

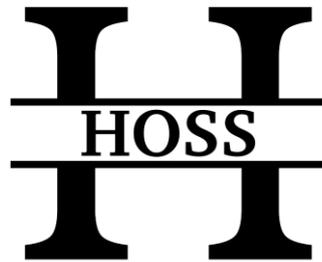
## Healthcare Job satisfaction

Discipline:

Human Resource Leadership

Theme:

Talent Management



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## **Executive Summary**

Staffing shortage in pretty much all healthcare settings are pronounced especially licenced skilled workers such as nurses. The healthcare skilled worker gap is more than just job dissatisfaction and high turnover, the vacuum inevitably will jeopardize quality of care and healthcare of nation, which have unjustifiable impact as whole and life-threatening issues. The aim of this research is to identify the importance of the employees' job satisfaction and make recommendations as how to increase the job satisfaction in healthcare workplaces. The research speaks to various factors influencing job satisfaction and its implication on the respected industry which is healthcare. Over and above studies and the research literatures, job satisfaction contributes to feeling fulfilled in everyday life.

Healthcare workplaces are physically and mentally demanding and are amongst the highest employee burnout occupations. Dealing with unruly patients, seeing sickness and death, long working hours and odd rotating schedules, physically demanding and biologically hazardous working conditions are just few factors that contribute to implication of healthcare workplaces on job satisfaction (Heinrich 2019). High turnover is the primary symptoms of unhappy employees. It goes without saying that more satisfied employees' tend to dedicate their commitment to employers' whose staff satisfaction is their top priority (Chiu et al. 2005).

This research was restricted to a sector specific workplace, healthcare. The study has used the job satisfaction data collected from acute care facilities. The data is collected through paper, mobile and online surveys, face-to-face and phone interviews, online polls and longitudinal studies. The presented collected data in this research was compiled to develop a group then through disassembling the data was reduced and excluded invariant themes of occurrence. Province wide research was conducted in Quebec Canada by the Institute de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST) research team about work environment impact on nurses' job satisfaction and wellbeing in 2012.

Analysed data of first sample group has identified the top four influencers on job satisfaction ranking from high to low: 1) staff shortage 2) emotional demand 3) recognition 4) physical unit layout. Further the second survey was conducted with registered nurses as well as registered practical nurses in total of 13,668 to highlight the motivational and environmental indicators that nurses perceive to impact their job satisfaction. The result of this research is very similar to previous studies. Job satisfaction and its influencers in healthcare and specifically nurses have been the research topic of many scholars in past two decades due to noticeable increase workforce challenges and staff shortage.

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## **1. Introduction**

One of the biggest challenges of 21<sup>st</sup> century for modern countries is skilled workforce shortage. Many nations have implemented strategies to overcome this problem by importing goods and even services from developing countries creating brain drain in developing countries, however when it comes to healthcare there isn't much to do. Staffing shortage in pretty much all healthcare settings are pronounced especially licenced skilled workers such as personal support worker (PSW), registered practical nurse (RPN) and registered nurse (RN). The magnitude of nursing shortage was assessed in year 2000 by Department of Health and Human Services (DHHS) that by 2010 there were going to be over 250,000 job vacancies and by 2020 more than half a million. At one point there was estimated that seventy-seven million baby boomers in next 15 to 20 years retirement phase of life will take a toll on the healthcare system (Powell 2007).

Many governments have invested resources to investigate the root-cause of such drastic shortage in past two decades. One of the obvious factors is low job satisfaction amongst healthcare workers specially nurses. The healthcare professional gap is more than just job dissatisfaction and high turnover. The vacuum inevitably will jeopardize quality of care and healthcare of nation, which have unjustifiable impact as whole and life-threatening issues. According to Aiken et al (2002), it is still unknown as why there is a level of dissatisfaction as high as four times amongst the nursing occupation in United State. American Nurses Association (2001) published that 55% of new graduated nursing students are not recommending the profession to next generation.

The aim of this research is to identify the importance of the employees' job satisfaction and make recommendations as how to increase the job satisfaction in healthcare workplaces. The research speaks to various factors influencing job satisfaction and its implication on the respected industry which is healthcare. Over and above studies and the research literatures, job satisfaction contributes to feeling fulfilled in everyday life. The focus of the research will not be limited to mediocre staff morale boosters by leveraging extrinsic reward program such as compensation. The study will dive deeper in intrinsic factors and psychological variables that will have a long-term effect in job satisfaction and over well-being of staff.

## **2. Literature Review**

### **2.1 The implication of healthcare settings on job satisfaction**

Healthcare workplaces are physically and mentally demanding and are amongst the highest employee burnout occupations. Dealing with unruly patients, seeing sickness and death, long working hours and

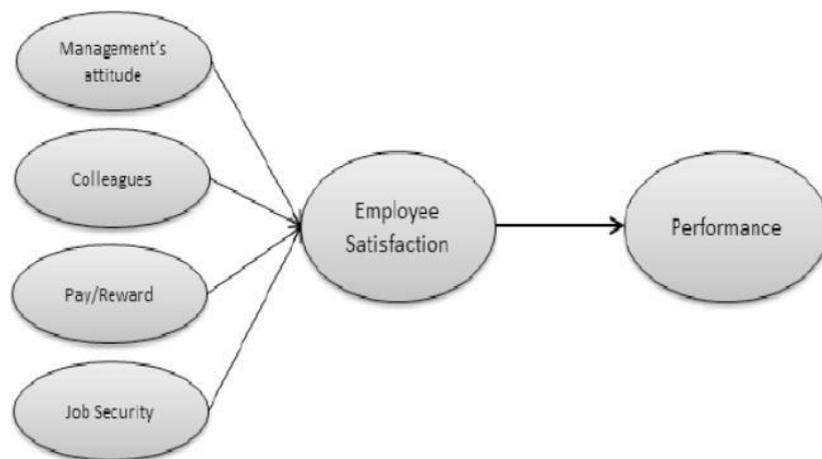
odd rotating schedules, physically demanding and biologically hazardous working conditions are just few factors that contribute to implication of healthcare workplaces on job satisfaction (Heinrich 2019).

## 2.2 Overarching problem and the implication of job satisfaction on workplace

Performance and talent management goes hand in hand with job satisfaction. The lack of employees' satisfaction impacts the team members' performance appraisals, which threatens the employee-employer relationship and subsequently creates tension between the team member and their supervisor. Job satisfaction could be defined as how employees are content with their job; therefore, making the job satisfaction a subjective indicator to evaluate employees' engagement (Mayhew 2019). Job satisfaction comes from extrinsic and intrinsic satisfactions; a truly multi-dimensional philosophy associated to various occupations aspects (Anderson, 1984). The merit of performing the actual job is viewed to be intrinsic whereas everything else surrounding the task, i.e., wages, bonuses, extended health benefit, status is considered as extrinsic (Hirschfeld, 2000).

Many studies and researches have shown a clear correlation between job satisfaction and organizational success (Figure 1). University of Warwick conducted a study that shows happier employees become more productive by 12%, and unhappy individuals were 10% less productive. Shawn Achor author of the Happiness Advantage found that satisfaction which leads to positive emotions and elevates coherent mind, which makes the individual become more creative and incline their problem-solving skills, also happier people seem to collaborate more towards common goals.

Figure 1. Impact of job satisfaction on organizational performance



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Turnover is one of the costliest all business expenditure; 30% to 55% of entry-level, 150% of mid-level and up to 400% of senior employees' annual salary is their new hire replacement cost. Job

dissatisfaction is the primarily reason of employees' turnover (Harvard Human Resource business review, 2018).

### **3. Factors Influencing Job Satisfaction**

Intrinsic rewards seem to be the low hanging fruit of employees' satisfaction. Noncompatible compensation package including no extended health insurance, low wages, minimum payed time off and lack of registered retirement saving plan has direct impact on job dissatisfaction (Harris, Kojetin et al. 2004). In many workplace satisfaction researches including Kirpal (2004) quality of work, creating meaningful responsibility, providing more flexible routines are shaping the workplaces. It is evident to witness a high turnover and low job satisfaction when workload increases and salary decreases (Case et al. 2002).

High turnover is the primary symptoms of unhappy employees. It goes without saying that more satisfied employees' tend to dedicate their commitment to employers' whose staff satisfaction is their top priority (Chiu et al. 2005). Ironically higher turnover leads to low job satisfaction due to instability of the workforce impacting directly the unhealthy workplace culture which is result of the lack employees' connection with their team member. William et al. (2001) claims the turnover as double-edged-sword factor on job satisfaction and despite the pre-emptive human resource strategies to decrease the turnover by keeping the staff motivated, yet turnover remains the most influential factor on job satisfaction.

The physical workplace environment contributes to job satisfaction and influence employees' wellbeing. A simple layout of workplace as whether is open or close concept has profound impact on team members and their managers' relationships; staff working in closed environment seem to have less problems with their colleagues and better rapport with their supervisors. Climate controlled workspace with minimum noise and odour provide the ideal working condition for employees and the lack of any of the elements adds to low job satisfaction (khokher, et al. 2009). As part of work environment furniture, lighting, overall comfort, temperature, safety and security, informal and formal meeting space, air quality, interactive staff lounge, availability of quiet areas, locker room, privacy, storage, staff parking lot, uniform and physical location of the workplace influence staff satisfaction (Kavanaugh et al 2006).

Talent management including performance improvement plan strategies contributes to the impact of management responsibility, in fact Wise (2007) emphasizes the critical role of supervisors in building the rapport with frontline staff and how managers' leadership style is responsible for assisting underperformer worker to improve or to push them out the door. Further he elaborates staff recognition program by management single handedly impacts the job satisfaction and contributes to

extrinsic reward, the impact is much higher in higher level employees. Making sure the frontline team feel supported and are contributing to important operational decision, Wise (2007) demonstrates that staff engagement in decision making process is amongst the highest influence to job satisfaction, since it gives the sense significance and contribution to workforce.

Tony Robin's point of view in "unleash the power within" (2020) on job satisfaction is that it is directly link to personal happiness and as part of six human needs and feeling fulfilled the connection is very important to every human being especially in what they do every day. Employees' interpersonal relationship is best predictor and indicator of job satisfaction, and respectfully job satisfaction is influenced by professional relationships in workplace (Adam and Bond 2000). Dunn et al. (2005) points out that staff connections and employees' relationships among team members is the most influential factor in capitalizing strong organizational culture and high job satisfaction. Further McNee-Smith (1999) elaborates employee healthy relationship with their fellow colleagues contribute to team building and productive collaboration, which leads to better job satisfaction.

#### **4. Research Methodology**

##### **4.1 Research method**

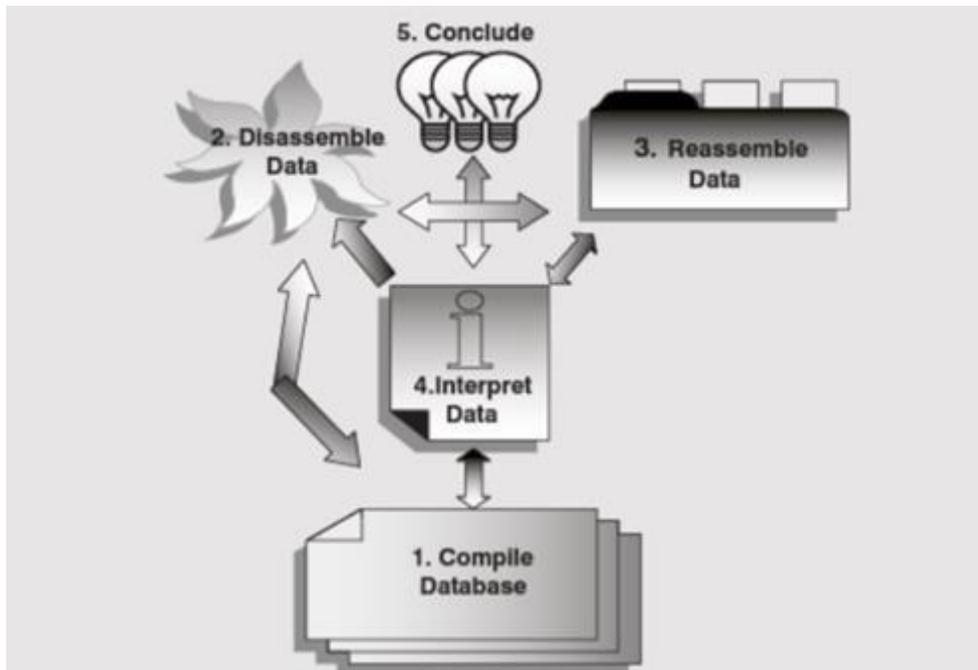
The categories of research methodology are qualitative, quantitative and case study which appears to be comprised of both qualitative and quantitative methods (Stake 1994). Maree (2007) points out that case study is the best approach to gain a greater understanding and perception of the dynamics of provided circumstances in specific organization. For researches involving comparison, evaluation, descriptive and contemplating multifaceted research perspective, case study research methodology seems the best approach (Cohen and Crabtree 2006). This research was focused on an in-depth examination of one specific group of employees (healthcare) job satisfaction, which falls under social science therefore the most popular method of research in social science is case study.

##### **4.2 Data collection and analysis**

This research was restricted to a sector specific workplace, healthcare. The study has used the job satisfaction data collected from acute care facilities. Province wide research was conducted in Quebec Canada by the Institute de recherché Robert-Sauvé en santé et en sécurité du travail (IRSST); the data is collected through paper, mobile and online surveys, face-to-face and phone interviews, online polls and longitudinal studies. Sekaran and Bougie (2010) refer to secondary data as gathered information and data from sources already exist and Mouton (2010) further points out if someone or another organization collected the data for a purpose other than this research that is considered secondary data.

Yin (2009) elaborates on data framework analysis through his “five phase of analysis and their interactions” method (figure 2), further Yin speaks to qualitative data that tends to apply all or most of the five phases: (1) Compiling, (2) Disassembling, (3) Reassembling, (4) Interpreting, and (5) Concluding (Yin, 2009, p. 185).

Figure 2: Yin’s five phases of analysis and their interactions



Source: Robert Yin 2009, case study research: design and methods, p. 186

The presented collected data in this research was compiled to develop a group then through disassembling the data was reduced and excluded invariant themes of occurrence. The next step was reassembling the data to a cluster core themes with following to step four by applying pattern recognition against qualitative face-to-face and phone interviews. Finally in step five the data were summarized and concluded into singular structural analysed experiences.

## 5. Presentation of findings

The purpose of this study was to identify factors and influences on job satisfaction in healthcare and more specifically in Canadian nurses' workforce. Province wide research was conducted in Quebec, Canada by the Institute de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST) research team about work environment impact on nurses' job satisfaction and well-being in 2012. A Canada wide job satisfaction studies' review on healthcare worker indicates that work related stress, lack of team work and recognition, disjointed leadership, and physical demanding routines all contribute to job dissatisfaction and high turnover (Baumann et al 2001).

The description of sample group is as follow: A set of questionnaires meticulously were designed to meet the research objectives table 1 (appendix A). 870 nurses responded via paper (46%) and online (54%). 751 completed questionnaires met the inclusion study criteria with average age of 41 (SD=11) and average seniority of 17.5 years. As a female dominated industry 92.5% of participants were women working full time (66.9%). Table 2 (Appendix A) offers the descriptive data breakdown for variables description of work-related stress showing in figure 2 (Appendix A). Cronbach's alpha approach was applied to evaluate the fidelity of the selected indicators to prove the internal consistency of research. As a common rule in empirical verification of a theoretical style applying structural mathematical analysis, the results were randomly put to two subsamples categories of n=375 and n=375. No significant statistical variation was noted between the two categories after applying multi-dimensional test.

Analysed data demonstrated the variances in job satisfaction (81.4%) and distress (42%). The common contributor to both occupational stress and job satisfaction is staff shortage. Staffing shortage acts as main denominator to impact emotional distress which leads to overall job satisfaction. The result further shows that staff shortage leads to workplace injury and subsequently poor morale. Van Der Doef, M., & Maes, S. (1999) in their book of "A review of 20 years of empirical research of work and stress" elaborate Staffing shortage creates workforce vacuum that impact customer satisfaction directly in this case quality of care which lead to occupational integrity. Workforce consistency scores the highest contributor to job satisfaction and act as domino effect to other categories: lack of team work, workplace injury, emotional distress, burnout, increasing workload, and patients and family dissatisfaction.

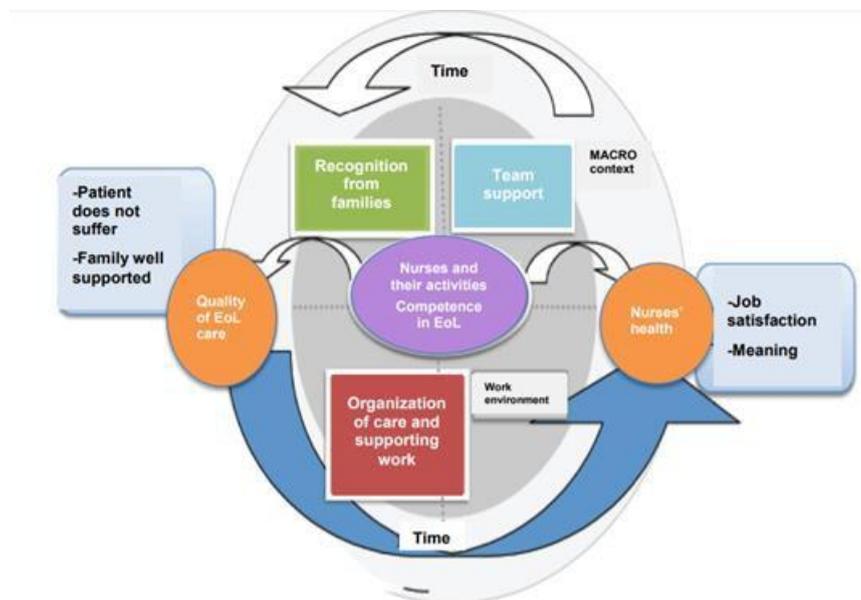
Second highest influencer is emotional demand that leads to emotional distress. According to Vachon, M. L. S. (1999), working in acute care and providing emotional support to patients and families adds stress to an already physically demanding job that just pushes the threshold to max. In many cases patients' recovery plan may not progress as expected therefore add extra emotional distress to patients and families which inevitably transfers to medical doctors and subsequently to nurses. In other cases, patients are not responsive to treatment plan and if they are not cognitive or conscious, families might have to decide to discontinue the treatment plan. Fillion et al (2007) dives into the impact of withdrawal treatment plan on nurses in the International Journal of Stress Management about empirical evidence for an integrative occupational stress-model; either discontinuing the life-support machines and medications or injecting assisted-in-dying medication create moral conflict by ending patients' lives for many nurses. The process is totally legal but not all nurses find it ethical, despite the fact that encouraging the families to not presuming aggressive therapies would prevent ethical and emotional suffering for families and physical pain for the patients.

Nurses rely on their intuitions to provide a critically evaluated assessment; in fact, critical thinking leads the clinical evaluation when it comes to emergency responses (Estryn-Behar & Al 2007). To assure high quality of care, aside the nurse's skills, entire clinical team contribute to wellbeing of patients. In many cases when patients aren't responsive or cognitive, families' input is critical, which leads to recognition and assurance of the nurse competency that she is living up to the expectation. Third contributor is recognition from families and following with doctors and medical team. Recognition plays an important role in nursing fields, it boosts their confidence, increase their job satisfaction and decrease emotional distress.

Physical layout of the unit comes next as major influencer in job satisfaction. A practical design in acute care setting plays a vital role making sure there is sufficient room to provide needed care including privacy for families and alleviating compromising confidentiality (Van Bogaert et al 2009). As part of physical layout; the location of where equipment is located as well as adequate supply and advancement of equipment create a robust workflow and decrease the unnecessary emotional distress.

Collected data made it possible to structure a workflow model and the influencer of work situation of nurses who are working in acute and extensive care, figure 3.

Figure 3



Workflow model of work situation of nurses working in acute care setting

Source: IRSST research team

The nurse is the centre of the model composing her critical skills, activities and challenges. The 4 quadrants represent the nurse's activities impacted by resources, 1) the physical setting, 2) the work

organization, 3) the team work; and 4) the patient and families. The nurse’s activities are direct contributors to quality of provided care and nurse’s own well-being. There is a reciprocating relationship between the two contributors; nurse’s emotional stability is heavily relying on her perception of provide quality of care. According to the collected data nurses measure quality of care by two indicators: 1) absolute patient comfort and not suffering, 2) supporting the families through emotional distress.

Analysed data of first sample group has identified the top four influencers on job satisfaction ranking from high to low: 1) staff shortage, 2) emotional demand, 3) recognition, 4) physical unit layout. Further, the second survey was conducted with registered nurses as well as registered practical nurses in total of 13,668 to highlight the motivational and environmental indicators that nurses perceive to impact their job satisfaction. Again, as female dominated industry only 5% of participants were male and 95% female, with average age of 47 years. The questionnaire had the 5point Likert-Like rating system, from marking 5 as “extremely strong effect in job satisfaction” to marking 1 as “least impactful in job satisfaction” table 5(Appendix A). “Statistical Package for the Social Sciences” (SPSS) software was used to process the data and A  $\Sigma$ Rank Point procedure was applied for ranking the data. Westbrook (1994) explain that by quantifying the collected data, applying statistical analysis one can breakdown the complex phenomena to simple summaries and relative concepts. The descriptive data were inserted to table 1.

Table 1: Motivational and environmental data for 29 indicators (n=62)

Variable	Mean	Mode	Range (min-max)	S.D.
Good nurse manager/leader	4.66	5(n=43)	3-5	.54
Fair salary for job market	4.60	5(n=40)	3-5	.59
Adequate staffing on unit	4.58	5(n=40)	3-5	.62
Supported by manager	4.55	5(n=36)	3-5	.56
Safe work environment	4.50	5(n=42)	2-5	.80
Teamwork on unit	4.50	5(n=37)	3-5	.67
Teamwork nurse/physician	4.48	5(n=38)	3-5	.72
Valued as health professional	4.47	5(n=37)	2-5	.74
Inadequate time for patient care	4.44	5(n=40)	1-5	.93
No tolerance/intimidating behavior	4.40	5(n=36)	2-5	.84
Flexible work schedule	4.39	5(n=31)	2-5	.71
Good relationship with manager	4.39	4-5(n=29)	2-5	.66
Pressure to accept Dr. order	4.39	5(n=37)	1-5	.97
Experience abuse by physician	4.32	5(n=37)	1-5	1.04
Mentor new employees	4.26	5(n=30)	1-5	.89
Valued by organization	4.21	5(n=27)	1-5	.85

Paperwork interferes w/patient care	4.16	5(n=26)	2-5	.87
Good relationship w/physicians	4.12	4(n=31)	3-5	.69
Career development/promotion	4.11	4(n=26)	2-5	.85
Required to work doubles	4.10	5(n=36)	1-5	1.32
Bullying in workplace	4.08	5(n=29)	1-5	1.11
Feeling stressed 3X's week on job	4.08	5(n=27)	2-5	.98
Autonomy in job	4.06	4(n=31)	2-5	.74
Supported by Chief Nurse	3.98	5(n=27)	1-5	1.08
Work faster/more patient turnover	3.98	5(n=25)	1-5	1.08
Education paid time off	3.95	4-5(n=21)	2-5	.93
Floating to other units	3.80	5(n=29)	1-5	1.08
Influence policy development	3.49	3(n=22)	1-5	1.05
Park close to work	3.33	3(n=24)	1-5	1.08

Source: Gay L. Sammons, 2009, A Comparison of factors affecting nurses' job satisfaction in hospital

Base on table 1 descriptive data the top five influencer in nurse's job satisfaction are:

- I. A nurse manager that is a leader
- II. Competitive compensation relative to the marketplace
- III. Adequate staffing
- IV. Feeling supported by management
- V. Feeling safe and well-being

The dominant factor throughout the survey result was; to be treated equally by management. Many instances new hires were paid almost as much as senior nurses, or new hires were treated unfairly with regards to workload or mistreated by senior nurses and doctors. The attitude of more you do more you will be asked to do is vividly felt. Showing favoritism of few staff over other nurses is such moral depleting. By selecting "a nurse manger that is a leader" as the top influencer other related variables fall under the same category of feeling appreciated, feeling supported, being treated equally, feeling engaged, our voice is heard, equal workload, work ethic, bullying, harassment, team work and many more interpersonal leadership influencers. A competitive compensation is one of the hardest one to tackle since it is strictly controlled by union, and mostly hospitals are part of a Central Bargaining Unit, meaning if one location gets a raise in pay other location equally needs to be matched. Third in line as the highest influencer is staffing shortage and adequate staffing to be able to do their job. The patient to nurses ratio is very important; when each unit is short it means they need to take on each other assignment. The master schedule is planned to meet the minimum requirement to begin with never mind to be short-staffed as well. The impact of staff shortage was discussed in detail in first sample group, the trend is identical. Same with staff safety and well-being, the trend is identical

to first sample group data analysis result and the impact is evident that staff health and safety is a top priority in any workplace.

## **6. Implications and recommendations**

The outcome of the research is aligned with existing findings and similar projects. Job satisfaction influencers in healthcare specifically for nurses is almost identical across Canada and USA. The top 10 influencers are shared across many industries, with slight variation of priority, otherwise staff satisfaction impact and denominators are well researched and known. The implications of each factor and influencer in job satisfaction was explained and outlined with credible reference and best practice for each factor in presentation of findings section.

As for recommendations, there are human resource initiatives and best practices that can help to alleviate some of the identified challenges to meet staff expectation and increase job satisfaction in nursing field. Base on first sample group:

staff shortage: there few known factors leading to staff shortage, such as lack of available casual and part time staff to help with leave of absent, vacation and last-minute sick call. Partnering with staffing agencies helps to cover the last-minute shifts, offering over time to entice staff to pick up weekend and night shifts, 12 hrs shift to create more flexible working hours, offering 8 shift-pattern rather than 10 shifts to reduce burnout, implementing attendance support program to help the frequent flyers that call in sick, are few examples to help with staff shortage.

Emotional demand: nursing is such emotional demanding job be nature and just like many other occupations such as police, military and fire fighters it is considered as part of occupational hazard. Employee support and assistance program (EFAP) is a known strategy to support staff in emotional demanding job and avoid emotional burnout. Also making sure respecting nurses' wish to be exempted from implementing assistance-in-dying program or any other treatment withdrawal program that create moral and ethical conflict for nurses.

Recognition: there are three major vehicles of meeting recognition need for nurses; peer to peer, supervisor and doctors, and from families and patients. There many studies that suggest strategies to improve and enhance staff recognition; Koys, D. J., & DeCotiis, T. A. (1991) highlight few approaches such as:

- Taking nurses' input into consideration in important decisions, especially critical patient care through multi-disciplinary care conferences
- Nurses' perception that her contribution matter to organization success

- Constructive one-on-one feedback to ensure their clinical skill and critical thinking competency
- Scheduling ethic meeting with families and patients facilitated by nurses
- Peer to peer staffing recognition program, such as spot award, monthly nurses of month, championship program, and formal staffing recognition ceremony

Physical unit layout: healthcare unit layout design is a well-studied science. The impact of a well-designed acute care unit is tremendous on nurses' workflow, time management, supply efficiency, robust response management, higher patients and family's satisfaction, workplace safety, privacy, and overall staff well-being. Clarke, H et al (2001) in "workplace environments and essential to the solution" dive into many examples that contribute to a well-designed acute care unit:

- More advanced equipment less workers' injury more productivity
- Maximum 34 patients per unit and two patients per room, each unit self-sufficient with nursing station, families and patient lounge, staff room, activity room, dining room and meeting room
- Properly ventilated and climate controlled, contemporary and interactive design so the unit doesn't look like an institution, flooring and all surfaces should antibacterial

## **7. Conclusions**

The result of this research is very similar to previous studies. Job satisfaction and its influencers in healthcare and specifically nurses have been the research topic of many scholars in past two decades due to noticeable increase workforce challenges and staff shortage. The apparent factors and influencers of this study to nurses' satisfaction are 1) staff shortage 2) emotional demand 3) recognition 4) physical unit layout 5) a nurse manager that is a leader 6) competitive compensation relative to the marketplace 7) adequate staffing 8) feeling supported by management and 9) feeling safe and well-being. The study highlighted those nurses expressed the importance of competent leader, respectful working environment and team work. Unlike common perception the pay and extrinsic reward were not the top priorities.

If employees were to focus on only two factors to make a critical improvement, they should focus on staff shortage and emotional well-being. These two factors have ripple effect on almost all other identified elements. Workforce consistency scores the highest contributor to job satisfaction and act as domino effect to other categories: lack of team work, workplace injury, emotional distress, burnout, increasing workload, and patients and family dissatisfaction. Fillion et al (2007) dives into the moral conflict and the impact of withdrawal treatment plan on nurses; either discontinuing the life-support

machines and medications or injecting assisted-in-dying medication create moral conflict by ending patients' lives for many nurses.

The purpose of this project was to discover the key factors to improve job satisfaction for nurses in healthcare settings. The presented outcomes are evident that the goal of the research is met. No unsolved challenges or problem was identified but it's naïve to think there aren't more to discover, because this research relied on secondary data from previously researched subject therefore it is fair to assume different outcome may surface with different study method.

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## Appendix A

Source Table 1 to 4: IRSST 2012

**Table 1.** Description of sample (N = 751) (Study 5)

Continuous variables		Ave.	S.D.	Min.	Max.
Age (years)		41.35	(11.37)	21	76
Nursing experience (years)		17.48	(11.30)	1	42
Years of service in the establishment (years)		11.67	(9.88)	0	40
Number of hours worked/week		33.70	(8.10)	0	88
Categorical variables		Number	Percentage		
Sex	Female	694	92.5		
	Male	56	7.5		
Level of training	College	214	28.8		
	University	530	71.2		
Employment status	Permanent full-time	482	66.9		
	Permanent part-time	181	25.1		
	Temporary full-time	31	4.3		
	Temporary part-time	26	3.6		
Workplace	Establishment (HC)	383	52.0		
	People's homes (CSSS)	326	44.2		
	Hospice	28	3.8		
Fields of practice	Home care	318	42.3		
	Critical care	249	33.2		
	Oncological care	115	15.3		
	Palliative care	69	9.2		

**Table 2.** Variables selected for enriched model (N=751)

Indicator	Ave.	S.D.	Theoretical scope	Real scope	Cronbach's alpha
<b>Organizational demands</b>					
Demands (JCQ)					
Effort (ERI)					
Staffing resources (ORFQ)					
Communication (ORFQ)					
Social hindrance (ORFQ)					
Material resources (ORFQ)					
<b>Professional demands</b>					
Uncertainty concerning treatment (NSS)					
Conflict with physicians (NSS)					
Training opportunities (ORFQ)					
Job skills (ORFQ)					
<b>Emotional demands</b>					
Death and dying (NSS)					
Patient distress (NSS)					
Venting of emotion (NSS)					
Moral issues (SCQ)					
<b>Organizational resources</b>					
People-oriented culture (OPP)					
Reward (ERI)					
Decision latitude (JCQ)					
Recognition (PSYCLI)					
Changes in planned time off (NWI)					
Support from administration (NWI)					

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**Professional resources**

Support from nurse manager (NWI)

Team relations (NWI)

Team support (FI-SI)

Management of teamwork (FI-GE)

---

**Emotional resources**

Self-perceived competencies (PCISP)

---

**Meaningfulness**

Importance (EW)

Work role fit (EW)

Meaning at work (MPW)

Work unit and meaningful work  
(MPW)

---

**Dependent variables**

General job satisfaction (JDS)

Enjoyment (NJSS)

Quality of care (NJSS)

Psychological distress (PDI)

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**Table 3.** *Confirmatory factor analysis with pattern coefficients and fit indices (n = 376) (Study 5)*

Variable	Model A		Model B		Model C	
	Coef. <sup>a</sup>	r <sup>2</sup>	Coef. <sup>a</sup>	r <sup>2</sup>	Coef. <sup>a</sup>	r <sup>2</sup>
Demands (JCQ)						
Effort (ERI)						
Staffing resources (ORFQ)						
Communication (ORFQ)						
Social hindrance (ORFQ)						
Material resources (ORFQ)						
Uncertainty concerning treatment (NSS)						
Conflict with physicians (NSS)						
Training opportunities (ORFQ)						
Job skills (ORFQ)						
Death and dying (NSS)						
Patient distress (NSS)						
Venting of emotion (NSS)						
Moral issues (SCQ)						
People-oriented culture (OPP)						
Reward (ERI)						
Decision latitude/Control (JCQ)						
Recognition (PSYCLI)						
Changes in time off (NWI)						
Support from administration (NWI)						
Support from nurse manager (NWI)						
Team relations (NWI)						
Support within team (FI-SI)						
Management of teamwork (FI-GE)						
Self-perceived competencies (PCISP)						
General job satisfaction (JDS)						
Enjoyment (NJSS)						
Quality of care (NJSS)						
Psychological distress (PDI)						
<b>Fit index</b>	Model A		Model B		Model C	
$\chi^2$ (df)						
P						
$\chi^2/df$						
RMSEA						
CFI						
SRMR						

**Table 4. Confirmatory Factor Analysis, Model D (n = 376)**

Model D	F1	F2	F3	F4	F5	F6	F7	F8
<b>Pattern coefficient</b>								
Demands (JCQ)								
Effort (ERI)								
Staffing resources (ORFQ)								
People-oriented culture (OPP)								
Reward (ERI)								
Recognition (PSYCLI)								
Management of teamwork (FI)								
Support from team (FI)								
Patient distress (NSS)								
Importance (EW)								
Work role fit (EW)								
General job satisfaction (JDS)								
Nurse job satisfaction (NJSS)								
Psychological distress (PDI)								
<b>Inter-factor correlation</b>								
Work intensity (F1)								
Staffing shortages (F2)								
Autonomy (F3)								
Social relations (F4)								
Emotional demands (F5)								
Meaning at work (F6)								
Job satisfaction (F7)								
Emotional distress (F8)								
<b>Fit index</b>								
$\chi^2$ (df)								
<i>P</i>								
$\chi^2/df$								
RMSEA								
CFI								
SRMR								

**Table 5. Second sample group survey questionnaire**

Please rate the effect of each item below on your job satisfaction and your intention to stay in your current position by circling the number of your choice. If you are not currently working in a public hospital, please think back and respond as if you WERE in your public hospital job.

1= no effect on job satisfaction 2= slight effect on job satisfaction 3= moderate effect on job satisfaction 4= strong effect on job satisfaction 5= extremely strong effect on job satisfaction.

1. Having a good working relationship with my manager.	1	2	3	4	5
2. Being valued by my organization.	1	2	3	4	5
3. Having influence on my organization's policy development.	1	2	3	4	5
4. Having a good working relationship with physicians.	1	2	3	4	5
5. Having a fair salary for the job market in my area.	1	2	3	4	5
6. Having autonomy in making decisions within my job.	1	2	3	4	5
7. Being required to work double-shifts.	1	2	3	4	5
8. Being required to float to another unit, "on demand".	1	2	3	4	5
9. Being expected to work faster to increase patient turnover.	1	2	3	4	5
10. Having inadequate time to provide adequate levels of patient care.	1	2	3	4	5
11. Having opportunities for career development and promotion for nurses.	1	2	3	4	5
12. Feeling safe in my work environment.	1	2	3	4	5
13. Having a feeling of teamwork on my unit.	1	2	3	4	5
14. Being treated as a valued health professional.	1	2	3	4	5
15. Having workplace bullying in my unit.	1	2	3	4	5
16. Being able to park close to work.	1	2	3	4	5
17. Feeling supported by my manager.	1	2	3	4	5
18. Receiving paid time off for continuing education	1	2	3	4	5
19. Feeling supported by the organization/Chief Nurse executive.	1	2	3	4	5
20. Feeling pressured to accept a doctor's order that was against my judgment	1	2	3	4	5
21. Experiencing verbal or non-verbal abuse by physicians.	1	2	3	4	5
22. Having a 'zero tolerance' policy for intimidation behaviors in my organization.	1	2	3	4	5
23. Spending too much time on paperwork that interferes with patient care.	1	2	3	4	5
24. Having adequate nurse staffing on my unit.	1	2	3	4	5
25. Having a nurse manager who is a good manager and leader.	1	2	3	4	5
26. Having flexible work scheduling in my unit.	1	2	3	4	5
27. Having teamwork on my unit between nurses and physicians.	1	2	3	4	5
28. Having mentor training and support to new employees in my unit.	1	2	3	4	5
29. Feeling stress on my job at least three times per week.	1	2	3	4	5

Source: Gay L. Sammons, 2009, A Comparison of factors affecting nurses' job satisfaction in hospital