# **ORIGINAL ARTICLE**

# Nurses' Self Perception about Their Job Satisfaction in Public and Private Tertiary Care Hospitals in Metropolitan City of Karachi, Pakistan

Sarfraz Masih and Laila Gulzar

#### **ABSTRACT**

**Objective:** The purpose of the study was to explore and describe the diploma- prepared nurses' self perception about their job satisfaction in a metropolitan city of Karachi, Pakistan. **Study Design:** This study was conducted through cross-sectional quantitative design. **Methods:** A convenience sample of 281 diploma- prepared nurses' from four public and private hospitals was selected. Data were collected using the standardized Index of Work Satisfaction (IWS) questionnaire, which includes six components, and a self developed demographic form. **Results:** The IWS Score for nurses' job satisfaction was 12.4 indicating overall lower job satisfaction. Nurses were neither satisfied nor dissatisfied with their job components, except for 'professional status' and 'interaction' components. 'Professional status' component received the highest ranking for job satisfaction by the nurses, in contrary to 'task requirements' component as the lowest subscale. Also, the 'professional status' was the most important job component for the participants, while the least important component was 'organizational policies'.

Discrepancy was observed in the 'pay' and 'task requirements' scale components. Both components were perceived as important for job satisfaction, but received lower ranking for the level of current job satisfaction.

**Conclusion:** Nurses, at all levels, should be recognized and rewarded for their contributions to improve their job satisfaction and performance resulting in health of their patients, families, and communities.

**Key words:** Nurses, nursing profession, self perception, job satisfaction.

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## INTRODUCTION

Nurses are the backbone of any health care system. Being a very important and critical profession in health, it is very important that nurses have a positive perception about themselves, their profession<sup>1, 2</sup> and their level of job satisfaction. However, nurses' job satisfaction remains low in many countries<sup>3, 4, 5</sup>, including Pakistan<sup>6</sup>.

In Pakistan, anecdotal reports illustrate that several

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steps have been taken to enhance the status of the nursing profession and to mitigate negative stereotypes <sup>1</sup>. It is evident that during the last thirty to forty years, the profession has experienced tremendous growth, which presumably has had a positive effect on its public image <sup>1</sup>. It has been theorized that an improved nurses' job satisfaction is associated with nurses' positive perception of their public image, self- concept, self-esteem, and job performance <sup>7,8</sup>. Nurses' self perception about their level of job satisfaction affects their performance in daily tasks. When nurses perceive dissatisfaction with their job level, then the quality of patient care is affected and vice versa.

Nursing literature has revealed nurses' job satisfaction varied in different contexts of working in the world. Researchers reported that if nurses are satisfied with their job, then nurses' performance is better with nursing care <sup>5, 10</sup>. Also if the patients are satisfied

with the services provided to them by the nurses, then they appreciate the nurses' roles <sup>5</sup>. The level of job satisfaction is also directly associated with the nurses' intent to stay or leave the organization or the country, causing shortages of human resources 4, 16, 17, as well as compromising quality patient care <sup>6</sup>. Numerous studies regarding the nursing profession and nurses' job satisfaction have been conducted all over the world 1, 3, 5, 7 - 15, however, very few studies on the job satisfaction of nurses have been conducted in Pakistan. Therefore, this study was planned to fill a critical gap in developing a better understanding and generating new knowledge about nurses' self perception of their job satisfaction in current time. The purpose of the study was to explore and describe the diploma- prepared nurses' self perception about their job satisfaction, in metropolitan city of Karachi, Pakistan. Research question in the study was 'what was the diplomaprepared nurses' level of job satisfaction in public and private health care settings in metropolitan city of Karachi, Pakistan?

#### **METHODS**

A quantitative, cross-sectional design was conducted to study the 281 diploma- prepared nurses' self perception about their job satisfaction, working at two public and two private hospitals in Karachi. The study population comprised the diploma- prepared nurses of any age, gender, and experience, registered with the Pakistan Nursing Council. For ethical considerations, approval was sought from Ethical Review Committee of Aga Khan University, whereas, written permission and written informed consent were taken from each study setting and participant respectively. Also, codes were assigned in Demographic Form to maintain anonymity of the study participants; whereas data was kept under locked by primary researcher and pass worded electronically. For ensuring confidentiality, names of the study participants and study settings are not mentioned in disseminating the research findings through seminars and publication. A combination of cluster and convenience sampling was used to select units and study participants respectively from each hospital. Data were collected both in Urdu or English language based on the participant's preference, through 'Index of Work Satisfaction (IWS)' and a demographic form. IWS tool has established validity and reliability; developed and revised in 1997 by Stamps <sup>18</sup>. This scale consists of two parts. Part A is designed to compare ranking of factors that nurses perceive to be important to their job satisfaction and part B measures the current satisfaction levels on six dimensions: professional status, task requirements, pay, interaction, organizational policies, and autonomy. The estimated average time was 15 - 20 minutes for the filling and completing the

questionnaires. Pilot study was conducted with 5% (n = 14) of the total sample size from the one public and one private hospital that were not part of the actual study. Data were analyzed using frequencies, percentages, means, the median distribution and the inter quartile range (IQR) tests.

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008. Informed consent was obtained from all patients for being included in the study.

#### RESULTS

A sample of 281 was approached and response rate was 100%. Analysis of demographics data revealed that most of the study participants were female of age ranging between 20 and 30 years, registered nurses, 84 % (236); working full time, 98.9 % (278); and in private hospitals, 57.7% (162). Notably, 60.9% (171) of the participants had nursing education at diploma in general nursing. Most of the participants, 43.8% (123), belonged to the general units, including medical, surgical, cardiology, burn, orthopedics, neurosurgery, ENT, and pediatrics. Selected demographic charact eristics of the participants are presented in Table 1

Table 1: Demographic Characteristics of the Study Participants

	Demographic Characteristics	n (%)
Gender	Male	105 (37.4)
·	Female	176 (62.6)
Age	20 – 30 years	200 (71.2)
	31 – 40 years	56 (19.9)
	41- 50 years	22 (7.8)
	51 – 60 years	3 (1.1)
	Register Nurse/ Staff Nurse	236 (84.0)
Present nursing position	Clinical Nurse Teacher	2 (0.7)
	Shift In-charge	21 (7.5)
	Head Nurse	15 (5.3)
	Supervisor	7 (2.5)
Place of Job	Government	119 (42.3)
	Private	162 (57.7)
Nursing Education	Diploma in General Nursing	171 (60.9)
	Diploma in General Nursing,	
	and Diploma in Midwifery	104 (37.0)
	Diploma in General Nursing,	
	Diploma in Midwifery,	
	and Diploma in Teaching	
	Administration/ Ward Administration	6 (2.1)
Working experience	Less than 1 year	26 (9.3)
as a nurse	1-5 years	143 (50.9)
	6 -10 years	53 (18.9)
	11-15 years	26 (9.3)
	16 -20 years	17 (6.0)
Area (cluster)of	ea (cluster)of More than 20 years	
working	Critical Care Units	93 (33.1)
	General Units	123 (43.8)
	Special Units	65 (23.1)

**Nurses' Levels of Job Satisfaction:** To explore diploma- prepared nurses' level of job satisfaction in public and private health care settings, participants were asked to rate their satisfaction with their job on Likert 1-7 of the IWS (Part B). The majority, 86. 8 % of the participants reported being satisfied with their job. The overall, levels of job satisfaction perceived by the participants are presented in Table 2.

Table 2: Level of Job Satisfaction as Perceived by the Nurses

Level of job satisfaction	Frequency (Percentage %)	
Satisfied with job	244 (86. 8)	
Dissatisfied with job	33 (11. 7)	
Neither satisfied nor dissatisfied with job	4 (1. 4)	
Total	281 (100)	

In Likert scale ranking job satisfaction, most of the nurses rated above 4 between 5-7 scores; however, majority of the rated score were towards 5 score that indicate that nurses were satisfied; but their level of job satisfaction were lower. The IWS Score for nurses' job satisfaction, which included 6 components shown in Table 3, was 12.4, which indicates overall lower job satisfaction and is consistent with results of previous studies that have utilized this tool  $^{18}$ .

In current job satisfaction levels on six dimensions: professional status, task requirements, pay, interaction, organizational policies, and autonomy; in IWS, the highest levels of job satisfaction was observed for the 'professional status' component (5.28) followed by the 'interaction' component (4.33). The lowest rating was observed in relation to the 'task requirements' subscale (3.36). Estimation of the weighted coefficient, which was the same as the ranking of relative importance, revealed that 'professional status' was the most important job component for the participants, while the least important component was 'organizational policies'. Table 3 displays the comparative ranking of factors that nurses perceive to be important to their job satisfaction (component weight coefficient), and the levels of current job satisfaction (component mean

Table3: Descriptive Statistics of the Nurses' Job Satisfaction

Image Scale	Component Weight	Ranking of	Component	Ranking of
Component	Coefficient	Relative	Mean Score	Current Job
	(Part A)	Importance	(Part B)	Satisfaction
Pay	3. 042	3	3.40	5
Autonomy	2. 929	5	3.75	4
Task Requirements	3. 005	4	3. 36	6
Organizational Pol	icies 2. 901	6	3.77	3
Professional Status	3. 612	1	5. 28	1
Interaction	3. 108	2	4. 33	2
Total Scale Score:	177.4 Mea	n Scale Score: 4.03	Index of Work S	Satisfaction Score
(Range: 44 - 30	8) (	Range: 1-7)	1	2. 4

For measuring current nurses' satisfaction levels on six dimensions: professional status, task requirements, pay, interaction, organizational policies, and autonomy; in IWS, with their job in public or private hospitals, the median distribution and the inter quartile range (IOR) of level of current job satisfaction were computed for differences and similarities among the nurses, whereas, significance (p-value) was calculated by the Mann- Whitney U test. Although the median scores of the current level of job satisfaction of the nurses working in public sector (4.10) are higher than the nurses working in private sector hospitals (4.04), indicating perceived higher job satisfaction level of the nurses working in public sector than private sector, there is no statistical significance between nurses' satisfaction with their job in public or private health care settings as shown in Table 4.

Table 4: Median Distribution of the Level of Job Satisfaction of the Nurses, by Place of Job

	Average level of job satisfaction
	Median (IQR)
Place of job	
Public	4.10 (3.77, 4.40)
Private	4. 04 (3.70, 4. 34)
p- value	0.282 (U = 8914.50)

## **DISCUSSION**

Discussion of the Descriptive Statistics of **Demographic Characteristics:** The demographic data (see Table 1) showed that the majority of the participants were female. This is reflective of higher numbers of women vs men in the nursing profession. About half of the nurses were single, and most of the nurses were between the ages of 20 to 30 years. Since these working women are from the middle and low-income families, who support their families financially, being single and earning for their families during their 3<sup>rd</sup> decade of life is getting to be more common. As evident in other countries, in Pakistan also, economic responsibilities have influenced women's decision to marry late <sup>19</sup>. Also, a majority of the nurses had work experience of 1-5 years, illustrating that the participants are young and in the beginning of their professional life. Number of years of work experience is associated to nurses' perception about their job satisfaction 11, 15.

Another finding from the data is that majority, 60.9 % (171), of the participants had a general nursing diploma. The reason for a diploma being the basic level of nursing education among the participants could be that there are a limited number of nursing educational institutions initially for higher education in nursing.

Another reason for the diploma being the basic educational level of the nurses, can be related to the organizational policies, where opportunities are usually given to the senior nurses rather younger nurses to enhance their educational level, particularly, in the public sector.

Discussion on the Descriptive Statistics of the **Responses on the IWS:** The findings of this study revealed that, overall; IWS score for job satisfaction of nurses is low (see Table 3). These findings are compatible with the results of many previous studies that used this IWS tool <sup>18</sup>. Studies by Fung- kam<sup>12</sup> in Hong Kong hospital nurses, and Karanikola, Papathanassoglou, Giannakopoullou, and Koutroubas<sup>20</sup> among Hellenic hospital nurses in Greece also showed that the nurses' satisfaction with their job ranged from moderate to low level. Same evidence is also reported in studies conducted in Iran 4, China 21, Ireland 22, South Africa <sup>23</sup> and Lebanon <sup>24</sup>. Reasons for low job satisfaction among nurses in Pakistan could be increased work load due to shortage of staff, low salary package, lack of professional growth opportunities, lack of support from supervisors, lack of team work, lack of material resources, and inappropriate utilization of nursing skills, as reported by the previous studies 3, 4, 6, 11, 12, 17, 21 - 23, 25

The findings of this study also reveal that nurses working in the public sector are more satisfied than nurses working in the private sector (see Table 4), and this is compatible with other studies conducted in Pakistan <sup>11, 28</sup>. One reason could be that jobs in the public sector in the Pakistani context are considered as secure, with long term benefits at work, particularly upon retirement <sup>11, 29</sup>

The finding that highest level of job satisfaction was observed in the "professional status" component is consistent with results of several other nursing studies throughout the world <sup>3-5,8,9,20-22,25,26</sup>. Reasons for high satisfaction with the "Professional Status" components may be shifts in the trend of nurses' perception about their public image from being viewed negatively to positively, could be related to effects of higher education among nurses and acknowledgment of their contribution by the government official <sup>1</sup>. Contrary to the findings of Fung- kam<sup>12</sup>, in Hong Kong, and Khan, Hassan, Anwar, Babar, and Baber <sup>29</sup> in Pakistan, the 'interaction' component had high level of perceived satisfaction by the participants of this study, as was found in study of Takase, Kershaw, and Burt <sup>8</sup>.

Another very interesting finding in present study was that the 'organizational policies' rated as least important job component (see Table 2). Dissatisfaction of the nurses with organizational policies demands better working conditions for providing good nursing care, which includes effective team work, supportive team management, societal recognition, and sufficient time <sup>2, 13</sup>, but nurses don't seem to value organizational policies as highly important towards their job satisfaction.

This study has implications for the nursing profession. The knowledge that has emerged through this study will add to the body of nursing knowledge about job satisfaction of the nurses in Pakistan, and will serve as a basis for research studies in the future, at the national level. The following recommendations are made for nursing education, practice, and research, resulting in higher job satisfaction of the nurses and better quality of patient care: 1) Pakistan Nursing Council and institutional nursing leadership should strive to create a positive image and working environment for nurses, which will improve provision of safe and high quality care to patients; 2) Nurses, at all levels, should be recognized and rewarded for their contributions to improving health of their patients, families, and communities; 3) and 4), this study can be replicated in other hospitals with larger sample size to enhance generalizability and applicability of findings to the larger nursing community.

# **CONCLUSION**

The diploma- prepared nurses from the selected study settings were asked to examine their self perception about their job satisfaction. Overall, job satisfaction score of nurses on the multi-factor IWS scale was low; whereas majority of the nurses reported being satisfied with their jobs. The 'professional status' and the 'interaction' job components were ranked as more important components contributing to job satisfaction, whereas pay, task requirements, autonomy, and organizational policies were ranked as less important. The level of job satisfaction of the nurses working in the public sector was slightly higher than that of the nurses working in the private sector. The "professional status" component was the most important contributor to job satisfaction for nurses in Pakistan. Nursing leadership should strive to enhance positive working environment for nurses, resulting in improved quality patient care.

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