 (38.5%)	16 (17.6%)	1 (1.1%)	2.71

6.2. Nurses’ satisfaction regarding the investment on the continuous quality improvement

The nurses’ satisfaction regarding the investment on the continuous quality improvement is mainly assessed as 3 - “Good”. However, according to table 05, the parameter “How you feel encouraged to share ideas to improve your service” has a lower average (M=2,98).

Table 05. Nurses’ satisfaction regarding the investment of the continuous quality improvement

Nurses’ satisfaction regarding: investment of the continuous quality improvement	1 Poor	2 Fair	3 Good	4 Very good	5 Excellent	Average (M)
Service’ effort in the continuous improvement of the relationship between professionals and users	0	21 (23.1%)	38 (41.8%)	27 (29.7%)	5 (5.5%)	3.18
The institution’ Quality Management System contribution in improving the service’ quality	0	22 (24.2%)	43 (47.3%)	22 (24.2%)	4 (4.4%)	3.09
How you have been trained to improve your service’ quality	3 (3.3%)	23 (25.3%)	37 (40.7%)	26 (28.6%)	2 (2.2%)	3.01
Effort developed by your service to avoid wasting and tasks’ repetition	1 (1.1%)	22 (24.2%)	41 (45.1%)	24 (26.4%)	3 (3.3%)	3.07
How you feel encouraged to share ideas to improve your service	5 (5.5%)	22 (24.2%)	39 (42.9%)	20 (22%)	5 (5.5%)	2.98
How you understand your service’ mission and objectives towards continuous improvement	2 (2.2%)	19 (20.9%)	38 (41.8%)	23 (25.3%)	9 (9.9%)	3.20

7. Conclusion

Supportive professional practice environments are particularly important to nurses’ job satisfaction and the quality of patient care provided in health organizations. The implementation of a CCSM could be a supportive environment for nurses to develop their practice and, therefore, improve their job satisfaction.

Knowing nurses’ job satisfaction in phase one of the C-S2AFECARE-Q Project will allow us to purpose measures that may influence this satisfaction. If this happens, it will be an asset for health policy makers. In our study, the PSS-ULSM was fill out by all the 91 nurses of three surgery and two medicine wards of ULSM. The results show that of the four sub-scales assessed by the instrument, the one that has a higher average is related to the head nurse (M=3,490) and the one that has a lower average is related to the professional relations (M=2,719). Despite that, we may also conclude that all of the four sub-scales from the PSS-ULSM can be improved to grant higher levels of nurses’ job satisfaction. So, we may say that the results obtained sustain the importance of advancing to the phase two of the Project: implementing a CCSM in ULSM. At this stage, it will be thought in the supervisory teams what are the best strategies for, for example, improving professional relationships, in order nurses feel more satisfied. If the measures have a positive impact, they can be addressed by policy makers.

Acknowledgments

We would like to thank ULSM, including all the nurses and managers involved in the C-S2AFECARE-Q Project, for enabling the study. This article was supported by FEDER through the operation NORTE-01-0145-FEDER-023654 founded by «Programa Operacional Regional Norte – NORTE 2020».

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