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Exploration of Work Environmental Factors That Affect Nurse Job Satisfaction in a Hospital Setting

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by

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Abstract

Nurses are experiencing increased stress and dissatisfaction in the health care arena. The

work environment impacts nurses' perception and loyalty to organizations based on

satisfaction versus dissatisfaction, including quality patient care. The purpose of this

study was to explore work environmental factors that affect nurse job satisfaction in a

hospital setting. Marilyn Ray's Theory of Bureaucratic Caring was the theoretical

framework for this study. The research utilized the McCloskey/Mueller Satisfaction

Scale (MMSS) to examine factors in an acute care hospital associated with nurse job

satisfaction. The study invited 130 nurses from a hospital in rural South Carolina to

participate electronically via a link provided through their work email accounts. The

sample included a total of 23 participants that completed the survey, including registered

and licensed practical nurses (RNs & LPNs). The study revealed no significant work

environmental factors that affect nurse job satisfaction. Results of the study indicated

that nurses were neither satisfied nor dissatisfied with their current jobs (M=3.35).

Participants rated the factors that affect job satisfaction in the following order from very

satisfied to least: scheduling, co-workers, interaction opportunities, extrinsic rewards,

praise and recognition, balance and family, professional opportunities, and control and

responsibility.

Keywords: job satisfaction, nursing, caring, factors

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CHAPTER I

Introduction

Nursing is becoming more challenging in the current complex health care arena. Job dissatisfaction in the work place as well as various other factors is why nurses are leaving health care. Promotion of nurse retention and a healthy work environment is critical, as it is anticipated the nursing shortage will reach a significant level in the United States (U.S.) as we move closer to the year 2020. Patient and staff ratios are shrinking, patient acuity levels are higher, and nurses are leaving their profession due to dissatisfaction with the work place (Wood, 2009). Nursing leaders need to explore what factors directly impact the recruitment and retention of nurses to help promote a healthy work environment as well as nurse job satisfaction in the workplace.

There is a considerable body of literature studying the factors that impact nurse turnover. Although low wages and inadequate benefits are often quoted as reasons for leaving the profession, other societal and environmental factors that influence job satisfaction and commitment to the organization are indicated. These include, but are not limited to, job stress, insufficient staffing, opportunity, and work motivation (Pellico, Brewer, & Kovner, 2009). According to Health Resources and Services Administration [HRSA] (2014), projections at the national level mask a distributional imbalance of RNs at the state level. Sixteen states are projected to experience a smaller growth of RN supply relative to their state-specific demand, resulting in a shortage of RNs by 2025; ten of these states are in the West, four in the South, and two in the Northeast, including North Carolina with a projected shortage of 12,900 nurses (HRSA, 2014). The current gap between the supply of nurses and the demand for nurses has affected the hospital

work environment by increasing workload, and has been identified as a factor in nursing retention (Hall, 2007). Retaining nurses in the workforce is important in order to help balance the anticipated variance in the supply and demand of nurses to provide patient care in a hospital setting. A focus on implementing measures that address factors and influence job satisfaction while ensuring quality patient care and improved patient outcomes will be necessary to ameliorate the growing shortage while enhancing retention.

Significance

The growing gap between the supply of nurses and demand of nurses is critical. Nurse leaders must be aware of factors that affect job dissatisfaction in an effort to promote a healthy work environment and positive patient outcomes. Nurses that are currently part of the workforce are leaving their current jobs and some are even leaving the profession. Balancing nursing retention, cost containment, and patient outcomes can be a daunting task for nurse leaders in today's health care arena. Job satisfaction improves morale, retention of staff, and positive outcomes of patient care. The estimated cost to replace an RN is 1.2 to 1.3 times a nurse's annual salary, ranging from $40,000 to $65,000 (Kovner, Brewer, Greene, & Fairchild, 2009). Furthermore, the average cost to replace a specialty nurse is significantly higher. Research is needed to further explore work environmental factors that affect nurse job satisfaction in hospital settings.

Problem Statement

Studies to date have linked increased nurse job dissatisfaction and decreased retention to poor patient care outcomes and the current nursing shortage. Results of these studies provided valuable insight into concepts that influence nurses' perception of their work environment which can be utilized by organizational leadership to enhance job satisfaction as well as quality initiatives impacting patient safety and outcomes of care. Identifying factors leading to increased dissatisfaction is important for organizations to improve overall quality of patient care and positive outcomes.

The U.S. is facing an increased nursing workforce shortage due to a multitude of personal and environmental factors. An estimated 17.5 % of newly-licensed RNs leave their first job within the first year, and one in three (33.5%) leave within two years (Robert Wood Johnson Foundation [RWJF], 2014). Traditionally, healthcare has been led by physicians and healthcare executives with nursing having limited impact on health care decisions that drive practice changes. "Nurses nationwide consistently report that hospital nurse staffing levels are inadequate to provide safe and effective care" (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002, p. 1987).

Job dissatisfaction among nurses contributes to costly labor disputes, turnover, and risk to patients (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011). Improving nurses' working conditions may improve both nurses' and patients' satisfaction as well as the quality of care. In the U.S., nursing workforce projections indicated the RN shortage may exceed 500,000 RNs by 2025 (American Association of Colleges of Nursing [AACN], 2010). Supply and demand will continue to be affected by numerous factors including population growth and the aging of the nation's population, overall economic

conditions, aging of the nursing workforce as well as changes in health care

reimbursement (HRSA, 2014).

As Baby Boomers age and the need for health care grows, the shortage of RNs is

expected to intensify in the near future. Compounding the problem is the fact that

nursing schools across the country are struggling to expand capacity to meet the rising

demand for care given the national move toward health care reform. The AACN is

working with schools, policy makers, nursing organizations, and the media to bring

attention to this health care concern. According to the AACN (2014), the factors

impacting the nursing shortage include:

1. Nursing school enrollment is not growing fast enough to meet the

projected demand for RNs

2. A significant segment of the nursing workforce will reach retirement

age within the next 15 years as 55% of RNs are 50 years or older

3. Insufficient staffing is raising stress level and increasing job

dissatisfaction

4. A shortage of nursing school faculty is restricting nursing program

enrollment

In light of the nursing workforce shortage and the projection for an increased

shortage, retention and job satisfaction is becoming a concern for health care

organizations. Retention is important to prevent organizations from losing the skill set

and knowledge of the expert nurse. Services provided by RNs are becoming more

demanding due to the passage of the Patient Protection and Affordable Care Act

(PPACA) in 2010 (AACN, 2014). With the reported enrollment of 2.6% increase in

entry-level baccalaureate programs in nursing in 2013, this increase is not sufficient to meet the projected demand for nursing services nationwide (AACN, 2014). The solutions to create a sustained improvement to the nursing shortage will need to be more radical than the past shortages and must address many long-term issues. Nursing executives and nurses at all levels must work together to promote nursing job satisfaction and a healthy work environment for the benefit of the patients, staff, and organization. Although studies show nurse job dissatisfaction and a decrease in retaining expert nurses, the public continues to perceive nursing as the most trusted of all health care professions (The American Nurse, 2015).

Purpose

The purpose of this study was to examine work environmental factors that affect nurse job satisfaction in a hospital setting using Marilyn Ray's Theory of Bureaucratic Caring. The McCloskey/Mueller Satisfaction Scale (MMSS) was utilized to determine factors associated with nurse job satisfaction. By identifying work environmental factors that may contribute to nurse job dissatisfaction, nursing leaders and management have an opportunity to make changes that will enhance nurses' satisfaction as well as retention of staff long-term.

Research Question

Data collection and analysis were conducted to answer the following question: What work environmental factors influence nurse job satisfaction in a hospital setting?

Theoretical Framework

Marilyn Ray's Theory of Bureaucratic Caring served as the theoretical framework for this research study. Ray's theory illustrates the practice significance of spiritual and ethical caring in relation to the political, economical, legal, technological, educational, physical, and social-cultural dimensions of complex health care organizations (Turkel, 2007). This theory guides understanding of how nursing can be practiced in contemporary hospital environments. The Theory of Bureaucratic Caring was generated in a hospital organization from a qualitative research study using three research approaches over thirty years ago (Smith & Parker, 2015). The culture of the hospital was a dynamic unity illustrating caring as not only humanistic (physical), ethical, spiritual, social-cultural, and educational but also as part of the structural, political, economic, legal and technological characteristics of a complex organization (Ray, 1989). Ray revisited the theory and discovered that the theory itself incorporated many concepts from the new sciences of complexity (the science of change, interconnectedness, wholeness/holography), and emergence. Reality is composed of neither wholes nor parts but of wholes/parts or holons, the whole is in the part and the part in the whole (Ray, 1989). Ray's theory captures the idea that all systems, including health care systems, are living systems, are both wholes and parts, and depend on networks of relationships, information, choice, and communication to flow (Smith & Parker, 2015). Caring is a relational pattern as it is the flow of nurses' and others' own experiences in the structural context of the organization. Additionally, Ray's research has established the link between caring, economics, and positive patient outcomes (Turkel, 2007).

For the purpose of this study, the concept of Ray's Theory of Bureaucratic Caring was measured via the administration of the MMSS. This tool measured hospital nurse job satisfaction by asking 31 questions relating to job satisfaction. This instrument was grounded in Maslow's theory of hierarchy of needs and Burn's theory of motivation. The MMSS measures nurses' job satisfaction in eight domains: satisfaction with extrinsic rewards, scheduling, family/work balance, co-workers, interaction, professional opportunities, praise/recognition, and control/responsibility (McCloskey & Mueller, 1990). Originally, this instrument was developed for use with hospital staff nurses.

In this study, bureaucratic caring was measured via the MMSS to explore work environmental factors that affect nurse job satisfaction. Nurses value the caring relationship between nurse and patient. It is a challenge for nurses to combine the science and art of caring within the complex health care environment and remain satisfied in their profession. Multiple factors affect the bureaucracy in health care that increase the struggle for job satisfaction. The MMSS measured caring in relation to factors that nurses feel are important to them to care for their patients. Nurses become disappointed with nursing practice and the organization when they are unable to adequately care for patients (Turkel, 2007). Ray recognized that nurses must be able to manage the patient as a whole and balance their needs simultaneously, thus reflecting the level of job satisfaction. Professional opportunities, communication, and balancing family and work are important factors that affect nurses' perception of satisfaction. The MMSS identified levels of satisfaction that could contribute to patient care outcomes and the relationship between the nurse and patient. Nurses that are dissatisfied in their profession could impact patient care negatively and lack ethical-spiritual caring. "People create

organizational cultures and either facilitate their transformation or contribute to their disintegration" (Ray, 1989, p. 40). Nurses that are satisfied with their jobs recognize everything is infused with spiritual-ethical caring by its relational connection to the structure of the organization (Turkel, 2007). Therefore, Ray's theory fits with the total paradigm because the components of nursing, person, health, and environment characterize the nature of nursing practice (Coffman, 2006). The subscales in the MMSS make up components of nursing practice that impact job satisfaction as well as nursing practice overall.

Concepts and Definitions

- Caring – Caring is a complex, transcultural, relational process, grounded in an ethical, spiritual context. Caring is the relationship between charity and right action, between love as compassion in response to suffering and need, and justice or fairness in terms of what should be done. Caring occurs within a culture or society, including personal culture, hospital organizational culture, or global culture (Coffman, 2006).

- Spiritual-ethical caring – Holism and integration of the body, mind, and spirit. Spirituality involves creativity and choice and is revealed in attachment, love, and community. Ethical imperative of caring relates to our moral obligations to others. Spiritual-ethical caring for nursing relates to how facilitation of choices for the good of others can or should be accomplished (Coffman, 2006).

- Educational – Formal and informal educational programs, use of audiovisual media to convey information, and other forms of teaching information are educational factors related to the meaning of caring (Coffman, 2006; Ray, 1989).

- Physical – Factors related to the physical state of being, including biological and mental patterns. The mind and body are interrelated causing each pattern to influence the other (Coffman, 2006).

- Social-cultural – Factors which include ethnicity, family structures, intimacy with friends/family, communication, support, involvement, and structures of cultural groups, community, and society (Coffman, 2006).

- Legal – Legal factors related to the meaning of caring which include responsibility and accountability; rules and principles to guide behaviors such as policies and procedures; informed consent; rights to privacy; malpractice and liability issues; client, family and the practice of defensive nursing (Coffman, 2006; Ray, 1989).

- Technological – Factors which include non-human resources, such as machinery, diagnostic tests, pharmaceutical agents, and the knowledge and skill needed to utilize these resources (Coffman, 2006).

- Economical – Factors related to the meaning of caring which include money, budget, insurance systems, limitations, and guidelines imposed by managed care organizations to maintain the economic viability of the organization (Coffman, 2006).

- Political – Political factors and the power structure within health care administration influence how nursing is viewed in health care and include patterns of communication and decision making in the organization. Other political factors include role and gender stratification among nurses, physicians, and administrators; union activities; government and insurance company influences;

uses of power, prestige, and privileges are competition for scarce human and material resources (Coffman, 2006; Ray, 1989).

Summary

Nurses' job dissatisfaction can create negative issues at the unit and organizational levels including poor patient outcomes, increased safety concerns, financial strains, and increased poor nurse morale. Understanding why nurses leave nursing as a career or leave organizations is the key to nurse retention. Identifying environmental factors that may affect nurse job satisfaction allows health care employers an opportunity to implement changes that may increase job satisfaction and nurse retention.

CHAPTER II

Research Based Evidence

The nursing work environment is complex with many variables affecting the nurse's perception and work satisfaction. The strongest predictor of nurse job dissatisfaction and intent to leave a job is personal stress related to the practice environment. Various causes of job stress include patient acuity, work schedules, poor physician/nurse interaction, new technology, staff shortages, unpredictable work flow or work load, and the perception that the care provided is unsafe (Groff Paris & Terhaar, 2010). Furthermore, job stress varies from one unit to another in a hospital setting. Current research findings indicate that health care work environment affects nurse job satisfaction, which in turn negatively impacts nurse retention.

Previous studies of nursing retention, job satisfaction, and quality of care have shown a positive correlation between all three variables. Healthy work environments have been shown to affect nurses' satisfaction, reduce turnover, and provide a lower degree of job stress and burnout among nurses. Work environments that lack respect for nurses, collaboration, encouragement of professional growth, and recognition were not considered favorable practice environments for retention (Mays, Hrabe, & Stevens, 2010; Ritter, 2011). The retention of current nurses is an important factor in the stability of the health care system. Nurses are the largest group of health care professionals in the workforce, and the provision of 24-hour care is a basic element of acute care nursing.

Current research findings indicated that health care work environment affects nurse job satisfaction, which in turn could negatively impact nursing retention. The literature review consisted of multiple articles focusing on environmental factors and the

influence the environment has on nurse's work. A comprehensive online search was conducted using a variety of databases. Databases searched included Cumulative Index for Nursing and Allied Health Literature (CINAHL), SAGE Journal Online, PubMed, and Medscape. The literature review consisted of eight articles focusing on environmental work factors affecting nurse job satisfaction in a hospital setting. The literature is divided into two sections: environmental work factors and nurse job satisfaction. Terms utilized in the search include; nursing, caring, job satisfaction, quality, patient satisfaction, theory of caring, work environment, retention, factors, and turnover.

Review of Literature

Environmental Work Factors

Djukic, Kovner, Budin, and Norman (2010) explored a study on the effect of perceived physical work environment on job satisfaction, adjusting for multiple personal, organizational, and economic determinants of job satisfaction (Djukic et al., 2010). This study used a cross-sectional predictive design and a web based survey tool to evaluate job satisfaction. The tool included 34 questions with 18 Likert-type measures.

The study was conducted in a New York Medical center inviting 746 nurses to participate. Of those invited, 362 nurses responded for a 48.5% response rate. Of the sample size 92.7% was female and 7.3% was male; 3.6% held an associate degree, 87.9% a baccalaureate, and 9.3% a master's or doctorate degree (Djukic et al., 2010).

The researchers found that respondents reported a median level of job satisfaction at 2.0 revealing that nurses were neither satisfied nor dissatisfied with their job. Respondents reported a below average physical work environment (M=2.9, SD=2.2). Although physical environment was related to job satisfaction (r=0.256, p=0.01), no

effect of physical work environment on job satisfaction was found (Djukic et al., 2010). The limitations of this study included the limited sample size and sites from which the research was conducted.

The results of this study revealed that although nurses are aware of the physical deficiencies that exist in their work environments, nursing job satisfaction is not affected directly (Djukic et al., 2010). More research is needed to explore effects of the physical work environment on job satisfaction. The researchers suggested that hospital systems considering building new buildings should include nurses into the planning phase to gain insight into what environmental factors would benefit both patients and nursing staff (Djukic et al., 2010).

Hayhurst, Saylor, and Stuenkel (2005) conducted a quantitative study to describe work environmental factors and the relationship to RN retention in a county hospital. The study sample included direct care RNs from various units on all shifts at a large tertiary county hospital in Northern California. A total of 692 questionnaires were distributed and 272 returned.

The researchers used a demographic questionnaire and the Moo's Work Environmental Scales (WESs) Form R, a 90-item true/false questionnaire designed to examine peer cohesion, supervisor support, autonomy, and work pressure. Scores were compared between nurses who remained on respective nursing units for 18 months and nurses that left during the 18 month period (Hayhurst et al., 2005).

The WES peer cohesion subscale reflected how supportive and friendly co-workers were toward each other. Results indicated nurses who remained during the 18 months of the study reported higher perceptions of friendliness and support from co-

workers than nurses who left during the 18 months of the study. Hayhurst et al. (2005) reported peer cohesion was higher for nurses who remained versus nurses that left during the 18 month study period.

The supervisor support subscale of the WES reflects the level of support managers, and supervisors were perceived to possess by nurses. Higher perceived supervisor support was reported from nurses who stayed versus nurses who left the unit, but scores were lower than the norm for both groups established by Moos (1994) for the Health Care Work Group. The work pressure subscale measured the degree that work demands and time pressure dominate the job. A lower level of work pressure was reported for nurses who remained than nurses who left.

The variables analyzed had been previously shown to affect nurses' job satisfaction and commitment to remain in their current jobs. Less work pressure, greater peer cohesion, supervisor support, and autonomy were reported from nurses who remained on the units than from nurses who left during the 18 month study period.

The study revealed nurses may have elected to stay in current positions because of social and collegial support even though other factors may not have been ideal. Data suggested nurses aged 20-29 years old and nurses with less than two years of experience were more likely to leave the unit. The study reported managers and leaders displaying a nurturing leadership style, physical presence, supportive attitudes toward staff issues, and an ability to resolve nurses' concerns, may also increase nurses' job satisfaction. Managers' empowering behavior is related to confidence and increased staff productivity as well as quality patient care, fewer complications, and greater patient satisfaction (Hayhurst et al., 2005). Work environment characteristics may influence RNs'

perceptions of job satisfaction and the decisions to remain on a unit or within an organization. Focusing on a supportive work environment enables nurses to provide quality patient care, enhances self-esteem, increases job satisfaction and provides cost savings to health care organizations (Hayhurst et al., 2005).

Lanbrou, Merkouris, Middleton, and Papastavrou (2014) conducted a systematic review aimed at exploring the impact of the professional practice environment on nurses' job satisfaction. Fourteen studies were identified through a systematic search of the literature. Only studies that examined factors correlating the nursing professional practice environment and job satisfaction were eligible for the research. Data extraction and analysis of the studies examined revealed three main areas: (1) correlations of the professional practice environment and nurses' job satisfaction, (2) resource adequacy, and (3) quality of care (Lanbrou et al., 2014).

The search for literature was performed between September and December 2012 and updated in June 2013. Relevant literature was searched across four databases including: Pubmed, Google Scholar, Embase, and CINAHL. The aim was to find studies published between 2000 and June 2012 that examined correlations between nursing professional practice environment and job satisfaction. The authors reviewed all papers according to the following inclusion criteria: (1) correlational studies, (2) measured nurses' perceptions about professional practice environment in relation to job satisfaction, (3) samples of nurses, physicians or both, (4) measured job satisfaction or dissatisfaction, and (5) English language articles (Lanbrou et al., 2014). Studies examining specific dimensions of the work environment such as leadership, intention to leave, burnout, and patients' satisfaction were excluded.

The researchers selected papers for methodological quality prior to inclusion in the review using a standardized critical appraisal instrument adapted for correlational studies. This assessment tool measured overall quality based on research design, sampling method, measurement, and statistical analysis. The tool was comprised of 13 items, with a possible maximum score of 13 and all items were given a weight of one point each. Content analysis was used to synthesize the results from the studies.

The study reported the quality assessment of the 14 studies was all found to be of prospective/retrospective design, with six of them having random or convenience samples. Three did not justify the sample size and only two had samples drawn from more than one site. Anonymity was protected in nearly all of the studies and only four of the studies' response rates were below 60%. Of the studies utilized, 14 used a valid and reliable instrument to measure the variables, but internal consistency was measured only in five of them. The Practice Environment Scale of the Nursing Work Index (PES-NWI) and The Nursing Work Index-Revised (NWI) were the instruments used in most of the studies.

Lanbrou et al. (2014) reported evidence that nurses' perceptions of the professional practice environment and resource adequacy are related to nurse satisfaction and patient outcomes such as nurse perceived quality of care. Positive changes in the work environment result in a higher employee retention rate, which leads to better teamwork, increased continuity of patient care, and improvements in patient outcomes. Every health care organization's goal is to systematically develop and reinforce organizational strategies, structures and processes to improve quality patient care and employee job satisfaction. Health work environments are linked to nurse retention,

reduced turnover, increased attraction, job satisfaction, and lower degree of job stress and burnout (Lanbrou et al., 2014). Hospital officials need to work towards implementing a positive work environment so that the nurses' job satisfaction is secured at the highest possible level, particularly in this current and worsening world financial crisis.

For this study, the correlation between professional practice environment as a whole and job satisfaction was limited. Many of the selected studies showed increased percentages of nurses in hospitals with poor environments report high burnout levels and dissatisfaction with their jobs. Better care environments reported more positive job experiences and fewer concerns with care quality and patients had lower risks of mortality (Lanbrou et al., 2014). Management and leadership are important for the delivery of good health services. The authors concluded that the work environment is an important factor in the recruitment and retention of health workers as well as influence the quality of care and patient safety. When health professionals are satisfied with their jobs, rates of absenteeism and turnover decrease, morale and productivity increase, and work performance as a whole improves (Lanbrou et al., 2014).

A cross-sectional study was conducted by Kalisch, Lee, and Rochman (2010) to explore the level of nurse job satisfaction based on occupation and current role on their individual units. The researchers hypothesized that individual nursing staff characteristics, patient unit characteristics, and teamwork influenced the level of job satisfaction among nurses. The Nursing Teamwork Survey (NTS) was utilized to measure nursing teamwork. The NTS is a 33 item questionnaire with Likert-type scaling system with ratings ranging from (1) rarely to (5) always. The NTS was used to survey inpatient nursing unit teams. Questions on the NTS relate to staff characteristics

(education, experience, and gender), work schedules, perceptions of staffing levels, satisfaction with current position, and satisfaction with their occupation. Additionally, participants completed demographic questions relating to how many patients they provided care for on previous shifts worked, highest level of education, age, gender, years of experience, schedule, and amount of overtime within the last three months (Kalisch et al., 2010).

For this study, the NTS was distributed to a sample of 3675 nurses who were employed by four Midwestern hospitals, one Southern hospital and 80 different patient care units with a return rate of 55.7%. The sample included 71.3% nurses, 16.5% assistive personnel, and 7.8% unit secretaries. Of the 71.3% sample of nurse respondents, 1.4% was Licensed Practical Nurses (LPNs), 62.3% was over 35 years of age, 55.7% held a Baccalaureate Degree in nursing, 8.3% were male, and 83.8% of the staff worked full time (Kalisch et al., 2010).

The researchers found on hospital units, staff members who perceived staffing as adequate also had higher levels of job satisfaction ($p<0.001$). Moreover, staff members who rated teamwork higher also had higher levels of job satisfaction ($p<0.001$). According to Kalisch et al. (2010), the type of nursing unit impacted staff job satisfaction. Staff working in the emergency units reported higher levels of satisfaction opposed to those on the medical/surgical units ($p<0.001$). Unit secretaries ($p<0.05$) and nursing assistants ($p<0.001$) reported less likely to be satisfied with their occupation when compared to nurses. This study was limited due to data collected across only five hospital systems making it difficult to generalize the findings. Additionally, teamwork was rated on self-reporting rather than an observed behavior (Kalisch et al., 2010).

The results of the study suggested improving teamwork on nursing units would lead to improvements in job satisfaction. Nurses who are not satisfied in their current position are more likely to leave the organization than their counterparts (Jones, 2008). Nurse leaders need to be aware of the factors that affect job satisfaction in an effort to promote retention.

Nurse Job Satisfaction

Lephalala, Ehlers, and Oosthuizen (2008) conducted a quantitative exploratory descriptive research to study factors influencing nurses' job satisfaction in selected private hospitals in England. Herzberg's Theory of Motivation was used as a conceptual framework for collecting and analyzing data. A private group of 21 hospitals was utilized in the study during January and February 2006. Random sampling was used to select the participating five out of the 21 hospitals, as each hospital had an equal and independent chance of being selected (Lephalala et al., 2008).

A self-completion questionnaire was used to obtain data relevant to the study to answer the research questions. A total of 182 professional nurses worked at these five hospitals. Each nurse employed during January and February 2006 received the questionnaires. The researchers provided 182 questionnaires to the nursing staff with only 85 (n=85) completed and returned.

A pre-testing of the questionnaire was conducted with eight professional nurses working at one of the hospitals excluded from the actual study. Results obtained from the pre-test were similar to those obtained during the actual data collection, indicating the information remained reliable, amounting to test-retest reliability.

In this study, factors influencing nurses' job satisfaction were accepted to be a true reflection of reality based on the literature review, evaluations by two nurse researchers and a statistician, and by contextualizing the data collection and analysis within Herzberg's theoretical constructs. Data analysis commenced after no further completed questionnaires had been received for three successive weeks. Of the 85 respondents, 32.94% were 50 years or older and may retire within the next five to ten years (Lephalala et al., 2008). The nurses' ages could influence the expected rate of turnover in the participating group of private hospitals in England within the future. Results indicated the majority of participants were female, married, and had dependents, implying that they had to combine their nursing responsibilities with those of being mothers and wives.

According to the authors, in terms of Herzberg's Theory of Motivation, the most important extrinsic (hygiene) factor was no satisfaction with their salaries compared to nurses' salaries in other private hospitals in England, the national health care system, or their own hospital (Lephalala et al., 2008). Extrinsic factors investigated included working conditions, organization and policy, group cohesion, supervision, and salaries. Most nurses were satisfied with organization and administration policies, supervisors, and interpersonal relations (Lephalala et al., 2008). Intrinsic factors investigated for this study included work itself, recognition, achievement, advancement, and responsibility The most important intrinsic factors influencing nurses' job satisfaction was their lack of satisfaction with promotion, lack of advancement opportunities and being in dead-end jobs, and lack of involvement in decision- and policy-making activities (Lephalala et al., 2008). Additionally, the highest percentage of no satisfaction was accorded to salary as

67.53% of the respondents indicated they would leave their hospitals for better remuneration.

Levels of job satisfaction might be enhanced if promotion policies could be consistent, advancement opportunities implemented, qualifications considered for promotions, salary issues clarified, and nurses involved in more decision-making opportunities. Job satisfaction is an essential element for the maintenance of the workforce of any organization. Lack of job satisfaction for employees not only leads to high turnover rates, but could be detrimental effects on the individual (Lephalala et al., 2008).

A descriptive correlational study by Rosales, Labrague, and Rosales (2013) was conducted to determine the level of job satisfaction and burnout among nurses in three government hospitals in Samar, Philippines. A Job Satisfaction Survey (JSS) by Paul E. Spector and Maslach Burnout Inventory (MBI) by Cristina Maslach were administered to the participants.

A non-probability purposive sampling was utilized in this research. Forty-eight permanent nurses from three identified Philippine government hospitals in Samar were recruited to participate in the study. For the purpose of this study, inclusion criteria were set among nurses as follows: (1) nurses with permanent status, (2) three years hospital experience, (3) nurses who consented to participate, and (4) nurses presently working in three identified hospitals (Rosales et al., 2013). For gathering data, subjects were approached personally and professionally at the time convenient to them.

To determine the nurses' level of job satisfaction, the researchers used a 6-point Likert scale (JSS) comprised of 36 items with a total of nine subscales, which were

presented either positively or negatively. Each of those facets is assessed with four items, and a total score is computed from all 36. The level of burnout among nurses was measured with a questionnaire (MBI) comprised of three subscales namely Emotional Exhaustion, Depersonalization, and Lack of Personal accomplishment, with a total of 22 items (Rosales et al., 2013).

For this study, data was computed and analyzed utilizing the Statistical Package for Social Sciences (SPSS version 11.0). Descriptive and inferential statistics were utilized to analyze the data. The Pearson coefficient correlation and Fisher's T-test were utilized to determine correlation of variables and significance of the correlation respectively (Rosales et al., 2013).

Results of the study indicated most of the participants were female (96%) and married (73%). Of the 48 participants, 25% ranged in age from 45-49 years old and 52% held staff nurse positions. Among the nine subscales, nurse-respondents claimed to be dissatisfied with fringe benefits, promotion, pay, contingent rewards, operating conditions, and communications (Rosales et al., 2013). The lowest weighted mean was fringe benefits (36.75%) and the highest mean was nature of work (58.33%).

Researchers reported emotional exhaustion as the highest weighted mean followed by lack of personal accomplishment and depersonalization. In relation to the level of job satisfaction and nurses' level of burnout, job satisfaction was significantly related to emotional exhaustion, depersonalization, and accomplishment. The study revealed nurses were slightly unsatisfied with their work. Nature of the work, which refers to roles, tasks, or responsibilities of an employee, posted the highest rank among the nine subscales and indicated nurses were slightly satisfied in their type of work done.

The majority of the participants reported mixed feelings of job satisfaction and dissatisfaction. Findings from the study suggested that nurses must be free from burnout and must be satisfied in their job. Satisfied workers tend to be more creative, productive, and committed (Rosales et al., 2013). Moreover, highly satisfied and free from burnout, nurses will be effective in rendering quality nursing care since their ultimate goal is the patient satisfaction.

Pietersen (2005) examined the job satisfaction of nursing staff at a government hospital located in the Capricorn District of the Limpopo Province, South Africa. A cross-sectional survey design was employed to collect job satisfaction data from the target population within a relatively short time frame. The hospital had a nursing staff of 400 nurses of which the majority was females. A systematic random sample of 200 nurses, excluding managers, was selected for the study. The Job Satisfaction Questionnaire (JSQ) was used as the instrument for the study which includes a 6-point Likert-type response scale varying from (1) strongly disagree to (6) strongly agree.

The author collected data through the administration of the JSQ and distributed the questionnaire among nursing staff at the hospital. Participants were given a week to complete the questionnaire and return the questionnaires in conveniently placed boxes at the respondent's workplace (Pietersen, 2005). After data was collected, the researcher entered the results into the Statistical Package for Social Sciences (SPSS version 12.0). A total of 109 questionnaires were completed and returned to the researcher.

The author indicated there was no clear difference between general levels of job satisfaction and dissatisfaction, although more respondents were dissatisfied (56%) than those satisfied (44%) (Pietersen, 2005). The findings indicated that staff was more

satisfied with the job itself than with promotion. Additionally, the author concluded that respondents were mostly dissatisfied with all four extrinsic factors measured in the study including: (1) not satisfied with their working conditions, (2) dissatisfied with their supervisors, (3) majority were unhappy with pay, and (4) respondents felt the organization did not support them.

It is evident from the study that low levels of job satisfaction are associated with high turnover rates. The findings indicated that nursing staff at the hospital were not clearly satisfied or dissatisfied. However, some specific factors could positively influence decisions of nursing staff to stay at the hospital. Those factors include: (1) most of the participants indicated that their jobs were worthwhile, (2) more than half indicated they found it satisfying to take care of their patients, and (3) most of the participants indicated there was financial stability in the organization (Pietersen, 2005). Nursing shortages will continue to increase in the future. An important reason is that staff retention is associated with job satisfaction.

MacKusick and Minick (2010) conducted a qualitative study exploring reasons registered nurses had chosen to leave the profession. A phenomenological research design was chosen to reveal the complex issues influencing RNs' decisions to leave clinical nursing practice. Sample selection and recruitment included RNs with a minimum of one year of clinical practice and no clinical experience within the last six months. Registered nurses in supervisory or educational roles were excluded. Additionally, RNs who allowed their license to lapse were also excluded from the study. Recruitment was done by the snowballing technique. Ten semi-structured interviews were conducted in 2007 (MacKusick & Minick, 2010). The researchers audiotaped and

field notes were made during the interview. Interpretative analysis was shared with research colleagues to ensure appropriate interpretation was being made. Themes emerged from the transcripts as analysis continued.

The majority of the participants were female, Caucasian, and ages 40-49. Fifty percent of the RNs worked on a medical-surgical unit with years of experience ranging from one to 18 and the number of RN positions ranged from one to six (MacKusick & Minick, 2010). In discussion of the decision to leave clinical nursing, three common themes were identified: (1) unfriendly workplace, (2) emotional distress related to patient care, and (3) fatigue and exhaustion.

The study results concluded that experiences as a newly licensed RN directly impact individual perceptions related to the profession. "An estimated 30-50% of all new RNs elect to either change positions or leave nursing completely within the first three years of clinical practice" (MacKusick & Minick, 2010, p. 335). A majority of participants felt a lack of support in the workplace at many levels and these RNs were most troubled when the lack of support arose from their peers. Additionally, participants reported episodes of belittling confrontations, sexual harassment, or gender abuse with coworkers. The researchers reported a lack of collaboration between physicians and staff; family member's wishes were not being respected; and the unfriendly work environment and emotional distress led to the reported fatigue and exhaustion. The authors posited that retention of nurses should focus on the work environment by recognizing and eliminating the damaging aspects contributing to a collapsing work environment (MacKusick & Minick, 2010).

Strengths and Limitations

A review of literature found an abundance of studies conducted on work environmental factors that affect job satisfaction in a hospital setting (Djukic et al., 2010; Hayhurst et al., 2005; Lanbrou et al., 2014; Kalisch et al., 2010). Research has centered on identifying the factors that affect nursing job satisfaction. Due to the breadth of the topic, each study revealed different factors that affect job satisfaction and retention (Lephalala et al., 2008; Rosales et al., 2013; Pietersen, 2005; MacKusick & Minick, 2010).

As revealed by the review of literature, the work environment may impact job satisfaction versus dissatisfaction leading to turnover by hospital staff nurses. The intent of this study was to measure nurses' perceptions of factors in the work environment that affect their level of satisfaction. The results of the study may aid nurse leaders in identifying negative environmental work factors as well as positive factors that impact their organization and/or retention of staff nurses. Results of this study provided invaluable information for nurse managers to utilize in creating a healthy work environment as well as implement changes to retain staff nurses.

CHAPTER III

Methodology

Retention of hospital staff nurses is becoming a priority for nursing leadership. Nursing turnover is costly to health care organizations and reduces the quality of care provided to patients. When nursing units are short staffed, the ultimate cost may be displayed in patient safety and outcomes of care. Needleman, Buerhaus, Mattke, Stewart, and Zelevinsy (2002) and Atencio, Cohen, and Gorenberg (2003) reported that increased RN presence was associated with shorter length of stays, lower rates of urinary tract infections, pneumonia, shock or cardiac arrest, and failure to rescue. To reduce nurse job dissatisfaction and turnover, nursing leadership must identify items that are affecting this issue to retain staff employment and improve patient outcomes. Job satisfaction and/or dissatisfaction are the strongest predictors of intent to remain or exit employment in health care (Atencio et al., 2003).

The purpose of this study was to examine the work environmental factors that affect nurse job satisfaction in a hospital setting. The research question for this study included:

What work environmental factors affect nurse job satisfaction in a hospital setting?

This descriptive statistical research explored factors that affect nurse job satisfaction in a hospital setting. The following chapter presents the design, sample, setting, informed consent, data collection procedure, and data analysis procedure used in this study.

Research Design

A descriptive statistical research design was utilized to explore work environmental factors affecting nurse job satisfaction in a hospital setting. The target participants included all acute care licensed nursing staff, RNs and LPNs, in a rural hospital in South Carolina. The researcher disseminated a Survey Monkey link electronically using work email accounts approved by the local hospital for distribution. An explanation of the study requirements and questionnaire were provided to all potential participants prior to taking the survey. The survey packet included a cover letter consisting of a consent form and the MMSS questionnaire. All completed surveys were forwarded electronically to Survey Monkey after completion of the questionnaire. All responses were gathered on the researcher's private computer with password protection. Written permission to conduct the study at the 125-bed acute care facility was obtained by the Executive Administrative Team prior to the study.

Setting and Sample

This study was conducted in a 125-bed acute care facility in South Carolina. The study explored work environmental factors that affect nurse job satisfaction. The researcher posted a survey link to the employees' email accounts and invited nurses to participate in the study. The survey was open for 14 consecutive days to collect data electronically before closing of the survey collector link by the researcher.

The sample was a convenience sample consisting of all nurses employed at the acute care facility who consented to participate voluntarily in the study. Nurses were invited to participate in the study via a survey link posted to their work email accounts. Data was collected from nurses working on a medical-surgical unit, intensive care unit,

women's health center, out-patient surgery, surgery, and emergency department. No

monetary gifts or any other compensation was awarded to any participants. The hospital

used in this study is an acute care facility located in a rural area in South Carolina.

Design for Data Collection

Following IRB approval from the University and hospital administration

approval, information regarding the study was presented to the participating hospital's

nursing leadership team. The researcher disseminated study information to staff nurses

via flyers and the snowballing technique. A survey packet was disseminated to nurses

via their work email account. The individual data was collected via Survey Monkey and

stored on a password protected computer and locked in a file managed by the researcher.

Measurement Methods

For this study, no demographic data was collected from any participant. Approval

was granted to utilize the MMSS from the University of Iowa. This questionnaire was

disseminated to participants via their electronic work email account. The MMSS was

used to explore work environmental factors affecting nurse job satisfaction in a hospital

setting. The MMSS is a tool utilized to measure nurse job satisfaction of staff nurses.

This tool measures eight domains of satisfaction which include: extrinsic reward,

scheduling, balancing family and work, coworkers, interaction opportunities, professional

opportunities, praise and recognition, and control and responsibility (McCloskey &

Mueller, 1990). The MMSS is a self-administered questionnaire consisting of 31

questions measured on a 5-point Likert scale: 5= very satisfied, 4= moderately satisfied,

3= neither satisfied nor dissatisfied, 2= moderately dissatisfied, and 1= very dissatisfied

(McCloskey & Mueller, 1990). The scores for the subscales were summed and divided

by the total number of items to obtain a mean score. The overall mean for the global satisfaction score was obtained as a general measure of nursing satisfaction. For each subscale, a mean score was obtained by summation of scores and dividing by the number of items.

Reliability and Validity

The MMSS tool is a reliable and valid measure used to survey staff nurses' job satisfaction. The global scale = 0.64 in six month intervals. The scale has an established reliability coefficient range from .52 to .84 for each subscale. The Cronbach alpha for the global scale is .89 (McCloskey & Mueller, 1990). Internal consistency and test-retest reliabilities are reported as well as checks for criterion-related and construct validity (McCloskey & Mueller, 1990).

Protection of Human Subjects

Participating in research is paramount if nurses are to remain current on evidence-based practice and to expand their knowledge about the nursing profession. Participation in this study was voluntary and participants could not be linked with responses. Completion of the survey served as consent for all subjects' participation. There were no identified risks to participate in this study, nor repercussions or penalties inflicted on those who chose not to participate. The participants' anonymity was maintained by instructing participants not to include any identifying marks on the survey or questionnaire and the questionnaire did not request any identifying information of the subject. Study approval was sought from the University's Institutional Review Board as well as the hospital Administrative Team.

Data Collection

Data collection was conducted by nurses completing the MMSS electronically. Upon completion of the survey, results were compiled and emailed to Survey Monkey and stored on a private computer with password protection. Data was collected for a period of 14 days electronically via a survey link to the nurses' hospital email accounts.

Data Analysis

Analysis of collected data was determined if work environmental factors affect nurse job satisfaction in a hospital setting. Data was entered into the researcher's personal computer and analyzed using the Statistical Package for the Social Sciences (SPSS). The MMSS data was analyzed using descriptive statistics for each subscale of the MMSS. An overall mean for the global satisfaction score was obtained as a general measure of nursing satisfaction.

Summary

As revealed by the review of the literature, the work environment may be a cause of job dissatisfaction leading to nurse turnover in hospital settings. The intent of this study was to determine if work environmental factors affect nurse job satisfaction. The results of this study may help leaders identify factors that affect nurse retention. The implications for nurse managers are to implement changes to create a healthy work environment that will recruit and retain nurses (Ritter, 2011).

CHAPTER IV

Results

This chapter provides an overview of the sample for this study and provides the results from the analysis to answer the research question: What work environmental factors affect nurse job satisfaction in a hospital setting using Marilyn Ray's Theory of Bureaucratic Caring?

Sample Characteristics

For this study, data collection was obtained utilizing employees' email accounts soliciting the voluntary participation of nurses. There were 130 nurses, RNs and LPNs, invited to participate in the study. A total of 23 nurses voluntarily completed the survey in response to the research   (n = 23). The study was posted to employees' email accounts via a Survey Monkey link on September 28, 2015 and closed on October 12, 2015. The survey was open for a total of 14 consecutive days to allow participants ample time to freely participate in the study. Daily results of the number of participants completing the survey are posted in Figure 1.
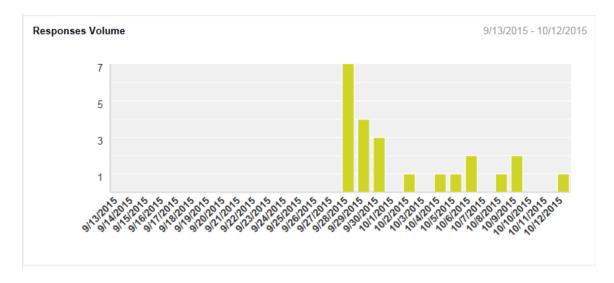

Figure 1: Participant Response Volume

Major Findings

The MMSS was used to evaluate the nurses' level of satisfaction utilizing a global score and the factors that affect nurse job satisfaction using eight subscales (i.e. satisfaction with extrinsic rewards, scheduling, balance of family and work, co-workers, interaction opportunities, professional opportunities, praise and recognition, and control and responsibility) with three to five items under each subscale that are specific to the element of job satisfaction (See Table 1). Each standard was assessed using the responses to each question attributed to the subscale using a Likert scale. The answers on the MMSS were scored using a scoring scale of one to five: 1 = very dissatisfied, 2 = moderately dissatisfied, 3 = neither satisfied nor dissatisfied, 4 = moderately satisfied, and 5 = very satisfied. For the purpose of this research study, a global score and subscale score of 3.5 or greater indicated the nurse was satisfied in their current position and a global score and subscale score of less than 2 indicated the nurse was dissatisfied in their current position.

Table 1

MMSS Subscale Questions

MMSS Subscale	Question Number
Extrinsic Rewards	1, 2, 3
Scheduling	4, 5, 6, 8, 9, 10
Balance of Family and Work	7, 11, 12
Co-workers	14, 15
Interaction Opportunities	16, 17, 18, 19
Professional Opportunities	20, 21, 27, 28
Praise and Recognition	13, 24, 25, 26
Control and Responsibility	22, 23, 29, 30, 31

The MMSS global and subscales scores were examined utilizing descriptive statistics. Results indicated nurses surveyed in this study were neither satisfied nor dissatisfied in their current position (M=3.35, SD=0.12). Nurses were satisfied with scheduling (M=3.86, SD=0.46), followed by; co-workers (M=3.78, SD=0.49), interaction opportunities (M=3.65, SD=0.13), extrinsic rewards (M=3.58, SD=0.40), praise and recognition (M=3.07, SD=0.35), balance of family and work (M=3.04, SD=0.46), professional opportunities (M=2.99, SD=0.26), and control and responsibility (M=2.84, SD=0.35). Results are displayed in Table 2.

Table 2

Descriptive Statistics for Subscales and Global Satisfaction of the MMSS

Work Environmental Factors Affecting Job Satisfaction	M	SD
Extrinsic Reward	3.58	0.40
Scheduling	3.86	0.46
Balancing Family and Work	3.04	0.46
Co-Worker Interaction	3.78	0.49
Interaction Opportunities	3.65	0.13
Professional Opportunities	2.99	0.26
Praise and Recognition	3.07	0.35
Control and Recognition	3.07	0.35

The MMSS subscales were examined to find the work environmental factor (questions) from each subscale rated highest by the nurses (very satisfied). Each item was scored from one to five, with five indicating the highest level of satisfaction. The research revealed that nurses were very satisfied with the opportunity to work straight days in the schedule subscale (65.22%), followed by: nursing peers in the co-worker subscale (43.48%); tied were vacation in extrinsic rewards and opportunity to interact professionally with other disciplines in the interaction opportunities subscale (34.78%); opportunity to belong to department and institutional committees in professional opportunities (26.09%); tied were immediate supervisor and recognition for your work from peers in the praise and recognition subscale (21.74%); and opportunity for part-time work in balance of family and work and control of what goes on in the work setting in the control and responsibility subscale (17.39%). Results are displayed in Figure 2.
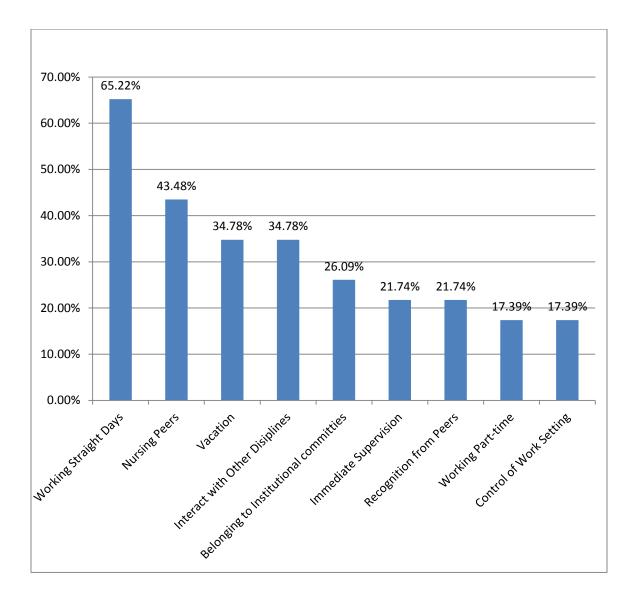
Figure 2. Ratings for "Very Satisfied" Subscale Questions

Summary

The purpose of this research was to examine work environmental factors that affect nurse job satisfaction in a hospital setting utilizing Ray's Theory of Bureaucratic Caring. This study revealed no differences among factors that affect nurse job satisfaction. Overall, nurses that participated in the research were neither satisfied nor dissatisfied with their current position (M=3.35). Furthermore, nurses rated the highest satisfying factor with their current position as scheduling (M=3.86) and the least factor as control and responsibility (M=2.84).

Further, the research revealed for each subscale category that nurses were very satisfied with the opportunity to work straight days (65.22%), nursing peers (43.48%), opportunity to interact professionally with others and vacation (34.78%), opportunity to belong to department and institutional committees (26.09%), immediate supervisor and work recognition from peers (21.74%), and opportunity for part-time work and control of what goes on in their work setting (17.39%). Overall, this study revealed that nurses were very satisfied with their schedule and opportunity to work straight days.

CHAPTER V

Discussion

The purpose of this study was to examine work environmental factors that affect

nurse job satisfaction in a hospital setting utilizing Marilyn Ray's Theory of Bureaucratic

Caring. This chapter discussed the findings of this study and how they relate to nurse job

satisfaction.

Implication of Findings

For this study, 23 nurses participated representing RNs and LPNs from a 125-bed

acute care hospital located in rural South Carolina. The purpose was to explore work

environmental factors that affect nurse job satisfaction in a hospital setting. The findings

revealed no difference in individual factors that affect nurse job satisfaction. This is

consistent with several other research studies which found neither satisfied nor

dissatisfied viewpoint differences in job satisfaction (Djukic et al., 2010; Pietersen 2015).

Work environmental factors affecting job satisfaction in this study were also supported in

other research studies. The participants of this study were moderately satisfied with

scheduling, co-workers, and extrinsic rewards. This was consistent with existing research

studies that found social and collegial support, greater peer cohesion, resource adequacy,

teamwork, and adequate staffing all impact job satisfaction (Hayhurst et al., 2005;

Lanbrou et al., 2014; Kalisch et al., 2010).

This research study revealed professional opportunities and control and

responsibility were less favored by the participants. The 23 nurses who participated in

this study were moderately dissatisfied in these subscales. This was not consistent with

existing research studies that found dissatisfaction with salaries, emotional exhaustion,

depersonalization, lack of accomplishment, emotional distress, and unfriendly work environment as factors that impact nursing job satisfaction (Lephalala et al., 2008; Rosales et al., 2013; MacKusick & Minick, 2010). Literature speaks well to the multiple contributing factors to nursing shortages, many of which have endured over the decades. Results of these studies provided valuable insight into concepts that influence nurses' perception of their work environment which can be utilized by organizational leadership to enhance recruitment and retention strategies as well as quality initiative impacting patient safety and outcomes of care.

<div align="center">**Application to Theoretical Framework**</div>

Ray's Theory of Bureaucratic Caring was utilized to serve as the framework for this study and is supported by the findings from the research. Ray's theory is a holistic theory that recognized each part as interconnected to the whole and the whole is connected to the part (Coffman, 2006). Her theory illustrated the practice significance of spiritual and ethical caring in relation to the political, economic, legal, technological, educational, physical, and social-cultural dimensions of complex health care organizations (Turkel, 2007). Nursing job satisfaction is impacted by multiple factors that affect nurses' ability to properly care for their patients as well as outcomes of care. Executive leaders must look at factors that affect nurse job satisfaction as well as identify factors in the work environment that can influence increased retention and attract new direct care nurses in order to main an adequate workforce. Dissatisfied nurses are unable to properly care for patients, which in turn poses risks to turnover and an unsafe work environment.

Findings from this study revealed that co-worker satisfaction, interaction opportunities, and scheduling were reflected in Ray's spiritual-ethical concept. These findings are congruent with Ray's Theory of Bureaucratic Caring that recognized spiritual-ethical caring is infused in everything by its relational connection to the structures of the organization and serves as the choice point for communication with cultures, communities, and organizations (Turkel, 2007). Every part secures its purpose and meaning from the other parts. The nurses in this study were neither satisfied nor dissatisfied in their current nursing position. The issues that confront nurses today include economic constraints in the managed care environment, the nursing shortage, complex patients, increased workloads, and culturally diverse patient population or co-worker group (Turkel, 2007). Ray's theory guides understanding of how nursing can be practiced in contemporary hospital environments. Downsizing, loss of trust, commitment and loyalty to workers, reduced benefits, and restructuring are the result of economic issues that have affected hospitals which are related to margins, costs, profits, mergers, acquisitions, and financial stability (Ray, Turkel, & Marino, 2002). Therefore, the conflict between health care as a business and caring as a human need is a crisis for nursing and hospitals (Page, 2004).

This research identified that Ray's social-cultural concept was infused with participants as they were satisfied with relationships with peers and team work, delivery of care method on their units, and opportunities to interact professionally with others. Caring varies by areas of practice or hospital units. Nurses revealed their satisfaction with social interaction and support with others, understanding interrelationships, and communicating professionally with team members within their organization. Therefore,

the social-cultural concept of Ray's theory is grounded within those who participated in the study.

Overall, "Ray's theory recognized everything is infused with spiritual-ethical caring by its relational connection to the structures of the organization" (Turkel, 2007, p. 61). A holistic approach to practice means viewing the patient as a person in all his/her complexity as well as identifying the needs for professional nursing as they arise (Turkel, 2007). Various factors impact nurse job satisfaction. Nurses become disappointed with their profession when they are unable to care for their patients (Turkel, 2007). Ray's theory of bureaucratic caring depicts that systems are a whole and must operate as such by conscious choice, especially by the ethical choice making of nursing, which should have the interest of humanity at heart (Smith & Parker, 2015). The findings were congruent with Ray's theory that recognizes spiritual-ethical caring infuses every element of nurse caring as well as nurse job satisfaction (Ray, 1989).

Limitations

A limitation of the study was the limited sample size. Nurses from only one acute care hospital were invited to participate in the study, limiting the study participants and any additional potential findings. Study findings represented only one area of the Eastern part of the United States and did not present the views of nurses in other areas. This limited the external validity because of the use of a convenience sample. While the MMSS tool is considered a reliable and valid tool, there may be other factors that contribute to or detract from work environment that may affect nurse job satisfaction in hospital setting. This tool assessed different job facets, but not how important that is to the individual nurse (McCloskey & Mueller, 1990). In a larger sample, other factors

from the MMSS instrument may have been found to influence nurse job satisfaction. The limited time for data collection might have influenced the opportunity for nurses to participate as well.

Implications for Nursing

The nursing shortages expected to increase over the next decade present challenges for nursing administration. It is ever more important to establish strategies that will enhance the work life for nursing. This will not only aid in the retention of experienced nurses, it will also facilitate the recruitment of highly qualified, new nurses. The impact that nurses have on the quality of patient care and outcomes is at the top of the hierarchy. Understanding work environmental factors that affect nurse job satisfaction is important for executive leaders as nursing practice has become more challenging and complex in the health care arena and impacts overall patient outcomes as well as financial reimbursement.

As supported in this study, nurses are mostly satisfied with scheduling, co-workers, and extrinsic rewards. This supports staff satisfaction with opportunities to self-schedule individual shifts and flexibility with work and life schedules. Participants were satisfied with their current salary, vacation, benefits, and interaction with their peers and co-workers. This study showed that this 125-bed facility has competitive benefits and nurses are compensated fairly in the job market. Although benefits are competitive, administration leaders must re-evaluate the current factors that support nurses to be included in greater professional opportunities as well as more control and decision-making opportunities in the work place. Nurses that have a voice in making decisions will feel needed in the organization and become front-line leaders instead of followers.

Additionally, this study identified interaction opportunities, praise and recognition, and balancing family and work as neutral factors in their current jobs. Often leaders are challenged with balancing multiple priorities and they fail to recognize nurses who are excellent performers. As supported in this study, nurses value interaction opportunities on their jobs and the need to balance family and work to cope with daily challenges. Executive leaders must empower nurses to have more autonomy and greater control over balancing their lives in an effort to increase job satisfaction as well as retain experienced nurses within their organization. Offering praise and recognition is an important strategy to show appreciation and to foster a healthy work environment in health care. Praise and recognition is an important retention strategy that all nursing leaders should practice (Studer, 2008).

Professional opportunities were ranked near the bottom of the list. This is an important factor for leaders to consider in today's health care system. Levels of job satisfaction might be enhanced if promotion policies could be consistent, advancement opportunities implemented, qualifications considered for promotions, salary issues clarified, and involvement of nurses in more decision-making opportunities (Lanbrou et al., 2014). Organizations must support advanced education in the work place for nurses who have an interest to pursue a higher degree. This in turn will increase confidence and knowledge in self as well as patient outcomes and quality of patient care.

Finally, although control and responsibility were ranked as the lowest work environmental factors affecting job satisfaction in this study, they are two of the most important factors for nursing leaders to consider in health care. Job satisfaction is an essential element for maintenance of the workforce of any organization. Lack of job

satisfaction for employees not only leads to high turnover rates, but could have detrimental effects on the individual (Lephalala et al., 2008).

Recommendations

With the growing nursing shortage and the significant difference in the amount of nurses that are available compared to the amount of nurses needed, the findings from this study are valuable. Nursing leadership needs to understand that recognizing nurses' hard work is just as important as fulfilling organizational goals. Management must be knowledgeable of factors that affect nurse job satisfaction within health care in order to strategically tailor retention and recruitment efforts. An ideal work environment embraces teamwork, promotes shared governance, minimizes stressors, fosters group cohesion and autonomy, aims for manageable workloads, and encourages supervisor support (Cohen, Stuenkel, & Nguyen, 2009). Future exploration into the factors that affect nursing job satisfaction including generational viewpoints, years of nursing, educational degree in nursing, and diverse populations is needed. Additionally, future research should include age, gender, schedule, and professional setting in which the nurse is employed. These categories would have yielded additional insight into the study of nurse job satisfaction.

Conclusion

"In nursing, the critical task is to comprehend the meaning of the networks and complexity of relationships, between what is given in culture (the norms) and what is chosen (the moral and spiritual)" (Smith & Parker, 2015, p. 478). Marilyn Ray's Theory of Bureaucratic Caring showed when spiritual-ethical caring is integrated, the best interest of humanity is at heart. Nurses become disappointed with their profession when

they are unable to properly care for their patients (Turkel, 2007). Nurse leaders must advocate for work environment changes to decrease job stress, improve ability to provide quality patient care, and assure the health and safety of nurses.

Moreover, this study did not identify any differences in the nurses' viewpoints related to work environmental factors that affect nursing job satisfaction. Finally, nurses in this study indicated they are satisfied with scheduling, co-workers, interaction opportunities, and extrinsic rewards as the top factors in their current jobs.

References

Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *The Journal of the American Medical Association, 288*(16), 1987-1993. doi: 10.1001/jama.288.16.1987

American Association of Colleges of Nursing. (2010). Nursing shortage fact sheet. Retrieved from http://www.aacn.nche.edu/Media/pdf/NrsgShortageFS.pdf

American Association of Colleges of Nursing. (2014). Nursing shortage. Retrieved from http://www. http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage

Atencio, B. L., Cohen, J., & Gorenberg, B. (2003). Nurse retention: Is it worth it? *Nursing Economics, 21*(6), 262-268.

Coffman, S. (2006). Theory of bureaucratic caring. In A. M. Tomey & M. R. Alligood (Eds.), *Nursing theories and their work* (pp. 116-139). St. Louis, MO: Mosby. (Original work published 2006)

Cohen, J., Stuenkel, D., & Nguyen, Q. (2009). Providing a healthy work environment for nurses: The influence on retention. *Journal of Nursing Care Quality, 24*(4), 308-315.

Djukic, M., Kovner, C., Burdin, W. C., & Norman, R. (2010). Physical work environment: Testing an expanded model of job satisfaction in a sample of registered nurses. *Nursing Research, 59*(6), 441-460. doi: 10.1097/NNR.0b013e3181fb2f25

Groff Paris, L., & Terhaar, M. (2010). Using Maslow's pyramid and the National

    Database of Nursing Quality Indicators to attain a healthier work environment.

    The Online Journal of Issues in Nursing, 16(1), 1-8.

Hall, D. S. (2007). The relationship between supervisor support and registered nurse

    outcomes in nursing care units. *Nursing Administration Quarterly, 31*(1), 68-80.

Hayhurst, A., Saylor, C., & Stuenkel, D. (2005). Work environmental factors and

    retention of nurses. *Journal of Nursing Care Quality, 20*(3), 283-288.

Health Resources and Services Administration. (2014). The future of the nursing

    workforce national- and state- level projections 2012-2015. Retrieved from

    www.bhpr.hrsa.gov

Jones, C. B. (2008). Revisiting nurse turnover costs, adjusting inflation. *Journal of*

    Nursing Administration,38, 11-18.

Kalisch, B. J., Lee, H., & Rochman, M. (2010). Nursing staff teamwork and job

    satisfaction. *Journal of Nursing Management, 18,* 938-947. doi: 10.1111/j.1365-

    2834.2010.01153.x

Kovner, C. T., Brewer, C. S., Greene, W., & Fairchild, S. (2009). Understanding new

    registered nurses' intent to stay at their jobs. *Nursing Economics, 27*(2), 81-98.

Lanbrou, P., Merkouris, A., Middleton, N., & Papastavrou, E. (2014). Nurses'

    perceptions of their professional practice environment in relation to job

    satisfaction: A review of quantitative studies. *Health Science Journal, 8*(3), 298-

    317.

Lephalala, R. P., Ehlers, V. J., & Oosthuizen, M. J. (2008). Factors influencing nurses'
  job satisfaction in selected private hospitals in England. *Curationis, 31*(3), 60-69.

MacKusick, C.I., & Minick, P. (2010). Why are nurses leaving? Findings from an initial
  qualitative study on nursing attrition. *MEDSURG Nursing, 19*(6), 335-340.

Mays, M. Z., Hrabe, D. P., & Stevens, C. J. (2010). Reliability and validity of an
  instrument assessing nurses' attitudes about healthy work environments in
  hospitals. *Journal of Nursing Management, 19*(18-26). doi: 10.1111/j.1365-
  2834.2010.01135.x

McCloskey, J. C., & Mueller, C. W. (1990). Nurses' job satisfaction: A proposed
  measure. *Nursing Research, 39*(2), 113-117.

McHugh, M. D., Kutney-Lee, A., Cimiotti, J. P., Sloane, D. M., & Aiken, L. H. (2011).
  Nurses' widespread job dissatisfaction, burnout, and frustration with health
  benefits signal problems for patient care. *Health Affairs, 30*(2), 202-210. doi:
  10.1377/hlthaff.2010.0100

Moos, R. H. (1994). Work environment scale manual: A social climate scale:
  Development, applications, research (3rd ed.). Palo Alto, CA: Consulting
  Psychologists Press.

Needleman, J., Buerhaus, P., Mattke, S., Stewart, M., & Zelevinsy, K. (2002). Nurse-
  staffing levels and the quality of care in hospitals. *New England Journal of
  Medicine, 346,* 1715-1722.

Page, A. (2004). *Keeping patients safe: Transforming the work environment of nurses,*
  (Institute of Medicine Report), Washington, DC: The National Academics Press.

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Pellico, H. L., Brewer, C. S., & Kovner, C. T. (2009). What newly licensed registered

nurses have to say about their first experiences. *Nursing Outlook, 57,* 194-203.

doi: 10.1016/j.outlook.2008.09.008

Pietersen, C. (2005). Job satisfaction of hospital nursing staff. *SA Journal of Human

Resource Management, 3*(2), 19-25.

Ray, M. A. (1989). The theory of bureaucratic caring for nursing practice in the

organizational culture. *Nursing Administration Quarterly, 13*(2), 31-42.

Ray, M., Turkel, M., & Marino, F. (2002). The transformative process for nursing in

workforce redevelopment. *Nursing Administration Quarterly, 26*(2), 1-14.

Ritter, D. (2011). The relationship between healthy work environments and retention of

nurses in a hospital setting. *Journal of Nursing Management, 19*(1), 27-32.

Robert Wood Johnson Foundation (2014). Nearly one in five new nurses leaves first

job within a year, according to survey of newly-licensed registered nurses.

Retrieved from www.rwjf.org

Rosales, R. A., Labrague, L. J., & Rosales, G. L. (2013). Nurses' job satisfaction and

burnout: Is there a connection? *International Journal of Advanced Nursing

Studies, 2*(1), 1-10. Retrieved from

http://www.sciencepubco.com/index.php/IJANS

Smith, M. C., & Parker, M. E. (2015). *Nursing theories and nursing practice* (3rd ed.).

Philadelphia, PA: F. A. Davis Company.

Studer, Q. (2008). *Results that last: Hardwiring behaviors that will take your company to

the top.* Hoboken, New Jersey: John Wiley & Sons.

The American Nurse (2015). Nurses retain top spot as most ethical. Retrieved from

www.theamericannurse.org/index.php/tag/gallup-poll

Turkel, M. C. (2007). Dr. Marilyn's Ray's theory of bureaucratic caring. *International Journal for Human Caring, 11*(3), 57-74.

Wood, D. (2009). Why have nurses left the profession? Retrieved from

http://www.nursezone.com/nursing-news-events/more-news/Why-Have-Nurses-Left-The-Profession_29118.aspx