

**JOB SATISFACTION AMONG NURSES IN HOSPITALS OF
NEPAL**

(A case study for nursing staff working in Tribhuvan University
Teaching Hospital, Maharajgunj, Kathmandu)

A Thesis

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RECOMMENDATION

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DECLARATION

I hereby declared that the work reported in this thesis entitled “**Job Satisfaction among Nurses in Hospitals of Nepal (A case study for nursing staff working in Tribhuvan Teaching Hospital)**” submitted to Nepal Commerce Campus, Faculty of Management, Tribhuvan University, is my original work done in the form of partial fulfillment of the requirement for Master Degree of business studies (MBS) under the supervision of Associate Professor Dr. Sushil Bhakta Mathema.

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ABBREVIATION

2nd : Second, 3rd : Third etc...

A.H.W.: Auxiliary Health Worker

AORN Journal: Journal of association of periOperative Registered Nurses

C.H.W: Community Health Worker

Eds: Editors

I.C.U.: Intensive Care Unit

JAMA: Journal of American Medical Association

MNC: Maharajgunj Nursing Campus

MoHP: Ministry of Health and Population

N.C.C.: Nepal Commerce Campus

n.d.: no date available

NHRC: Nepal Health Research Council

O.T.: Operation Theatre

Sr. A.H.W.: Senior Auxiliary Health Worker

T.U.: Tribhuvan University

T.U.T.H.: Tribhuvan University Teaching Hospital

W.Q.I.: Work Quality index

W.H.O.: World Health Organization

ACRONYMS

% or pert: Percentage

etc: Et criteria

i.e.: That is

Per diem: For each day

Viz.: Namely

Introduction

Background of the Study

Human resource is most vital asset for organizational development. It is the source that makes other source use and gets best return out of them. But getting best of human resource requires enormous moves by organization and their management. If the human resource or employees are happy and contended with the moves and actions of employer they do their best for the best of organization. But if they are not in this state they might cause organization unmatchable loss. Thus managing human resource has become an art. Management always tries to use that art to satisfy their workforce. The greater the level of satisfaction of employees is, the higher will be returns for organization and this has been realized by various researches, scholars, academicians, writers and leaders (khan et al, 2011).

In the literature of organizational behavior and organizational psychology, job satisfaction is considered the most extensively researched area (Keung-Fai, 1996; George and Jones, 2008). Organization comprises of people, it is their satisfaction which can make or mars the performance of an organization. Employee satisfaction is important in determining how far an organization achieves its goals. Job satisfaction leads to life satisfaction. Job satisfaction is generally regarded as an employee's attitude toward the job and job (Rao et al, 2012).

The different ways of satisfying the employees were found by the scholars and facilitated to the human resource managers to attract, motivate and retained the most committed workforce. Job satisfaction has direct impact on level of absenteeism, commitment, performance and productivity. Furthermore, job satisfaction improves the retention level of employees and reduces the cost of hiring new employees (Murray, 1999 as cited by Khan et al, 2011). Alternatively, the outcome of job dissatisfaction is increase in the cost of recruitment, selection and training, discouragement of current employees and reduction in the growth of organization (Padilla-Velez, 1993 as cited by Khan et al, 2011). The dissatisfaction of the employees has adverse effect on the efficiency of the organization. So studying job satisfaction is one of the most important topics of organizations setup.

The persistence of the establishments depends on enriching the palette of products and services offering their customers and producing better quality, cheaper and more useful products, improving business processes by continuously analyzing and increasing their performance. In this sense, for establishments, measuring organizational devotion, job

satisfaction for local customer contentment, quality, time, structure of organization and its strength gain a high importance. It can be only so possible for the employees who communicate with customers one-to-one and the employees in manufacturing to process by fulfilling their duties impeccably (perfectly), obstruct the wastage of enterprise and exhibit positive behaviors like this, with construction of an emotional bond with their job and establishment. When the employee likes the job he made and feels himself as a precious person in enterprise, he won't spare to exhibit beneficial attitudes for the enterprise. He will work as if he were working in his own job with this satisfaction. Establishments cannot overlook this positive atmosphere resulting from job satisfaction, even if, for their own benefit. Establishments should organize social activities, to instill a sense of job satisfaction for their employees and should do activities which would cause the employees, no matter what they do (cleanliness, transportation, production, management), to thinking that if they didn't do their job, the production process would cease and create the feeling for an individual employee as if he were doing the most important job in the enterprise, establishing a social networking (Muchait et al, 2011).

Spector (1997 as cited by Hanafiah et al, 2011) defines job satisfaction simply as “the degree to which people like their jobs.” Some people therefore enjoy work and consider it a central part of their lives while others do so only because they have to. Robbins (2005) defines job satisfaction as “a collection of feelings that an individual holds towards his or her job.” This implies that a person with a high level of job satisfaction will hold positive feelings towards the job and a person who is dissatisfied will hold negative feelings about the job. Locke (1976) as cited by Cooper and Locke (2000 as cited by Rao et al, 2012) offers a further definition of job satisfaction as a “pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences.” Job satisfaction is also defined in terms of equity. Robbins et al (2003) define job satisfaction as “the difference between the rewards employees receive and the reward they believe they should receive.” The higher this discrepancy, the lower will be the job satisfaction. Job dissatisfaction leads to absenteeism, labour turnover and negative publicity of the organization. Unsatisfied worker can prove to be a liability to any organization and on the other hand happy and satisfied worker is always a productive worker (Rao et al, 2012).

Job satisfaction is a concept which has a close relationship with motivation and activity. Therefore, this topic will be studied under the unit of motivation or unit that contents motivation. The main cause for that is the assumption that workers satisfied with their jobs

are more productive, effective and in a better approach about their jobs compared with those who aren't satisfied with their jobs (Hirszowicz, 1989 as cited by Patil et al, 2011).

Job satisfaction is a complex and multifaceted concept, which can mean different things to different people. Job satisfaction is usually linked with motivation, but the nature of this relationship is not clear. Satisfaction is not the same as motivation. "Job satisfaction is more an attitude, an internal state. It could, for example, be associated with a personal feeling of achievement, either quantitative or qualitative." In recent years attention to job satisfaction has become more closely associated with broader approaches to improved job design, work organization and the quality of working life movement.

The relationship between job satisfaction and performance is an issue of continuing debate and controversy. One view associated with the early human relation's approach, is that satisfaction leads to performance. An alternative view is that performance leads to satisfaction. However, a variety of studies suggest that research has found only a limited relationship between satisfaction and work output and offer scant comfort to those seeking to confirm that a satisfied worker is also a productive one. Labor turnover and absenteeism are commonly associated with dissatisfaction but although there may be some correlation, there are many other possible factors. No universal generalizations about worker dissatisfaction exist to offer easy management solutions to problems of turnover and absenteeism. The study suggests that it is primarily in the realm of job design, where opportunity resides for a constructive improvement of the worker's satisfaction level (Buchanan, 2006).

Job satisfaction of the employees is one of the vital issues in human resource management. Job satisfaction is an emotional state and intangible. Job satisfaction is a pleasurable emotional state resulting from the appraisal of one's job, an effective reaction to one's job and an attitude towards one's job. (Weiss, 2002 as cited by Shrestha, 2010) has argued that job satisfaction is an attitude but points out that researcher should clearly distinguish the objectives of cognitive evaluation which affect emotion, believes and behaviours.

According to Smith (1996), job satisfaction is the persistent feeling towards discriminable aspect of the job situation. Job satisfaction and dissatisfaction are seen as the functions of perceived relationship between what expect the job and what one perceives as receiving from it. Thus, job satisfaction is the personal evaluation of the condition existing on the job or the outcomes that arise out of having a job. In a simple term, job satisfaction is an individual's affective response (emotional reaction and attitude) towards the job.

Job satisfaction is considered as an evaluation that the employees makes of the job and environment surrounding the job. It is also defined as the feelings an employee has about the job in general. Job satisfaction can be seen within the broader context to the range of issues which affect an individual experience of work or quality of working life. It is determined by the discrepancy between what individuals expect to get out of their jobs and what the job actually offers. High job satisfaction implies that the employee generally likes and values his job highly and feels positively toward it. Job dissatisfaction is the loss of concern for people with whom one is working. It is characterized by an emotional exhaustion in which professional person no longer has any positive feeling sympathy or respect for patients or clients. Job satisfaction among staff nurses is an important of study because nursing personnel are backbone of the health sector. They play the vital role and are accountable for taking challenging responsibilities in health services.

Job satisfaction has been defined as a pleasurable emotional state resulting from the appraisal of one's job. It is simply how people feel about their jobs and different aspects of the job the extent to which people like (satisfaction is an important indicator of how employees feel about their job .It was found that suppression of the unpleasant emotions decrease job satisfaction and implications of pleasant emotions increase job satisfaction. As a frontline health worker, a nurse has to suppress their emotions frequently while providing service which leads to impact in their emotion and level of the satisfaction in the job.

Weiss (2002) supports that there are two main categories of factors that determine job satisfaction. They are individual factors and job related factors. Individual factor like "Being considered a resource of health" indeed gave a sense of satisfaction to the nurses. On the other hand, availability of supervisor is a job related factor that influenced job satisfaction.

Job satisfaction is determined by a comparison of one's prior expectations about the job and the actual experience of the job. It has been found that job satisfaction relates to beliefs and emotions that individuals have about their work and their job. It has been described as an attitude with an affective and cognitive component. When establishing the level of job satisfaction, we should focus on how employees feel about their work and personal relationships in the workplace, and on how leaders influence employees' satisfaction. Without a doubt, satisfied employees are the ultimate goal of every leader. On the other hand, the goal of every employee is to find the kind of work that matches their abilities and interests as closely as possible, enables them success and provides them with opportunities for promotion. Satisfied employees tend to be more productive and committed to their employers and a direct correlation has been shown between staff satisfaction and

patient satisfaction in health care organizations. In his study, Moore (2002 as cited by Masroor et al, 2009) found that lack of job satisfaction are among the factors that contribute to people's intention to quit their jobs; however, it is important both from the hospital's manager's and the individual's perspective to understand which factors of job satisfaction are related to intention to quit in nursing profession.

Job satisfaction is widely researched and researchers vary in their definitions to the concept. Smith defines it as the feelings of individuals about their jobs. The Knoop (1995 as cited by Patil, 2011) stated that it refers to an employee general attitude towards the job or some dimension of it. Cumbey and Alexander (1998 as cited by Patil, 2011) considered it as "an effective feeling that depends on the interaction of employees, their personal characteristics, and expectations with the work environment, and the organization". In 1964, Vroom proposed the expectancy theory in which was nested a theory of job satisfaction. Vroom asserted that it was the expectation of what was to come that determined job satisfaction. Besides expectancy theory, there appeared need of fulfillment theory, equity theory, goal setting theory, intrinsic motivation theory and even behavioral theory. Researchers also became interested in constructs collateral with job satisfactions like job involvement and organizational commitment. Even as Herzberg (1959) and Vroom Emphasis theory testing (1964), applied psychologist did not neglect the study of job satisfaction was studied as a demographics variables, performance, and comparison level, need fulfillment and personal environment etc (Vroom, 1964 as cited by Patil et al, 2011).

Nowadays, hospitals are confronting great competition and scarcer resources than ever before. They are also severely challenged by the external and internal environment to achieve their goals effectively and efficiently. Nurses as the largest group of professionals, play an important role in determining the quality and cost of healthcare. It is argued that they have the potential to be part of solutions to key problems in health care systems (Tonges, 1998 as cited by Patil et al 2011). Issues such as job satisfaction and organizational commitment for nurses are of paramount importance for administrators and managers in health organizations due to the crucial role they play in their organizations' performance. Nurses' job satisfaction and organizational commitment are found to influence hospital performance and productivity (Al-Aameri, 2000)

Researchers have shown that job satisfaction leads to a number of consequences. Satisfaction leads to more productivity, high quality of a care and intent to remain in the organization. On the other hand, job dissatisfaction was found to increase absenteeism, turnover, high stress, and grievance (Smith, 1996). The antecedent of job satisfactions are also

examined by a number studies (Hawthorne (2001), Herzberg (1959) and Nolan (1995). One of the surrounding studies is this regard is Herzberg's two factor theory of job satisfaction. He distinguish between factors leading to satisfaction and those leading to dissatisfaction of the factors that increase satisfaction are organizational policy and administration, supervision, salary, interpersonal relationship etc. (Herzberg,1966 as cited by Patil et al, 2011). In addition pay and working conditions, workload factors are determinants of job satisfaction (Nolan et al (1995) as cited by Patil et al, 2011).

. Nursing as a profession is people oriented and with an emphasis on humanism and this probably influence leadership behavior (Bondas 2006).Nursing is an art and science of caring. It is the profession touched by joys and sorrows of human beings in different in time. The primary responsibility of nurses is the "betterment of the client". Nursing discipline is a practice oriented and the mission of a nurse is to care for people to enhance their well-being. Nurses contribute very important position in health care sector. Nursing staffs in most medical institutions or private organizations in all corners of the world are probably the most undervalued staff members despite the fact that these are the people who take care of our loved ones around the clock when they are hospitalized. Many of the nurses even take on the responsibilities of the medical supervisors or the doctors in command, and this makes them a very important part of the medical system (International Council for Nurses, 2007; Koonar, 2008). Koonar (2008) further says that in the medical profession, nursing staffs are the one who have variety of jobs to perform and need to juggle with many jobs at many places in the hospital or in medical centers and still are under paid and undervalued.

Helping sick people and dealing with medical emergencies can be very stressful. Patients need 24 hrs care. The literature has evidenced that nurses provide 85% of all health. Nursing duty is around the clock duty including night shifts. They often work nights, weekends and even on holidays. There is a considerable amount of health hazard from disease, infection and radiation. A nurse is responsible along with other health care professionals—for the treatment, safety, and recovery of acutely or chronically ill or injured people, health maintenance of the healthy, and treatment of life- threatening emergencies in a wide range of health care settings (Rao et al, 2012).

Nurses may also be involved in medical and nursing research and perform a wide range of non-clinical functions necessary to deliver health care. Thus, studying job satisfaction among nurses is important because it is necessary to distinguish between positive and negative aspects of job satisfaction. Hertzberg (1959) stated that (positive) satisfaction is due to good experiences, and that these are due to 'motivators' i.e. achievement, recognition,

the work itself, responsibility and advancement. Dissatisfaction is due to bad experiences caused by 'hygiene' factors i.e. supervisors, fellow workers, company policy, working conditions, and personal life (Hertzberg 1959 as cited by Rao et al, 2012).

In the recent days, hospitals are confronting great competition and resources than ever before. They are also challenged by the external and internal working environment to achieve their goals effectively and efficiently. Nurses played an important role in maintaining the quality and cost of health care (Tonges et al, 1998 as cited by Patil et al 2011). Issues such as job satisfaction and organizational working environment of nurses are of paramount importance for administrator in health organization, nurse's job satisfaction and organizational working environment are found to be influence hospital reputation and service quality (Patil et al, 2011).

Researchers have generally found that satisfied employees are more productive, creative and committed to their jobs whereas dissatisfied others experience absenteeism, grievances and turnover (Smith, 1996 as cited by Patil et al, 2011). The recent studies have shown that there is a direct correlation between staff satisfaction and patient satisfaction in a health care organization (Patil et al, 2011). According to Henderson (1966), "the unique function of nursing is to assist the individual, sick and well being in the performance of those activities contributing to health or its recovery and to help him/her gain independences rapidly as possible. So job satisfaction is the most important for quality care service (Al-Aameri, 2000).

Recently, there has been a high turnover of the nurses. This continuously replacement of nursing staffs negatively affects not only the standards of the nursing care but also the quality of the patient care, job satisfaction was the commonest causes for the nurses to give up their job which led to high turnover, absenteeism and shortage of the nurses (Shrestha, 2010). Globally, the shortage of nurses is serious problem. There are many reasons behind this. One of the reasons is unsuitable working environment in which nurse practice. In a recent review of the "empirical human factors and ergonomic literature specific to nursing performance", nurses were found to work in generally poor environmental condition. De Lucia et al (2009) concluded, "The profession of nursing as whole is overloaded because there is a nursing shortage". Individual nurses are overloaded. They are overloaded by the number of patients they care over a time during their working hour and by the task they perform. They work under cognitive overload, engaging in multitasking and encountering frequent interruptions. They work under physical overload due to long working hours and

patient handling demands. This work overload leads to frustration which is one of the main causes of job dissatisfaction.

Urden (1999) found that overall job satisfaction was the most important reason that nurses chose to stay in a particular job. Very little has been done to promote job satisfaction in most healthcare facilities. Instead, nurses often work in unsatisfactory conditions with inadequate staffing and a shortage of basic supplies (Friedrich, 2001 as cited by Al-Hussami, 2008). These things among others, may lead to job dissatisfaction and encourage nurses to find employment elsewhere, often outside the field of nursing. Research is needed to explain what a nurse needs from the workplace in order to be satisfied.

While nurses' have been dedicated to improving customer service and organizing clinical performance improvement policies, the environment in which nurses' work has suffered. The decline in the quality of nurses' work environment is most likely due to the hospital industry's restructuring and attempts to stay profitable, especially in a strong managed-care market (Bradley, 2000 as cited by Lu et al, 2011). Research by Laschinger et.al (2001 as cited by Zangaro et al, 2007) suggested that an unfavorable work environment may counteract attempts to improve patient satisfaction because higher levels of job satisfaction were associated with a higher quality of nursing care.

There are many factors that influenced employee to have intention to leave turnover but Borda and Norman (1997) has concluded that job satisfaction is widely regarded as the major contributor to intention to quit amongst employees. Price (1977 as cited by Hanafiah et al, 2011) explained that job satisfaction is actually influenced by job characteristics that would lead individuals to stay or leave the organization. Letvak et.al(2008), in their study of intent to stay in nursing describe the individual and workplace characteristics associated with work productivity and intent to stay in nursing for nurses employed in direct patient care. Nursing turnover is costly for healthcare organization. When an employee leaves, organization incur hiring, orientation, and decreased productivity costs as well as temporary replacement cost (Kovner & Brewer, 2009).

Around the globe, the problems of nurses and challenges are identical. The shortage of nurses is not only in quantity but also in quality. In United States nursing has been facing problems of shortage and most of the vacant positions remain unfilled. Along with this nurse to patient ratios is not met, patient care is at risk and quality of nursing is somewhat regressing. The situation is similar in United Kingdom, Australia and Canada. In addition, it suffers from problems of replacing retiring nurses as well as the retention of nursing staffs. In a recent survey, the most critical issues regarding recruitment and retention of nurse faculty

were: limited pool of doctorally prepared faculty, noncompetitive salaries, lack of qualified applicants, locating faculty to match the specialty needs, excessive faculty workload and finding individuals open to teaching. Nursing shortage is often considered as societal ailments. In many countries profession is undervalued as women's works. It has very limited access to resources. In South-East regions nursing is found to be full of problems and shortages including insufficient skills in respect to quality health care services which is a result of unmet health care facilities, high workload, unsafe workplaces and lack of professional advancement opportunities etc.

The shortage of nurse's crisis in U.S.A and Middle East countries is fulfilled by hiring nurses from donor countries (mainly south east countries). Nowadays the migration of nurses has become serious problem in south east countries. The great economic disparity in world economies is a major influence in the global migration of nurses. Aside from the obvious economic and professional gains that attract nurses to foreign countries, the desire to maintain personal safety either in the workplace or place of residence is becoming a strong motivational factor in the migration of nurses worldwide. Nurses move to countries that are safe and have stable political systems and decreased incidences of violence (Kingma, 2001 as cited by Lu et al, 2006). Those policies has to be made by donor countries in improving work condition, giving opportunity for professional advancement and maintaining stable political condition in their countries. Further policy maker should also maintained the quality of nurses by providing license of nursing after examination, providing quality of education, stopping the mushroom production of nursing colleges, making terms and condition related to migration and providing facilities to improve their condition. Then quality of nurses will be maintained and frustration will be resolved. Thus ultimately brings the job satisfaction among nurses.

Statement of the Problem

Nursing is a practical science, used what we learn to bring positive changes the life of people for whom we care. Nursing involves intense and sometime long term interaction with people who are threatened, suffering and dying. In dealing with illness and death, nurses become stressed because she feels powerless and out of control. The most of nurses want to have self actualization whose needs are partially met, thus frustration, bitterness and anger produce from job dissatisfaction. There is a tendency in nursing to achieve higher status, this expectation always lead to job satisfaction.

Globally, major changes have taken place in all health care system. These changes include shortened lengths of stay, increasing emphasis on cost effectiveness, and an increase of patients with acute and chronic diseases. These escalating changes in health care systems influence nurse's job satisfaction (Curtin, 2000; Kohles-Baker et al 2000; Mrayyann, 2006 as cited by Pillay, 2008).

Job satisfaction among nurses has been recognized as a crucial indicator of nurse's performance, cost savings and quality of patient care. As nurses' job satisfaction decreases, the likelihood of leaving their employment setting increases. If nurses' job satisfaction continues to deteriorate, the present nursing situation will worsen (Chen-Chung et al, 2003 as cited by Zagholul et al, 2008). Dissatisfaction with work can cause poor job performance, lower productivity and staff turnover. The most correlate of work satisfaction is retention. Employees who are satisfied with works tend to remain in their jobs. Studies have found strong evidence to support the positive relationship between work satisfaction and turnover behavior in nurses. Absenteeism, grievances, turnover and reduced patient satisfaction are often the results of dissatisfaction and often translate into cost of hospital (Borda and Norman 1997; Lloyd et al 1998 as cited by Zagholul et al, 2008).

Nepal as many other developing countries in the world have been confronted with problem of shortage of nursing personnel. Demand for nurses also increases. The geographical distribution of the country and low pay scale made difficulty to the nurses go and work in their assigned post. Due to lack of securities and other health facilities; there are shortages of nursing personnel in remote area. Most nurses are engages in central hospital and they are interested to go abroad or want to do further study. Very little is known about nurses in Nepal and their attitude to their job. At a situation when health institutes in the country are failing short of qualified and experienced nurses, knowledge of their problems and job issues might help to retain and develop a good nursing workforce (Malla, 2008).

There is not strong supportive system from ministry of health towards the nursing profession in Nepal. Nursing profession is one of the pillars of the health care system but the policies and strategies are not formulated and involved of nurses while making policies. So many of nurses on Nepal are facing problems day to day in their service which may reflect job satisfaction and leading to frustration. This study is interested to investigate the level of job satisfaction. Therefore, the factors which affect job satisfaction and intention are considered that provides a greater knowledge, awareness and understanding of these factors assist in reducing turnover and absenteeism among nurses, both directly and indirectly improving the quality of care received by patient.

Nepal is a developing country and women status is very low in all aspects than other countries. There is still a low education level of women in Nepal. So along with that there is less salary and less facilities in the working area. In one study, interview show that the frustration was seen among nurses with the dependent function and lack of autonomy. Some faculty members told that nurses were an underutilized resource whose talents were being inhibited by dominating physicians and strict social norms that is limiting the acceptable roles of women. There is also not well response from the family members of the patients in the hospital due to social perception (Kandel, 2010).

There is no autonomy for nurses which also changes in the view of society for nursing status. Lack of empowerment in work and role in family can bring depression within the nurses. Male dominance from the male nurses, social class and also the employment issues were the biggest issues for the female nurses in Nepal (Ogilvie, 1998 as cited by Kandel, 2010). Similarly, married female nurses cannot go away from the family even if she wants to go for her personal and professional development as there is no autonomy. They are rarely seen in administrative role and so making decisions for their own rights is also hindered. Many policies are not made in favor of women or for the development of the profession which could bring changes (Kandel, 2010).

On the other side, there is not much record of availability of programs for nurses. Along with that government has neither separated more budgets to improve the education of women nor for the nursing profession (Kandel, 2010). There is good number of migration in different developed countries from the developing countries like Nepal, Bangladesh. Health workers like doctors, nurses are migrating day by day from the countries like India, Nepal, Bangladesh, and Pakistan because of many issues around their respective countries; issues are like of financial condition, and so on(Adkoli, 2006).

But nursing is the largest organization whose members are educated and self independent. Sometimes these members become dissatisfied due to various job related problems. Job dissatisfaction plays a primary role in delivery of health care, sometime may lead to malpractice and poor interpersonal relationship with people. Job dissatisfaction make nursing service more badly so it can be prevented/ protected if the respective personnel give attention and importance to nursing and try to solve their problems in a time. Therefore it is necessary to find out the factors associated with job satisfaction. If it is prevented at a time nursing profession may upgraded as other profession.

Due to long working hours, lack of opportunities for further education and training and lack of supervision, job insecurity increased a sense of dissatisfaction among them. Thus, working environment and employee's expectations should be specially attended if a well organized motivated and dedicates nursing workforce is to be created. This study is attempted to answer the following research questions:

1. To what extent nurses are satisfied with their jobs?
2. What extent are nurses working environment is given in their hospitals to nurses?
3. What is the relationship amongst nurses?
4. To what degree do demographics factors influence nurse's satisfaction and their working environment?

Objective of the Study

Nurses are important constituent of health care industry and their level of job satisfaction is of extreme importance in delivering proper health care. Presented study is conducted in T.U. Teaching Hospital with following objectives of the study:

- ❖ To determine the socio-demographic characteristics of staff nurses working in T.U. teaching hospital.
- ❖ To identify and prioritize the factors associated with job satisfaction of nurses in T.U. Teaching Hospital.
- ❖ To determine the strength of relationship of various factors with job satisfaction of nurses in T.U. Teaching Hospital.
- ❖ To suggest improvements needed to increase their job satisfaction.

Conceptual Framework

This study of measuring the level of job satisfaction and identifying major factors affecting job satisfaction will be based on Herzberg two-way motivation theory.

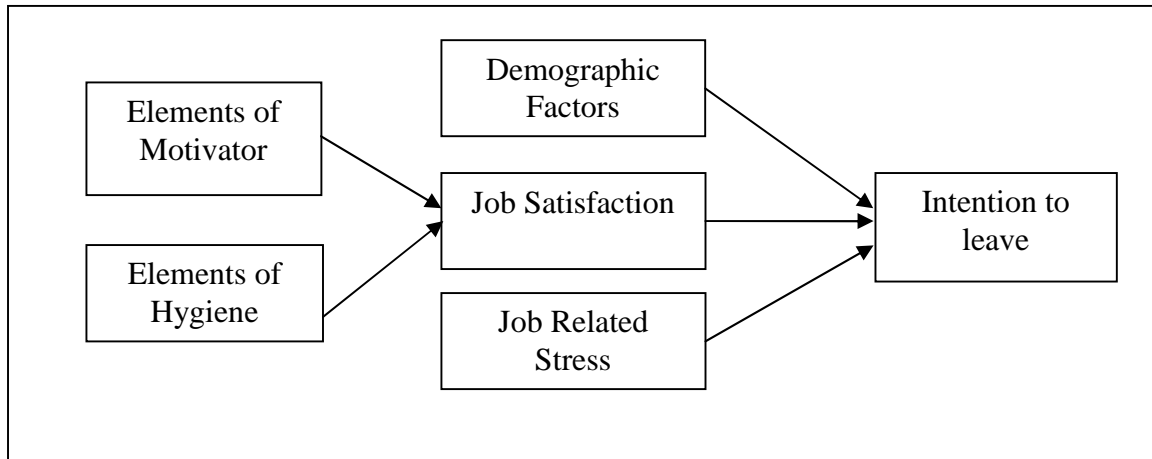


Fig 1: Figure showing Herzberg two-way Motivation Theory

The conceptual framework proposed for analyzing the hypothesis is depicted in Figure 1.1. The model is an adaptation of the research framework developed by Hanafiah H. & Norman H.O. (2007). The theory developed by Herzberg et al. (1959) was considered relevant to this study. The theory was proposed that every employee has two sets of needs or requirements: motivator needs and hygiene needs. Motivator needs associated with the actual work itself and how challenging it is. Job facet such as how interesting the work is, autonomy on the job, and responsibility it affords satisfy motivator needs. Hygiene needs associated with the physical and psychological context in which the work is performed. Job facets such as the physical working conditions (for example the temperature and pleasantness of the surroundings), the nature of supervision, amount of pay and job security and satisfy hygiene needs. In the research context, relationship between nurse and patient, challenging assignment and conditions of nurse's workload is part of hygiene needs.

Herzberg proposed the following relationship between motivator needs and hygiene needs:

- When motivator needs are met, employees will be satisfied, when these needs are not met, employees will not be satisfied.
- When hygiene needs are met, employees will not be dissatisfied, when these needs are not met; employees will be dissatisfied (Hanafiah et al, 2011).

Significance of the Study

Job satisfaction is an important part in the management of hospital as well as patients. The nurse's role in health care practice is a dynamic and complex activity. It is directed towards the alleviation of suffering of the sick individual according to ever changing medical science and technology. Nurses are the primary sources of health care providers in our country. Indifferent health care setting, nurses have to play different role as needed such as care provider, supervisor, manager, educator, communicator etc...

Nurses are accountable to the society for providing health quality care for patients and families. The care provided by nurses must be satisfied with their job. Thus it makes better job satisfaction, it is necessary to find out the satisfied and dissatisfied factors.

Nurses are facing many problems in their day to day service which reflect the satisfaction and leading to frustration that affects the standard of profession and quality of care. Job satisfaction is not only good for employee but also essential for employee because it increases the productivity, decrease turnover and increases retention care. So this study is designed to know the factors that influence the role satisfaction of nurses which will be useful for moving towards the quality nursing care that will be ultimately helpful for policy implication for better health services.

The concept of job satisfaction among nurses is of an unprecedented importance given the current job market. Satisfied nurses are more likely to stay not only in the field of nursing, but in the organization in which they are satisfied (Urden, 1999 as cited by LaShonda, 2004). Considering the significant nursing shortage, retention of nursing staff is absolutely vital to the healthcare industry (Bradley, 2000). As hospital administration realizes the full extent of the nursing shortage (which is predicted to only get larger in scope) they are likely to reconsider how patient care is delivered; this includes nearly all aspects of the nurses' work environment. They are also likely to see the true value of quality nursing care from experienced nurses. Nurse leaders must be armed with the information needed to assist in creating a workplace that will not only attract new nurses, but will retain the nurses it already has (Bradley, 2000). In order to do this, nurse administrators should not forget the classic job satisfaction research of the past such as Fredrick Herzberg's Motivation Versus Hygiene Theory (Herzberg, 1959). Instead, they should use that information as a foundation upon which to build current knowledge. The purpose of this study will be to determine nurses' level of job satisfaction through an examination of the relationship between Herzberg's motivation and hygiene factors and the nurses' overall job satisfaction.

At present situation, majority of the health services organizations are facing acute shortage of qualified and experienced nurses. They have not been able to retain the available nursing staffs, majority of whom have been migrating abroad. May be, poor job satisfaction is one of the reasons behind. Therefore, the information about the job satisfaction of the nurses and influenced factors obtained from this study will help to plan appropriate strategies to create and retain a proper nursing workforce. Most studies of health care settings tend to focus on nurses and other medical personnel in acute care settings resulting in a major gap in the literature on issues and concerns of health professionals in long-term care settings. Studies of this nature and magnitude may be instrumental in helping administrators to better meet the needs of long-term care nurses employed in their organizations, which may have implications for services.

This study provided information that is important to nursing administration, practice, and education. Administrators could use this information to build solid and supportive units. This is important to because the culture of the unit and the quality of nursing staff affects every aspect of a nurse's practice and also the patients' care. Due to various job related dissatisfaction, they may become dissatisfied which directly affect the health of patients, family as well as the organization. High job dissatisfaction leads to negative work environment and decrease quality care. It may affect their well being and lead to disengagement and poor judgments. Finally, this study is important to education because it can be used as a building block to assist in developing and researching strategies to attract and also retain nurses. Also, when there is poor retention in a facility, the educations of nurses suffer due to the lack of experienced nurses to mentor new nurses.

A thorough understanding of nurses' job satisfaction is extremely important to nursing administration. If nurse leaders comprehend what makes nurses satisfied, they can make changes to facilitate nurse satisfaction and therefore improve patient satisfaction and also employee retention. Both of which could lead to increased profits for the organization. Nurse executives have found that strategies which lead to high job satisfaction are among the most effective in retaining nurses (Anonymous, 2002).

In order to maintain adequate and safe staffing levels, the retention of nursing staff is vital during a nursing shortage. Low turnover rates in hospitals have also been shown in the literature to have a positive effect on patient outcomes. Morrissey (2002) reported that hospitals with low turnover rates had shorter average lengths of stay and lower death rates than hospitals with high turnover rates

The establishment of a relationship between novice and expert nurses is important for the safety of patients and for the proper development of inexperienced or newly recruited staff. It is necessary to have experienced staff available to offer guidance, answer questions, and assist in difficult or unfamiliar situations (Mee, 2002). Mentoring can also lead to better retention of new nurses, increased job satisfaction among new nurses, and improved patient care (Polifroni, 2002). The American Hospital Association (AHA) recognized that inadequate training and staffing places patients at risk for medical errors (Berens, 2000). No matter how effective the recruitment efforts are; hospitals need the retention of valuable, experienced RNs to be successful in the healthcare industry.

Retention is also important when considering the budget and profit margin. Training new staff to replace unsatisfied employees who resign is very expensive that will reflect on the hospital's finances and on the patients' bill. Nurses leaving organizations is especially a problem in the current job market. Staff members are not afraid of being unemployed if they resign so they are more likely to leave in search of more satisfying work (Price, 2002 as cited by La Shonda, 2004).

Research has suggested that nurse satisfaction is positively correlated with patient satisfaction (Tzeng & Ketefian, 2002 as cited by La Shonda, 2004). This correlation is important because it is commonly accepted that satisfied patients return to healthcare facilities for their future medical needs which leads to increased profits from the return business. A lower turnover rate means that there is less potential for nurses to be working understaffed and the nurses are more experienced in the facility in which they are working. This is important because when nurses are understaffed they are not able to give each patient the time and attention that they deserve (La Shonda, 2004).

Studies have shown that understaffing has led to negative outcomes for patients (Morrissey, 2002; Berens, 2000). Research has also found that patients are more likely to have positive outcomes in facilities with higher ratios of nurses who have baccalaureate or higher degrees (Aiken et al, 2003). These positive outcomes are likely to lead to higher patient satisfaction and therefore higher nurse satisfaction.

Thus, the early recognizing and managing the symptoms of job dissatisfaction is very essential because effective and efficient nursing care play a vital role in nourishing, protecting and fostering the health of people. They can maintain a high level of functioning when caring the patient. Therefore it is very important to find out the level of job satisfaction and associated factors of job satisfaction among nursing staffs.

The findings from this study will be useful for health personnel, hospital administrator and manager. It brings necessary changes to prevent the future problems which may arise from job dissatisfaction. The study will be helpful to prevent from job dissatisfaction as early as possible in nursing personnel.

Limitations of the Study

This study may suffer from the following limitations:

- This study is limited to T.U. Teaching Hospital, Maharajgunj, Nepal. So it does not cover the level of job satisfaction, problems and views of all the nurses working in different hospitals in Nepal.
- In this topic, no research has been conducted in Nepal so that it might lack adequate literature.

Definitions of Terms

Job satisfaction

Job satisfaction will be a feeling of happiness about the work that one does as measured by the subjects' responses on the WQI (Whitley & Putzier, 1994).

Job dissatisfaction

Job dissatisfaction will be a feeling of unhappiness about the work that one does as measured by the subjects' responses on the WQI (Whitley & Putzier, 1994).

Profession

Profession refers to different things to different persons in different times. Such as profession is anything that is adopted by the person for their live hood.

Supervisor

According to Evans (1993), a supervisor is defined as "a member of the most junior level of management in the organization." According to Heery and Noon (2001), a supervisor is defined as "a front-line manager who is responsible for the supervision of employees." Nel et al. (2004) consider supervisors to be those employees that "control the activities of lower-level employees."

Registered Nurse

Registered nurse (RN) will be a general duty staff nurse performing direct patient care or a charge nurse.

Work

Work is stated as the tasks that have to be done. In addition, it is defined as something you have to do that needs effort and energy. Furthermore, work refers to someone's job

Peers

Peer is defined as fellow worker, a colleague

Autonomy

Extent to which nurses have the freedom to act on what they know (Aiken, Sloane, & Lake, 1997)

Motivation factors:

Motivation factors will be termed motivators or satisfiers and are directly related to job satisfaction. These factors are achievement, recognition, work itself, responsibility, and advancement. The WQI subscales of professional work environment, autonomy, and work worth to self and others will be considered to assess motivation factors.

Hygiene factors:

Hygiene factors will also be termed dissatisfiers and are directly related to job dissatisfaction. These factors include company policy and administration, supervision, salary, interpersonal relations, and working conditions. The WQI subscales of professional relationships, role enactment, and benefits will be considered hygiene factors. The term hygiene is used in reference to “medical hygiene operates to remove.

Nursing practice environment

Nursing practice environment is the environment where nurses work or practices i.e. wards, college, O.P.D.s

Advancement

It includes chances for promotion, further education or any in-service education offered to the staff nurses during service period.

Professional growth

According to Herzberg (1966), people reported when they get promoted .in order to maintain and improve job satisfaction it is very important to have an open position to employee. Even if there is no promotion, support employees by allowing them to pursue further education, which will make them more valuable and more fulfilled professionally. If the job gives employees an opportunity to become multi-skilled, employee’s job satisfaction would increase. That is to say the more diversity of job will reduce the likelihood of job dissatisfaction. Agho (1993) reports that promotional opportunity, the potential for growth and self-growth lead to a joyful workplace and a strong sense of accomplishment.

Salary

It means money paid at regular intervals for service rendered to the organization

Socio-Demographic factors

It includes age, marital status, education etc.

Summary of the Chapter

In this chapter the study was contextualized with specific reference being made to the factors affecting job satisfaction of nurses and how job satisfaction impacts on the current situation within the public service environment. The rationale for the study, the research objectives and research questions were highlighted. The chapter concludes with limitations and key terms being defined. This study also assessed Herzberg's Motivation and Hygiene Factors and nurse satisfaction. The results of the study could lead to better recruitment and retention of nurses. An overview of each chapter is provided below.

Overview of the Study

Chapter 2: To aid in the attainment of the objectives of the study, a survey of the available literature that was undertaken is presented in Chapter 2. The chapter therefore provides the theoretical grounding that forms the premise of the study.

Chapter 3: Provides an in depth discussion of the research methodology used to investigate the research problem. The design for the sample selection and size, research instruments used, procedures followed.

Chapter 4: focuses on the statistical techniques used to analyze the data and the findings that became apparent from the research study. This chapter also deals with the discussion of the results that were obtained.

Chapter 5: Conclusions are drawn based on the obtained results and the possible practical recommendation of the research findings is highlighted. In conclusion, recommendations for future research that may of worth are put forth.

Review of Literature

This chapter includes review of literature on job satisfaction and level of job satisfaction among nurses in hospital. The review of literature is one of the most important aspects to provide relevant guidelines for any of the study or thesis and foundations in presentation and problem solving. It provides the basis for studies and directs its activities to achieve a desired result from the study. It is the review of related books, published and unpublished articles. It provides clear picture in the development of the research related to the study. It helps us to avoid duplication. Further, it also helps to prepare the research methodology and find gaps and weakness so as to justify new investigation

Review of literature helps to provide a clear picture in the development of the research related to the study. A researcher, by being based upon a subject matter he/she should be insured about whatever he/she wants to learn, the basis of the problem, the basis of the fundamental principles, framework and the review of related literature etc... which are the most important aspects of the studies. Basically, review of literature provides a relevancy to the study with full of innovation and creativity. For this review of research, articles on job satisfaction have been collected from books, journals and articles in internet.

The purpose of literature review is to give deeper insight about the subject to develop instrument for data collection and to find out certain data may applicable in interpretation of the conclusion of the study.

Theoretical Framework

Job satisfaction is a worker's sense of achievement and success id generally perceived to be directly linked to productivity as well as to personnel well being. Job satisfaction further implies doing a job one enjoys, doing it well and being suitably rewarded for one's efforts. The Harvard professional group (1998) sees job satisfaction as the keying radiant that leads to recognition income, promotion and the achievement of other goals that lead to a general feeling of fulfillment.

Edwin A. Locke's Range of affect theory (1976) is arguably the most famous job satisfaction model. The main premise of this theory is that satisfaction is determined by a discrepancy between what one wants in a job and what one has in a job. Hackman and Oldham (1976) proposed the job characteristics model which is widely used as a framework to study how particular job characteristics impact of job outcomes including job satisfaction. The model states that there are five core job characteristics (skill, variety, task identity, task significance, autonomy and feedback) which impact three critical psychological states

(experienced meaningful and knowledge of actual results) in turn influencing work outcomes (job satisfaction, absenteeism, work motivation etc...). According to ideas of communication overload and under load, if an individual doesn't receive enough input on the job or is unsuccessful in processing these input the individual is more likely to become dissatisfied, aggravated and unhappy with their work which leads to a low level of job satisfaction.

The topic of job satisfaction was first given by Hoppock (1935) Elton Mayo and his associates were conducting a series of social experiments called the Hawthorne Studies. These studies showed that human-relationship and interactions at work are motivators and that motivation to work was not wholly economic. This led to the human relationship movement in the industry. Hoppock's work inspired a large number of job satisfaction studies typically with job satisfaction as a dependent variable studied as a function of demographic variables (Hoppock, 1935 as cited by Patil et al, 2011). The Hawthorne studies, job satisfaction and working environment to employing organizations have received a great deal of attention from the practitioners. This is largely due to their significant impact on organization and individual behaviours. It was found that employee attitude towards satisfaction and working environment are indicators to the solidarity between organization members and management (Tonges et al, 1998 as cited by Patil et al, 2011).

This research will be based on the Motivation Versus Hygiene theory written by Fredrick Herzberg in 1959. He studied the way in which job satisfaction was related to the concept that man has two separate sets of needs including the avoidance of pain (animalistic) and psychological growth or self-actualization (humanistic) (Herzberg, 1966 as cited by Lashonda, 2004). His research (1959) analyzed the individual factors which lead to job satisfaction and the factors which lead to job dissatisfaction, how these factors were related to each other and how they affected the overall well-being of the individual.

The qualitative study that led to the development of the Motivation-Hygiene theory was conducted on a sample of 200 engineers and accountants from 9 different companies who worked within 30 miles of Pittsburgh, PA (Herzberg, 1959). In face to face interviews, they were asked to give an example of a time in their life when they felt exceptionally good about their job and explain what reasons they had for feeling that way. The subjects were then asked to describe the events that took place which led to their attitudes about work being returned to what they perceived as normal. Finally, the whole interview process was repeated with the questions focusing on experiences that led to the participants feeling negatively toward their jobs and the events that helped to return their feelings to what they perceived as normal. The respondents were not limited as to the number of responses they gave and a total

of 476 sequences of events were used in the study (Herzberg, 1966). Content analysis was performed to sort the data into categories and subcategories in the development of the analytic scheme.

Upon examination, there were two distinct groups of factors that effected either job satisfaction or job dissatisfaction. The first group was termed motivation factors, or satisfiers, because they actually determined the person's level of job satisfaction. In Herzberg's theory, these factors were related to long-term changes, psychological growth, and self-actualization which led to overall job satisfaction (1959). Motivation factors included "achievement, recognition, works itself, responsibility and advancement" (Herzberg, 1966) and were associated with the actual work that was done by the subject. These satisfiers were commonly described by respondents as being related to job satisfaction and rarely described as being related to job dissatisfaction. The second group of factors were considered hygiene factors, or dissatisfiers, because they were commonly related to job dissatisfaction and rarely related to job satisfaction. Hygiene factors could temporarily change an individual's attitude toward their job and also play a role in avoiding unpleasantness, but the short term nature of these factors led to job dissatisfaction (Herzberg, 1959). These dissatisfiers included "company policy and administration, supervision, salary, interpersonal relations, and working conditions" (Herzberg, 1966 as cited by La Shonda, 2004) and these were associated with the environment or context in which the subject worked (La Shonda, 2004).

Related Review of Literature

Job satisfaction was defined as an attitudinal variable that represents the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs (Spector, 1997 as cited by Hanafiah, 2011). Employees who perceived that their needs were not fulfill will therefore lead to dissatisfaction toward the job. Unsatisfied with job will lead to think about quitting, which will lead to job search, resulting to intention to quit and eventually cause the turnover. It is one of the constructs that has often been used to describe nursing personnel's working condition particularly because of its significant relations with other variables. Previous research has found that employees who are more satisfied with their careers, supervisors and co-workers are more likely to identify with their organizations and are less likely to seek other employment.

In nursing context, job satisfaction is crucial in determining their productivity and quality of patient care. Letvak et al (2008) and discovered that factors associated with decreased nurses work productivity were age, total years worked as a registered nurse, quality care provided, job stress, having had a job injury and having a health problem which relate

with job satisfaction level. Furthermore, they revealed that inability to provide quality of care and poor job satisfaction was associated with a lack of intent to stay in nursing.

There are other determinants of job satisfaction. Mc Neese-Smith argued that research on nurse's job satisfaction has failed to explore the staff nurse perspective of determinants of job satisfaction. In semi structured interviews with staff nurses to determine their perspectives on job satisfaction, the finding indicated that there were a wide variety of factors that influenced satisfaction with nursing positions, patient care, working environment, balanced workload, coworker, relations, and meeting personal family needs. The major attribute of job dissatisfaction were feeling overload, dealing with obstacles to provide good patient care, problematic co-worker relationship, and unfair work situation. The participants indicated that heavy patient's workload and stress negatively influenced their job satisfaction. Stress is a strong co-relate of job satisfaction among nurses (Mc Neese-Smith, 1998 as cited by Patil et al, 2011).

The shortage of nurses nationwide and locally has been well documented and extended to the long term care industry (Fletcher, 2001; Mark, 2002; Mitchell, 2003 as cited by Al-Hussami, 2008). As a growing segment of the population ages and strains the capacity of these institutions, most are having difficulties in finding and retaining qualified nursing staff (Gohen & Van Nostrand, 1995; Kassner & Bertel, 1998 as cited by Al-Hussami, 2008). Employee's job satisfaction and their commitment have always been important issues for health care administrators. After all, high levels of absenteeism and staff turnover can affect the administrator's bottom lines, as temps, recruitment, and retaining take their toll (Mc-Neese, 1998 as cited by Patil et al 2011). Satisfied employees tend to be more productive, creative, and committed to their employers, and recent studies have shown a direct correlation between staff satisfaction and patient satisfaction in health care organizations (Al-Aameri, 2000). The traditional model of job satisfaction focuses on all the feelings that an individual has about his/her job (Lu et al, 2005). However, what makes a job satisfying or dissatisfying does not depend only on the nature of the job, but also on the expectations that individuals have of what their job should provide (Spector, 1997).

Looking forward, almost all surveyed nurses see the shortage in the future as a catalyst for increasing stress on nurses, lowering patient care quality, and causing nurses to leave the profession. High nurse turnover and vacancy rates are affecting access to health care (Best et al, 2004). Continuously hiring new employees is costly, and frequent staff turnover affects employees' morale and impairs patient care (Sofie et al, 2003). Rapid turnover has been found to have negative physical and emotional effects on nursing home

residents, leading to a greater incidence of falls, medication errors, fear and anxiety, and feelings of hopelessness (Best et al, 2004; Sofie et al, 2003 as cited by Al-Hussami, 2008).

According to Borda and Norman (1997) and Lu et al (2005), the retention and recruitment of nurses have shown that low wages and poor job satisfaction are the primary reasons why nurses leave their positions. Their dissatisfaction is often attributed to heavy workloads, leadership styles, motivation, inadequate training, and lack of respect (Lu et al, 2005). Compared to their counterparts in other health care settings, such as those who work for home health care, staffing agencies, and acute care facilities, nursing home facility employees are often underpaid (Lu et al, 2005). Wilson (2005) stated that recruitment and retention efforts need to concentrate on increasing financial incentives to these staff members and creating a desirable work place that will lead to greater job satisfaction because the expertise required of direct caregivers and the heavy workload they are assigned often far exceed the financial compensation they receive.

A number of studies have concluded that team work leads to a higher level of job satisfaction, increased patient safety, improved patient care and increased patient satisfaction. A study by Kalisch et al (2005) in the USA tested an intervention to promote teamwork and engagement among nursing staff in a medical unit of an acute care hospital. The results of this study indicated that the intervention increased staff relations, improved teamwork and decreased staff turnover.

Research conducted by Newman et al (2002) in recruitment and retention of nurses found that the main elements of nurses job satisfaction derived from patients, characteristics of job and the team or 'people I work with'. On the other hands, Utriainen & Kyngas (2009) reported job satisfaction varies in different types of nursing work. Ingersoll et al (2002) in Utriainen & Kyngas (2009) identified that job satisfaction varies according to location of employment, specialty area and nursing role. Kavanugh et al (2006) reported that professional experience appears to be demographic variables most significantly related to job satisfaction.

Additionally, a study conducted by Meeusinn V. CH et al (2011) on understanding nurse anesthetists' intention to leave concluded that it is important to improve job satisfaction among nurses by creating a positive work climate and work context. In addition, increase in organizational support will improve job satisfaction. Increased support may empower employees to carry out direct work more effectively and directly would result in increasing employees' retention. Wilson et al (2008) suggested participation in decision making, organizational support for professional and educational opportunities, and ability to self-

schedule are possible strategies that may increase overall job satisfaction for registered nurses.

In 2007, Aleksandra et al undertook a study on job satisfaction among Serbian healthcare workers who work with disabled patients. The study found very low levels of job satisfaction among healthcare workers. The lowest job satisfaction was found among nurses, while doctors were most satisfied with their jobs. More than half the respondents agreed that their working environment was not stimulating and that they did not find their job motivating. One fifth of healthcare workers responded that they had no personal or clinical autonomy, and most indicated that they rarely participated in a decision-making process. Sixty-four per cent felt that they did not have adequate professional development or educational stimulation at their workplace. The study found that job satisfaction was associated with good hospital politics, good interpersonal relationships and a feeling of being able to provide good quality care. Other studies suggest that there is a strong association between low levels of job satisfaction and organizational factors (for example, Piko et al, 2006). Furthermore various studies conducted among healthcare workers show the importance of interpersonal relationships in job satisfaction (for example, Eker et al, 2004) (Ramasodi, 2010).

Work satisfaction of professional nurses in South Africa: A comparative analysis of the public and private sectors” by (Pillay, 2008) showed overall job dissatisfaction among participants. However, participants were satisfied with patient care and staff relations. Public sector nurses were highly dissatisfied with salaries, workload and resources while private sector nurses were moderately dissatisfied with pay, workload and opportunities to develop.

Despite the large number of studies on nursing job satisfaction (Elloy, 2005; Lee, 2005; Loke, 2001; Meyer et al, 2001; Silverthorne, 2004; Yoon & Thye, 2002), the influence of organizational commitment, perceived organizational support, leadership behavior, and level of education have received little attention among health care professionals. Research (Freund, 2005; Loke, 2001; Yoon & Thye, 2002) has shown that job satisfaction is affected by organizational commitment, perceived organizational support, leadership behavior, and level of education. Wagner and Huber (2003) identified two key factors, organizational commitment and job tension, as reasons behind nurses leaving their positions (AL-Hussami, 2008).

A leader’s behavior or leadership style may influence the subordinates’ level of job satisfaction. A study by Ali-Mohammed (2004) in Iran on factors affecting employees’ job satisfaction in public hospitals found a moderate level of general satisfaction among participants. The study also showed that the opportunity to develop was a significant

predictor of job satisfaction among study participants. This study points out the greater the chances for development within the organization, the greater the likelihood of a higher level of job satisfaction.

Nassab's (2008) study on factors influencing job satisfaction amongst plastic surgery trainees in the United Kingdom, showed that time pressure was strongly and positively associated with job dissatisfaction. Reduction in working hours may increase job satisfaction; however shift work may imply working unsociable hours and negatively impact on job satisfaction. A study on work satisfaction of professional nurses in South Africa by Pillay (2008) indicated overall dissatisfaction among South African nurses and highlighted the disparity between levels of job satisfaction in the public and private sectors. Another South African study found that organizational factors and poor working conditions were strongly associated with job dissatisfaction, while the social aspects of the job were found to be a strong predictor of job satisfaction (Kekana et al, 2007).

Studies have been carried out to determine how leadership behaviors can be used to influence employees for better organizational outcome. Many studies concluded that effective leadership is associated with better and more ethical performance (Loke (2001); Mc Neese-Smith(1995), Fletcher (2001), Friedrich (2001), Janney et al (2001), Kleinman (2003), Krairiksh and Anthony (2001) and Wynd (2003) found that the opinions of the employees' immediate supervisor had more impact on the employee than overall company policies or procedures(Al-Hussami,2008).

A positive relationship between job satisfaction and organizational commitment has been reported by studies involving qualified professionals. A study was conducted by Wu & Norman (2005) in a nursing department of a medical university in China. The authors found a positive correlation between job satisfaction and organizational commitment ($r = 0.464$, $P < 0.01$), indicating that student nurses who were more satisfied with the nursing as a job were also more committed to the health care service.

Redfern et al (2002 as cited by Al-Hussami, 2008) reported a strong relationship between job satisfaction and organizational commitment ($r = 0.60$, $P < 0.001$), in a study of the health care staff in the United Kingdom. The aim of their study, which was carried out in a nursing home for older people, was to determine the feasibility of working with health care workers and very frail service users to investigate links between the levels of work satisfaction and organizational commitment. Similarly, Al-Aameri (2000) found a strong positive correlation between job satisfaction and organizational commitment with a sample of registered nurses in Saudi Arabia ($r = 0.59$, $P < 0.01$). The means and standard deviations

showed that nurses were satisfied with their jobs to some extent, and they were slightly committed to their hospitals. The study's findings showed that age was significantly correlated with satisfaction and commitment, but experience was correlated only with commitment. This finding is consistent with a large survey of qualified nurses in the United States conducted by Ingersoll et al(2002), which revealed a closely positive correlation between job satisfaction and organizational commitment ($r = 0.63$, $P < 0.001$).

In context of Nepal, following research had been conducted Malla (2008) had conducted research on factors affecting job satisfaction among nurses at Bir Hospital. She found that majority respondents were from PCL level and others from MN and BN level. 84% respondents had permanent job holder. They worked for eight hours/day. Majority of respondents were dissatisfied with their hospital environment salary, interpersonal relationship with team members as well as current position and evaluation system and lack of opportunity for professional growth. Among them, 76% were unhappy with their working condition due to shortage of staff in ward, inadequate physical facilities and shortage of necessary equipments and supplies but few of respondents (48.6%) had mentioned satisfaction with their profession because they responded that nursing job is a prestigious profession for humanities. The above finding shows that nursing staffs were dissatisfied because of various factors. According to her, concerned authorities can enhanced job satisfaction by regular staff meeting, fair evaluation system, maintain interpersonal Relationship between team members, providing job according to their qualification etc. Those will motivate nursing staff to provide effective care to the patients admitted in hospital.

Parajuli (2006) had conducted research on a study to assess the level of job satisfaction among nursing personnel working at B.P.Koirala Institute of Health Science. In her findings, majority of participants (78%) expressed average satisfaction, 21% dissatisfaction and only 1% expressed highly satisfied. There was significant association between the level of satisfaction and present working wards/units. Nurses working in critical areas are more satisfied than the nurses working in non critical areas. Regarding satisfaction in different areas, majority of the nursing personnel were dissatisfied in areas such as job security, evaluation system, future benefits, transport facilities, authority, adequate supply, promotion, salary and communication. Nurses expressed average satisfaction in areas such as cooperation, training and experience, job description, sense of achievement, patient satisfaction, job based on interest, prestige of institution and status. Among the nursing personnel 57% were highly satisfied with responsibility.

32% viewed on communication pattern and good interpersonal relationship contributing factors for job satisfaction and regarding dissatisfying factors 68% viewed on lack of in service education and training facilities in respect to open end questions nursing personnel suggested suggestions to improve job satisfaction such as increment of salary, telephone facility, appreciation of work and rewards, proper job description and day care center for staff children. She has concluded that there are various satisfying factors (such as good inter personnel relationship, proper communication pattern, fair evaluation etc) and suggestion given to resolve dissatisfying factors (such as increase work load, low salary, unreasonable pressure etc) to improve job satisfaction. Thus ultimately, it helps in improving quality care, decreasing absenteeism and turnover and other negative outcomes.

Lamichhane (2010) had used a descriptive exploratory type of study to find out job satisfaction among C.H.W. in Lalitpur District. It was found that comparatively most of the respondents (82%) were satisfied with their job. Mean age of the respondents was 37.58 years. Most of the respondents (86%) were married, 56% were SR.AHW/AHW and 88% of respondents were permanent job holder and more experience in community field. Major proportion of respondents reported that they have to work for more than 48 hrs per week in an average and majority of the respondents (86%) has reported that they did not have part time working opportunity even they want. Majority of the respondents showed satisfactory response in the aspect of the salary working environment in the office, IPR with supervisor and peer, team spirit, evaluation system and overall job security. However 54% of the respondents were found dissatisfactory response with their current position due to post establishment after promotion. (32%) of the respondents were dissatisfied with having job according to their education qualification due to no vacancy announcement for higher post. In the aspect of opportunity to use new technology in their work place mainly due to lack of knowledge majority of 54% respondents viewed their job as challenging, 54% of respondents were hopeful for getting opportunities for further career development and 46% were not hopeful. However, 30% of the respondents were agreed with the training was readily available for further career development. Working environment was ranked in the first position which plays an important role in the job satisfaction. Majority proportion of respondents suggested that encouragement of staff by providing further opportunities for enhancement of job satisfaction. The study revealed that different factors affecting job satisfaction were work overload, no part time working facility, current position and no opportunity to use new technology.

Shrestha (2010) had conducted research on job satisfaction among nurses in Dhulikhel hospital. She found that majority of nurses were providing direct nursing care. Their mean age was 23 years. Nurses had experienced in their job ranging from less than six months upto 30 months. 16 of the respondents were satisfied with their current working hours. Overall 68% nursing staffs being satisfied 17 being dissatisfied. Assessing the individual statements, 92.2% of the respondents were satisfied with the orientation they received while they started their work while only 45.1% were satisfied with the present opportunities for additional training and education. She concluded that majority of them were satisfied with their present condition of work. However long working hours, lack of opportunities for further education and training, and lack of supervisors increased sense of dissatisfaction among them. Thus, working environment and employees' expectation should be specially attended if a well organized, motivates and dedicated nursing workforce is to be created.

Summary of Literature Review

Satisfaction with one's profession can affect not only motivation at work but also career decisions, personal health and how one relates with others. The literature shows that what contributes to job satisfaction or dissatisfaction is not only the nature of the job but also the expectation of what an individual perceives the job should provide. Health workers are at great risk of job dissatisfaction generally compared to professionals in other types of organizations. Low job satisfaction impacts on staff turnover and absenteeism, which could reduce the efficiency of health services.

Factors influencing job satisfaction vary in nature as there are personal factors and expectations involved, which tend to generate exceptions, therefore generalizations are risky. The future of the healthcare work environment poses significant challenges for employers and employees. The implication for managers is that if healthcare facilities desire to attract and retain healthcare professionals, they will need to find ways to cater for intrinsic job satisfaction factors as well as additional benefits.

Although some of these articles examined very different topics, common themes were seen such as the importance of relationships with coworkers and empowerment on nurses' job satisfaction. These common themes, among other factors were examined in this study. Based on the theory of Motivation Versus Hygiene, nurse administrators could consider the identified motivation factors when implementing strategies to recruit nurses and retain them over long periods of time. They may also want take into consideration that hygiene factors such as pay raises are generally temporary answers to long-term problems. The theory of Motivation Versus Hygiene, nurse administrators could consider the identified motivation

factors when implementing strategies to recruit nurses and retain them over long periods of time. They may also want take into consideration that hygiene factors such as pay raises are generally temporary answers to long-term problems.

Research Methodology

This chapter deals about research design, site selection of the study area and universe of the study, sampling procedure and sample size, source of data, data collection technique, questionnaire design , data processing and analysis and so on.

Criteria for Selecting Study Area

The main objective of the present study was to find the level of job satisfaction among nurses and its factors. The study area is researcher's own area. The study was tried to reflect the present status of nurses in teaching hospital and their working environment, their level of satisfaction and the problem they are facing while working in this hospital. I selected this subject of study as I found very rare studies are conducted in this field.

Research Design

For the systematic and scientific design of research work, descriptive method was followed. Research was designed with two main aims; to examine the level of job satisfaction among nurses and to assess the factors of job satisfaction. The study used a non-experimental, quantitative design with a convenience sample. More specifically, a predictive, ex post facto approach was taken to complete the research. This design was chosen in order to establish a relationship between the independent and dependent variables. The independent variables were the motivation factors and the hygiene factors. The dependent factor used for the study was nurse job satisfaction. All participants received the W.Q.I. and a demographic questionnaire. While using these methods, it was aimed that the relevant facts-figures and data statistics were properly explored and made their perfect description thereafter. The collected data are presented in two ways i.e. descriptive and tabulation ways.

Population and Sampling

The population of this study was encompassed of nurses who are working in different areas of T.U.T.H., Maharajgunj. The study was encompassed sample based on two parts; part one include demographics information and part two include information related to their profession, working situation, facilities and benefits and problems they are facing. The sample of this study was only 50 respondents from 400 nurses which were chosen in random wise. Nurses who were not directly involved in patient care, the nurse managers, and those who work per diem were excluded from the study. All participants willing to complete the surveys and meeting the criteria described above were accepted for the study.

Sources of Data

To fulfill the objectives of this study, descriptive, mathematical and tabulation methodologies of study have been followed. The collected facts and findings are arranged and analyzed accordingly in the respective chapters.

➤ Primary Sources of Data

The primary data is collected from T.U. Teaching Hospital, Maharajgunj through questionnaires and observation.

➤ Secondary Sources of Data

Nurse Job satisfaction is a specific topic. The research in the field of job satisfaction can be divided into two main effects: job satisfaction and factors affecting job satisfaction. To fulfill the objective of their study, secondary sources of data collection was from the previous studies and internet. For the secondary data, both published and unpublished literature, books, articles and research reports (both national and international) etc was consulted.

Ethical consideration

Ethical consideration was taken at the time of interview. Ethical hospital committee was also informed and had taken permission to collect data. All the participants will be detailed about the nature and objective of the study and they will be insured total confidentiality .To assure anonymity, the list was only identified numbers representing nurses in each of the randomly chosen facilities.

Data Collection Technique

The primary data on relating the level of job satisfaction among nurses by providing a set of questionnaires to nurses working in different area of hospital .Fifty samples were taken by using purposive sampling technique. Data was collected by distributing questionnaires. Data was collected by self administration method. The collected data, statistics, and information were presented in two ways viz. descriptive, tabulation ways.

Instrumentation

Two instruments were used to gather data for this study. The first instrument was a demographic questionnaire designed by the researcher (See Appendix A). The questionnaire gathered information about the characteristics of the participants including age, gender, education, and experience in nursing. The second measure that was used in this study was the Work Quality Index (WQI) (See Appendix B). The WQI was developed by Whitley and Putzier (1994) to measure the job satisfaction of nurses working in acute care settings. The WQI is a 57-item, 5- point Liker Scale that measures the satisfaction of nurses in relation to their work and work environment. The instrument has 6 subscales: (a) Professional Work

Environment, (b) Autonomy of Practice, (c) Work Worth to Self and Others, (d) Professional Relationships, (e) Professional Role Enactment, and (f) Benefits.

Analysis and Description of Data and Statistics

The necessary facts and information are analyzed in descriptive, mathematical way. The view of nurses regarding their job satisfaction in T.U. Teaching Hospital are presented in the level of frequency, percentage respectively After compilation of the data, a statistical analysis was carried out in order to make a statement concerning current levels of job satisfaction among nurses. The data collected from the surveys were coded and entered into the Statistical Package for the Social Sciences (SPSS) 16.0 for analysis. The data were analyzed using both descriptive and correlation statistics. Cronbach's Alpha was used to determine internal reliability of the WQI for this particular sample. Cronbach's Alpha was also used to establish the reliability of the WQI when divided into the researcher generated categories of Motivation and Hygiene factors. Additionally, the data was reviewed to find out if Motivation factors yield higher satisfaction compared to Hygiene factors.

Reliability of data

According to Foxcroft and Roodt (2002), "the reliability of a measure refers to the consistency with which it measures whatever it measures." In support, Anastasi (1990) states that "reliability refers to the consistency of scores obtained by the same persons when re-examined with the same test on different occasions, or with different sets of equivalent items, or under variable conditions"(Luddy, 2005).

Cronbach's Alpha

The Cronbach alpha coefficient indicates the consistency of responses to items in a measure (Foxcroft & Roodt, 2002). Cronbach's α is defined as

$$\alpha = \frac{K}{K - 1} \left(1 - \frac{\sum_{i=1}^K \sigma_{Y_i}^2}{\sigma_X^2} \right)$$

where K is the number of components (K-items or testlets), σ_X^2 the variance of the observed total test scores, and $\sigma_{Y_i}^2$ the variance of component i for the current sample of persons.

Alternatively, the Cronbach's α can also be defined as

$$\alpha = \frac{K\bar{c}}{(\bar{v} + (K - 1)\bar{c})}$$

where K is as above, \bar{v} the average variance of each component (item), and \bar{c} the average of all covariances between the components across the current sample of persons (that is, without including the variances of each component).

The standardized Cronbach's alpha can be defined as

$$\alpha_{\text{standardized}} = \frac{K\bar{r}}{(1 + (K - 1)\bar{r})}$$

where K is as above and \bar{r} the mean of the $K(K - 1)/2$ non-redundant correlation coefficients (i.e., the mean of an upper triangular, or lower triangular, correlation matrix).

Cronbach's α is related conceptually to the Spearman–Brown prediction formula. Both arise from the basic classical test theory result that the reliability of test scores can be expressed as the ratio of the true-score and total-score (error plus true score) variances:

$$\rho_{XX} = \frac{\sigma_T^2}{\sigma_X^2}$$

Theoretically, alpha varies from zero to 1, since it is the ratio of two variances.

Empirically, however, alpha can take on any value less than or equal to 1, including negative values, although only positive values make sense. Higher values of alpha are more desirable. Some professionals as a rule of thumb, require a reliability of 0.70 or higher (obtained on a substantial sample) before they will use an instrument. Obviously, this rule should be applied with caution when α has been computed from items that systematically violate its assumptions. Furthermore, the appropriate degree of reliability depends upon the use of the instrument. For example, an instrument designed to be used as part of a battery of tests may be intentionally designed to be as short as possible, and therefore somewhat less reliable. Other situations may require extremely precise measures with very high reliabilities. In the extreme case of a two-item test, the Spearman–Brown prediction formula is more appropriate than Cronbach's alpha. This has resulted in a wide variance of test reliability (Cronbach's Alpha Wikipedia).

Internal consistency

Cronbach's alpha will generally increase as the inter-correlations among test items increase, and is thus known as an internal consistency estimate of reliability of test scores. Because inter-correlations among test items are maximized when all items measure the same construct, Cronbach's alpha is widely believed to indirectly indicate the degree to which a set of items measures a single uni-dimensional latent construct. However, the average inter-correlation among test items is affected by skew just like any other average. Thus, whereas the modal inter-correlation among test items will equal zero when the set of items measures several unrelated latent constructs, the average inter correlation among test items will be greater than zero in this case).

Alpha treats any covariance among items as true-score variance, even if items co-vary for spurious reasons. For example, alpha can be artificially inflated by making scales which consist of superficial changes to the wording within a set of items or by analyzing speeded tests. A commonly accepted rule of thumb for describing internal consistency using Cronbach's alpha is as follows, however, a greater number of items in the test can artificially inflate the value of alpha and so this rule of thumb should be used with caution:

Table 1 showing cronbach's alpha value and internal consistency

Cronbach's alpha	Internal consistency
0.9	Excellent
0.8 < 0.9	Good
0.7 < 0.8	Acceptable
0.6 < 0.7	Questionable
0.5 < 0.6	Poor
< 0.5	Unacceptable

The internal reliability of the scale was established with a Cronbach's alpha of 0.94 for the entire WQI. The reliability of each scale was also determined: (a) Professional Work Environment, =0.81, (b) Autonomy of Practice, = 0.72, (c) Work Worth to Self and Others, =0.71, (d) Professional Relationships, = 0.87, (e) Professional Role Enactment, = 0.86, and (f) Benefits, = 0.77. Construct validity was established using factor analysis method. Obtaining permission to use the WQI for this study was unnecessary because the instrument is found in the public domain to be used for research. For the purpose of this study, the WQI was divided into two parts for analysis. The first part consisted of the WQI subscales that were associated with motivation factors. These subscales included (a) professional work environment, (b) autonomy, and (c) work worth to self and others. The second part consisted of the WQI subscales that were associated with hygiene factors. These subscales included (a) professional relationships, (b) role enactment, and (c) benefits

Statistical Techniques

The research data were statistically analyzed by means of the Statistical Package for Social Sciences (SPSS) 16. The data analyses involved both descriptive and inferential statistics.

Descriptive Statistics

Descriptive statistics allow researchers to present the data acquired in a structured, accurate and summarized manner (Huysamen, 1990). The descriptive statistics utilized in the current research to analyze the demographic data included frequencies, percentages, means and standard deviations.

➤ Frequency and Percentage

The number of times which a variate value occurs is known as Frequency. In mathematics, a percentage is a number or ratio as a fraction of 100. It is often denoted using the percent sign, “%”, or the abbreviation “pct.”

➤ Range

The simplest method of studying the variation in the distribution is the range. Range is the difference between the largest item and the smallest item in the set of observation. So, in a set of the observation if L is the Largest item and S , is the smallest item then the range is defined by $\text{Range} = L - S$.

➤ Standard Deviation

The standard deviation of a random variable, statistical population, data set, or probability distribution is the square root of its variance. It is algebraically simpler though practically less robust than the average absolute deviation. A useful property of standard deviation is that, unlike variance, it is expressed in the same units as the data. Let X be a random variable with mean value μ :

$$E[X] = \mu.$$

Here the operator E denotes the average or expected value of X . Then the standard deviation of X is the quantity

$$\sigma = \sqrt{E[(X - \mu)^2]} = \sqrt{E[X^2] - (E[X])^2}.$$

That is, the standard deviation (sigma) is the square root of the variance of X , i.e., it is the square root of the average value of $(X - \mu)^2$.

The standard deviation of a (univariate) probability distribution is the same as that of a random variable having that distribution. Not all random variables have a standard deviation, since these expected values need not exist. For example, the standard deviation of

a random variable that follows a Cauchy distribution is undefined because its expected value μ is undefined.

Discrete random variable

In the case where X takes random values from a finite data set $x_1, x_2 \dots x_N$, with each value having the same probability, the standard deviation is

$$\sigma = \sqrt{\frac{1}{N} [(x_1 - \mu)^2 + (x_2 - \mu)^2 + \dots + (x_N - \mu)^2]}, \text{ where } \mu = \frac{1}{N} (x_1 + \dots + x_N).$$

or, using summation notation,

$$\sigma = \sqrt{\frac{1}{N} \sum_{i=1}^N (x_i - \mu)^2}, \text{ where } \mu = \frac{1}{N} \sum_{i=1}^N x_i.$$

If, instead of having equal probabilities, the values have different probabilities, let x_1 have probability p_1 , x_2 have probability $p_2 \dots x_N$ have probability p_N . In this case, the standard deviation will be

$$\sigma = \sqrt{\sum_{i=1}^N p_i (x_i - \mu)^2}, \text{ where } \mu = \sum_{i=1}^N p_i x_i.$$

Continuous random variable

The standard deviation of a continuous real-valued random variable X with probability density function $p(x)$ is

$$\sigma = \sqrt{\int_{\mathbf{X}} (x - \mu)^2 p(x) dx}, \text{ where } \mu = \int_{\mathbf{X}} x p(x) dx.$$

and where the integrals are definite integrals taken for x ranging over the set of possible values of the random variable X . X (Standard deviation Wikipedia).

➤ Mean

The arithmetic mean is the "standard" average, often simply called the "mean". Arithmetic mean or simply a mean of a set of observations is the sum of all the observations divided by the number of the observations. Arithmetic mean is also known as the arithmetic average.

Mathematically, we can present as below:

Suppose we have sample space $\{a_1, \dots, a_n\}$. Then the arithmetic mean A is defined via the equation

$$A := \frac{1}{n} \sum_{i=1}^n a_i$$

If the list is a statistical population, then the mean of that population is called a population mean. If the list is a statistical sample, we call the resulting statistic a sample mean. The arithmetic mean of a variable is often denoted by a bar, for example \bar{X} (read "x bar") would be the mean of some sample space X (Mean Wikipedia).

Inferential Statistics

According to Sekaran (2000), "Inferential statistics allow researchers to infer from the data through analysis the relationship between two variables; differences in a variable among different subgroups; and how several independent variables might explain the variance in a dependent variable" (Luddy, 2005). The following inferential statistical method was used to test the research study.

The Pearson Product Moment Correlation Coefficient

Pearson's correlation coefficient between two variables is defined as the covariance of the two variables divided by the product of their standard deviations. The form of the definition involves a "product moment", that is, the mean (the first moment about the origin) of the product of the mean-adjusted random variables; hence the modifier product-moment in the name.

For a population

Pearson's correlation coefficient when applied to a population is commonly represented by the Greek letter ρ (rho) and may be referred to as the population correlation coefficient or the population Pearson correlation coefficient. The formula for ρ is:

$$\rho_{X,Y} = \frac{\text{cov}(X, Y)}{\sigma_X \sigma_Y} = \frac{E[(X - \mu_X)(Y - \mu_Y)]}{\sigma_X \sigma_Y}$$

For a sample

Pearson's correlation coefficient when applied to a sample is commonly represented by the letter r and may be referred to as the sample correlation coefficient or the sample Pearson correlation coefficient. We can obtain a formula for r by substituting estimates of the co-variances and variances based on a sample into the formula above.

That formula for r is:

$$r = \frac{\sum_{i=1}^n (X_i - \bar{X})(Y_i - \bar{Y})}{\sqrt{\sum_{i=1}^n (X_i - \bar{X})^2} \sqrt{\sum_{i=1}^n (Y_i - \bar{Y})^2}}$$

An equivalent expression gives the correlation coefficient as the mean of the products of the standard scores. Based on a sample of paired data (X_i, Y_i) , the sample Pearson correlation coefficient is

$$r = \frac{1}{n-1} \sum_{i=1}^n \left(\frac{X_i - \bar{X}}{s_X} \right) \left(\frac{Y_i - \bar{Y}}{s_Y} \right)$$

where

$$\frac{X_i - \bar{X}}{s_X}, \bar{X}, \text{ and } s_X$$

are the standard score, sample mean, and sample standard deviation, respectively.

Correlation Coefficient lies between -1 and +1.

Summary of the chapter

This chapter extensively outlined the research design, the nature of the sample, the procedure used to collect the data, addressed issues concerning confidentiality, the description of the measuring instruments adopted and statistical techniques employed to test

Analysis and Interpretation of the data

An overview of the results obtained in the study are presented and discussed in this chapter. This chapter dealing with collected data has been processed and tabulated by using SPSS 16.0. The tabulated data has been interpreted based on percent distribution, mean and standard deviation and has been presented in tables, on requisites. The descriptive and inferential statistics are presented thereafter. The alpha levels of 0.05 and 0.01 were selected a priori for test of significance for correlations

Demographic data

The chapter commences with an analyses of the biographical data gathered from the research sample (n = 50). The data analyzed are presented in the form of tables. This is followed by a description of the most salient sample characteristics by means of frequencies and percentages. All participants are females. All of the participants worked 8 hrs per day. All of the respondents work full time, on a rotating 24- hour roster. All of the respondents are contract except one.

Age of the participants

Table 2: Age of the participants

Age	Frequency	Percent	Valid Percent	Cumulative Percent
18-25 yrs	33	66.0	66.0	66.0
26-35 yrs	17	34.0	34.0	100.0
Total	50	100.0	100.0	

The ages of the respondents varied from the 18-25 years old range to the 26-35 years old range. Majorities (33) of respondents were in the 18-25 yrs category and 17 of participants were in the 26-35 yrs category.

Ethnicity of the participants

Table 3: Ethnicity of the participants

Ethnicity	Frequency	Percent	Valid Percent	Cumulative Percent
Hindu	46	92.0	92.0	92.0
Buddhism	4	8.0	8.0	100.0
Total	50	100.0	100.0	

The racial composition of the sample comprise of 46 of respondents Hindu and 4 of respondents Buddhist. Majority of respondents are Hindu.

Marital status: Marital status affects the level of job satisfaction.

Table 4: Marital status of the participants

Marital status:	Frequency	Percent	Valid Percent	Cumulative Percent
Single	31	62.0	62.0	62.0
Married	19	38.0	38.0	100.0
Total	50	100.0	100.0	

The majority of the respondents (62%, n=31) reported being single. However, there were 19 respondents who reported being married (38%).

Level of education

Table 5: level of education of participants

Level of education	Frequency	Percent	Valid Percent	Cumulative Percent
PCL Nursing	31	62.0	62.0	62.0
Bachelor of nursing	19	38.0	38.0	100.0
Total	50	100.0	100.0	

Majority of the respondents had passed P.C.L. of nursing and remaining of respondents had passed Bachelor in Nursing.

Years of experience

Table 6: Years of experienced in nursing

Years of experience	Frequency	Percent	Valid Percent	Cumulative Percent
5 yrs or less	38	76.0	76.0	76.0
6-15 yrs	12	24.0	24.0	100.0
Total	50	100.0	100.0	

Years of experience ranged from 38 respondents (76%) were falling into the 5 years or less category to 12 respondents (24%) were falling in the 6-15 years category.

Intend to do in next 5 years

Table 7: What do you intend to do in next 5 years

Intend to do in next 5 years:	Frequency	Percent	Valid Percent	Cumulative Percent
leave your current nursing unit	24	48.0	48.0	48.0
leave your current facility	7	14.0	14.0	62.0
leave the field of nursing	7	14.0	14.0	76.0
stay or work in same setting	12	24.0	24.0	100.0
Total	50	100.0	100.0	

Less than half of the respondents (n=12, 24%) plan to stay in their current job. 7 of the respondents plan to leave the field of nursing, but 24 respondents (48%) plan to leave their unit and 7 respondents (14%) plan to leave their facility (Table 6).

Reliability Data of the Work Quality Index

Table8: Reliability of the WQI was measured using Cronbach's Coefficient Alpha
And Descriptive Statistics

Particulars	N	Cronbach's Alpha	Range	Mean	SD
Total Score	50	0.94	2.00 - 4.40	3.10	0.55
Motivation	50	0.88	2.04 - 3.94	2.98	0.57
Hygiene	50	0.91	2.00 - 4.40	3.10	0.55
Professional Work Environment	50	0.81	2.86 - 3.94	3.36	0.33
Autonomy of practice	50	0.72	2.04 - 3.40	2.61	0.55
Work worth to self and others	50	0.71	2.12 - 3.46	2.80	0.60
Professional relationship	50	0.87	2.00 - 3.38	2.85	0.35
Professional role enactment	50	0.86	2.72 - 4.40	3.57	0.55
Benefits	50	0.77	2.06 - 3.90	3.02	0.53

The Cronbach's Alpha for the WQI's Total Score ($\alpha = 0.94$) and for the researcher developed subscales of Motivation Factors ($\alpha = 0.88$) and Hygiene Factors ($\alpha = 0.91$) yielded acceptable reliability coefficients. All the six WQI's subscales yielded reliability coefficients above the acceptable 0.70. The subscales found to be reliable in this study were Professional Work Environment ($\alpha = 0.81$), Autonomy of Practice ($\alpha = 0.72$), Professional Relationships ($\alpha = 0.87$), Work Worth to Self and Others ($\alpha = 0.71$), Professional Role Enactment ($\alpha = 0.86$) and Benefits ($\alpha = 0.77$).

Correlation Data

Pearson's r was used to examine the relationships between the Total Score of the WQI (job satisfaction) and Motivation and Hygiene Factors (see Table 9). Total Score significantly correlated with both the Motivation Factors ($r = 0.965$) and Hygiene Factors ($r = 0.939$). Motivation Factors and Hygiene Factors also significantly correlated with an r value of 0.818.

Table 9: Pearson's *r* Correlations (aggregate) between total score, motivation and hygiene factors

		Total Score	Motivation	Hygiene
Total Score	Pearson Correlation	1		
	Sig. (2-tailed)			
	N	50		
Motivation	Pearson Correlation	0.965**	1	
	Sig. (2-tailed)	0.000		
	N	50	50	
Hygiene	Pearson Correlation	0.939**	0.818**	1
	Sig. (2-tailed)	0.000	0.000	
	N	50	50	50

** . Correlation is significant at the 0.01 level (2-tailed)

* . Correlation is significant at the 0.05 level (2-tailed)

Results

The results of this study provided information about the sample's level of job satisfaction and the relationship between Herzberg's Motivation and Hygiene Factors and overall job satisfaction. The two specific aims identified in this study were addressed in the following paragraphs.

Assessing the Level of the Respondents' Overall Job Satisfaction

The respondents rated their overall job satisfaction on a 5 point Liker Scale with 1 being not satisfied and 5 being satisfied. The mean level of satisfaction was 3.1 with a standard deviation of 0 .55. This means that the respondents were satisfied just above the mid-point of the scale which was 2.5. This is consistent with other studies which have found that nurses typically have a moderate level of job satisfaction.

Comparing the relationship between motivation and hygiene factors and job satisfaction

The relationship between motivation and hygiene factors and job satisfaction was examined. Both of the researcher generated subscales, Motivation and Hygiene, correlated closely with Total Score (See Table 9). The Pearson's *r* Correlation Coefficients were 0.965 for Motivation-by-Total Score and 0 .939 for Hygiene-by-Total Score. These are both statistically significant with the level set at 0.01. The role of factor motivation is higher in creating satisfaction among the nurses than the role of hygiene factors but there is no significant difference. Since Motivation Factors and Hygiene Factors correlate almost

equally with job satisfaction, nurses must be satisfied with both types of factors to be overall satisfied with their jobs.

Comparing the relationship between motivation, hygiene and level of Job Satisfaction in relation to Level of Education

Level of education of the participants = P.C.L. Nursing

Table 10: Correlation between total score, motivation and hygiene factors in case of P.C.L Nursing

		Motivation	Hygiene	Total Score
Motivation	Pearson Correlation	1	0.856**	0.974**
	Sig. (2-tailed)		0.000	0.000
	N	32	32	32
Hygiene	Pearson Correlation	0.856**	1	0.951**
	Sig. (2-tailed)	0.000		0.000
	N	32	32	32
Total Score	Pearson Correlation	0.974**	0.951*	1
	Sig. (2-tailed)	0.000	0.000	
	N	32	32	32

** . Correlation is significant at the 0.01 level (2-tailed)

Level of education of the participants = Bachelor of nursing

Table 11: Correlation between total score, motivation and hygiene factors in case of Bachelor of Nursing

		Motivation	Hygiene	Total Score
Motivation	Pearson Correlation	1	0.689**	0.934**
	Sig. (2-tailed)		.002	0.000
	N	18	18	18
Hygiene	Pearson Correlation	0.689**	1	0.903**
	Sig. (2-tailed)	0.002		0.000
	N	18	18	18
Total Score	Pearson Correlation	0.934**	0.903**	1
	Sig. (2-tailed)	0.000	0.000	
	N	18	18	18

** . Correlation is significant at the 0.01 level (2-tailed)

Comparing the relationship between motivations, hygiene and job satisfaction in terms of the level of education

The relationship between motivation, hygiene and job satisfaction in terms of the level of education was compared. The Pearson's r correlation coefficients were 0.974 for Motivation-by-Total Score and 0.951 for Hygiene-by-Total Score in case of P.C.L Nursing (Table 10) and 0.939 for Motivation-by-Total Score and 0.903 for Hygiene-by-Total score in case of bachelor of nursing (Table 11). These are both significantly satisfied with the level set at 0.01. Since motivation and hygiene factors in both cases correlate almost equally with job satisfaction, in terms of level of education nurses must be satisfied with both types of factors to be overall satisfied with their jobs.

Comparing the relationship between motivation, hygiene and the level of Job Satisfaction in relation to Marital Status of the participants
Marital status of the participants =single

Table 12: Correlation between total score, motivation and hygiene factors in case of single nurses

		Motivation	Hygiene	Total Score
Motivation	Pearson Correlation	1	0.872**	0.970**
	Sig. (2-tailed)		0.000	0.000
	N	33	33	33
Hygiene	Pearson Correlation	0.872**	1	0.965**
	Sig. (2-tailed)	0.000		0.000
	N	33	33	33
Total Score	Pearson Correlation	0.970**	0.965**	1
	Sig. (2-tailed)	0.000	0.000	
	N	33	33	33

** . Correlation is significant at the 0.01 level (2-tailed)

Marital status of the participants = married

Table 13: Correlation between total score, motivation and hygiene factors in case of married nurses

		Motivation	Hygiene	Total Score
Motivation	Pearson Correlation	1	0.757**	0.973**
	Sig. (2-tailed)		.000	0.000
	N	17	17	17
Hygiene	Pearson Correlation	0.757**	1	0.888**
	Sig. (2-tailed)	0.000		0.000
	N	17	17	17
Total Score	Pearson Correlation	0.973**	0.888**	1
	Sig. (2-tailed)	0.000	0.000	
	N	17	17	17

** . Correlation is significant at the 0.01 level (2-tailed)

Comparing the relationship between motivations, hygiene and job satisfaction in terms of marital status of the participants

The relationship between motivation, hygiene and job satisfaction in terms of marital status of the participants was compared. The Pearson’s r correlation coefficients were 0.970 for Motivation-by-Total Score and 0.965 for Hygiene-by-Total Score in case of single participants (Table 12) and 0.973 for Motivation-by- Total Score and 0.888 for Hygiene-by-Total score in case of married participants (Table 13). These are both significantly satisfied with the level set at 0.01. Since motivation and hygiene factors in both cases correlate almost equally with job satisfaction, in terms of marital status nurses must be satisfied with both types of factors to be overall satisfied with their jobs.

Comparing the relationship between motivations, hygiene and level of Job Satisfaction in relation to Age of the participants

Age of the participants: 18-25 years

Table 14: Correlation between total score, motivation and hygiene factors in terms of age 18-25 years

		Motivation	Hygiene	Total Score
Motivation	Pearson Correlation	1	0.815**	0.961**
	Sig. (2-tailed)		0.000	0.000
	N	33	33	33
Hygiene	Pearson Correlation	0.815**	1	0.943**
	Sig. (2-tailed)	0.000		0.000
	N	33	33	33
Total Score	Pearson Correlation	0.961**	0.943**	1
	Sig. (2-tailed)	0.000	0.000	
	N	33	33	33

** . Correlation is significant at the 0.01 level (2-tailed)

Age of the participants: 26-35 years

Table 15: Correlation between total score, motivation and hygiene factors in age 26-35 years

		Motivation	Hygiene	Total Score
Motivation	Pearson Correlation	1	0.845**	0.974**
	Sig. (2-tailed)		0.000	0.000
	N	17	17	17
Hygiene	Pearson Correlation	0.845**	1	0.945**
	Sig. (2-tailed)	0.000		0.000
	N	17	17	17
Total Score	Pearson Correlation	0.974**	0.945**	1
	Sig. (2-tailed)	0.000	0.000	
	N	17	17	17

** . Correlation is significant at the 0.01 level (2-tailed)

Comparing the relationship between motivations, hygiene and job satisfaction in terms of age of the participants

The relationship between motivation, hygiene and job satisfaction in terms of age of the participants was compared. The Pearson's r correlation coefficients were 0.961 for Motivation-by-Total Score and 0.943 for Hygiene-by-Total Score in case of single participants (Table 14) and 0.974 for Motivation-by- Total Score and 0.945 for Hygiene-by-Total score in case of married participants (Table 15). These are both significantly satisfied with the level set at 0.01. Since motivation and hygiene factors in both cases correlate almost equally with job satisfaction, in terms of age of participants nurses must be satisfied with both types of factors to be overall satisfied with their jobs. There is no significant difference between two groups.

Summary of the Chapter

The chapter presented the research results in tabular form. Statistically significant Correlation coefficient between Total score, Motivation and Hygiene in total and in terms of level of education and marital status of participants were identified, compared and discussed in detail. The data gathered were statistically analyzed by means of the Statistical Package for the Social Sciences (S.P.S.S.). Statistical analysis involved both descriptive and inferential

statistics (Pearson Product Moment Correlation Coefficient).Cronbach's alpha was used for reliability of data.

The next chapter will also highlight findings of the research study. Finally, summary and conclusions are drawn and recommendations are made

Discussion and Major Findings of the Study

This study provided information that is important to nursing administration, nursing practice, and nursing education overall to Hospital management. After having analyzed of collected data and statistics, the following facts have been identified and served.

- Most of the participants were contract except one. All of them worked for 8 hours /day.
- Majority of participants (66%) were in 18-25 years age group whereas only few of them were in 26-35 years age group.
- Majority of participants (46) were Hindu and only few of them (4) were Buddhist.
- Majority of participants (31) were single and only few of them (19) were married.
- Majority of participants (31) had passed P.C.L. Nursing and only (19) of them had passed Bachelor of Nursing.
- Most of the participants had 5 years or less experienced and few of them had 6-15 years experienced.
- 24 (48%) participants planned to leave their unit, 12 participants wanted to stay in their same setting, 7 of the participants planned to leave the field of nursing and 7 of participants planned to leave their facility
- The Cronbach's Alpha for the WQI's Total Score ($\alpha = 0.94$) and for the researcher developed subscales of Motivation Factors ($\alpha = 0.88$) and Hygiene Factors ($\alpha = 0.91$) yielded acceptable reliability coefficients.
- All the six WQI's subscales yielded reliability coefficients above the acceptable 0.70. The subscales found to be reliable in this study were Professional Work Environment ($\alpha = 0.81$), Autonomy of Practice ($\alpha = 0.72$), Professional Relationships ($\alpha = 0.87$), Work Worth to Self and Others ($\alpha = 0.71$), Professional Role Enactment ($\alpha = 0.86$) and Benefits ($\alpha = 0.77$).
- The Pearson's r Correlation Coefficients were 0.965 for Motivation-by-Total Score and 0.939 for Hygiene-by-Total score. These are both statistically significant with the level set at 0.01. Since Motivation factors and Hygiene factors correlate almost equally with job satisfaction, nurses must be satisfied with both types of factors to be overall satisfied with their jobs
- The level of job satisfaction is compared in terms of age, marital status and level of education. Results shows that motivation factors and hygiene factors correlate almost

equally with job satisfaction and are both significantly satisfied at level set at 0.01 in all cases. Thus, it shows that nurses are moderately satisfied in all the cases.

- It was found that the nurses in this sample were moderately satisfied with their jobs. The results also revealed that Motivation and Hygiene Factors had strong, positive, and almost equal correlations with overall satisfaction.

Problems seen in Nursing Profession

Questions were asked to participants related to their work for the fulfillment of objectives of the study. They have expressed both positive and negative views. Despite of problems the nurses feel responsible for their job. The major problems are listed as below:

- Nurse patient ratio is not followed as recommended by W.H.O.
- There is unequal balance between facilities, promotion and performances
- Long hour of duties or overlapping duties also create overloads. Nurses are working beyond their capacity which can even decrease quality of care.
- Autocratic leadership is followed
- High employees' turnover affects overall efficiency of institution and individuals
- Lacking post according to qualification
- There are maximum political interferences in the organization. Formation of parties like Congress, Communist, Maoist etc which sometimes has invited vandalism in the system and the structure of institution.

Summary, Conclusions and Recommendations

Summary

Job satisfaction is a topic of wide interest to both people who work in organizations and people who study them. It is a most frequently studied variable in organizational behavior research, and also a central variable in both research and theory of organizational phenomena ranging from job design to supervision (Lu et al 2005). The people who are satisfied with their jobs tend to perform better. However this 'old friend' looks quite different among different professions. Nurses' job satisfaction is one of the main fields. Job satisfaction among nurses has long been recognized as a crucial indicator of nurses' performance, cost savings, and quality of patient care.

An explorative study involving quantitative as well as qualitative analysis was conducted in Tribhuvan University Teaching Hospital (TUTH), Maharajgunj, Kathmandu, Nepal about job satisfaction was assessed. The information was collected from 50 nurses by using self-administered questionnaires during September-October 2012. The main aim of the study was to identify and measure the level of job satisfaction and to explore the factors affecting job satisfaction among nurses employed by. It can be concluded from the study that facets of job satisfaction such as pay, promotion, job safety and security, working conditions, job autonomy, relationship with co-workers, relationship with supervisor, and nature of the work significantly affect the level of job satisfaction among nurses. Nursing has been described as a stepping stone into other careers. Nurses globally are heading towards positions that offer more flexibility and match their professional aspirations.

Above study shows that about 62% of the participating nurse are satisfied with their job. The study found that half of the respondents (24) planned to leave their unit, 8 respondents planned to leave their facility, 7 respondents planned to leave the field of nursing though some of them like to stay in same setting. This showed that some of them were dissatisfied regarding hospital polices management, their working environment, prolonged working hours etc... It should be noted that most nurses reporting intent to leave think it would be easy to find another job in nursing, but would not choose nursing as a profession again.

The respondents rated their overall level of satisfaction through 5-Likert scale ranging from 1-Highly Satisfied to 5-Highly Dissatisfied. The total question was converted into two main headings: Motivation Factors and Hygiene Factors. Each factors consisted of three sub-

scales: Motivation Factors: Professional work environment, Autonomy of practice and Work worth to self and others and Hygiene Factors: Professional relationship, Professional role enactment and Benefits. Cronbach's Alpha and Descriptive Statistics were used for measuring reliability of data. According to Herzberg Motivation Theory, motivation and hygiene factors should be satisfied in order to obtain employees' job satisfaction. So in this study, Cronbach's Alpha for the WQI's Total Score ($\alpha = 0.94$) and for the researcher developed subscales of Motivation Factors ($\alpha = 0.88$) and Hygiene Factors ($\alpha = 0.91$) yielded acceptable reliability coefficients. All the six W.Q.I.'s subscales yielded reliability coefficients above the acceptable 0.70. The subscales found to be reliable in this study were Professional Work Environment ($\alpha = 0.81$), Autonomy of Practice ($\alpha = 0.72$), Professional Relationships ($\alpha = 0.87$), Work Worth to Self and Others ($\alpha = 0.71$), Professional Role Enactment ($\alpha = 0.86$) and Benefits ($\alpha = 0.77$). The mean level of satisfaction was 3.1 with a standard deviation of 0.55. This means that the respondents were satisfied just above the mid-point of the scale which was 2.5. This is consistent with other studies which have found that nurses typically have a moderate level of job satisfaction.

Pearson's r correlation coefficient was used to examine the relationship between Motivation and Hygiene Factors and Job Satisfaction. Both of the researcher generated subscales, Motivation and Hygiene, correlated closely with Total Score. The Pearson's r Correlation Coefficients were 0.965 for Motivation-by- Total Score and 0.939 for Hygiene-by-Total Score. These are both statistically significant with the level set at .01. The role of factor motivation is higher in creating satisfaction among the nurses than the role of hygiene factors but there is no significant difference. Since Motivation Factors and Hygiene Factors correlate almost equally with job satisfaction, nurses must be satisfied with both types of factors to be overall satisfied with their jobs.

The comparison of correlation between Total Score, Motivation and Hygiene factors in terms of level of education, marital status and age was also analyzed. The results showed that motivation factors and hygiene factors almost correlated in all the cases. Finally, after analysis of all data it is found that the nurses are moderately satisfied with their job.

Strength of the study

This type of study helps researcher to get knowledge about job satisfaction and factors affecting job satisfaction. Other researchers can be benefited from this study in future. This type of study helps to know about the level of satisfaction of nurses and factors affecting their level of job satisfaction. It helps nursing administrators and managers to make improvements in the employee performance. If employees become satisfied, satisfied

employees tend to work more which will be productive for the organization. Thus, organization will be profited and recognized. It will also help policy makers to make changes in job description, rules and regulation. This type of study is necessary to understand the problems and need of nurses

Limitations of the study

The limitations of this study mostly evolve around the sample. A convenience sampling design was used due to time and financial constraints. This weak form of sampling design in addition to a small sample size significantly limited the ability to obtain significant finding that could be generalized to the entire target population. The results of the study are also difficult to generalize because the sample is limited to nurses working in few units within one hospital. It cannot figure out all problems of nurses working in different Hospitals of Nepal. The job satisfaction of these nurses could have been affected by the culture that is predominant in the area where they work or by the policies of their particular hospital. Another limitation is extraneous variables related to the setting of a nursing unit. Potential extraneous variables beyond the researcher's control include, but are not limited to, fatigue, stress, noise, and temperature. Response bias is also a potential limitation. Employees may fear retaliation from hospital administration for low levels of satisfaction.

This study considered only few facets of job satisfaction like pay, promotion job safety and security, working conditions, job autonomy, relationship with co-workers, relationship with supervisor and nature of work. There may be both explicit and implicit factors that may affect level of job satisfaction.

Conclusions

This study analyzed nurses' job satisfaction through an examination of the relationship between Herzberg's motivation and hygiene factors and job satisfaction. The results of the study revealed that the nurses in the study had moderate levels of job satisfaction. It was also found that both Motivation Factors and Hygiene Factors almost equally correlate with overall job satisfaction. While comparing, it was also found that motivation and hygiene factors almost correlate with overall job satisfaction in relation to level of education, marital status and age of the participants. Above study shows that about 62% of participants were satisfied with their job. Both motivation and hygiene factors along with their subscales yielded accepted results i.e...above 0.7 but there is still few nurses who are dissatisfied with their job. Even some nurses wanted to leave the field of nursing, some of them wanted to leave their current unit. This shows that hospital management even supervisors and incharge of the unit should make suitable environment for nurses to work.

Political interferences which are affecting the system of hospital should be stopped. To get maximum level of job satisfaction, improvements can be made in area like autonomy of practice, benefits and work worth to self and others. So nurse administrators should pay attention to make improvement in the job.

As the nursing shortage continues to worsen, the satisfaction of nurses is of vital importance. Nurse administrators should pay attention to what their employees need from the organization and do everything within their power to meet those needs. The results of this research should be used to develop policies that could lead to an improvement in nurses' job satisfaction and therefore better patient satisfaction, a decrease in the turnover of RNs, and increased profits for the organization. Improved job satisfaction results in fewer turnovers, better quality patient care, less physical and mental injuries to health care staff, and will lead to betterment of entire organization.

Not only the settings, work environment and organizational culture differ but the individuals choosing this career path also differ in characteristics and aspirations and this might influence their level of satisfaction. According to the present situation and ongoing trends, no such single answer can be quoted to describe the level of job satisfaction. Nurses constitute to the success of hospitals rendering their services for the all types of patients. So the hospital management should take great care for the satisfaction among the nurses (Moody, 2003).

Recommendations

Overall results shows that job satisfaction in nurses should be of great concern to any organization. As nurses are holding majority areas in any health care settings health institution should take some measures to improve job satisfaction of the nursing personnel which will help in achieving the objectives of the institution and minimize the problems and negative outcomes of the institution such as high turnover rate, absenteeism, patient's dissatisfaction and conflict etc.

After having analysis and interpretation of any facts, the study provides some suggestions for the further improvements. Such suggestions provide future guidelines to various parties. The suggestions served by the researcher are considered to be very important. From previous studies, the future researchers have been well guided. From the above findings, following suggestion are suggested to enhance the level of Job Satisfaction.

- Policies should be formulated and must be implemented in order to empower nurses and make them safe accordingly. According to Nursing division of MoHP, while making the

policies, clear organogram has to be made of every area, individual file of nurses has to be well maintained, maintaining standard of nursing service, keeping nursing care manual in every hospital, good human resource and budget need to be allocated.

- Good working condition such as manageable workload, good IPR, good communication system bring positive attitude towards the job.
- Nurses' job should be secured so that they will remain safe from different kinds of hazards like job and social insecurity.
- Rules and regulation for job security and uniformity should be made and implemented strictly.
- Tasks and duties are to be assigned in such a way that nurses would not be stressed and paying scale needs to be increased along with facilities.
- Adequate salaries and remuneration and incentives should be provided timely to encourage nurses and must provide more and more professional growth opportunities.
- The rewards such as timely promotion, chances of further education, refresher courses on specialized subjects like ICU, OT, Maternity etc, additional grades to the capable and honest workers in the institution along with other essential facilities need to be ensured.
- In-service education needs to be provided to enhance the skill and efficiency of nurses.
- Participation of staff orientation and in-service education programs are helpful for staffs in assuming responsibilities and motivate them to increase satisfaction to promote productivity of the staff
- For enhancing rules and regulation, provision of fair evaluation system, good supervision and timely feedback to staffs which helps the staffs to increase morale
- Contract staff should be made permanent after certain time of their regular contribution to the hospital. Facilities provided to permanent staffs should be provided to contract staffs.
- It is important to give opportunity to maintain staffs position according to qualification and work experience.
- The nurse-patient ratio has not been met. The MoHP should take initiation regarding maintaining the ratio and it should be maintained as per the international ratio as recommended by WHO or follow the country's own system that are suitable and affordable. The ratio should be followed by T.U. Teaching Hospital management.
- Recruiting more nurses in hospital in order to maintain quality of care is essential which would probably reduce shortage and unemployment problems.

- To bring job satisfaction, we need to use advance technique and procedure in providing patient care then need to decrease the workload for the staff nurse to improve the patient care.
- To increase the level of job satisfaction among nurses hospital management should keep abreast with up to date technology, rationalize compensation and promotion policy etc...
- Appropriate career ladder for the nursing personnel needs to be provided.
- Regular interaction with supervisor managers is to be done.
- People think nursing profession as taking orders from physician. This concept should be changed by focusing more on education. Political interferences should be stopped.
- The migration of nurses is a direct loss of skilled human resource in the country.

Therefore, concerned authorities should critically think to stop for it and create good job opportunities within the countries(for example by distributing nurses in other sectors like hotel, industrial areas and schools in order to generate working opportunities) as well as sound environment for nurses so that they could be retained in their own country. It can be done either by promotion or provision of special allowance to the nurses who have higher qualification in comparison to the position they are working on. The nurses should be encouraged for continuing their further studies.

In Conclusion, for enhancing the level of job satisfaction assessment on job satisfaction should be done periodically and feedback should be given to concerned staffs and higher authorities. Counseling should be done to need staffs. Provision should be made for adequate supply of equipments in all wards. Provision of adequate staffs should be made to meet the nurse-patient ratio as recommended by W.H.O. Good communication system and maintain current position according to qualification and experience. Hospitals will have to recognize the importance of employees' job satisfaction with constantly changing health system. One of the key challenges for every organization is to maintain the satisfaction of employees and increase their motivation. This research should be conducted in all health institutions of Nepal in the next few years; also it would be necessary to constantly monitor job satisfaction of all health care professionals.

Recommendation for Nursing Administration

The implications of this research to nursing administration are substantial. Most obviously; nurse administrators will know that they need to do more to improve nurses' job satisfaction since nurses are only moderately satisfied. The study of the relationship between Motivation and Hygiene factors and nurse job satisfaction yielded nearly equal correlations. This tells

nurse administrators that nurses value both hygiene factors and motivation factors. Nursing administration should therefore pay attention to all aspects of a nurse's duty, work environment, and compensation if they are trying to increase nurse job satisfaction. They could use other information from the study to know what areas to target. The nurse administrator should pay special attention to those categories without completely leaving out the others who are more satisfied. There are several ways to possibly improve satisfaction in the above identified categories such as flexible scheduling to target married nurses, incentives for attaining a Bachelors degree to target Associates degree nurses, and shorter shifts or enhanced retirement plans for older nurses.

Recommendation for Nursing Practice

Nursing practice could also be improved using the results of this research. Many nurses reported that peer relationships were the most important factor in their job satisfaction. Taking this into account, staff nurses could improve their own satisfaction by increasing their peer interactions, working on their communication skills, and making an effort to support their peers and make them feel appreciated. If an entire unit would try this; there should be a cyclic effect which could continue to increase the nurses' job satisfaction on the unit.

Realistic goals should be developed in patient care planning involving patient and his family members. Nursing administer, supervisor should be encouraged to discuss patient's care needs with members of the health care team. Nursing in charges and supervisors should promote a caring environment to facilitate nurses to participate in patient rounds. The environment of partnership and collaboration should be cultivated in care delivery process. Nursing administer should facilitated nurses to make clinical decisions in the patient care process

Recommendation for Nursing Education

The results of this study could impact nursing education by encouraging nurses who wish to be more satisfied with their jobs to obtain their Bachelor's degrees and by encouraging administrators to offer assistance in doing that. The standard curriculum and teaching learning practices should be made such that firstly it should meet local requirements, secondly it should meet national requirements and thirdly it should compete in the global market so that the problem of globalization can be reduced to some extent. Educators and nurses should consider this when counseling potential nurses who are in the process of deciding which educational track they should choose and also when counseling nurses who are considering furthering their education. It would be to the advantage of patients, administration, and other staff nurses to have more satisfied nurses working in healthcare.

Nurses should be empowered through education to acquire clinical knowledge and skills to become competent practitioner. The knowledge and skills in initiating, implementing, and terminating the therapeutic relationship should be educated to the nurses.

Recommendations for Further Research

Although this study yielded important results about nurse job satisfaction, there is much more research to be done. One recommendation is to repeat this study using a much larger, randomized sample to improve the likelihood of achieving statistically significant results that could be generalized to a larger, more diverse population. Another exciting study would be to repeat Herzberg's original study using a large, randomized sample of nurses from across the country. This would ultimately reveal the usefulness of Herzberg's theory when dealing with nurses.

There are many other studies that could further nurses' understanding of nurses' job satisfaction. One would be to do a qualitative study that examines which factors are most important to nurses' job satisfaction. Further study to determine the role of nursing degree in job satisfaction would be valuable to nurse administrators when developing benefits related to education.

After reviewing the qualitative portion of this study; many other potential topics of future research were identified. One is to look at the importance of group cohesion and relationships among co-workers in job satisfaction. This was mentioned numerous times in the reasons why nurses reported being satisfied with their jobs. Other specific areas affecting job satisfaction which could be studied are stress levels, quality of formal leadership, patient ratio and acuity, scheduling, and benefits.

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Appendix

Appendix A

Nepal Commerce Campus
Minbhawan, Kathmandu, Nepal
Consent form for participants in thesis

Thesis topic: Job satisfaction among nurses working in T.U. Teaching hospital

General objectives: To find out job satisfaction among nurses working in T.U. Teaching Hospital, Maharjgunj, Kathmandu.

Introduction:

This study is going to be conducted as a partial fulfillment of requirement for master degree in management of Tribhuvan University. The purpose of the study is to find the level of job satisfaction and main factors affecting the job satisfaction of nurses in T.U. Teaching hospital.

Instrumentations & Instructions:

Two instruments will be used for this study. The first instrument is a demographic questionnaire that assesses the characteristics of the participants. Please circle the letter next to the answer for each question. The second measure that will be used is the Work Quality Index (WQI); a 59-item, 5-point Likert Scale that measures the satisfaction of nurses. Please rate each item by circling a number from 1 (highly satisfied), 2 (satisfied) 3 (neutral), 4 (dissatisfied) to 5 (highly dissatisfied). It will take you less time to complete the questionnaires. Respondent's personal confidentiality and privacy will be maintained. This study is only for academic purpose. Your help is critical to me. You are ensured anonymity and your participation is completely voluntary. However, if any problems should arise, please contact the researcher. Your sincere and voluntary response will be highly appreciated.

Name of student: Laxmi Gurung

Contact address: New Baneshwor, Katmandu, Nepal

Supervisor: Dr. Sunil Bhakta Mathema

Designation: Associated Professor

Appendix B

Demographic Questionnaire

For questions: 1-8, circle the correct answer

1. Age

- a) 18-25
- b) 26-35
- c) 36-45
- d) 56-65

2. Ethnicity

- a) Hindu
- b) Buddhism
- c) Muslim
- d) Others if specify

3. Marital status

- a) Single
- b) Married
- c) Divorced
- d) Widowed

4. How many hours do you work

In a day:

- a) 6 hrs/day
- b) 8 hrs/day
- c) 12hrs/day

5. Level of education

- a) PCL Nursing
- b) Bachelor of nursing
- c) Master of nursing

6. Years experience in the field
of the nursing:

- a) 5 or less
- b) 6-15
- c) 16-25
- d) 26-35
- e) 35 or more

7. Type of appointment

- a) Contract
- b) Permanent

8. Which one do you intend to do (in the
next 5 years):

- a) Leave your current nursing unit
- b) Leave your current facility
- c) Leave the field of nursing
- d) Stay or work in same setting

Appendix C

Work Quality Index

		SATISFIED		DISSATISFIED		
1.	The work associated with your position allows you to make contribution to:					
	a) The hospital	1	2	3	4	5
	b) The profession	1	2	3	4	5
	c) Your own sense of achievement	1	2	3	4	5
2.	You receive adequate praise for work well done from:					
	a) Your peers	1	2	3	4	5
	b) Hospital physicians	1	2	3	4	5
	c) Nursing administration	1	2	3	4	5
3.	The work associated with your position provides you with:					
	a) Opportunity to use a full range of nursing skills	1	2	3	4	5
	b) A variety of clinical challenges	1	2	3	4	5
	c) The opportunity to be of services to others	1	2	3	4	5
	d) Quantity of work allotted to you	1	2	3	4	5
	e) Work flow	1	2	3	4	5
	f) Flexibility in scheduling	1	2	3	4	5
4.	The nursing practice environment:					
	a) Allows you to make autonomous nursing care decisions	1	2	3	4	5
	b) Allows you to be fully accountable for those decisions	1	2	3	4	5
	c) Encourages you to make adjustments in your nursing practice to suit patient needs	1	2	3	4	5
	d) Provides a stimulating intellectual environment	1	2	3	4	5
	e) Provides time to engage in research as you want	1	2	3	4	5
	f) Promotes a high level of clinical competence					

on your unit	1	2	3	4	5
g) Allows opportunity to receive adequate respect from nurses on other units	1	2	3	4	5
h) Provides adequate essential resources to complete your assignment	1	2	3	4	5
i) Provides goods physical working conditions	1	2	3	4	5
5. The hospital organizational structure:					
a) Allow you to participate in staff meeting	1	2	3	4	5
b) Allow you to have a voice in policy making nursing service	1	2	3	4	5
c) Allows you to have a voice in overall hospital policy making	1	2	3	4	5
d) Facilitates patient care	1	2	3	4	5
e) Follow the rule of WHO in terms of nurse-patient ratio	1	2	3	4	5
6. You receive:					
a) Good communication system	1	2	3	4	5
b) Enough time to complete patient physical care tasks	1	2	3	4	5
c) Enough time to complete indirect patient care tasks	1	2	3	4	5
d) Cooperation from helpers/health aids	1	2	3	4	5
e) Supervision and guidance from your supervisors and seniors	1	2	3	4	5
7. you receive:					
a) Support from nursing supervisors for your decisions	1	2	3	4	5
b) Support from your peers for your nursing decisions	1	2	3	4	5
c) Support from physicians for your nursing decisions	1	2	3	4	5
d) Support for your work from other nurses on other shifts	1	2	3	4	5

8. Good working relationship exist between you and:

a) Your supervisors	1	2	3	4	5
b) Your peers	1	2	3	4	5
c) Physicians	1	2	3	4	5
d) Health aids/helpers	1	2	3	4	5

9. Nursing service:

a) Gives clear direction about advancement	1	2	3	4	5
b) Provides adequate opportunities for advancement	1	2	3	4	5
c) Decides advancements for nurses fairly	1	2	3	4	5
d) Provides proper delegation of responsibility and authority	1	2	3	4	5

10. Your job offers:

a) Opportunity for professional growth	1	2	3	4	5
b) Satisfaction salary and remuneration	1	2	3	4	5
c) Adequate funding for health care premium	1	2	3	4	5
d) Adequate additional financial benefits other than salary	1	2	3	4	5
e) A satisfactory work hour pattern(eight hour, Ten hour and so forth)	1	2	3	4	5
f) Adequate vacation/sick leave	1	2	3	4	5
g) Adequate in service opportunities	1	2	3	4	5
h) Adequate physical facilities (Quarter, transportation rest room etc)	1	2	3	4	5
i) Provision for pension/future incentives	1	2	3	4	5

11. You feel:

a) Proud to be a nurse	1	2	3	4	5
b) Proud to serve the society	1	2	3	4	5
c) Nursing is respected profession	1	2	3	4	5
d) Political issues affect your performance	1	2	3	4	5
e) Recognized for work accomplished	1	2	3	4	5