

Nurses' Job Satisfaction in Mental Health and Neuro-Sciences Setting

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Job satisfaction covers both the satisfaction derived from being engaged in a piece of work or in any pursuit of higher order. In fact, job satisfaction is generated by an individual's perception of how well his job, on the whole, is congruent with his needs. This approach brings into focus that job satisfaction is determined not only by attitudes towards different job aspects but that personal and social adjustments also play an important role in it.

Nurses' job satisfaction in mental health is considered as one of the important facts in nursing. Psychiatric Nursing specialization includes a greater amount of responsibility in hospital and community set up. It is well recognized that in the past two decades, significant changes have taken place in in-patient care in the field of Psychiatric Nursing. As a result, the in-patient psychiatric nursing care is now largely short-term, requiring involvement of the Ward nurses at almost all the levels of interventions. Thus, the roles of those staffing a Psychiatric Unit, are more flexible, allowing greater freedom for participation in the treatment programme (Toole, 1980), of doing intensive individual psychotherapy, group therapy, family counselling and often care placement in intermediate care facilities. Nurses spending time

with chronic patients, patients' relatives and placement to halfway homes, and transfer to other hospitals takes a lot of time of the nursing personnel. Thus, the job satisfaction experienced by nurses may be more strikingly different from those of any other nursing speciality.

Neuro-sciences speciality has been defined as a 'speciality of medical surgical nursing as the specialised care of individuals system dysfunction'. Nurses make life or death decisions based on their advanced assessment skills in conjunction with a variety of technologies, and then act on those decisions. Neurosciences nurses are also expected to perform with increasingly more clinical expertise, demonstrating more advanced theoretical knowledge, providing family support and teaching.

Herzberg (1959) developed a dual factor theory that satisfaction and dissatisfaction are distinct factors arising from different characteristics in the work environment. Environmental characteristics, especially the intrinsic characteristics, e.g. achievement, responsibility, work, promote satisfaction; whereas the extrinsic characteristics, e.g., supervision, salary, security are related to dissatisfaction. Job satisfaction can also affect performance and may be related causally to turnover and absenteeism. High unit turnover and absenteeism decrease the availability of continuity of care to clients.

In order to understand the job satisfaction aspect, an attempt was made to study the nurses' job sat-

isfaction in mental health and Neuro-science settings. It is pertinent to mention some of the limitations of this study. Firstly, the present investigation was restricted to examining the job satisfaction of nurses working at the National Institute of Mental Health and Neuro Sciences, Bangalore. Secondly, the mental health and Neuro-Science setting was considered as one setting for the purpose of this study.

Methods and Material

This study comprised a sample of 80 randomly selected nurses at the National Institute of Mental Health and Neuro Sciences, Bangalore. A context survey questionnaire of Nurses' Work Stress by Alan A Melean was used for collecting data. The questionnaire was constructed on the basis of Herzberg (1959) theory of Job satisfaction and Job dissatisfaction. It included 15 major questions on nurses' difficulties, i.e., organization, kind of work, working conditions, co-operation, supervisors' role towards men and materials, salary, advancement to better job and job opportunities, mental ability and working hours, and nurses' feelings and their interest to continue the job for another 5 years, etc. Questions 1 to 14 had 5-point response categories, ranging from 'very satisfied' to 'very dissatisfied'. Question 15 had to be rated on a 6-point scale, viz., 'certainly', 'probably', 'not at all sure', 'probably not', 'certainly not', and 'retiring in 5 years'.

The data was collected by the in-

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investigators by meeting the nurses individually. The statistical analysis of data was done correlating job satisfaction with demographic data, and satisfaction index and discriminant index of 15 questions included in the questionnaire.

Characteristics of the sample

This study includes 3.8% male nurses and 96.2% female nurses. Their age ranges from 21 to 58 years; majority of the sample consists of the age group 21 to 30 years. 76.3% of them are married and 23.7% unmarried. 67.5% are non-Hindus and 32.5% Hindus. 85% are working as Staff Nurses and 15% as Incharge Nurses. In their income distribution, 52.5% earn Rs 2000-3000, 27.5% earn Rs 3000-4000 and 20% earn Rs 4000-6000. In their professional qualification, there are 81.3% with General Nursing, 11.2% with Diploma in Psychiatric Nursing and 7.5% with B.Sc Nursing. In terms of duration of their service, 38.8% had served from 0 to 5 years, 23.8% from 6-10 years, and 37.4% from 11-40 years. The distribution of family size includes: 26.3% single member, 43.8% having 2-4 members and 29.9% having 5-9 members.

Results

The Job Satisfaction is analysed with various demographic variables, as shown in Table 1. It can be noted that although job satisfaction increases with increasing age of nurses, the differences are not statistically significant. The married nurses score significantly higher job satisfaction compared with unmarried nurses ($P < .01$). The non-Hindus, mostly Christians and Incharge Staff nurses have better job satisfaction but the differences are not statistically significant. The same is the case in respect of family size.

Characteristic	N	Mean	S.D.	Inference
Age				
21-30 ys	35	53.3	6.38	$F = .179$
31-40 "	34	54.2	7.94	$P > .05$ n.s.
40 + "	11	54.4	4.33	
Marital status				
Single	19	52.6	5.57	$t = 3.626$
Married/ others	54	54.6	6.70	$P < .01^{**}$
Religion				
Hindu	26	52.6	8.57	$Z = 1.110$
Non-Hindu	54	54.6	5.80	$P > .05$ n.s.
Occupation				
Staff Nurse	68	53.3	6.72	$Z = 1.299$
IC Nurse	12	56.3	7.64	$P > .05$ n.s.
Income per month				
Rs 2000-3000	42	52.3	7.14	$F = 2.741$
" 3001-4000	22	56.3	6.17	$P > .05$ n.s.
" 4001 +	16	54.6	5.51	
Size of the family				
Single	21	51.0	7.86	$F = 2.400$
2 - 4	34	55.1	5.90	$P > .05$ n.s.
5 - 9	25	53.9	6.59	
Duration of service				
1 - 5 ys	31	52.9	7.88	$F = .913$
6 -10 "	19	53.4	6.84	$P > .05$ n.s.
10 + "	30	55.2	5.28	
Professional Edn.				
Gen. Nursing	65	54.4	6.27	$F = 2.848$
Dip. Psych Nsg	9	54.3	3.86	$P < .05$ *
B.Sc (Nursing)	6	46.5	11.25	
				* Significant
				** Highly significant

Table 1. Satisfaction correlates with Socio-demographic variables

There is a linear trend between job satisfaction and the number of years of service, but the trend is not significant. The job satisfaction, however, significantly varies with professional qualification: B.Sc (Nursing) staff show significantly less satisfaction than their counterparts, viz., General Nursing and Diploma in Psychiatric Nursing personnel.

Table 2 indicates the satisfaction indices and discriminant indices of the 15 items included in the scale. It can be noted that except Item 13, all other items have positive general satisfaction, the mean

satisfaction score being 3.6. The discriminant index - the power to differentiate between those who have good job satisfaction and those with poor job satisfaction - has been shown in the last column. It is noteworthy that Items 1, 2, 3, 4 and 9 have poor discriminant power. Further, the maximum unsatisfaction items have the maximum discriminant power.

Discussion

This study shows that nurses are not satisfied with physical working conditions (Q.3), co-operation with others (Q.4) and satisfaction with working hours (Q.13).

Item	1.	2.
Satisfaction with present Organisation	3.8	.17
Satisfaction with job - kind of work	3.9	.20
Satisfaction with physical working condition	3.9	.05
Satisfaction with others' cooperation	3.8	.05
Satisfaction with supervisor's personal responsibility	3.4	.25
Satisfaction with supervisor's functional responsibility	3.5	.20
Satisfaction with salary	3.6	.26
Satisfaction with salary compared with other organisations	3.5	.27
Satisfaction with advancement to better jobs	3.7	.15
Satisfaction with better opportunities in the organisation	3.5	.23
Satisfaction with making use of skills and abilities	3.6	.20
Satisfaction with individual mental ability	3.6	.24
Satisfaction with working hours	2.9	.35
Satisfaction with overall feelings about present job	3.2	.30
Satisfaction to continue the job	3.8	.22
1. Satisfactory Index		
2. Discriminant Index		

Table 2. Satisfaction index and Discriminant Index of 15 items included in the Scale

It shows that there is a need for developing still more understanding and to build proper interpersonal relationship among the nursing personnel. In this connection, it may be observed that Krammer (1969) studied the job satisfaction and indicated that job satisfaction was related to professional growth opportunities for advancement and responsibility. Therefore nurses need appropriate care and protection in the working situation from an organization. White and Maguire (1973) studied the factors leading to job satisfaction and dissatisfaction and reported that the possibility for growth and recognition of nurses were significantly related to job satisfaction. Satisfaction with reference to working hours, Storlie (1979) studied and suggested that one could reduce the nurses' stress by providing a choice of shift duty and also feels that the enforcement of strict 8-hour shift is absolutely necessary to reduce stress and promote job satisfaction. With regard to coop-

eration with other nurses in the Ward set up, Power and Sharp (1988) reported that nurses articulated significantly more stress associated with workload and conflict with other nurses and nursing environment.

Hospital Nursing administrators should, therefore, be aware of the need to provide and develop supportive structures which allow nurses to constructively deal with the emotional side of nursing. This involves recognizing that work stresses do not reside solely in the job characteristics themselves, but in the relationships between the demands of the situation, and the support and discretion the nurse has in meeting those demands (Karasek, 1979). That change involves not only the removing of negative features of the nurses' job but promoting and enhancing positive ones, and the recognition that work environment involves a complex perception of formal and informal structures, climate and expectations, all of which would be

considered when deciding on intervention strategies.

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