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Salah Hamdan Al-Louzi

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Ph.D. degree in Sociology


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A COMPARATIVE STUDY OF JOB SATISFACTION BETWEEN
REGISTERED AND PRACTICAL FEMALE NURSES IN JORDAN

By

Salah Hamdan Al-Louzi

A DISSERTATION

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

DOCTOR OF PHILOSOPHY

Department of Sociology

1996

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ABSTRACT

A COMPARATIVE STUDY OF JOB SATISFACTION BETWEEN REGISTERED AND PRACTICAL FEMALE NURSES IN JORDAN

By

Salah Hamdan Al-Louzi

This research is a comparative study of job satisfaction between registered and practical Jordanian female nurses working at the Jordan University Hospital. A systematic stratified random sample was used in which 179 cases were interviewed (98 registered and 81 practical) with an overall response rate of 96.8%. Necessary data were gathered by means of an interview. Outputs from the questionnaire were analyzed by using the SPSS software. For all analysis, the level of significance was set at $\alpha = 0.05$ level.

All research hypotheses, except one part of one hypothesis, were rejected. Indeed, nurses ranked autonomy as the most important and pay as the least important job component to their job satisfaction. Moreover, nurses were most satisfied with the professional status component and least satisfied with the organizational policies component of their job. The mean of the overall job satisfaction was generally low (3.71 for the whole sample, 3.77 for practical, and 3.66 for registered nurses). In fact, possible values for the means of job satisfaction range from 1 to 7).

The relationship between each of the independent variables of education, salary, age, marital status, and motherhood of preschoolers, and between job satisfaction was

examined, in which differences were not significant. Regression analysis of job satisfaction on some dummy variables were also discussed in which the nursing rank; registered or practical, was generally not significant when controlling for other variables.

Among respondents, 24% reported experiencing one or more previous nursing jobs. The period length of the previous nursing job was less than one year in most cases. Low salary was the most common cause to quit the last nursing job.

The strongest factors that led nurses to study nursing included own will, low GPA, own will combined with encouragement, and encouragement from other sources. Most common sources of encouragement included family, friends, and relatives. Three case studies regarding how nurses dealt with home and work responsibilities were discussed. Other conclusions, recommendations, and notes for future research were presented.

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To my mother who passed away while
I was working on this dissertation

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ACKNOWLEDGMENTS

Special thanks go to my advisor, Dr. Clifford Broman, for his valuable feedback and patience. I also thank my other committee members for their guidance and support, Dr. Harry Perlstadt, Dr. Rita Gallin, and Dr. Chris Vanderpool.

I am grateful to my wife Fatima, my son Hamza, and my daughter Noor who shared with me all the good and bad times while working on this dissertation.

My acknowledgements also go to Dr. Ahmad Shawky for his valuable feedback, as well as all nurses working at the Jordan University Hospital who provided the necessary data for this study including Ali Al-Smadi, R.N., Ibraheem Al-Faouri, R.N., Hussein Katooa, R.N., and Intisar Al-Siroji, P.N.

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CHAPTER ONE

INTRODUCTION AND THEORETICAL FRAMEWORK

This research proposal represents a comparative study of job satisfaction between registered and practical female nurses working at the Jordan University Hospital in Jordan. Interviews with female nurses working at the Jordan University Hospital provided the necessary data for this study. This chapter covers seven sections. The first section on setting provides a brief description of the community of the study. The second section provides a brief description of the development of health services as well as some current demographic data related to health status in Jordan. The third section presents major propositions and findings of previous theoretical and practical research on the subject of job satisfaction, mainly that among nurses. The fourth section presents major propositions and findings of previous theoretical and practical research on the subject of job satisfaction. This section also includes the most critical factors in studying job satisfaction among nurses. The fifth section of this chapter deals with major questions that this research attempts to answer. The sixth section introduces research hypotheses which this research attempts to test. The final section in this chapter discusses how each of the research hypotheses is derived from previous research literature about job satisfaction, mainly that among nurses.

1.1. SETTING

Data for this study were gathered from both registered and practical female nurses working at the Jordan University Hospital. The hospital is located on a small hill in Al-Jubeiha, one of the northern suburbs of the Jordanian capital, Amman. The Jordan University Hospital is considered to be one of the largest and best equipped hospitals in Jordan with a wide variety of specializations, compared to other Jordanian hospitals.

In January 1973, as indicated by the Jordan University Hospital, Public Relations Department (1986), the hospital was inaugurated under the name of Amman Civil Hospital. The hospital was designed to serve as the major referral hospital for both the Jordanian Ministry of Health and the private sector. The hospital was attached to the University of Jordan by a Royal Decree in July 1975. As a result, the hospital had been known as the Jordan University Hospital since then (in some early publications, the name of the hospital appeared as the University of Jordan Hospital. In all recently observed publications and paperwork of the hospital, the name of the hospital appeared as the Jordan University Hospital. For this reason, as well as to be systematic, the name of the hospital throughout this study is referred to as the "Jordan University Hospital").

The hospital has many purposes. These include: providing a high quality medical care to Jordanian and other Arab

communities; the training of medical, dental and nursing students; and reviewing community disease problems and conducting research to achieve possible methods for their prevention, control, and treatment (Jordan University Hospital: Public Relations Department, 1986). Table (1) illustrates the distribution of the human labor force at the Jordan University Hospital in some selected years from 1982 till 1994.

Table (1)
The Distribution of the Human Labor Force at
the Jordan University Hospital*

<u>Department</u>	<u>1982</u>	<u>1984</u>	<u>1986</u>	<u>1988</u>	<u>1990</u>	<u>1992</u>	<u>1994</u>
Specialists	62	68	75	77	75	76	94
Residents	87	100	107	119	120	124	139
Interns	53	43	50	59	52	24	36
Registered nurses	206	257	288	306	275	281	281
Prac. and aid nurses	171	231	280	272	259	275	220
Admin. staff	144	144	155	170	184	181	200
Out-patient clerks	24	24	26	34	33	34	32
Gen. service sec.	436	462	494	530	536	476	504
Technicians	140	164	174	196	194	213	239
Total	1323	1493	1649	1763	1728	1684	1745

Jordan University Hospital. 1994 P. 53.

* Data on the 1994 year were obtained from unpublished files at the Jordan University Hospital.

Table (1) illustrates that the total human labor force at Jordan University Hospital was 1745 in the year 1994. From this number, there were 281 registered nurses, and 220 practical and aid nurses. Also in 1994, there were 269 physicians working in the hospital. These included 94 specialists, 139 residents, and 36 interns. The rest of the labor force included 504 employees of general service, 239 technicians, 200 members of the administrative staff, and 32 out-patient clerks.

Registered nurses are those who completed a three year college degree (diploma) in nursing after high school or a bachelor degree or higher in nursing. Practical nurses are those who completed one and a half years (eighteen months) of nursing theoretical and practical education. This may have been at the same hospital or another hospital or school after completing the preparatory level (grade 9) or after any grade of high school (graded ten to twelve). Some practical nurses completed high school in nursing (a total of two to three years of high school education in nursing). Even though they are not included in this study, aid nurses are those who completed six months of nursing study and training at the same hospital or another place.

1.2. JORDAN: HEALTH SERVICES AND DEMOGRAPHIC INFORMATION

In Jordan, health services started in 1921 when Trans-Jordan was established. In same year, the Directorate of Health was established (Ministry of Health, 1995). According to Konikoff (1946), the first government hospital opened in Trans-Jordan was established in Amman in 1926 with a capacity of 20 beds.

In 1935, Trans-Jordan had eighteen physicians, six dentists, four pharmacists, and four midwives (Alhorani, 1978). In 1939, there were twenty physicians practicing medicine in Jordan and only one hospital with a twenty-bed capacity (Ministry of Health, 1995). According to Konikoff

(1946), in 1943, there were two general hospitals, one hospital for contagious diseases, one ophthalmic hospital, five epidemic posts, one prison sick ward, and five voluntary general hospitals. The total bed capacity for these health facilities was 274 beds. Alhorani (1978) also indicated that in 1943, there were thirty physicians, ten dentists, nine pharmacists, and fourteen midwives in Jordan (note that Jordan got its independence from the British colonization in 1946).

The first Jordanian Ministry of Health was established in 1950 with a labor force of 560 employees, including 52 physicians, seven pharmacists, and 229 male and female nurses. In same year, 1939, there were 26 clinics and ten hospitals in Jordan (Ministry of Health, 1995). The preceding ten hospitals had a capacity of 663 beds (Ministry of Health, 1992). In 1952, the first nursing school was established in Jordan. In 1972, the Society for Jordanian Nurses was founded. In 1988, the Jordanian National Medical Institute was founded for the purpose of organizing health services owned by the government (Al-Badayneh, 1990). The first nursing college with a bachelor level degree was the Nursing College which was founded at the University of Jordan in 1972 (Haddad, 1987).

According to the Ministry of Health (1995), health services in Jordan are provided by three sources. These include the public, private, and the charitable sectors. The public sector is represented by four providers. These include the Ministry of Health, Royal Medical Services, the Jordan

University Hospital, and the Social Security Institution. To begin with the Ministry of Health, it provides its services through its comprehensive, primary, secondary, maternity and infant care, and dentistry centers which totaled 606 centers in 1994. The Ministry of Health also provides its services through its twenty hospitals distributed all over Jordan, which had a bed-capacity of 2768 in 1994. In addition, there were four hospitals inaugurated later in that same year (bed-capacity was not provided).

Regarding Royal Medical Services, it provides its services to both current and retired employees of the military, Public Security, Civil Defense, Public Intelligence Department, Royal Jordanian Airlines, along with their dependents. These services are provided through many hospitals and medical centers. These services may also be provided to the rest of the population when particular medical needs and services are not available in other medical services.

Furthermore, the Jordan University Hospital (the spacial sphere of this study) had a bed capacity of 461 in 1994. It serves patients who are able to pay their medical costs, employees of the University of Jordan, and patients referred by the Ministry of Health where the ministry pays their medical costs.

Finally, the Social Security Institution provides medical services to work related accidents through private clinics and

contracts with private hospitals.

The second provider of health services in Jordan is the private sector. This sector provides its services through 37 hospitals with a total capacity of 2056 beds in 1994, as well as many clinics of private physicians. The last provider of health services in Jordan is the charitable sector. This sector combines foreign and local charitable organizations providing health services, such as medical services provided by the United Nations for Relief and Work Agency "UNRWA."

In 1994, there were 11,842 physicians in Jordan including 2,222 physicians working for the Ministry of Health. There were also 2,670 dentists, including 280 working for the Ministry of Health. Regarding pharmacists, there were 3,794 including 178 working for the Ministry of Health. There were also 4,922 nurses and registered midwives, including 2,133 working for the Ministry of Health.

According to Ministry of Health: Information Center (1995), in 1994, the distribution of the Jordanian population by health providers was 621 people per physician, 2,564 per dentist, 356 per nurse, and 1,351 per pharmacist. The Population Reference Bureau (1996) reported some demographic data about Jordan as of mid 1996. According to such data, the Jordanian population totaled 4.6 million, 32 births per 1,000 population, six deaths per 1,000 population, annual natural increase was 2.6 percent, infant mortality rate was 34 per 1,000 live births, total fertility rate (average number of

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children born to a woman in her lifetime at current birth rate) was 4.6, life expectancy at birth was 68 years (66 for males and 70 for females), and 78 percent of the population was urban.

1.3. THEORETICAL FRAMEWORK

The social, psychological, and psycho-social literature regarding job satisfaction, including that among nurses, yields many characteristics. Motivating employees is a central theme in the study of job satisfaction. There had been many theories of motivation in literature, including those provided by Taylor, Maslow, Herzberg, McGregor, and Oldham and Hackman. In his monistic theory of motivation, Taylor (1911) suggested that there is a basic one to one relationship between an employee's monetary reward and his/her productivity. According to this relationship, the more output produced by an employee, the larger amount of salary at the end of that period. Generally, Taylor's theories implied that money is the only factor which can motivate workers.

Maslow (1943), in his theory of the hierarchy of needs, pointed out that people possess five different levels of needs. These needs are arranged in a pyramid with the most basic human needs located at the base of the pyramid, and the least required needs for human survival, even though they have an increasing importance as people become mature, at the top of the pyramid. These needs include in order from lowest to

highest, physiological needs, such as water, food, and shelter; safety needs, such as protection from bodily harm; love needs, such as social acceptance and amicable relationships; esteem needs, such as admiration and respect from others; and the need for self-actualization, such as the realization of the individual's potential as a total human being. People must satisfy their lower level needs before they become motivated to satisfy the higher level needs. Maslow also indicated that all areas of human life are affected by this hierarchy of needs, including work, interpersonal relationships, creativity, and the spiritual or the transcendent aspects of human life.

According to Herzberg's hygiene theory (1966), there are many factors which provide positive motivation. These factors include recognition, responsibility, advancement, growth, achievement, and the challenge of the job itself. In addition, there are some other factors which Herzberg calls "hygiene factors." These factors which do not supply any positive motivation, include wages, benefits, job security, interpersonal relations, and supervision. Hygiene factors are not considered by Herzberg to sufficiently motivate superior performance. However, if these hygiene factors were absent, they would increase job dissatisfaction.

McGregor (1985) indicated that there are two basic and opposing theories regarding what motivates employees in the work setting. These include "theory X" and "theory Y".

According to theory X, people attempt to avoid work since they do not like it; avoid responsibility since they do not like it; need to be given direction and controlled in order to perform at work; and possess personal goals which often contradict the company's goals. As a result, managers need not have high expectations of these workers in the work setting. In contrast, people according to theory Y, consider work as a natural activity and hence they like it; possess personal goals that are usually supported by the company's objectives; and like responsibility, as well as seek it out. As a result, managers need to have high expectations of these workers.

Oldham and Hackman (1980) suggested in their model that positive outcomes of work, including high motivation and satisfaction, rely on people who have three important psychological characteristics. These characteristics include knowledge of work outcomes, responsibility, and the meaningfulness of their work. Individuals need feedback and growth. As soon as managers understand what employees require to be receptive to feedback and achieve growth, they have the ability to assign tasks for every team member. Managers also need to be objective in assigning workers and continuously keep negative and positive feedback in their mind, particularly feedback that involves job performance. A good way to foster motivation in employees is through feedback.

Vroom (1964) pointed out that there are five factors

which are related to job satisfaction. These include relationship with coworkers, pay, task associated with work, working conditions, and amount of control. There are some characteristics of the job and its environment which make it more or less favorable to its employees. Campbell (1981) explained that there are many attributes to the job that make it look attractive or unattractive to the individual employee. On one hand, a job could look attractive because it is clean, secure, convenient, has agreeable associates, pays well, and is challenging and interesting. On the other hand, a job may seem unpleasant because it is physically difficult, noisy, dirty, fatiguing, and monotonous. Campbell also indicated the worker evaluates his/her job to decide whether to continue with it or not by looking at four major dimensions of the job. These dimensions include challenge, financial rewards, coworker relations, and working conditions.

Job satisfaction can have powerful effects at different levels. Harpaz (1983) summarized empirical findings regarding the impact of job satisfaction/dissatisfaction at the individual, organizational, and societal levels. To begin with the individual level, job satisfaction/dissatisfaction can have an influence on mental health, physical health, drug use, withdrawal, longevity, counter-productive behavior, frustration, aggression, and life satisfaction. Moreover, at the organizational level, it has an impact on absenteeism, turnover, grievances, and work performance. Finally, job

satisfaction/ dissatisfaction, at the societal level, can have an impact and influence on society's resources, national productivity, political activity utilization of manpower, cost of goods and services, and quality of life.

There had been many explanations in literature for decreasing job satisfaction. For example, Diamond (1984) indicated that many investigators speculated that decreasing job satisfaction is due to an increasing gap between the realities of the job situation and job expectations. For example, as workers get more education, they need the opportunity to make more use of their training and talents. Quinn et. al (1976) pointed out that job dissatisfaction and work-related problems can be attributed to three major kinds of causes. These causes include the workers themselves, including their skills and motivation, the fit between what the job provides and what employees want, and job characteristics.

Nurses are some of the professional categories that have low job satisfaction, both compared with other professions, and compared to other health care professions. Slavek (1974) pointed out that previous studies on the subject of job satisfaction among health care workers, including private duty, public health, and hospital nurses and doctors, proved that hospital nurses suffered the lowest level of job satisfaction.

Nurses working in hospitals suffer from a high level of

job dissatisfaction. Mansfield et. al. (1989) pointed out that stress and burnout among hospital nurses have risen to an urgent level which threatens the present well-being, as well as the future development, of nursing as a profession. Hence, it is necessary to understand the relationship between nurses' work conditions on one hand, and stress and satisfaction on the other hand. Indeed, stress and burnout have many effects on both the individual and institutional levels. Stress and burnout could lead the individual to behave in different ways, such as absenteeism and attempting suicide (Maloney, 1982; Tomlin, 1977). In addition, on an institutional and professional levels, stress and burnout could lead to high rates of job turnover among many professionals, including nurses (Seybolt et. al., 1978).

Many studies attempted to understand causes of turnover among nurses. According to Kiely (1989), in the literature, variables related to employee characteristics, organizational structure, nature of tasks performed, and needs and values, are all considered as variables affecting turnover among nurses.

Weisman et. al. (1981) found job satisfaction as the strongest predictor of turnover intention. Hinshaw et. al. (1987) found that the relationship between turnover intention and job stress among nurses is mediated by job satisfaction. Prescott and Bowen (1987) reported that supervision, work scheduling, staffing shortages, lack of stimulation, and

salary were among the factors most commonly reported by nurses who were resigning from their work.

A study by Price and Mueller (1981) on 1,091 non-supervisory registered nurses found that instrumental communication, more participation, pay, integration, promotional opportunity, and distributive justice increase satisfaction level, and hence reduce turnover. In addition, general training and increased professionalism were found to be related to decreased intent to stay.

Many hospitals have a shortage of nursing personnel as a result of the high turnover among nurses which could be due to unsatisfied work conditions. Iglehart (1987) pointed out that the nursing shortage in hospitals is partially due to working conditions at the hospitals themselves. These unsatisfactory conditions increase turnover among hospital nurses, mainly when the demand for nurses is high in many settings other than the hospital. Some of these unsatisfactory conditions include limited autonomy, few financial rewards, and limited participation in hospital management decisions related to support services and standards of practice. A study conducted by Huey and Hartley (1988) attempted to understand factors in the work place which make the nurse self satisfied under some conditions and dissatisfied under other conditions. It was found that nurses feel dissatisfied in hospitals which are characterized by the unavailability of child care facilities, a lack of support from hospital and nurse administrators, a

heavy amount of paper work, a low salary, a lack of available help when a patient needs extra care, an unavailability of continuing education opportunities, a lack of an intensive education, and a lack of or low fringe benefits. On the other hand, nurses feel self satisfied in hospitals which face the preceding problems and characteristics effectively and positively.

Gillies et. al. (1990) conducted a survey study in a teaching hospital about the relationship between job satisfaction among nurses and organizational climate. Some of the main findings of the study indicated that while most satisfied nurses described organizational climate as being high in responsibility, warmth, support, and identity, dissatisfied nurses did not. Indeed, nurses' job satisfaction was mildly correlated with a climate of warmth. The majority of respondents indicated that they do not perceive any support or warmth from administrators and managers through their work interaction. Another study about female registered nurses in intensive care units in different hospitals found that physical workload followed by a patient's death were the two most stressful factors in the intensive care units for nurses. In addition, communication problems with nursing administrators and physicians were found to be very stressful too (Huckabay and Jagla, 1979).

Some particular rewards offered by the job could be more or less valuable to nurses than other type of rewards in

keeping them in the job. McCloskey (1974) designed a questionnaire which aimed to classify and rate in rank of importance particular rewards and incentives that were reported by hospital staff nurses and that would lead them to stay on the job. These were grouped as safety, social, or psychological incentives. The questionnaire was mailed to 152 full-time female registered nurses who quit their jobs during the past four months. Respondents were randomly chosen from hospitals in Chicago and San Francisco. A total of 94 questionnaires were used in the research analysis. The researcher also compared psychological rewards of self-esteem while on the past job with self-esteem after the turnover.

This study revealed that safety and social rewards were less important than psychological rewards in keeping nurses on the job. It was found that nurses left their jobs due to the absence of internal "intrinsic" rewards. The highest turnover was among recent graduates and younger nurses; single nurses did not stay on the job longer than married nurses. There was no difference between baccalaureate and diploma nurses and the length of time they stayed in the job. Turnover was also not affected by spouses' salaries, even though there was a slight trend which showed that the lower the spouses' income, the earlier nurses left their job. The length of time nurses stayed on their job was not affected by their salary or specialty areas; however, intensive care, recovery room, and medical-surgical nurses stayed on the job shorter periods of

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time than did obstetric and pediatric nurses. Nurses who moved from one nursing job to another or to school experienced increased self-esteem in their new positions. In contrast, nurses who moved from their jobs to get other types of jobs or to become full-time housewives did not experience an increase in their self-esteem. It was also found that nurses desired more recognition of their work from supervisors and peers, more chances to attend educational programs and continue course work to gain credit, and more opportunities for career improvement other than to the head nurse position.

It is important to understand whether hospital nurses have higher, the same, or lower job satisfaction than nurses working in other settings. A study by Curreri et. al. (1985) attempted to compare the level of job satisfaction between registered nurses who work in hospital settings and registered nurses who work in home health care facilities. Data were gathered by means of a questionnaire. The sample was composed of 64 registered nurses who worked in three home health care facilities in Southern Alabama, and 58 registered nurses employed on the surgical and medical units at a large metropolitan medical center. Job satisfaction, as used by researchers, had four indexes. These include involvement, intrinsic, extrinsic, and the interpersonal satisfaction. Researchers found that neither of the two groups of registered nurses experienced significant satisfaction in their job. Never the less, nurses who work in home health care facilities

had more job satisfaction regarding intrinsic and involvement satisfaction than hospital-based nurses. Moreover, it was found that both groups of registered nurses reported similarly to the components of interpersonal and extrinsic satisfaction.

Much of the previous research on job satisfaction attempted to understand how nurses rank the importance of different job components to their job satisfaction. Similarly, many of these studies also tried to understand the level of nurses' satisfaction with different components of their job. King (1972) conducted a study with a sample size of 193 registered nurses from four general acute care hospitals in a large midwestern metropolitan area. King used the Index of Work Satisfaction "IWS" (Stamps et. al., 1978) to measure job satisfaction. It was found that while autonomy was ranked by nurses as the most important component of job satisfaction, organizational requirement was ranked as the least important on the "Paired Comparisons" part of the IWS. Moreover, scores from the attitude scale which represent the second part of the IWS were obtained. It was found that nurses were most satisfied with the job status/prestige component. In contrast, nurses were least satisfied with the organizational requirements.

Another study was conducted by Norman (1981) on a sample size of 116 registered and practical nurses working at large public hospital in Dallas, Texas. Data were obtained from respondents through a mailed questionnaire. Some of the

results of the study attempted to figure out how nurses rank the importance of different components of the job to their job satisfaction. The "Paired Comparisons" part of the Index of Work Satisfaction (Stamps et. al., 1978), was used for this purpose. It was concluded that nurses' ranking of the importance of different components of the job to their job satisfaction included (from the most to the least important): autonomy, pay, professional status, interaction, task requirements, and organizational policies.

In a similar study, Fennell (1984) gathered data from 468 registered nurses (both staff and head nurses) working in 34 community hospitals. It was found that while nurses ranked autonomy as the most important component of their job satisfaction, they ranked organizational policies as the least important component of their job satisfaction. Some of the other findings also indicated that head nurses were more satisfied than staff nurses. In addition, the more a nursing department is decentralized, the more its nurses will be satisfied with their job. Moreover, it was found that married and older nurses were found to be more satisfied with their job than non-married and younger nurses.

Do hospital nurses and decision makers agree or disagree about the factors which promote job satisfaction and retention among nurses, as well as the importance of these factors? A study conducted by Butler and Parsons (1989) attempted to identify the perceptions of hospital staff nurses and decision

makers that promote job satisfaction and retention among nurses. The study included a sample of 212 registered nurses and 152 decision makers. Decision makers included medical staff, the board of trustees, nursing management, and hospital management. The sample was taken from a hospital in Salt Lake City, Utah. Researchers identified and listed seven environmental factors which they believed to be very influential in nurses' job satisfaction and retention. These factors include control, free expression, professional development, recognition, monetary compensation, physician consideration, and management support of nurses' decisions. Respondents were asked to rank order the seven environmental factors by identifying which factor would be the most influential in the retention of registered nurses. Number 1 means the most influential factor and number 7 means the least influential environmental factor.

The study found that both groups, staff nurses and decision makers, provided similar responses regarding the three most influential factors which cause nurses' retention. These factors include, in order from 1 to 3, monetary compensation, control, and management support of nurses' decisions. There were no major differences in opinions of both groups regarding the classification of the importance of the four remaining environmental factors. Professional development was ranked fourth by decision makers and sixth by registered nurses; free expression was ranked fifth by

decision makers and fourth by registered nurses; and physician consideration was ranked sixth by decision makers and fifth by registered nurses. Finally, both groups of respondents ranked recognition as the least influential factor.

There is a need not only to study job satisfaction among nurses who are still employed in their jobs, but also those who left their jobs. A study conducted by Lemler and Leach (1986) compared job satisfaction among staff nurses who continued to be employed in their positions with staff nurses who left their positions. The study attempted to find out the demographic characteristics of respondents who left their positions; if there is any difference in job satisfaction between subjects who stayed in their positions and those who left their positions; and if there is a relationship between subjects' educational level and their decision to stay or to leave the job. This study included 74 nurses, mainly registered nurses, who were working in a major children's hospital in a large midwestern medical center. The sample consisted of 43 participants who left their positions in the hospital (group I), and 31 participants who were staying in their jobs in the hospital (group II). Data were collected from respondents by a mailed questionnaire.

It was found that among the 43 nurses who left their jobs, the typical educational level was BSN, 37 nurses had been employed full time, the average number of years of practice was 4.1 years, and the average period of years at the

study institution was 2.6 years. In addition, there was no significant difference between both groups of nurses regarding the general level of job satisfaction. Moreover, there was no significant relationship between the nurses' educational level and their decision to stay or leave the job. Generally, findings of this research pointed out that respondents were not completely satisfied or drastically dissatisfied with their jobs.

It is important to find out with which components of the job nurses are more, similarly, or less satisfied than other workers. Wright et. al (1990) compared the job satisfaction of baccalaureate nurses with accountants and elementary teachers. The research subjects consisted of 70 nurses, 24 accountants and 32 teachers. All respondents graduated from a regional southeastern university between 1974 and 1983, and had a work history from 5 to 15 years after graduation. Data were obtained through a mailed questionnaire. The average period of work experience after graduation was 10.6 years among teachers, 8.8 years among accountants, and 8.1 years among nurses. The average age for each of the three groups was 34 years. All the nurses, 84% of the teachers, and 21% of the accountants were female respondents. Regarding nurses, 56% of them were employed in positions for which direct patient care was their main responsibility. Sixty-nine percent of these were working in hospitals and the rest were working in other settings, such as community health agencies

and physicians' offices. Nurses who were not involved in direct patient care as their major responsibility represented 44% of all respondent nurses. Almost half of this category held administrative positions in hospitals, and the rest held different positions, such as administrative positions away from hospitals in health organizations and teaching in health care organizations and schools.

Researchers found that nurses were more satisfied than elementary teachers in the areas of self-esteem from job, status, control over hours of work, and adequacy of help and supplies, and less satisfied with job security. Statistical analyses found no significant differences in other statements or general job satisfaction. However, nurses were less satisfied than accountants with their jobs, their chances for administrative participation, and their salaries. There were no significant differences between the groups regarding the rest of the statements. Researchers concluded that nurses were not pervasively or comparatively less satisfied than accountants or elementary teachers, except in the areas of job security, chance for administrative participation, and salary. Indeed, the three professional groups rated many statements related to their job satisfaction similarly.

Indeed, nurses could view the different dimensions of their job satisfaction in a more complex way than suggested by many previous studies on the subject. Everly and Falcione (1976) conducted a study in which they attempted to understand

how nurses perceive the dimensions of job satisfaction. The subjects were 144 female registered nurses selected through a random sample at four East Coast metropolitan hospitals. According to the authors, the subjects represented different backgrounds in terms of experience and education. None of the respondents had a postgraduate degree or was in a supervisory position. Data were collected by a questionnaire which included 18 different aspects of nurses' work conditions.

By using factor analysis, researchers found four statistically significant and meaningful factors that relate to nurses' job satisfaction. Combined, these factors represented 58.8% of the total variance. These factors include the relationship orientation (23.7% of the variance), internal work rewards (15.7%), external work rewards (11.95), and the administrative policies which represented 7.5% of the variance. Researchers concluded that the traditional intrinsic/extrinsic dichotomy, which existed in much of previous literature on job satisfaction, was inapplicable to their findings. They also concluded that registered nurses viewed their job satisfaction in a more complex way than the traditional intrinsic or extrinsic view.

Are there any group of factors which are more important in determining nurses' job satisfaction/dissatisfaction from the nurses' perspective? Zuraikat and McCloskey (1986) conducted a nationwide survey in Jordan which attempted to analyze factors which contribute to job satisfaction and

dissatisfaction among Jordanian registered nurses. Data were obtained through a questionnaire from 312 nurses working in private, government, and army hospitals. Females represented 77% of the whole sample. Researchers found that nurses were marginally satisfied with social and safety rewards and incentives and dissatisfied with psychological rewards and incentives in the work setting.

Radice (1994) attempted to understand the relationship between the empowerment of nurses and job satisfaction. Radice's sample of twenty respondents consisted of 80% registered nurses and 20% non-management nursing staff working in a metropolitan New York teaching hospital. All respondents but one were females. The research used two instruments; the Index of Work Satisfaction (Stamps and Piedmonte, 1986) and the Hospital Nurse Experience Questionnaire (Carlson-Catalano, 1990). Radice concluded that there was a strong positive relationship between level of nurses' empowerment in a hospital work environment and job satisfaction.

A study conducted by Matrunola (1996) on male and female staff nurses working in an elderly care unit in a hospital did not find a relationship between absenteeism and job satisfaction. A study by Coward et. al. (1992) found differences in job satisfaction between nurses working in rural hospitals and those working in urban hospitals. In contrast, another study by Coward et. al. (1995) did not find differences in job satisfaction between nurses working in

rural and urban nursing homes.

Cavanagh (1992) gathered data from 221 full-time female nurses working in hospitals in Los Angeles to understand job satisfaction among them. Data were obtained by a questionnaire delivered to respondents with their monthly salary checks. Staff nurses represented 64.2% of the sample and charge nurses or supervisors represented 35.8%. While 47% of respondents possessed undergraduate degrees, only 11.2% had postgraduate degrees.

By using causal path analysis on the data, researchers found a positive relationship between each of the variables of benefits, communication, participation in decision making, promotion, routine, and salary and between job satisfaction. In contrast, there was a negative relationship between each of the variables of education, integration, justice, and opportunity for advancement outside their institutions and job satisfaction. In addition, by using the path coefficients, it was found that only six of the preceding variables were statistically significant. These include, in order of size, the variables of benefits, participation, education, routine, promotion, and opportunity. On the other hand, the variables of salary, justice, integration, and communication were not statistically significant.

Nurses and physicians do have different professional and social statuses. Salvage (1985) pointed out that while physicians have money, autonomy, and a high social status,

nurses have lower wages, subservience to physicians, powerlessness, and low social status. Goffman (1971) indicated that the term of professional territory means that the space that is occupied by a professional group, for example, marks the territory of that group and differentiates it from territories of other professional groups. Weiss (1983) pointed out that both professions, medicine and nursing, are overlapping, rather than having two distinct professions. The lack of a clearly defined and distinct domain of nursing is due to the absence of collective collaboration between nurses and physicians. A study by Prescott and Bowen (1985) indicated that there is a clear overlap between the roles of nurses and physicians in the work place regarding many professional areas, including patient care. The study found that nurses disagree with physicians in several areas including a general plan of care for the patient, orders which are in conflict with a patient's best interest or which violates a related administrative policy, and patient disposition. In contrast, physicians disagreed with nurses in several areas, such as not following physician's orders or calling him inappropriately, and in the assessment of the patient. Some studies found that death and dying, workload, and conflict with physicians are the most common causes of stress among nurses (Norbeck, 1985; Kelly and Cross 1985; Gowell and Boverie, 1992).

Physicians could view nurses from a negative and biased

angle which underestimates nurses' knowledge and ability. Raisler (1974) indicated that a physician judges the nurse to be good only if she helps him and listens to him, regardless of the outcomes of the patient care or the quality of the nurse's work. For decades, nurses have longed for the encouragement and opportunity to use their intellect, knowledge, and judgement in the workplace to improve the care delivered to patients. The question is, why have they been relegated to this subservient role? Stein (1967) attempted to answer this question by referring to the roles of the doctor-nurse game. According to this game, the nurse has to be bold and responsible for making some recommendations. At the same time, she must appear passive to make her recommendations appear to be initiated by the physicians.

Keddy et. al. (1986) obtained data from taped interviews of older nurses who got their training and/or worked in Canada in the 1920's and/or the 1930's. Researchers found that most of the nurses interviewed were involved in the doctor-nurse game. It was found that there were three major roles. To begin with, nurses have to show respect to doctors. Moreover, nurses can not openly diagnose or make recommendations to doctors. Finally, nurses must understand that there is no open disagreement or confrontation with physicians. Researchers also indicated that nurses lack autonomy and power for many reasons. For example, nurses are trained and hired by physicians.

1.4. SOME CONCLUDING REMARKS ABOUT PREVIOUS RESEARCH

Previous theoretical and practical research on the subject of job satisfaction, including that among nurses, illustrated and studied the importance of different job components which can increase or decrease the level of job satisfaction among employees. While some previous research used the traditional dichotomy of intrinsic and extrinsic factors, other theories and studies indicated that job satisfaction can or should be studied from a more comprehensive view. Indeed, some of the most common factors that were investigated by previous theoretical and practical studies, particularly those in the case of job satisfaction among nurses, include autonomy, pay and benefits, routine, communication, recognition, promotion, and participation in decision making. In addition, some previous studies attempted to figure out how nurses rank the importance of one or more of the preceding factors to their job satisfaction. Moreover, previous studies attempted to indicate or investigate the extent to which different job components contribute to nurses' current level of job satisfaction. Finally, while some studies indicated the importance of only one of the preceding factors, others studied or indicated the importance of more than one of the preceding factors.

We should take into account many considerations before we make any comparisons or generalizations from the findings of previous research on the subject of job satisfaction among

nurses. To begin with, previous research employed different types of research methodologies in studying job satisfaction among nurses. In addition, much of the previous research on job satisfaction does not have a clear link with any theoretical framework, in which theory was divorced from practice. Much of the previous empirical studies on job satisfaction among nurses did not even provide or attempt to define job satisfaction. Moreover, previous research was conducted in different places during different periods by using different research methodologies. Furthermore, different types of nurses were studied by different studies. Finally, findings of previous research did not arrive at similar findings regarding the relationship between nurses' satisfaction and other factors such as respondents' demographic characteristics and work conditions.

1.5. STATEMENT OF THE PROBLEM

The purpose of this research is mainly directed to answer the following research questions:

1. What are the major demographic and work related characteristics of the respondents?
2. How do nurses rank the importance of each of the different components of their job to their job satisfaction?
3. To what extent are nurses currently satisfied with each of the different components of their job?
4. What is the relationship between nurses' levels of

- education and their satisfaction with their job?
5. What is the relationship between nurses' salary and their satisfaction with their job?
 6. What is the relationship between nurses' ages and their satisfaction with their job?
 7. Are married nurses more, same, or less satisfied with their job than non-married nurses?
 8. Do married nurses who have children below school age (less than 6 years) feel more, same, or less satisfied with their job than married nurses who have no children below school age?
 9. What are the most important factors that lead nurses with past nursing work experience to quit their previous nursing job?
 10. What factors affected nurses' decision to study nursing?
 11. How do nurses meet their work and home responsibilities?

1.6. RESEARCH HYPOTHESES

This research attempts to examine some social hypothesis. For comparative purposes, each of these hypotheses was applied to the whole sample, as well as to each of the two groups of nurses; registered and practical. These hypotheses are:

H1: While nurses will rank autonomy as the most important job component to their job satisfaction, they will rank organizational policies as the least important job component to their job satisfaction.

- H2: Current level of nurses' job satisfaction will be the highest in the autonomy component of their job and the lowest in the pay component of their job.**
- H3: The more education the nurse has, the less she will be satisfied with her job.**
- H4: The more salary the nurse has, the more she will be satisfied with her job.**
- H5: Older nurses will be more satisfied with their job than younger nurses.**
- H6: Married nurses, in general, will be less satisfied with their job than unmarried nurses.**
- H7: Married nurses with children below school age will be less satisfied with their job than married nurses with no children below school age.**

1.7. DERIVING RESEARCH HYPOTHESES FROM PREVIOUS LITERATURE

Stages of social research are all interrelated. One of the benefits of the literature review from this study is to formulate research hypotheses. Consequently, each of the preceding hypotheses is derived from previous research on the subject of job satisfaction, including that among nurses. To illustrate this point, this section discusses the variable(s) which are implied in each of the preceding hypothesis. Then, an example of one or more studies, theoretical and/or practical, which dealt with the variable(s) of each hypothesis is provided.

H1: While nurses will rank autonomy as the most important job component to their job satisfaction, they will rank organizational policies as the least important job component to their job satisfaction.

Nurses' ranking for the most and least important job components to their job satisfaction: Previous research on this subject indicated that nurses consider some work components as more or less important than others. A study by Norman (1981) on registered and practical nurses working in a public hospital found that nurses ranked autonomy as the most important job component to their job satisfaction and organizational policies as the least. Similarly, another study by King (1972) on registered nurses found that nurses ranked autonomy as the most important job component to their job satisfaction and organizational policies was ranked as the least. Moreover, Butler and Parsons (1989) found that registered nurses working at a hospital in Salt Lake City, Utah considered monetary compensation as the most influential environmental factor which causes nurses' retention. In contrast, recognition was the least influential environmental factor which causes nurses' retention. Another study by Everly and Falcione (1976) conducted on 144 female registered nurses from four East Coast metropolitan hospitals found four significant factors that relate to nurses' job satisfaction. Together, these factors represented 58.8% of the total variance. These factors include the relationship orientation

(23.7% of the variance), internal work rewards (15.7%), external work rewards (11.95%), and the administrative policies which represented 7.5% of the variance.

H2: Current level of nurses' job satisfaction will be the highest in the autonomy component of their job and the lowest in the pay component of their job.

Ranking nurses current level of satisfaction with different components of their job: Previous literature indicated that the level of nurses' satisfaction with their job is different from one job component to another. King (1972) found that while registered nurses working in hospitals were most satisfied with the job status/prestige component, they were least satisfied with the organizational requirements component of their job. A study by Zuraikat and McCloskey (1986) found that Jordanian registered nurses were dissatisfied with psychological rewards and incentives and marginally satisfied with social and safety rewards and incentives in the work setting.

H3: The more education the nurse has, the less she will be satisfied with her job.

Nurses educational level and their job satisfaction: Previous research also pointed out that more educated nurses are more critical and less satisfied with their job than less educated nurses. Diamond (1984) indicated that the more education employees have, the more expectations they have from their job. Kashka (1977) found that registered nurses who

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hold bachelor's or associate's degrees in nursing were less satisfied with their work than registered nurses with diplomas.

H4: The more salary the nurse has, the more she will be satisfied with her job.

Nurses' salary and their job satisfaction: Much of the previous literature on job satisfaction, including that among nurses, attempted to examine the relationship between nurses' income and their job satisfaction. According to Taylor, money is the only factor that can motivate employees (Taylor, 1911). A study about Texas nurses by Wandelt et. al (1981) found that nurses' low pay was the main source for their dissatisfaction with their work. A study conducted by Hallas (1980) on 3,700 employed and non-employed nurses in Florida concluded that only 9% of nurses reported low salary as their leading problem. Stamps and Piedmonte (1986) indicated that while good pay is an important factor for job satisfaction, it can not by itself determine job satisfaction. Vroom (1964) indicated that pay is one of many factors that are related to job satisfaction. Huey and Hartley (1988) reported salary as one of the main factors that are positively related to job satisfaction.

H5: Older nurses will be more satisfied with their job than younger nurses.

Nurses' ages and their job satisfaction: Previous research attempted to figure out the direction of the

relationship between age and job satisfaction among employees, including nurses. A study conducted by Stamps and Piedmonte (1986) reported that younger nurses seem to be less satisfied with their work than older nurses. Fennell (1984) reported older registered nurses to be more satisfied with their job than younger registered nurses.

H6: Married nurses, in general, will be less satisfied with their job than unmarried nurses.

Nurses' marital status and their job satisfaction: Role theory assumes that multiple identities lead to psychological stress, including role strain (Spreitzer et. al., 1979). Merton (1957) pointed out that the performance of multiple identities is a normal cause of role conflict and role strain. In contrast, Seiber (1974) and Marks (1977) pointed out that positive personal well-being can be caused by the performance of multiple roles. Durkheim (1951) pointed out that married people are more socially integrated than non-married; hence, they are less likely to commit suicide. Verbrugge (1989) pointed out that while widowhood and divorce have negative health consequences, marriage has positive health effects. A study conducted by Fennell (1984) on registered nurses found that married nurses were more satisfied with their job than non-married nurses.

H7: Married nurses with children below school age will be less satisfied with their job than married nurses with no children below school age.

Married nurses with/without children and their job satisfaction: A survey research by Verbrugge (1983) of adults living in Detroit revealed that while employed married parents possess the best health profile, people with none of the roles have the worst health profile. The researcher concluded that while each of the three preceding roles contributes to good health, combining them together has neither positive nor negative health benefits. Quinn et. al (1976) indicated that women with one or more children under the age of six years in the household are less satisfied with their work than women with no children under the age of six years in the household.

CHAPTER TWO

RESEARCH OPERATIONALIZATIONS AND METHODOLOGY

2.1. SUBJECTS

Each female respondent was expected to meet the following conditions in order to be included in the sample of this study:

1. The nurse carries the Jordanian nationality. This research is concerned only in studying Jordanian nurses working at the Jordan University Hospital. Furthermore, the number of non-Jordanian nurses has been sharply decreasing for many years. For example, the total number of non-Jordanian registered and practical nurses decreased sharply from 201 in 1984 to only four nurses in 1992. When interviews were conducted for the purpose of this study, there were only two non-Jordanian nurses. In addition, non-Jordanian nurses did not have a good command of Arabic language. Since the interview schedule was in Arabic, interviewing them would have required using a language other than Arabic. Indeed, making any generalizations about Jordanian nurses regarding the findings of this study would be biased if non-Jordanian nurses were included in this study.

2. The nurse has been working at the community of the study for no less than one month before the suggested day to start interviewing respondents. A nurse who has been working at the hospital for less than one month may not have had enough work

experience at the community of the study. In addition, nurses at the community of the study receive their salary on a monthly basis. Under such circumstances, asking nurses about different dimensions of their work, including their satisfaction with their salaries, was more logical under such circumstances.

3. If any nurse was on vacation during the time of preparing the lists, she was not included in the sampling. She was included in the sampling if her vacation ended no later than one month (thirty days) from the proposed day for starting interviews, taking into account the two preceding conditions.

2.2. PROCEDURES

Table (2) lists the distribution of nurses working at the Jordan University Hospital by type of nursing and gender as of September, 1995.

Table (2)
The Distribution of Nurses Working at the Jordan
University Hospital by Nursing Category and Gender
(September' 1995)

Type of Nurses	Females	%	Males	%	Total	%
Registered	224	56.0	57	48.3	281	54.2
Practical	166	41.5	55	46.6	221	42.7
Aide	10	2.5	6	5.1	16	3.1
Total	400	100.0	118	100.0	518	100.0

According to Table (2), there were 518 nurses working at the Jordan University Hospital in September 1995. These included 400 females and 118 males. There was a total of 281 registered nurses who represented 54.2% of all nurses working at the hospital. These include 224 female nurses who

represented 56% of all female nurses and 57 male nurses who represented 48.3% of all male nurses at the hospital. In addition, practical nurses totaled 221 in which they represented 42.7% of all nurses working at the hospital. These included 166 female nurses who represented 41.5% of all female nurses and 55 male nurses who represented 46.6% of all male nurses. Finally, aide nurses totaled only sixteen and represented 3.1% of all nurses working at the community of the study. These included ten female nurses who represented 2.5% of all female nurses and six male nurses who represented 5.1% of all male nurses.

The total number of non-Jordanian nurses has been decreasing very rapidly. In 1984, there were 201 non-Jordanian nurses working at the hospital. This total included 172 registered and 29 practical nurses (Jordan University Hospital: Public Relations Department, 1986). In September 1995, when lists were prepared for the purpose of this study, there were only two non-Jordanian nurses working at the hospital. Both nurses were female registered nurses.

Aide nurses are those who completed a six months period of nursing theoretical and practical training at the same hospital or another place, usually after graduating from a preparatory school "grade nine."

There is a small number of male nurses at the Jordan University Hospital. In 1988, the total number of male nurses was 98 out of 578 nurses working at the hospital. The

proportion of male nurses working at the preceding hospital has been decreasing since then. This is due to the fact that females' participation in the labor force, namely what is socially known as feminine careers such as nursing, had been increasing in Jordan.

Male nurses were not included in this research for many reasons. To begin with, this research was interested only in studying female nurses and not in comparing nurses on the basis of gender which would expend more time, cost, and effort. In addition, the proportion of male nurses was a lot smaller than female nurses at the community of the study. Moreover, most studies in Jordan dealt with male-oriented jobs. Similarly, most applied studies selected subjects from the male population. Finally, labor participation can be affected by the factor of gender. For example, Moen et. al. (1992) indicated that young women's participation in non-family roles such as employment may be constrained by family responsibilities. A study by Moen and Dempster-McClain (1987) found that there was a significant relationship between gender and work-hour preferences for both spouse and self. It was also found that wives preferred to work shorter periods than they actually do. The study also found that full-time working mothers desire to reduce their weekly work. There are also other reasons for this interest in studying females at the community of the study. Factors which affect women's participation in the labor force, such as with nurses, are

important and worth studying. For example, understanding how female nurses employment can be affected by their age, marital status, income, and education requires an understanding of their demographic composition. Similarly, understanding the job conditions that lead to their dissatisfaction could be affected by factors such as societal and administrative evaluation of their participation in the labor force as women. Hence, understanding such factors from the perspective of female employed nurses is very significant for researchers, nurses, administrators, policy makers, mass media, and even the public. Understanding such factors are very important for countries such as Jordan where women's participation in the labor force is still a lot lower than that of men. In addition, in such developing countries, even employed women are most likely concentrated in particular jobs such as nursing. Understanding all these factors may help in increasing the level of women's participation in the labor force, even in what is socially known as male jobs such as medicine, law, and engineering. Any country, in my opinion, will never develop by ignoring the mentality, needs, and ambitions of women.

Similarly, this research excluded supervisor and head nurses even though all were registered nurses in the community of the study. This is due to the fact that they held administrative positions within the hospital's occupational hierarchy where other nurses lack this administrative power.

This implies that the hierarchical position of head and supervisor nurses is higher than other nurses, including registered ones. In addition, the interview schedule included some statements which required nurses to evaluate their supervisors in their unit. For example, one of the statements of the autonomy components of the Index of Work Satisfaction that is included in the questionnaire stated: "on my service, my supervisors make all the decisions. I have little control over my own work." Hence, such a statement would be problematic and unapplicable for head and supervisor nurses. I believe that the two target groups of this study; registered and practical nurses, are more homogeneous under such circumstances.

Aide nurses were also excluded from this research for different reasons. First, most previous literature, mainly survey studies, dealt with registered and/or practical nurses. In addition, the Jordan University Hospital attempts to decrease the participation of aid nurses from the nursing personnel and increase that of other nurses, mainly registered. This is due to the hospital's administrative belief that aid nurses are less qualified than registered and practical nurses. This is also motivated by the increasing numbers of graduating registered nurses in Jordan. Finally, including aid nurses would require comparing the findings of three groups of nurses; registered, practical, and aid nurses. This would exceed the time, cost, and effort of this study

which would be difficult to absorb.

The sample was a systematic stratified random sample.

Babbie (1995) defined stratified sample as:

The grouping of the units composing a population into homogeneous groups (or strata) before sampling. This procedure, which may be used in conjunction with random, systematic, or cluster sampling, improves the representativeness of a sample, at least in terms of the stratification variable. P. G7.

Babbie (1995) also defined systematic sample as:

A type of probability sample in which every kth unit in a list is selected for inclusion in the sample: for example, every 25th student in the college directory of students. K is computed by dividing the size of the population by the desired sample size, and is called the sampling interval. Within certain constraints, systematic sampling is a functional equivalent of simple random sampling and usually easier to do. Typically, the first unit is selected at random. PP. G7, G8.

Random "probability" sample is defined as "a sample with each element or groups of elements having an equal probability of being included." (Adams and Schvaneveldt, 1985, P. 180). In order to get a higher level of representation, this probability was the same for each of the two groups of respondents; registered and practical nurses.

Indeed, the sample of this research combined three types of sampling procedures. These include stratification, systemization, and randomization "probability." To begin with, the sample was stratified in which the population of the study was divided into two homogeneous groups on the basis of nursing occupational rank: registered and practical nurses. In addition, to get a high level of representation, this

procedure was combined with another sampling procedures; systematization. The sample was systematic in which every kth number of each of the two lists was selected. Finally, the randomization "probability" procedure was also used in which the beginning number was randomly selected. This probability was proportionate in which a sample size of 50% of each of the two stratified lists was selected for interviewing.

Names of all nurses were obtained from the hospital's files. Two lists were prepared for sampling. The first list included names of registered nurses. The second list included names of practical nurses. As indicated earlier, supervisor, head, male, and aide nurses were not included in the lists. Regarding each nurse's name, the first three names were listed as written in the hospital's files. This usually includes the nurse's first name, her father's name, and her grandfather's or family's name. In each of the two lists, names were alphabetically arranged in Arabic language to avoid any bias in arranging them in each of the two sampling lists. In each of the two lists, names were assigned numbers beginning with the number 1. A sample size of 50% was derived from each list. To avoid any human bias in using this sampling method, the beginning number was chosen randomly from the numbers one and two. Since the randomly chosen number was two, the sample included all nurses in both lists that were assigned even numbers. Table (3) presents the response rate among members of the whole sample, as well as each one of the two strata of

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respondents; registered and practical nurses.

Table (3)
Response Rate among Respondents

<u>Nurses's Rank</u>	<u>Nurses Listed</u>	<u>Nurses with Even Numbers</u>	<u>Nurses Interviewed</u>	<u>Response Rate (%)</u>
Registered nurses	205	102	98	96.1
Practical nurses	166	83	81	97.6
Total	371	185	179	96.8

Table (3) illustrates the response rate among respondents. Registered nurses that were listed numbered 205 nurses. These included 102 nurses with even numbers, in which 98 of them were interviewed. Hence, the response rate was 96.1% among registered nurses. On the other hand, there were 166 practical nurses listed. These included 83 practical nurses with even numbers. Since 81 were interviewed, the response rate was 97.6% among practical nurses. Regarding the whole sample, there were 371 nurses listed. These included 185 nurses with even numbers. Since 179 nurses were interviewed, the response rate for the whole sample of this research was 96.8%.

2.3. INSTRUMENTATION

Data for this study were gathered by means of an interview. Permission was obtained to conduct interviews with nurses. This required permission from the Department of Sociology and the College of Arts at the University of Jordan. Then I was referred to the Jordan University Hospital in which permission to conduct the study was obtained from three

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sources. These included, in order, President of the Jordan University Hospital, Head of the Nursing Staff, and the Scientific Research Committee at the hospital. Both Head of the Nursing staff and the Scientific Research Committee reviewed research questionnaire. The purpose of such a review was to make sure no statements or questions in the questionnaire are considered anti-social or inappropriate to the community of the study. As a result, all contents of the questionnaire were approved as appropriate to the community of the study.

I contacted the head or the supervisor nurse of each unit/department in the hospital. The head or supervisor nurse was shown the permission I had to conduct the study and consulted about place and time of conducting interviews with subject. Almost all interviews were conducted in the supervisor's room located in the same unit or department.

At the beginning of the interview, every respondent was orally presented an introductory statement to guarantee her trust and to assure her of the legitimacy of the study. The introductory statement (See Appendix A) illustrates the nature, the importance, and the legitimacy of the study. The introductory statement also motivates the respondents to be cooperative. The introductory statement also assured the respondent's name would not appear in the study.

Each respondent was then shown the hospital's permission to interview nurses. Each respondent was told that she has

the full right and choice whether to participate in the study or not. She was also told that she has the right to withdraw at any stage of the interview. At the end of the interview, each respondent was thanked for her help, support and cooperation.

The interview (See Appendix B) included closed-ended questions in which all possible answers were provided; open-ended questions to which the respondent was not be forced to choose from a finite number of options; (Babbie, 1995); and I also included questions in which there were choices for responses, but which also allowed responses other than those listed as choices.

The questionnaire included four parts. The first part included many questions dealing with respondents' demographic and work related characteristics, such as nursing rank, religion, age, marital status, monthly salary, current and preferred work shift, time-length of work experience at the current hospital, and sources which affected respondents' decision to study nursing.

The second part of the research questionnaire is borrowed from Stamps and Piedmonte (1986). It included fifteen paired comparisons of six components of job satisfaction that represent the first section of the Index of Work Satisfaction developed by the preceding researchers. The purpose of these comparisons is to find out the ranking of the importance of the different work components to nurses' job satisfaction.

This part also provided a definition of each of the six components of job satisfaction as it appeared in Stamps and Piedmonte (1986, P. 60).

The third part of the questionnaire represents the second section of the Index of Work Satisfaction prepared by Stamps and Piedmonte (1986). This section measures nurses current level of satisfaction with six different components of the job. Stamps and Piedmonte modified their original Index of Work Satisfaction in which it included forty-four items dealing with six work components. The forty-four items include six items representing the pay component, seven items representing the professional status, ten items representing interaction and divided equally between physician-nurse interaction and nurse-nurse interaction, six items representing task requirements, seven items representing organizational policies, and finally, eight items representing autonomy. Indeed, the first six components of this part of the questionnaire literally represents the second section of the Index of Work Satisfaction as appeared in Stamps and Piedmonte (1986).

A seventh component that deals with control component was added to this scale. This component included seven statements. The first six statements were borrowed from Rotter (1966). I added a seventh statement to this component which read: "from my work experience at this hospital, I think that I have more respect than male nurses." There are some

reasons for adding this statement. To begin with, only female nurses were interviewed in this study, and since there are male nurses working at the community of the study, it is meaningful to understand nurses' attitude regarding whether they get more, same, or less respect than male nurses at the community of the study. Indeed, these statements on control were organized in a way that is systematic with the way statements related to the Index of Work Satisfaction are organized (see Appendix D for control statements as appeared in Rotter (1966) and as appeared in this research questionnaire).

Stamps and Piedmonte (1986) indicated that their Index of Work Satisfaction is a new standardized measure which is statistically valid, reliable, and practical. The information which comes from using this scale is relevant for application to the organization. Researchers also pointed out that other work satisfaction measures are not adequate in measuring nurses' work satisfaction and in making practical suggestions to change the work environment. One of these measures is The Cornell Job Description Index which had been the most widely used scale in the area of health since the 1960's (Hulin et. al., 1963). Stamps and Piedmonte indicated that many changes have occurred in the field of nursing since the 1960's and there is a need for a more recent measurement of job satisfaction among nurses. Researchers indicated that their Index of Work Satisfaction can measure nurses' work

satisfaction better than any other measure and recommend it for a widespread use.

The fourth part of the questionnaire included four interview questions. The first question asks whether the respondent has any comments, ideas, or suggestions related to the interview questions or statements. The second interview question asks those respondents who answered the preceding question positively to elaborate on these comments, ideas, or information. The third question asks the respondent if she has any additional comments, ideas, or suggestions which are directly or indirectly related to the content of the questionnaire or the subject of this study. The final question in the questionnaire asks the respondents to elaborate on these comments, ideas, or suggestions.

The questionnaire as written in the English language was reviewed by my committee members, including my advisor. The questionnaire was translated twice to assure the accuracy of the translation. It was translated from English into Arabic and then from Arabic into English. Then, the questionnaire was typed in Arabic before conducting the study. Then the questionnaire was pretested. The pretest suggested adding some new questions, deleting some questions, rewording some questions, and rearranging some parts of the questionnaire. I considered all changes suggested by the pretest. Indeed, all changes took place in the first and the last parts of the questionnaire.

I arranged appointments directly with respondents. If any respondent broke the interview appointment with me three times, she was excluded from the sample. In this case, the nurse who followed her in the list was interviewed as a substitute by using the same procedures. Similarly, if the substitute nurse broke the appointment with me more than two times, she was not included in the sample. In this case, no substitute was included.

I interviewed each respondent separately. During the interview, I asked the interviewee all questions in the first and fourth parts of the questionnaire (questions in the fourth part were asked after respondent's completion of the second and the third parts of the questionnaire). After asking each question, I wrote or chose the appropriate response of the respondent. I asked each respondent to read and respond to the "Paired Comparisons" part and then to all forty-four items which represent the second part of the questionnaire. I gave each respondent simple and clear instructions regarding how to respond to each item or statement in the second and the third parts of the questionnaire. In addition, I provided the respondent with a separate sheet of paper which provides a definition of each of the seven numbers that follow each statement in the third part. I was present while the respondent was reading and responding to these parts of the questionnaire. I did not read any of the statements or items of the second and the third sections nor state the appropriate

response of the respondent for many reasons. To begin with, some of the statements are long and could be confusing to the respondent if read by me. In addition, while some of the statements are positively stated, others are negatively stated, in which the respondent could miss the content of any statement. When the respondent is allowed to read and respond to each of the statements of this part, she will have the opportunity to go through any statement more than once, in which her understanding of each of the statements could be more guaranteed.

In ordering the questionnaire, many points were carefully treated. The questionnaire starts with questions that are simple to answer. All questions in the questionnaire were organized in a logical order to evade the establishment of any response set (Bailey, 1987).

Respondents were interviewed through a face-to-face encounter. Babbie (1995) pointed out the many advantages for having a questionnaire managed by an interviewer. These include having higher response rates than mail surveys; reducing the number of "no answers" and "don't" know answers; providing a protection toward confusing items in the questionnaire; and finally, enabling the interviewer to ask questions as well to observe while interviewing.

2.4. DEFINING JOB SATISFACTION

Different definitions of the concept "job satisfaction"

were provided in academic literature by different researchers and thinkers. Locke (1969) defined job satisfaction as a "pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating the achievement of one's job values" (P. 316). Another definition was provided by Price and Mueller (1981). Price stated that job satisfaction is defined as "the degree to which there is a positive affective orientation toward membership in the system." P. 545. In addition, Hopkins (1983) defined job satisfaction as "the fulfillment or gratification of certain needs of the individual that are associated with one's work" (P. 7). Moreover, Brownstone (1980) defined job satisfaction as:

pleasure felt by an employee as a result of his or her job, such as the feeling of worth and fulfillment experienced by a doctor who has just saved a life, or an editor who has just salvaged a badly written manuscript (P. 153).

Collins (1990) defined job satisfaction as: "Multifaceted and somehow related to the ability of the job, or its environment, to meet unique, individual human needs." A more contemporary definition of job satisfaction is the one provided by Cranny, et. al. (1992), who defined job satisfaction as "an effective (that is, emotional) reaction to a job that results from the incumbent's comparisons of actual outcomes with those that are desired, expected, deserved, and so on" (P. 1).

According to Misener et. al. (1996), while researchers

agree that job satisfaction is composed of a positive attitude toward a particular job, they are in less agreement regarding how to measure that attitude. Only for the purpose of the current study, I provide an empirical and instrumental definition of job satisfaction. I define job satisfaction as nurses' positive, neutral, or negative evaluations of negative or positive items representing their pay and benefits, such as retirement benefits, professional status, interaction with physicians and other nurses, task requirements, organizational policies, autonomy, and control. The definitions of the different components of job satisfaction that appeared in the second part of the questionnaire were literally taken from Stamps and Piedmonte (1986, P. 60) as follows:

1. Pay: Dinar remuneration and fringe benefits received for work done. (I substituted the concept "dollar" with "dinar" since the study was applied to Jordanian nurses.)
2. Professional status: Overall importance or significance felt about your job, both in your view and in the view of others.
3. Interaction: Opportunities presented for both formal and informal social and professional contact during work hours.
4. Task requirements: Tasks or activities that must be done as a regular part of the job.
5. Organizational policies: Management policies and procedures put forward by the hospital and nursing administration of this hospital.

6. Autonomy: Amount of job related-independence, initiative, and freedom, either permitted or required in daily work activities.

2.5. STATISTICAL ANALYSIS

In this research, the degree of job satisfaction among each of the two groups of nurses; registered and practical, represented the dependent variable. The degree of satisfaction was classified into seven different categories. These include pay, professional status, interaction, task requirements, organizational policies, autonomy, and control. On the other hand, independent variables which were examined in this research included education, monthly salary, age, marital status, and married respondents with children below school age.

The outputs from the questionnaire were analyzed by using the SPSS software (Statistical Package for Social Science). Descriptive statistics for all the outputs of the collected data were used to characterize the sample.

The correlation between each of the different components of job satisfaction was examined to test how close are the different statements of each component to linear relationship (see Appendix E). This was conducted to decide which statements could be excluded from any of the components of job satisfaction since this study was applied to a different culture. Results of the correlation did not suggest the

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deletion of any of the statements that represent the different components of job satisfaction. In addition, some of the findings of this study were compared to findings of some previous researches that literally used the Index of Work Satisfaction. Making these comparisons without any bias was another reason for not deleting any of the statements that represent the different components of the Index of Work Satisfaction as appeared in Stamps and Piedmonte (1986).

Different statistical tests were used in order to test the significance of the difference between means of job satisfaction for different independent variables. Paired difference t test was used to test the significance of the difference between the means of two groups. Analysis of variance (ANOVA) was used to test the significance of the difference among the means of three or more groups. For all analysis, the level of significance was set at $\alpha = 0.05$ level or a level of confidence of 95%.

Factor analysis was used to reveal patterns of inter-relationships among the six components of job satisfaction which represent the "Paired Comparisons" part of the Index of Work Satisfaction. This was used to rank the importance of the different components to nurses' job satisfaction. Each of research hypothesis was tested three times; for the whole sample and then for each of the two groups of respondents; registered and practical nurses.

The following is a brief description of how each of the

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research hypotheses was tested.

H1. While nurses will rank autonomy as the most important job component to their job satisfaction, they will rank organizational policies as the least important job component to their job satisfaction.

$$H_0: J_{au} > (J_{pa}, J_{ps}, J_{in}, J_{tr}) > J_{or}$$

$$H_a: J_{au} > (J_{pa}, J_{ps}, J_{in}, J_{tr}) > J_{or}$$

Where J_{au} = Job satisfaction in autonomy component

J_{or} = Job satisfaction in organizational policies component.

$(J_{pa}, J_{ps}, J_{in}, J_{tr})$ = The values of the Correlation Coefficient for the job components of pay, professional status, interaction, and task requirements.

This hypothesis was examined based on the results of factor analysis of the Paired Comparisons.

H2. Current level of nurses' job satisfaction will be the highest in the autonomy component of their job and the lowest in the pay component of their job.

$$H_0: J_{au} > (J_{ps}, J_{in}, J_{tr}, J_{or}, J_{co}) > J_{pa}$$

$$H_a: J_{au} > (J_{ps}, J_{in}, J_{tr}, J_{or}, J_{co}) > J_{pa}$$

Where J_{au} = Mean score of authority component of job satisfaction.

J_{pa} = Mean score of pay component of job satisfaction.

$(J_{ps}, J_{in}, J_{tr}, J_{or}, J_{co})$ = Mean score for each of the components of professional status, interaction, task requirements, organizational policies, and control of job

satisfaction.

This hypothesis was tested based on the results of the mean score of each of the seven components of job satisfaction.

H3. The more education the nurse has, the less she will be satisfied with her job.

$$H_0: J_1 = J_2 = J_3 = \dots$$

$$H_a: J_1 < J_2 < J_3 < \dots$$

Where J_1 = Average score of job satisfaction for group 1.

H4. The more salary the nurse has, the more she will be satisfied with her job.

$$H_0: J_1 = J_2 = J_3 = \dots$$

$$H_a: J_1 < J_2 < J_3 < \dots$$

H5. Older nurses will be more satisfied with their job than younger nurses.

$$H_0: J_1 = J_2 = J_3 = \dots$$

$$H_a: J_1 < J_2 < J_3 < \dots$$

H6. Married nurses, in general, will be less satisfied with their job than unmarried nurses.

$$H_0: J_1 = J_2$$

$$H_a: J_1 < J_2$$

Where J_1 = Average job satisfaction for married nurses.

J_2 = Average job satisfaction for unmarried nurses.

H7. Married nurses with children below school age will be less satisfied with their job than married nurses with no children below school age.

$$H_0: J_1 = J_2$$

$$H_a: J_1 < J_2$$

Where J_1 = Average job satisfaction for married nurses with children below school age

J_2 = Average job satisfaction for married nurses with no children below school age.

Note: Hypotheses 3-7 were accepted or rejected based on the results of the statistical test used to test the significance of the differences among the means of the different groups (F test "ANOVA" or t test).

CHAPTER THREE

FINDINGS OF THE STUDY

3.1. SAMPLE'S SOCIAL AND DEMOGRAPHIC CHARACTERISTICS

This section presents and discusses the respondents' major social and demographic characteristics. To begin with, each of these characteristics is presented and discussed for the whole sample. Then, the same characteristic is presented and discussed in a comparative way; between the two groups of respondents; registered and practical nurses. These characteristics include respondents distribution by nationality, nursing rank, working department/unit, type of employment, probationary period, current and preferred work shift, age, religion, length of time of all experienced nursing work, length of time of work experience at current hospital, monthly salary, whether salary is or is not the only source of income, the way of spending salary, salary coverage of basic needs, marital status, motherhood and number of preschool children, and source of providing care to preschool children while mothers working.

3.1.1. NATIONALITY

All interviewed respondents in this research carried Jordanian nationality. Jordanian nurses who descended from Palestinian origin were all considered Jordanians in this

study; at least because they carry Jordanian nationality. There were two non-Jordanian nurses, both females, working at the community of the study. Both were not interviewed because they were carrying odd numbers. There was only one nurse who got her Jordanian nationality after she was married to a Jordanian. She carried an even number but was not interested in being interviewed.

3.1.2. NURSING RANK

This research included two ranks of nurses working at the Jordan University hospital; registered and practical. These include ninety-eight registered nurses who represented 54.7% and eighty-one practical nurses who represented 45.3% of the whole sample.

3.1.3. WORKING DEPARTMENT/UNIT

Table (4) illustrates the distribution of registered and practical nurses by working department/unit at the community of the study. According to Table (4), there were nineteen respondents out of the whole sample who were working in the Department of Internal Medicine at the time of their interview. These respondents represented 10.6% of the whole sample. This category included eleven registered nurses who represented 11.2% of all registered nurses and eight practical nurses who represented 9.9% of all practical nurses. In addition, there were thirty-nine respondents working in the

Department of Surgery in which they represented 21.8% of the whole sample. These included twenty-three registered nurses who represented 23.5% of all registered nurses and sixteen practical nurses who represented 19.8% of all practical nurses. Moreover, among all interviewees, there were nineteen

Table (4)
The Distribution of Registered and Practical
Nurses by Working Department/Unit

Working Unit	R.N.'s	%	P.N.'s	%	Total	%
Internal	11	11.2	8	9.9	19	10.6
Surgery	23	23.5	16	19.8	39	21.8
Children	8	8.2	11	13.6	19	10.6
Maternity	18	18.4	12	14.8	30	16.8
Emergency	7	7.1	4	4.9	11	6.1
Outpatient Clinics	1	1.0	18	22.2	19	10.6
Specialized Units:						
Kidneys	1	1.0	0	0.0	1	0.6
Intensive Care	6	6.1	2	2.5	8	4.5
Coronary Int. Care	2	2.0	2	2.5	4	2.2
Neo-natal	6	6.1	2	2.5	8	4.5
Digestive System	4	4.1	2	2.5	6	3.4
Day-Care	2	2.0	2	2.5	4	2.2
Burns	2	2.0	2	2.5	4	2.2
Operations	5	5.1	0	0.0	5	2.8
Medium Care	2	2.0	0	0.0	2	1.1
Total	98	100.0	81	100.0	179	100.0
Chi-Square = 30.76, Sig. = 0.006, d.f. = 14						

respondents working the Department of Children who represented 10.6% of the whole sample. This category included eleven practical nurses who represented 13.6% of all practical nurses and eight registered nurses who represented 8.2% of all registered nurses. Further, the sample combined thirty nurses working the Department of Maternity in which they represented 16.8% of the whole sample. These included eighteen registered nurses who represented 18.4% of all registered nurses and twelve practical nurses who represented 14.8% of all practical

nurses. Furthermore, the sample included eleven nurses working in the Emergency Department in which they represented 6.1% of the whole sample. These included seven registered nurses who represented 7.1% of all registered nurses and four practical nurses who represented 4.9% of all practical nurses.

Regarding the Outpatient Clinics, there were nineteen respondents working in it in which they represented 10.6% of the whole sample. These included eighteen practical nurses who represented 22.2% of all practical nurses and only one registered nurse who represented 1% of all registered nurses.

The rest of the respondents were working in the hospital's specialized units when they were interviewed. There were eight respondents in each of the two units of Neonatal and Intensive Care in which each category represented 4.5% of the whole sample. In each of these two units, there were six registered nurses and two practical nurses. In addition, there were six nurses working in the Digestive System Unit in which they represented 3.4% of the whole sample. This category combined four registered nurses and two practical nurses. Moreover, five respondents, all registered, were working in the Operations Unit in which they represented 2.8% of the whole sample. Further, in each of the three units of Coronary Intensive Care, Day Care, and Burns, there were four respondents in which in each unit they represented 2.2% of the overall sample. In each of the three preceding units there were two registered nurses and two practical nurses.

Furthermore, there were two nurses, both registered, working in the Medium Care Unit in which they represented 1.1% of the total sample. Finally, there was only one nurse, registered, working in the Kidneys Unit in which she represented 0.6% of the whole sample.

3.1.4. TYPE OF EMPLOYMENT

There are four types of employment of nurses working at the community of the study. These include classified, contract, daily, and lump-net employment. Table (5) illustrates the distribution of registered and practical nurses by type of current employment.

Table (5)
The Distribution of Registered and Practical
Nurses by Type of Current Employment

Type of Employment	R.N.'s	%	P.N.'s	%	Total	%
Classified	37	37.8	27	33.3	64	35.8
Contract	36	36.7	23	28.4	59	33.0
Daily	25	25.5	1	1.2	26	14.5
Lump-net	0	0.0	30	37.0	30	16.8
Total	98	100.0	81	100.0	179	100.0

Chi-Square = 55.47, Sig. = 0.000, d.f. = 3

Table (5) illustrates that out of the whole sample, there were sixty-four nurses who were working on a classified basis in which they represented 35.8% of the whole sample. These included thirty-seven registered nurses who represented 37.8% of all registered nurses and twenty-seven practical nurses who represented 33.3% of all practical nurses. In addition, the sample included fifty-nine nurses working on a contract basis in which they represented 33% of the whole sample. This

category included thirty-six registered nurses who represented 36.7% of all registered nurses and twenty-three practical nurses who represented 28.4% of all practical nurses. Further, the sample included thirty nurses who represented 16.8% of the whole sample in which they were working on a lump-net basis. Indeed, all thirty nurses were practical nurses and represented 37% of all practical nurses. Finally, the sample included twenty-six nurses who were employed on a daily basis in which they represented 14.5% of the whole sample. All nurses who belonged to this category, except one, were registered nurses.

3.1.5. PROBATIONARY PERIOD

Every hired nurse by the hospital has to go through a probationary period. The probationary period is three months since the first day of starting the job. During this period, the hospital has the right to fire the nurse for one reason or another, such as not fulfilling her expected duties. Table (6) illustrates the distribution of registered and practical nurses by whether passed or not the probationary period.

Table (6)
The Distribution of Registered and Practical Nurses
by whether Passed or not the Probationary Period

<u>Length of Work Per.</u>	<u>R.N.'s</u>	<u>%</u>	<u>P.N.'s</u>	<u>%</u>	<u>Total</u>	<u>%</u>
During pro. per.*	3	3.1	0	0	3	1.7
Passed pro. per.	95	96.6	81	100	176	98.3
Total	98	100.0	81	100	179	00.0

*pro. = probationary, per. = period

Chi-Square = 2.52, Sig. = 0.112, d.f. = 1

According to Table (6), there were one hundred and

seventy-six respondents who passed the probationary period of work at the hospital in which they represented 98.3% of the whole sample. These included ninety-five registered nurses who represented 96.6% of all registered nurses and all practical nurses in the sample. On the contrary, the sample include only three nurses working during the probationary period in which they represented 1.7% of the whole sample. All three nurses were registered in which they represented 3.1% of all registered nurses.

3.1.6. CURRENT WORK SHIFT

At the Jordan University Hospital, nurses work in one of three shifts. These include "A", "B", and "C" shifts. Working hours for each shift are from 7:00 a.m. till 3:00 p.m. for shift "A", 2:30 p.m. till 9:30 p.m. for shift "B", and from 9:00 p.m. till 7:30 a.m. for shift "C". Nurses working at the Out-patient Clinics work only during one shift; shift "A". The working hours for this shift are from 8:00 a.m. till 4:00 p.m.; which are the working hours for the Out-patient Clinics.

Nurses of each shift are switched to a new shift at the beginning of each month. This means that after working for three months at the hospital, a nurse experiences working on all three shifts. However, changing to a new shift could be shorter than one month in some specialized units. For example, in the Intensive Care Unit, shifts rotate every four

days. In addition, nurses in the Out-patient Clinics do not rotate their shifts within the Out-patient Clinics, since there is only one shift. Indeed, some nurses in the Out-patient Clinics may work in the same unit or department for many years. However, nurses may be transferred between the hospital and the Out-patient Clinics. Table (7) compares the distribution of registered and practical nurses by current work shift.

Table (7)
Comparing the Distributions of Registered
and Practical Nurses by Current Work Shift

Current Shift	R.N.'s	%	P.N.'s	%	Total	%
Shift "A"	44	44.9	40	49.4	84	46.9
Shift "B"	40	40.8	36	44.4	76	42.5
Shift "C"	14	14.3	05	6.2	19	10.6
Total	98	100.0	81	100.0	179	100.0
Chi-Square = 3.08, Sig = 0.21, d.f. = 2						

Table (7) indicates that respondents who were working during shift "A" when interviewed numbered eighty-four in which they represented 46.9% of the whole sample. These included forty-four registered nurses who represented 44.9% of all registered nurses and forty practical nurses who represented 49.4% of all practical nurses. In addition, interviewees who were working during shift "B" at the interview time included seventy-six nurses who represented 42.5% of the whole sample. These included forty registered nurses who represented 40.8% of all registered nurses and thirty-six practical nurses who represented 44.4% of all practical nurses. Finally, the sample included nineteen nurses working during shift "C" who represented 10.6% of the

whole sample. This category included fourteen registered nurses who represented 14.3% of all registered nurses and five practical nurses who represented 6.2% of all practical nurses.

Only nurses working on shift "C" get extra payment. For each night working on a "C" shift, a registered nurse gets one Jordanian Dinar and a practical nurse gets sixty Jordanian Piasters in addition to their monthly salary (note that each Jordanian Dinar equals one hundred Piasters).

3.1.7. PREFERRED WORK SHIFT

A nurse who was working during one of the three shifts at the hospital at the time of her interview does not necessarily prefer that shift most. Table (8) clarifies the distribution of registered and practical nurses by their most preferred work shift at the community of the study.

Table (8)
Comparing the Distributions of Registered and
Practical Nurses by most Preferred Work Shift

Preferred Shift	R.N.'s	%	P.N.'s	%	Total	%
Shift "A"	71	72.4	52	64.2	123	68.7
Shift "B"	22	22.4	23	28.4	45	25.1
Shift "C"	05	5.1	06	7.4	11	6.1
Total	98	100.0	81	100.0	179	100.0
Chi-Square = 1.45, Sig. = 0.485, d.f. = 2						

Table (8) illustrates that the most preferred working shifts for each of registered and practical nurses were "A", "B", and "C", in order from the most to the least preferred working shift. Out of the whole sample, there were one-hundred and twenty-three respondents who preferred working during shift "A" and represented 68.7% of the whole sample.

These included seventy-one registered nurses (72.4% of all registered nurses) and fifty-two practical nurses (64.2% of all practical nurses). In addition, the whole sample included a total of forty-five respondents who preferred working during shift "B" in which they represented 25.1% of the whole sample. These included twenty-three practical nurses (28.4% of all practical nurses) and twenty-two registered nurses (22.4% of all registered nurses). Finally, the whole sample included only eleven nurses who preferred working during shift "C" most and represented 6.1% of the whole sample. These included six practical nurses (7.4% of all practical nurses) and five registered nurses (5.1% of all registered nurses).

Nurses who preferred working during shift "C" give two main reasons for such preference. Some of these nurse, indicated that they preferred working on shift "C" because the workload is lighter during this shift than other shifts. They also indicated that the hospital environment is more calm since visitors are not allowed to enter the hospital at night except under extreme circumstances. In addition, many married nurses with children who preferred working during shift "C" most indicated that their husbands work during the day. As a result, their husbands can take care of their children at night while they working at night. Some less common reasons were given for the least preference to work during shift "C". For example, a nurse who was working during shift "C" in the Emergency Department indicated that the most stressful thing

to her during this shift is dealing with drunk cases. According to her, these cases are seen mostly at night during the summer time.

3.1.8. AGE

Table (9) illustrates the distribution of registered and practical nurses by age.

Table (9)
The Distribution of Registered
and Practical Nurses by Age

Age	R.N.'s	%	P.N.'s	%	Total	%
Less than 25 years	28	28.6	12	14.8	40	22.3
25-less than 30	57	58.2	24	29.6	81	45.3
30-less than 35	11	11.2	29	35.8	40	22.3
35-less than 40	1	1.0	13	16.0	14	7.8
40-less than 45	0	0.0	3	3.7	3	1.7
45-less than 50 years	1	1.0	0	0.0	1	0.6
Total	98	100.0	81	100.0	179	100.0
Chi-Square = 40.99, Sig. = 0.000, d.f. = 5						

Out of the whole sample, it was found that respondents who were younger than 25 years totaled forty in which they represented only 22.3% of the whole sample. These included twenty-eight registered nurses who represented 28.6% of all registered nurses and twelve practical nurses who represented 14.8% of all practical nurses. In addition, respondents whom their ages were in the age category of 25 to less than 30 years numbered eighty-one nurses and represented the majority of all respondents; 45.3%. This category included fifty-seven registered nurses who represented 58.2% of all registered nurses and twenty-four practical nurses who represented 29.6% of all practical nurses. Moreover, respondents whose their

ages were in the category of 30 to less than 35 years numbered forty nurses and represented 22.3% of the whole sample. This category included twenty-nine practical nurses who represented 35.8% of all practical nurses and eleven registered nurses who represented 11.2% of all registered nurses. Further, respondents whose ages were 35 to less than 40 years numbered fourteen and represented 7.8% of the whole sample. All these respondents, except one, were practical nurses. Finally, respondents who were 40 years of age or older numbered four nurses who represented only 2.3% of all respondents. Three of these were practical nurses.

3.1.9. RELIGION

Suni-Islam is the dominant religion among Jordanians. Table (10) illustrates the distribution of registered and practical nurses by religion.

Table (10)
The Distribution of Registered and
Practical Nurses by Religion

<u>Religion</u>	<u>R.N.'s</u>	<u>%</u>	<u>P.N.'s</u>	<u>%</u>	<u>Total</u>	<u>%</u>
Moslem	94	95.9	78	96.3	172	96.1
Christian	4	4.1	3	3.7	7	3.9
Total	98	100.0	81	100.0	179	100.0
Chi-Square = 0.02, Sig. = 0.897, d.f. = 1						

Regarding respondents distribution by religion, as Table (10) indicates, the overwhelming majority of respondents were Moslems. Moslem respondents numbered one-hundred and seventy-two and represented 96.1% of all respondents. Moslem nurses included ninety-four registered nurses who represented 95.9%

of all registered nurses and seventy-eight practical nurses who represented 96.3% of all practical nurses. In contrast, Christian respondents numbered only seven in which they represented 3.9% of the whole sample. This category included four registered nurses in which they represented 4.1% of all registered nurses and three practical nurses who represented 3.7% of all practical nurses.

3.1.10. LENGTH OF TIME OF ALL NURSING WORK EXPERIENCE

While some of the respondents had a very short period of all nursing work experience, others had more than twenty years of nursing work experience. Table (11) illustrates the distribution of registered and practical nurses by length of time of all nursing work experience. This includes length of time of work experience at the community of the study, as well as other places if they experienced any.

Table (11)
The Distribution of Registered and Practical Nurses
by Length of Time of all Nursing Work Experience

<u>Period of Nursing Work</u>	<u>R.N.'s</u>	<u>%</u>	<u>P.N.'s</u>	<u>%</u>	<u>Total</u>	<u>%</u>
Less than 3 years	23	23.5	0	0.0	23	12.8
3-less than 6	44	44.9	15	18.5	59	33.0
6-less than 9	23	23.5	14	17.3	37	20.7
9-less than 12	6	6.1	29	35.8	35	19.6
12-less than 15	1	1.0	10	12.3	11	6.1
<u>15 years or longer</u>	<u>1</u>	<u>1.0</u>	<u>13</u>	<u>16.0</u>	<u>14</u>	<u>7.8</u>
Total	98	100.0	81	100.0	179	100.0
Chi-Square = 71.24, Sig = 0.000, d.f. = 5						

According to Table (11), all twenty-three nurses who had been working in the area of nursing for less than three calendar years were registered nurses in which they

represented 12.8% of the whole sample and 23.5% of all registered nurses. In addition, there were fifty-nine nurses who had been working in the field of nursing from three to less than six years and represented 33% of the whole sample. These included forty-four registered nurses who represented 44.9% of all registered nurses and fifteen practical nurses who represented 18.5% of all practical nurses. Moreover, there were thirty-seven nurses whom the length of all of their experienced nursing work extended from six to less than nine years and represented 20.7% of the whole sample. These included twenty-three registered nurses who represented 23.5% of all registered nurses and fourteen practical nurses who represented 17.3% of all practical nurses. Further, respondents whose length of their nursing work period extended from nine to less than twelve years numbered thirty-five and represented 19.6% of the whole sample. These included twenty-nine practical nurses who represented 35.8% of all practical nurses and six registered nurses who represented 6.1% of all registered nurses. Furthermore, the sample included eleven nurses with a nursing work experience which extended from twelve to less than fifteen years and represented 6.1% of the whole sample. These included ten practical nurses who represented 12.3% of all practical nurses and only one registered nurse who represented 1% of all registered nurses. Finally, nurses who had been working in the field of nursing for fifteen years or longer totaled fourteen and represented

nurses ,

7.8% of the whole sample. These included thirteen practical nurses who represented 16% of all practical nurses and only one registered nurse who represented 1% of all registered nurses.

3.1.11. LENGTH OF TIME OF NURSING WORK EXPERIENCE AT CURRENT HOSPITAL

While some nurses had previous nursing work experience before working at the community of the study, others did not. Table (12) illustrates the distribution of registered and practical nurses by length of time of nursing work experience at the community of the study.

Table (12)
The Distribution of Registered and Practical
Nurses by Length of Time of Nursing Work
Experience at Current Hospital

<u>Nursing Work</u>	<u>R.N.'s</u>	<u>%</u>	<u>P.N.'s</u>	<u>%</u>	<u>Total</u>	<u>%</u>
Less than 3 years	29	29.6	0	0.0	29	16.2
3-less than 6	39	39.8	17	21.0	56	31.3
6-less than 9	22	22.4	15	18.5	37	20.7
9-less than 12	6	6.1	28	34.6	34	19.0
12-less than 15	1	1.0	12	14.8	13	7.3
<u>15 years or longer</u>	<u>1</u>	<u>1.0</u>	<u>9</u>	<u>11.1</u>	<u>10</u>	<u>5.6</u>
Total	98	100.0	81	100.0	179	100.0

Chi-Square = 67.91, Sig. = 0.000, d.f. = 5

Among all respondents, as Table (12) indicates, there were twenty-nine nurses who had been working at the community of the study for less than three years which represented 16.2% of the whole sample. Indeed, all nurses who belonged to this category were registered nurses and represented 29.6% of all registered nurses. In addition, the sample included fifty-six nurses who had been working at the community of the study from

three to less than six years and represented 31.3% of the whole sample. This category included thirty-nine registered nurses who represented 39.8% of all registered nurses and seventeen practical nurses who represented 21% of all practical nurses. Moreover, nurses who had been working at the community of the study from six to less than nine years numbered thirty-seven and represented 20.7% of the whole sample. This category included twenty-two registered nurses who represented 22.4% of all registered nurses and fifteen practical nurses who represented 18.5% of all practical nurses. Further, nurses who had been working at the hospital from nine to less than twelve years totaled thirty-four in which they represented 19% of the whole sample. These included twenty-eight practical nurses who represented 34.6% of all practical nurses and six registered nurses who represented 6.1% of all registered nurses. Furthermore, there were thirteen nurses who had a work experience at the hospital that extended from twelve to less than fifteen years and represented 7.3% of all respondents. These included twelve practical nurses who represented 14.8% of all practical nurses and only one registered nurse who represented 1% of all registered nurses. Finally, among all respondents, there were ten nurses who reported working at the community of the study for a period of fifteen years or longer and represented 5.6% of the whole sample. These included nine practical nurses who represented 11.1% of all practical nurses and only one

registered nurse who represented 1% of all registered nurses.

3.1.12. MONTHLY SALARY

Nurses working at the community of the study, as well as all other employees, receive their salaries on a monthly basis. Table (13) illustrates the distribution of registered and practical nurses by their monthly salary in Jordanian Dinars.

Table (13)
The Distribution of Registered and Practical
Nurses by Monthly Salary in Jordanian Dinars

Salary	R.N.'s	%	P.N.'s	%	Total	%
Less than 200 J.D.'s	0	0.0	11	13.6	11	6.1
200-less than 250	3	3.1	41	50.6	44	24.6
250-less than 300	47	48.0	20	24.7	67	37.4
300-less than 350	39	39.8	3	3.7	42	23.5
350-less than 400	7	7.1	2	2.5	9	5.0
400-less than 450 J.D.'s	2	2.0	4	4.9	6	3.4
Total	98	100.0	81	100.0	179	100.0
Chi-Square = 88.18, Sig. = 0.000, d.f. = 5						

Table (13) indicates that there were eleven nurses who had a monthly salary of less than 200 Jordanian Dinars and represented 6.1% of the whole sample. These were all practical nurses. According to the management of the Jordan University Hospital, practical nurses have lower salaries than registered nurses because they completed shorter periods of nursing education than registered nurses. In addition, respondents whom their salary was ranging from 200 to less than 250 J.D.'s totaled forty-four nurses and represented 24.6% of the whole sample. This category combined forty-one

practical nurses who represented 50.6% of all practical nurses and three registered nurses who represented 3.1% of all registered nurses. Moreover, the sample included sixty-seven nurses whom their salaries were ranging from 250 to less than 300 J.D.'s and represented 37.4% of the whole sample. This category included forty-seven registered nurses who represented 48% of all registered nurses and twenty practical nurses who represented 24.7% of all practical nurses. There were also forty-two nurses with monthly salaries ranging from 300 to less than 350 J.D.'s and represented 23.5% of the whole sample. This category included thirty-nine registered nurses who represented 39.8% of all registered nurses and only three practical nurses who represented 3.7% of all practical nurses. Further, the sample included nine nurses whom their salaries were within the category of 350 to less than 400 J.D.'s and represented 5% of the whole sample. This category included seven registered nurses who represented 7.1% of all registered nurses and only two practical nurses who represented 2.5% of all practical nurses. Finally, there were only six nurses whom their monthly salaries were ranging from 400 to less than 450 J.D.'s in which they represented 3.4% of the whole sample. This category of salary included four practical nurses who represented 4.9% of all practical nurses and only two registered nurses who represented 2% of all registered nurses. Indeed, there were small numbers of practical nurses within higher categories of salary. This is due to the fact that

they had longer periods of nursing work experience compared to registered nurses within the same categories.

3.1.13. WHETHER SALARY IS OR IS NOT THE ONLY SOURCE OF INCOME

While for most nurses salary from the current job is not the only income for them and their families, either procreational or orientational, for some nurses their salary is the only income for them and their dependents. Table (14) illustrates the distribution of registered and practical nurses by whether their salary is or is not the only source of income.

Table (14)
The Distribution of Registered and Practical Nurses
by whether Salary is or is not the Only Income

Salary	R.N.'s %		P.N.'s %		Total %	
Family's only income	1	1	6	7.4	7	3.9
Not family's only income	97	99	75	92.6	172	96.1
Total	98	100	81	100.0	179	100.0

Chi-Square = 4.81, Sig. = 0.028, d.f. = 1

The overwhelming majority of respondents, as Table (14) indicates, one hundred and seventy-two reported that their salaries are not the only source of income for their families, either orientational or procreational families. This category represented 96.1% of the whole sample. This category included ninety-seven registered nurses who represented 99% of all registered nurses and seventy-five practical nurses who represented 92.6% of all practical nurses. In contrast, there were only seven respondents who reported that their salaries represent the only source of income for them and their

families. This category represented 3.9% of the whole sample. This category included six practical nurses who represented 7.4% of all practical nurses and only one registered nurse.

3.1.14. THE WAY OF SPENDING SALARY

Most respondents work to help their families, either procreational or oriantaional families. This, indeed, one of the traits that reflects the strong familial relationships among members of the community of the study. Table (15) illustrates the distribution of registered and practical nurses by their way of spending their monthly salaries.

Table (15)
The Distribution of Registered and Practical
Nurses by the Way Salaries are Spent on

Salary Spending	R.N.'s	%	P.N.'s	%	Total	%
On self only	11	11.2	3	3.7	14	7.8
On self and family	87	88.8	78	96.3	165	92.2
Total	98	100.0	81	100.0	179	100.0
Chi-Square = 3.48, Sig. = 0.06, d.f. = 1						

As Table (15) indicates, the majority of respondents, one hundred and sixty-five, indicated that they spend their salaries on themselves as well as on their families. These represented 92.2% of the whole sample. This category included eighty-seven registered nurses who represented 88.8% of all registered nurses and seventy-eight practical nurses who represented 96.3% of all practical nurses. In contrast, there were fourteen nurses who reported that they spend their salaries only on themselves and represented 7.8% of the whole sample. This category included eleven registered nurses who represented 11.2% of all registered nurses and three practical

nurses who represented 3.7% of all practical nurses.

3.1.15. SALARY COVERAGE OF BASIC NEEDS

Specifying monthly salary is meaningless unless it is related to the extent to which it covers basic needs of respondents, and their dependents if they had any. Table (16) illustrates the distribution of registered and practical nurses by the extent to which monthly salary covers basic needs.

Table (16)
The Distribution of Registered and Practical
Nurses by the Extent to Which their Monthly
Salary Covers their Basic Needs

<u>Salary Coverage</u>	<u>R.N.s</u>	<u>%</u>	<u>P.N.s</u>	<u>%</u>	<u>Total</u>	<u>%</u>
All basic needs	44	44.9	16	19.8	60	33.5
Most basic needs	27	27.6	16	19.8	43	24.0
About half of-						
basic need	16	16.3	31	38.3	47	26.3
Less than half of-						
basic needs	11	11.2	18	22.2	29	16.2
Total	98	100.0	81	100.0	179	100.0
Chi-Square = 20.93, Sig. = 0.000, d.f. = 3						

Table (16) illustrates that there was a total of sixty nurse who indicated that their monthly salary covers all basic needs and represented 33.5% of the whole sample. These included forty-four registered nurses who represented 44.9% of all registered nurses and sixteen practical nurses who represented 19.8% of all practical nurses. In addition, respondents who pointed out that their salary covers most basic needs totaled forty-three and represented 24% of the whole sample. These included twenty-seven registered nurses who represented 27.6% of all registered nurses and sixteen

practical nurses who represented 19.8% of all practical nurses. Moreover, there was a total of forty-seven nurses who reported that their monthly salary covers about half of basic needs and represented 26.3% of the whole sample. This category included thirty-one practical nurses who represented 38.3% of all practical nurses and sixteen registered nurses who represented 16.3% of all registered nurses. Finally, the sample included twenty-nine respondents who mentioned that their monthly salary covers less than half of basic needs and represented 16.2% of the whole sample. This category combined eighteen practical nurses who represented 22.2% of all practical nurses and eleven registered nurses who represented 11.2% of all registered nurses.

3.1.16. MARITAL STATUS

Table (17) illustrates the distribution of registered and practical nurses by marital status.

Table (17)
The Distribution of Registered and
Practical Nurses by Marital Status

Marital Status	R.N.'s	%	P.N.'s	%	Total	%
Married	46	46.9	48	59.3	94	52.5
Single	47	48.0	30	37.0	77	43.0
Divorced	2	2.0	2	2.5	4	2.2
Widowed	0	0.0	1	1.2	1	0.6
Engaged	3	3.1	0	0.0	3	1.7
Total	98	100.0	81	100.0	179	100.0
Chi-Square = 6.24, Sig. = 0.182, d.f. = 4						

Table (17) indicates that out of the whole sample, there were ninety-four married respondents and represented 52.5% of the whole sample. This category included forty-eight

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practical nurses who represented 59.3% of all practical nurses and forty-six registered nurses who represented 46.9% of all registered nurses. In addition, single respondents were the second largest category; seventy-seven nurses. These nurses represented 43% of the whole sample. This category included forty-seven registered nurses who represented 48% of all registered nurses and thirty practical nurses who represented 37% of all practical nurses. Moreover, there were four divorced respondents and represented 2.2% of the whole sample. Half of these were registered nurses. Furthermore, the whole sample included three engaged respondents who represented only 1.7% of the whole sample. All three engaged respondents were registered nurses. Finally, the whole sample included only one widowed respondent; a practical nurse.

3.1.17. MOTHERHOOD OF PRESCHOOL CHILDREN

In Jordan, children enter grade one when reaching six years of age. Table (18) illustrates the distribution of registered and practical nurses by motherhood of preschool children.

Table (18)
The Distribution of Registered and Practical
Nurses by Motherhood of Preschool Children

Preschoolers	R.N.'s	%	P.N's	%	Total	%
Yes	27	54.0	35	68.6	62	61
No	23	46.0	16	31.4	39	39
Total	50	100.0	51	100.0	101	100
Chi-Square = 2.28, Sig. = 0.134, d.f. = 1						

According to Table (18), there were sixty-two nurses who

pointed out that they had preschool children and represented 61% of all respondents who were asked this question. These included thirty-five practical nurses who represented 68.6% of all practical nurses with preschool children and twenty-seven registered nurses who represented 54% of all registered nurses with preschool children. In contrast, there were thirty-nine nurses who represented 39% of all nurses who were asked this question in which they indicated that they have no children below school age. This category included twenty-three registered nurses who represented 46% of all registered nurses of concern and sixteen practical nurses who represented 31.4% of practical nurses of concern.

3.1.18. NUMBER OF PRESCHOOL CHILDREN

Table (19) presents the distribution of registered and practical nurses by number of their preschool children.

Table (19)
The Distribution of Registered and Practical
Nurses by Number of Preschool Children

<u>Number of</u> <u>Preschoolers</u>	<u>R.N.'s</u>	<u>%</u>	<u>P.N's</u>	<u>%</u>	<u>Total</u>	<u>%</u>
One child	13	48.1	11	31.4	24	38.7
two children	12	44.4	16	45.7	28	45.2
Three or more children	2	7.4	8	22.9	10	16.1
Total	27	100.0	35	100.0	62	100.0
Chi-Square = 3.36, Sig. = 0.186, d.f. = 2						

As explained earlier, the sample included sixty-two nurses who reported that they had children below school age. These included, as Table (19) illustrates, twenty-four nurses with one preschool child in which they represented 38.7% of

all nurses with preschoolers. This category combined thirteen registered nurses who represented 48.1% of all registered nurses with preschoolers and eleven practical nurses who represented 31.4% of all practical nurses with preschoolers. In addition, a total of twenty-eight nurses reported having two preschool children and represented 45.2% of all mothers of preschoolers. This category combined sixteen practical nurses (45.7% of all practical nurses with preschool children) and twelve registered nurses (44.4% of all registered nurses with preschool children). Finally, there were ten respondents with three or more preschool children and represented 16.1% of all mothers of pre-schoolers. These included eight practical nurses (22.9% of all practical nurses with preschool children) and two registered nurses (7.4% of all registered nurses with preschool children).

3.1.19. SOURCE OF PROVIDING CARE TO PRESCHOOL CHILDREN WHILE MOTHERS WORKING

Table (20) illustrates the distribution of registered and practical nurses by source of providing care to their preschool children while working at the hospital. Table (20) indicates that the sample included twenty nurses who reported that their mothers-in-law take care of their pre-school children while they working. This category represented 32.3% of all mothers of preschoolers and divided equally between registered and practical nurses. The same category included ten registered nurses (37% of all registered nurses with pre-

school children) and ten practical nurses (28.6% of all practical nurses with pre-school children).

Table (20)
The Distribution of Registered and Practical
Nurses by Care Providers to their Pre-school
Children While Working at the Hospital

Care Provider	R.N.'s	%	P.N.'s	%	Total	%
Mother-in-law	10	37.0	10	28.6	20	32.3
Mother	4	14.8	8	22.9	12	19.4
Child care center- at the hospital	2	7.4	3	8.6	5	8.1
Other care	7	25.9	3	8.6	10	16.1
Baby sitter	2	7.4	3	8.6	5	8.1
Husband	1	3.7	2	5.7	3	4.8
Other	1	3.7	6	17.1	7	11.3
Total	27	100.0	35	100.0	62	100.0
Chi-Square = 5.60, Sig. = 0.469, d.f. = 6						

The same table also included a total of twelve nurses who indicated that their mothers take care of their pre-school children while working at the community of the study. This category represented 19.4% of all respondents who had pre-school children. The same category included eight practical nurses (22.9% of practical nurses with pre-school children) and four registered nurses (14.8% of registered nurses with pre-school children). Moreover, five respondents reported that their pre-school children are taken care of by the child care center at the hospital while working and represented 8.1% of all mothers of pre-school children. This category included three practical nurses (8.6% of all practical nurses with pre-school children) and two registered nurses (7.4% of all registered nurses with pre-school children). Further, ten nurses who represented 16.1% of all mothers of pre-schoolers pointed out that their pre-school children spend their time in

other child care facilities while they working. This category included seven registered nurses (25.9% of all registered nurses with pre-school children) and three practical nurses (8.6% of all practical nurses with pre-school children). Furthermore, five respondents who represented 8.1% of all respondents with preschool children indicated that their pre-school children are taken care of by a baby sitter while they working. This category included three practical nurses (8.6% of all practical nurses with pre-school children) and two registered nurses (7.4% of all registered nurses with pre-school children).

There were only three respondents who pointed out that their husbands take care of their pre-school children while working and represented 4.8% of all mothers of pre-schoolers. This category included two practical nurses (5.7% of practical nurses with pre-school children) and only one registered nurse (3.7% of registered nurses with pre-school children). Finally, seven nurses who represented 11.3% of all mothers of pre-schoolers reported other sources as care providers for their pre-school children while they working at the hospital. These included six practical nurses (17.1% of all practical nurses with pre-school children) and only one registered nurse (3.7% of all registered nurses with pre-school children).

The child care center at the hospital provided its services for children and infants of employees at the hospital, including nurses. It provided its services from

7:00 a.m. till about 9:30 p.m. After all respondents were interviewed for the purpose of this study, the child care center started providing its services during a 24 hours period a day.

3.2. JOB SATISFACTION WITH DIFFERENT STATEMENTS OF EACH COMPONENT

This section presents nurses' job satisfaction with each of the statements of the six components of job satisfaction that represent the "Level of Satisfaction" among nurses as appeared in the Index of Work Satisfaction. These components include pay, professional status, interaction, task requirements, organizational policies, and autonomy. It also presents nurses' satisfaction with the added control component. Job satisfaction is presented for the whole sample, as well as for each of the two groups of nurses; registered and practical.

3.2.1. PAY COMPONENT

The first component of the Index of Work Satisfaction is the "pay" component. This component includes six statements. These statements are:

1. My present salary is satisfactory.
2. Excluding myself, it is my impression that a lot of nursing service personnel at this hospital are dissatisfied with their pay.
3. Considering what is expected of nursing service personnel at this hospital, the pay we get is reasonable.
4. The present rate of increase in pay for nursing personnel at this hospital is not satisfactory.

5. From what I hear from and about nursing service personnel at other hospitals, we at this hospital are being fairly paid.
6. An upgrading of pay schedules for nursing personnel is needed at this hospital.

Table (21:A) illustrates the distribution of registered and practical nurses by their satisfaction with different statements of the pay component of their job.

Table (21:A)

The Distribution of Registered and Practical Nurses by their Satisfaction with Different Statements of the Pay Component of their Job

<u>Number of</u> <u>Statement</u>	<u>Reg. Nurses</u> <u>N=98</u>		<u>Prac. Nurses</u> <u>N=81</u>		<u>Total Sample</u> <u>N=179</u>	
	<u>Mean</u>	<u>Std. Dev.</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Mean</u>	<u>Std. Dev.</u>
1	4.69	1.73	4.58	1.63	4.64	1.68
2	3.41	1.67	3.19	1.64	3.31	1.66
3	4.26	1.85	4.35	1.67	4.30	1.76
4	2.89	1.60	3.20	2.05	3.03	1.82
5	5.30	1.31	4.62	1.94	4.99	1.66
6	4.00	1.81	3.91	2.05	3.96	1.92
Total	3.94	0.99	3.86	0.98	3.91	0.99

According to Table (21:A), for the whole sample, nurses were most satisfied with pay statement number five (mean = 4.99) and least satisfied with pay statement number four (mean = 3.03). In addition, both registered and practical nurses were most satisfied with pay statement number five (mean = 5.30 for registered and 4.62 for practical nurses). Finally, while registered nurse were least satisfied with pay statement number four (mean = 2.89), practical nurses were least satisfied with pay statement number two (mean = 3.19). Table (21:B) lists results from the Analysis of Variance for the mean of satisfaction with the pay component of the job by nursing rank.

Table (21:B)
Analysis of Variance for the Mean of Job Satisfaction
with the Pay Component by Nursing Rank

<u>Source</u>	<u>d.f.</u>	<u>Sum of Squares</u>	<u>Mean Squares</u>
Between Groups	1	0.246	0.247
Within Groups	177	173.139	0.978
Total	178	173.386	_____
F Ratio = 0.252,			
F Prob. = 0.616			

Table (21:B) illustrates that the within groups variance accounted for almost all the variance. This indicates that there was no significant difference in pay satisfaction between the two groups of respondents; registered and practical nurses.

3.2.2. PROFESSIONAL STATUS COMPONENT

The second component of the Index of Work Satisfaction is the "professional status" component. This component includes seven statements. These statements are:

1. Most people do not sufficiently appreciate the importance of nursing care to hospital patients.
2. Nursing is a long way from being recognized as a profession.
3. There is no doubt whatever in my mind that what I do on my job is really important.
4. What I do on my job doesn't add up to anything really significant.
5. It makes me proud to talk to other people about what I do on my job.
6. If I had the decision to make all over again, I would still go into nursing.
7. My particular job really doesn't require much skill or "know-how".

Table (22:A) presents the distribution of registered and practical nurses by their satisfaction with different statements of the professional status component of their job.

Table (22:A)
The Distribution of Registered and Practical Nurses
by their Satisfaction with Different Statements of
the Professional Status Component of their Job

<u>Statement</u>	<u>Req. Nurses</u> <u>N=98</u>		<u>Prac. Nurses</u> <u>N=81</u>		<u>Total Sample</u> <u>N=179</u>	
	<u>Mean</u>	<u>Std. Dev.</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Mean</u>	<u>Std. Dev.</u>
1	5.97	1.22	5.46	2.05	5.74	1.66
2	2.97	1.90	3.21	2.08	3.08	1.98
3	6.32	1.18	5.69	1.90	6.03	1.57
4	5.70	1.64	4.47	2.24	5.15	2.03
5	4.73	1.90	5.21	2.01	4.95	1.96
6	3.62	2.03	4.46	2.35	4.00	2.21
7	5.88	1.53	5.07	1.97	5.51	1.78
Total	5.07	0.97	4.85	1.00	4.97	0.99

For the whole sample, as Table (22:A) indicates, respondents were most satisfied with professional status statement number three (mean = 6.03) and least satisfied with professional status statement number two (mean = 3.08). Each of the two groups of registered and practical nurses were most satisfied with professional status statement number three (mean = 6.32 for registered and 5.69 for practical nurses). Similarly, both registered and practical nurses were least satisfied with professional status statement number two (mean = 2.97 for registered and 3.21 for practical nurses). Table (22:B) presents results from the Analysis of Variance for the mean of satisfaction with the professional status component by nursing rank.

Table (22:B)
Analysis of Variance for the Mean of Job Satisfaction
with the Professional Status Component by Nursing Rank

<u>Source</u>	<u>d.f.</u>	<u>Sum of Squares</u>	<u>Mean Squares</u>
Between Groups	1	2.138	2.138
Within Groups	177	170.722	.965
Total	178	172.860	
F Ratio = 2.217, F Prob. = 0.138			

As table (22:B) illustrates, the within groups variance accounted for about all the variance. As a result, there was no significant difference in professional status satisfaction between registered and practical nurses.

3.2.3. INTERACTION COMPONENT

The third component of the Index of Work Satisfaction is the "interaction" component. This component includes ten statements. These statements are:

1. The nursing personnel on my service don't hesitate to pitch in and help one another when things get in a rush.
2. New employees are not quickly made to "feel at home" on my unit.
3. There is a good deal of teamwork and cooperation between various levels of nursing personnel on my service.
4. The nursing personnel on my service are not as friendly and outgoing as I would like.
5. There is a lot of "rank consciousness" on my unit. Nursing personnel seldom mingle with others of lower rank.
6. Physicians in general cooperate with the nursing staff on my unit.
7. There is a lot of teamwork between nurses and doctors on my unit.
8. I wish the physicians here would show more respect for the skill and knowledge of the nursing staff.
9. Physicians at this hospital generally understand and appreciate what the nursing staff does.
10. The physicians at this hospital look down too much on the nursing staff.

Table (23:A) illustrates the distribution of registered and practical nurses by their satisfaction with different statements of the interaction component of their job.

It was found, as Table (23:A) presents, that in the case of all respondents, they were most satisfied with interaction statement number five (mean = 5.14) and least satisfied with interaction statement number eight (mean = 2.00). Moreover,

Table (23:A)
The Distribution of Registered and Practical Nurses
by Their Satisfaction with Different Statements of
the Interaction Component of their Job

<u>Statement</u>	<u>Number of Reg. Nurses</u> <u>N=98</u>		<u>Prac. Nurses</u> <u>N=81</u>		<u>Total Sample</u> <u>N=179</u>	
	<u>Mean</u>	<u>Std. Dev.</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Mean</u>	<u>Std. Dev.</u>
1	5.06	1.75	4.95	1.84	5.01	1.78
2	3.07	1.70	3.42	1.71	3.23	1.71
3	4.68	1.77	4.51	1.93	4.60	1.84
4	4.40	1.77	3.81	2.00	4.13	1.89
5	5.42	1.41	4.80	1.97	5.14	1.71
6	4.26	1.78	4.73	1.77	4.47	1.79
7	4.39	1.80	4.80	1.71	4.58	1.77
8	2.01	1.27	1.99	1.54	2.00	1.39
9	3.81	1.68	4.25	1.81	4.01	1.75
10	3.78	1.78	3.77	2.10	3.77	1.93
Total	4.03	1.00	4.00	0.87	4.02	0.94

while registered nurses were most satisfied with interaction statement number five (mean = 5.42), practical nurses were most satisfied with interaction statement number one (mean = 4.95). On the other hand, each of registered and practical nurses were least satisfied with interaction statement number eight (mean = 2.01 for registered and 1.99 for practical nurses). Regarding the Analysis of Variance for the mean of satisfaction with the interaction component by nursing rank, see Table (23:B).

Table (23:B)
Analysis of Variance for the Mean of Job Satisfaction
with the Interaction Component by Nursing Rank

<u>Source</u>	<u>d.f.</u>	<u>Sum of Squares</u>	<u>Mean Squares</u>
Between Groups	1	.042	.042
Within Groups	177	156.908	.887
Total	178	156.950	
F Ratio = 0.047			
F Prob. = .829			

As Table (23:B) indicates, the within groups variance accounted for almost all the variance. Consequently, there

was no significant difference in interaction satisfaction between the two groups of respondents; registered and practical nurses.

3.2.4. TASK REQUIREMENTS COMPONENT

The fourth component of the Index of Work Satisfaction is the "task requirements" component. This component includes six statements. These statements are:

1. There is too much clerical and "paperwork" required of nursing personnel in this hospital.
2. I think I could do a better job if I didn't have so much to do all the time.
3. I am satisfied with the types of activities that I do on my job.
4. I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel.
5. I have sufficient time for direct patient care.
6. I could deliver much better care if I had more time with each patient.

Table (24:A) shows the distribution of registered and practical nurses by their satisfaction with different statements of the task requirements component of their job.

Table (24:A)
The Distribution of Registered and Practical Nurses
by their Satisfaction with Different Statements of
the Task Requirements Component of their Job

<u>Statement</u>	<u>Reg. Nurses</u>		<u>Prac. Nurses</u>		<u>Total Sample</u>	
	<u>N=98</u>		<u>N=81</u>		<u>N=179</u>	
	<u>Mean</u>	<u>Std. Dev</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Mean</u>	<u>Std. Dev.</u>
1	3.62	1.96	4.48	2.00	4.01	2.02
2	2.56	1.47	2.53	1.69	2.55	1.57
3	4.64	1.55	5.06	1.86	4.83	1.70
4	3.04	1.59	3.49	2.01	3.25	1.80
5	3.53	1.77	3.52	2.12	3.53	1.93
6	2.03	1.06	1.83	1.25	1.94	1.15
Total	3.17	0.96	3.38	1.04	3.27	1.00

For the whole sample, according to Table (24:A), it was

found that respondents were most satisfied with task requirements statement number three (mean = 4.83) and least satisfied with task requirements statement number six (mean = 1.94). Each of the two groups of nurses, registered and practical, were most satisfied with task requirements statement number three (mean = 4.64 for registered and 5.06 for practical nurses). In addition, both registered and practical nurses were least satisfied with task requirements statement number six (mean = 2.03 for registered and 1.83 for practical nurses). Table (24:B) illustrates results from Analysis of Variance for the mean of satisfaction with the task requirements component by nursing rank.

Table (24:B)
Analysis of Variance for the Mean of Job Satisfaction
with the Task Requirements Component by Nursing Rank

Source	d.f.	Sum of Squares	Mean Squares
Between Groups	1	1.942	1.942
Within Groups	177	177.187	1.001
Total	178	179.129	
F Ratio = 1.940			
F Prob. = 0.166			

Table (24:B) shows that the within groups variance accounted for almost all the variance. This means that there was no significant difference in task requirements satisfaction between the two ranks of nurses; registered and practical.

3.2.5. ORGANIZATIONAL POLICIES COMPONENT

The fifth component of the Index of Work Satisfaction is

the "organizational policies" component. This component includes seven statements. These statements are:

1. The nursing staff has sufficient control over scheduling their own work shifts in my hospital.
2. There is a great gap between the administration of this hospital and the daily problems of the nursing service.
3. There are not enough opportunities for advancement of nursing personnel at this hospital.
4. There is ample opportunity for nursing staff to participate in the administrative decision-making process.
5. Administrative decisions at this hospital interfere too much with patient care.
6. I have all the voice in planning policies and procedures for this hospital and my unit that I want.
7. The nursing administrators generally consult with the staff on daily problems and procedures.

Table (25:A) illustrates the distribution of registered and practical nurses by their satisfaction with different statements of the organizational policies component of their job.

Table (25:A)
The Distribution of Registered and Practical Nurses
by their Satisfaction with Different Statements of
the Organizational Policies Component of their Job

	<u>Number of Reg. Nurses</u>		<u>Prac. Nurses</u>		<u>Total Sample</u>	
	<u>N=98</u>		<u>N=81</u>		<u>N=179</u>	
<u>Statement</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Mean</u>	<u>Std. Dev.</u>
1	2.04	1.39	2.17	1.44	2.10	1.41
2	2.22	1.71	2.98	2.10	2.56	1.93
3	2.27	1.39	2.41	1.70	2.33	1.54
4	1.98	1.43	2.37	1.88	2.16	1.66
5	2.98	1.76	3.20	2.04	3.08	1.89
6	2.26	1.40	2.48	1.77	2.36	1.58
7	3.07	1.72	2.96	1.92	3.02	1.81
Total	2.43	0.81	2.68	1.10	2.54	0.96

Table (25:A) indicates that the overall sample was most satisfied with organizational policies statement number five (mean = 3.08) and least satisfied with organizational policies statement number one (mean = 2.10). While registered nurses

were most satisfied with organizational policies statement number seven (mean = 3.07), practical nurses were most satisfied with organizational policies statement number five (mean = 3.20). On the other hand, in the case of registered nurses, the organizational policies statement with the lowest mean of satisfaction was number four (mean = 1.98), and statement number one in the case of practical nurses (mean = 2.17). Table (25:B) Illustrates results from the Analysis of Variance for the mean of satisfaction with the organizational policies component by nursing rank.

Table (25:B)
Analysis of Variance for the Mean of Job Satisfaction with
the Organizational Policies Component by Nursing Rank

<u>Source</u>	<u>d.f.</u>	<u>Sum of Squares</u>	<u>Mean Squares</u>
Between Groups	1	2.781	2.781
Within Groups	177	161.654	0.913
Total	178	164.436	
F Ratio = 3.046			
F Prob. = 0.083			

Table (25:B) indicates that the within groups variance accounted for almost all of the variance. Consequently, there was no significant difference in organizational policies satisfaction between the two groups of respondents; registered and practical nurses.

3.2.6. AUTONOMY COMPONENT

The sixth component of the Index of Work Satisfaction is the "autonomy" component. This component has eight statements. These statements are:

1. I feel that I am supervised more closely than is necessary.

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2. I feel I have sufficient input into the program of care for each of my patients.
3. I have too much responsibility and not enough authority.
4. On my service, my supervisors make all the decisions. I have little control over my own work.
5. A great deal of independence is permitted, if not required, of me on my job.
6. I am sometimes frustrated because all of my activities seem programmed for me.
7. I am sometimes required to do things on my job that are against my better professional nursing judgement.
8. I have the freedom in my work to make important decisions as I see fit, and can count on my supervisors to back me up.

Table (26:A) presents the distribution of registered and practical nurses by their satisfaction with different statements of the autonomy component of their job.

Table (26:A)
The Distribution of Registered and Practical Nurses
by their Satisfaction with Different Statements of
the Autonomy Component of their Job

<u>Statement</u>	<u>Number of Reg. Nurses</u> <u>N=98</u>		<u>Prac. Nurses</u> <u>N=81</u>		<u>Total Sample</u> <u>N=179</u>	
	<u>Mean</u>	<u>Std. Dev.</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Mean</u>	<u>Std. Dev.</u>
1	3.76	1.68	3.68	2.09	3.72	1.87
2	4.73	1.63	4.26	1.89	4.52	1.76
3	2.55	1.49	2.91	2.03	2.72	1.76
4	3.46	1.84	2.75	1.91	3.14	1.90
5	4.11	1.81	4.31	1.87	4.20	1.83
6	3.79	1.92	3.05	1.93	3.45	1.95
7	3.57	1.84	3.93	2.12	3.73	1.98
8	2.97	1.61	3.46	2.19	3.19	1.91
Total	3.50	1.07	3.46	1.16	3.48	1.11

As Table (26:A) illustrates, the whole sample of this research was most satisfied with autonomy statement number two (mean = 4.52), and least satisfied with autonomy statement number three (mean = 2.72). While registered nurses were most satisfied with autonomy statement number two (mean = 4.73), practical nurses were most satisfied with autonomy statement number five (mean = 4.31). On the other hand, while

registered nurses were least satisfied with autonomy statement number three (mean = 2.55), practical nurses were least satisfied with autonomy statement number four (mean = 2.75). Table (26:B) presents results from the Analysis of Variance for the mean of satisfaction with the autonomy component by nursing rank.

Table (26:B)
Analysis of Variance for the Mean of Job Satisfaction
with the Autonomy Component by Nursing Rank

<u>Source</u>	<u>d.f.</u>	<u>Sum of Squares</u>	<u>Mean Squares</u>
Between Groups	1	0.083	0.083
<u>Within Groups</u>	<u>177</u>	<u>218.599</u>	<u>1.236</u>
Total	178	218.682	
F Ratio = 0.067			
F Prob. = 0.796			

Table (26:B) indicates that the within groups variance accounted for almost all the variance. Hence, there was no significant difference in autonomy satisfaction between the two ranks of nurses; registered and practical.

3.2.7. CONTROL COMPONENT

The seventh component which is added to the previous six components that represent the Index of Work Satisfaction is the "control" component. This component includes seven statements. These statements are:

1. I get the respect I deserve at this hospital.
2. The success of a nurse at this hospital is a matter of hard work.
3. I sometimes feel that I do not have enough control over the direction my life is taking at this hospital.
4. I made some plans or suggestions at this hospital that were taken into consideration and/or implemented.
5. My life at this hospital is controlled in some form by others.

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6. I have little influence over things that happen to me at this hospital.
7. From my work experience at this hospital, I think that I have more respect than male nurses.

Table (27:A) illustrates the distribution of registered and practical nurses by their satisfaction with different statements of the control component of their job.

Table (27:A)
The Distribution of Registered and Practical
Nurses by their Satisfaction with Different
Statements of the Control Component of their Job

<u>Number of</u> <u>Statement</u>	<u>Reg. Nurses</u> <u>N=98</u>		<u>Prac. Nurses</u> <u>N=81</u>		<u>Total Sample</u> <u>N=179</u>	
	<u>Mean</u>	<u>Std. Dev.</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Mean</u>	<u>Std. Dev.</u>
1	3.43	1.70	3.99	2.19	3.68	1.95
2	3.87	2.10	4.89	2.29	4.33	2.24
3	3.02	1.68	3.35	2.03	3.17	1.85
4	2.85	1.45	2.81	1.84	2.83	1.64
5	3.23	1.88	3.38	2.05	3.30	1.95
6	3.01	1.52	3.46	1.88	3.21	1.71
7	3.64	1.86	4.27	1.85	3.93	1.88
Total	3.32	1.12	3.75	1.07	3.51	1.11

In the case of the overall sample, Table (27:A) indicates that respondents were most satisfied with control statement number two (mean = 4.33) and least satisfied with control statement number four (mean = 2.83). Each of the two groups of nurses, registered and practical, were most satisfied with control statement number two (mean = 3.87 for registered and 4.89 for practical nurses). On the contrary, both registered and practical nurses were least satisfied with control statement number four (mean = 2.85 for registered and 2.81 for practical nurses). Regarding results from the Analysis of Variance for the mean of satisfaction with the control component by nursing rank, see Table (27:B).

Table (27:B)
Analysis of Variance for the Mean of Job
Satisfaction with the Control Component
by Nursing Rank

<u>Source</u>	<u>d.f.</u>	<u>Sum of Squares</u>	<u>Mean Squares</u>
Between Groups	1	8.460	8.460
Within Groups	177	212.256	1.199
Total	178	220.715	
F Ratio = 7.054			
F Prob. = 0.009			

Table (27:B) shows that the within groups variance accounted for most of the variance. This implies that there was no significant difference in control satisfaction between the two groups of respondents; registered and practical nurses.

After presenting nurses' satisfaction (in the case the whole sample, registered, and practical nurses), with statements that represent different components of their job, some statements obtained a high mean of job satisfaction. On the other hand, some other statements obtained a low mean of job satisfaction. This is true for the whole sample, as well as for each group of registered and practical nurses. For the whole sample, the third statement of the professional status component received the highest mean of job satisfaction (mean = 6.03). In contrast, the sixth statement of the task requirements component obtained the lowest mean of job satisfaction (mean = 1.94).

In the case of registered nurses, for example, the third statement of the professional status component obtained the highest mean of satisfaction (mean = 6.32). In contrast, the

fourth statement of the organizational policies component obtained the lowest mean of job satisfaction for registered nurses (mean = 1.98). Similarly, in the case of practical nurses, the third statement of the professional status component received the highest mean of job satisfaction (mean = 5.69). On the contrary, the sixth statement of the task requirement component obtained the lowest mean of job satisfaction in the case of practical nurses (mean = 1.83).

3.3. RANKING THE MOST AND LEAST IMPORTANT JOB COMPONENTS TO NURSES' JOB SATISFACTION

Hypothesis number one stated "while nurses will rank autonomy as the most important job component to their job satisfaction, they will rank organizational policies as the least important job component to their job satisfaction." This hypothesis deals with the "Paired Comparisons" part of the Index of Work Satisfaction. Table (28) illustrates the way nurses rank the importance of the different job components to their job satisfaction.

Table (28)
Ranking the Importance of Different Job Components
to Nurses' Job Satisfaction as Reported by Nurses

<u>Job component</u>	<u>Mean</u>	<u>Rank</u>	<u>Total</u>
Autonomy	3.80	1	179
Interaction	2.97	2	179
Task requirements	2.46	3	179
Professional status	2.16	4	179
Organizational policies	1.92	5	179
<u>Pay</u>	<u>1.68</u>	<u>6</u>	<u>179</u>

According to Table (28), it was found that in the case of

the whole sample, the most important job component to nurses' job satisfaction was the autonomy component (mean = 3.80), followed by the interaction component (mean = 2.97). The third most important job component to nurses' job satisfaction was the task requirements component (mean = 2.46), followed by professional status component (mean = 2.16). Nurses ranked organizational policies as the fifth important job component to their job satisfaction (mean = 1.92). Pay component was the least important job component to nurses' job satisfaction. Hence, when applied to the whole sample, one hundred and seventy-nine cases, the preceding hypothesis was partially accepted. The part which indicated that nurses will rank autonomy as the most important job component to their job satisfaction was accepted. In contrast, the second part of the same hypothesis which indicated that nurses will rank organizational policies as the least important job component to their job satisfaction was rejected.

In the case of each of the two groups of nurses, registered and practical, similar findings were obtained regarding the ranking of the importance of different job components to each group's job satisfaction. Indeed, there was no difference between registered and practical nurses regarding the ranking of the importance of different job components to nurses' job satisfaction. Table (29) illustrates the ranking of the importance of the different job components to job satisfaction of each of registered and

practical nurses.

Table (29)
Ranking the Importance of Different Job Components
to Nurses' Job Satisfaction as Indicated by
Registered and Practical Nurses

<u>Job Component</u>	<u>R.N.'s</u>		<u>P.N.'s</u>	
	Mean	Rank	Mean	Rank
Autonomy	4.04	1	3.56	1
Interaction	3.06	2	2.85	2
Task requirements	2.31	3	2.64	3
Professional status	2.21	4	2.09	4
Organizational policies	1.90	5	1.95	5
Pay	1.48	6	1.91	6

Consequently, the first part of the same hypothesis was accepted and the second part was rejected even when applied to each of the two groups of nurses, registered and practical.

The finding that nurses ranked autonomy as the most important component to their job satisfaction is consistent with findings from some previous studies on the subject. For example, studies conducted by King (1972) and Norman (1981) arrived at some similar conclusions. In each of the two preceding studies, it was found that nurses ranked autonomy as the most important job component to their job satisfaction. On the other hand, a study by Everly and Falcione (1976) on registered nurses found that the relationship orientation to be the most significant job dimension related to nurses' job satisfaction.

Similarly, the finding that nurses considered the pay component as the least important job component to their job satisfaction contradicts some previous findings. For example, in each of two studies conducted by King (1972) and Norman

(1981), it was found that nurses ranked organizational policies as the least important job component to their job satisfaction.

3.4 NURSES' SATISFACTION WITH DIFFERENT JOB COMPONENTS AND THEIR OVERALL JOB SATISFACTION

Hypothesis number two stated that "current level of nurses' job satisfaction will be the highest in the autonomy component of their job and the lowest in the pay component of their job." So this section aims to determine to which extent nurses are satisfied with different components of their job at the community of the study. These include the six components which represent the Index of Work Satisfaction, as well as the added control component. Table (30) illustrates nurses' satisfaction with different components of their job.

Table (30)
Nurses' Satisfaction with Different
Components of their Job

<u>Job component</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Rank</u>	<u>Freq.</u>
Professional status	4.97	0.99	1	179
Interaction	4.02	0.94	2	179
Pay	3.91	0.99	3	179
Control	3.51	1.11	4	179
Autonomy	3.48	1.11	5	179
Task requirements	3.27	1.00	6	179
<u>Organizational policies</u>	<u>2.54</u>	<u>0.96</u>	<u>7</u>	<u>179</u>

In the case of the whole sample, as Table (30) illustrates, it was found that nurses were most satisfied with the professional status component of their job (mean = 4.97), followed by the interaction component (mean = 4.02), pay component (mean = 3.91), control component (mean = 3.51),

autonomy component (mean = 3.48), and the task requirements component of their job (mean = 3.27). Respondents were least satisfied with the organizational policies component of their work in which the mean of their satisfaction with this component was 2.54 only. Hence, in the case of the whole sample, the second hypothesis is rejected according to preceding statistical findings. Table (31) presents registered nurses' satisfaction with different components of their job.

Table (31)
Registered Nurses' Satisfaction with
Different Components of their Job

<u>Job Component</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Rank</u>	<u>Freq.</u>
Professional status	5.07	0.97	1	98
Interaction	4.03	1.00	2	98
Pay	3.94	0.99	3	98
Autonomy	3.50	1.07	4	98
Control	3.32	1.12	5	98
Task requirements	3.17	0.96	6	98
Organizational policies	2.43	0.81	7	98

In the case of registered nurses, as Table (31) indicates, it was found that they were most satisfied with the professional status component of their job (mean = 5.07), followed by the interaction component (mean = 4.03), pay component (mean = 3.94), autonomy component (mean = 3.50), control component (mean = 3.32), and the task requirements component of their job (mean = 3.17). Finally, registered nurses were least satisfied with the organizational policies component of their job (mean = 2.43). Consequently, research hypothesis number two was rejected in the case of registered nurses. Table (32) presents practical nurses' satisfaction

with different components of their job.

Table (32)
Practical Nurses' Satisfaction with
Different Components of their Job

<u>Job Component</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Rank</u>	<u>Freq.</u>
Professional status	4.85	1.00	1	81
Interaction	4.00	0.87	2	81
Pay	3.86	0.98	3	81
Control	3.75	1.07	4	81
Autonomy	3.46	1.16	5	81
Task requirements	3.38	1.04	6	81
<u>Organizational policies</u>	<u>2.68</u>	<u>1.10</u>	<u>7</u>	<u>81</u>

Table (32) illustrates that the highest job satisfaction found among practical nurses was in the professional status component of their job (mean = 4.85), followed by the interaction component (mean = 4.00), and the pay component (mean = 3.86). The means for practical nurses' satisfaction with the components of control, autonomy, and task requirement were 3.75, 3.46, and 3.38, in order. Finally, practical nurses were least satisfied with the organizational policies component of their job (mean = 2.68 only). Again, the second research hypothesis is rejected in the case of practical nurses.

Previous research regarding nurses' satisfaction with different components of the job arrived at different conclusions. A study by Zuraikat and McCloskey (1986) on job satisfaction among Jordanian nurses found that nurses were least satisfied with psychological rewards and incentives and most satisfied with safety and social rewards and incentives. In addition King (1972) found that nurses were most satisfied with the job status/prestige component and least satisfied

with the organizational requirements component of the job.

The interaction component of job satisfaction includes ten statements combining two parts. These statements are equally divided between nurse-nurse interaction and nurse-doctor interaction. For the whole sample, it was found that nurses were more satisfied with nurse-nurse interaction (mean = 4.42) than with nurse-doctor interaction (mean 3.76). Results of the t test showed that the difference between the two means of satisfaction was significant at an alpha level of 0.05 (t Sig. = 0.000).

For registered nurses, they were more satisfied with nurse-nurse interaction (mean = 4.53) than with nurse-doctor interaction (mean = 3.65). Results of the t test showed that the difference between the two means at an alpha level of 0.05 was significant (t Sig. = 0.000). Similarly, practical nurses were more satisfied with nurse-nurse relationships (mean = 4.30) than with nurse-doctor relationships (mean = 3.91). Findings from the t test showed that the difference between the two means was significant at an alpha level of 0.05 (t Sig. = 0.007).

Regarding nurse-nurse interaction, job satisfaction among registered nurses (mean = 4.53) was higher than that among practical nurses (mean = 4.30). Results of the t test indicated that the difference between the two means was not significant at an alpha level of 0.05 (t Sig. = 0.115)

In the case of nurse-doctor relationship, it was found

that job satisfaction among practical nurses (mean = 3.91) was higher than that of registered nurses (mean = 3.65). Results of the t test indicated that the difference between the two means was not significant at an alpha level of 0.05 (t Sig. = 0.152).

Regarding nurses' overall satisfaction with their job, it was found that the mean of satisfaction for the whole sample was 3.71. In addition, the overall mean of satisfaction for practical nurses was slightly higher than that for registered nurses. While the overall mean of satisfaction for practical nurses was 3.77, the overall mean of satisfaction for registered nurses was 3.66. Taking into consideration that the possible range for the mean of satisfaction ranges from one to seven, the whole sample and the two groups of nurses, registered and practical, have a low level of job satisfaction.

3.5. COMPARING RANKINGS OF PAIRED COMPARISONS WITH RANKINGS OF LEVEL OF SATISFACTION

As indicated earlier in the methodology chapter, the Index of Work Satisfaction includes two parts. These include the "Paired Comparisons" and the "Level of Satisfaction". The "Paired Comparisons" part which deals with the ranking of the importance of the different job components to nurses' job satisfaction is compared to nurses' level of satisfaction with the different components of job satisfaction.

Table (33)
Comparing Nurses' Rankings of Paired Comparisons
with Rankings of their Level of Satisfaction
(N = 179)

<u>Paired Comparisons:</u>		<u>Level of Satisfaction:</u>	
<u>Component</u>	<u>Rank</u>	<u>Component</u>	<u>Rank</u>
Autonomy	1	Professional status	1
Interaction	2	Interaction	2
Task requirements	3	Pay	3
Professional status	4	Autonomy	4
Org.* policies	5	Task requirements	5
Pay	6	Org. policies	6

*Org. = Organizational

In the case of the overall sample, as Table (33) indicates, that rankings of the importance of five of the six components of job satisfaction were different than rankings of the level of satisfaction of these five components. While nurses ranked autonomy as the most important job component to their job satisfaction, the level of nurses' satisfaction with it ranked fourth. Similarly, while professional status was ranked fourth in importance to nurses' job satisfaction, the level of nurses' satisfaction with it was the highest among the six components. In addition, while the pay component was ranked by nurses as the least important job component to their job satisfaction, the level of nurses' satisfaction with it ranked third. Moreover, even though the task requirements component was ranked as the third most important job component to nurses' job satisfaction, nurses' satisfaction with it ranked fifth. Further, while organizational policies was ranked by nurses as the fifth most important job component to their job satisfaction, nurses' satisfaction with it ranked the least of the six components; the sixth. Finally, the

interaction component was the only component which occupied the same rank in both situations. Indeed, while nurses considered interaction as the second most important job component to their job satisfaction, nurses' level of satisfaction with it ranked the second too.

Generally, when the ranking of the importance and the level of satisfaction are compared, all components, except interaction, require administrative attention and actions. This is due to the fact that there is a distance between the importance of these components and nurses' satisfaction with these components. Table (34) compares registered and practical nurses' rankings of "Paired Comparisons" with rankings of "Level of Job Satisfaction"

Table (34)
Comparing Registered and Practical Nurses
Rankings of Paired Comparisons with Rankings
of their Level of Satisfaction (N = 98)

<u>Job</u> <u>Compon-</u> <u>ent</u>	<u>Ranks of Paired</u> <u>Comparisons:</u>		<u>Ranks of Level</u> <u>of Satisfaction:</u>	
	<u>R.N.'s</u>	<u>P.N.'s</u>	<u>R.N.'s</u>	<u>P.N.'s</u>
Autonomy	1	1	4	4
Interaction	2	2	2	2
Task requirements	3	3	5	5
Prof. status	4	4	1	1
Org. policies	5	5	6	6
Pay	6	6	3	3

The way each of the two groups of nurses, registered and practical, ranked the importance of the different job components to their job satisfaction did not differ than that of the overall sample. Similarly, each of the two groups of registered and practical nurses' ranking of their satisfaction

with different job components was similar to that of the overall sample.

3.6. THE RELATIONSHIP BETWEEN SOME DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS AND THEIR JOB SATISFACTION

The relationship between some of respondents demographic characteristics and their job satisfaction was examined. These demographic characteristics include educational level, monthly salary, age, marital status, and whether having or not having preschool children. The relationship was examined first in the case of all respondents, then for each of the two groups of respondents; registered and practical nurses.

3.6.1. EDUCATION AND JOB SATISFACTION

Research hypothesis number three stated that "the more education the nurse has, the less she will be satisfied with her job." Regarding the distribution of job satisfaction among nurses by latest educational level achieved, see table (35:A).

Table (35:A)
The Distribution of Job Satisfaction among Nurses
by Latest Educational Level Achieved in Nursing

<u>Latest Nursing Education</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Freq.</u>
18 months before-high school	3.76	.72	37
High school or more but-less than a B.S.N.	3.77	.74	44
<u>B.S.N.</u>	<u>3.66</u>	<u>.66</u>	<u>98</u>
Within Groups Total	3.71	.69	179
F = 0.4878, d.f. = 2, F Sig. = 0.6148			

Findings of this study, according to table (35:A),

indicate that among all sample members, there were thirty seven nurses who had completed an eighteen months of nursing education before high school. The mean of job satisfaction for this category was 3.76. In addition, there were forty-four nurses who completed high-school or more in nursing education but less than a bachelor degree in nursing. The mean of job satisfaction for this category was 3.77. Finally, there were ninety-eight nurses who completed a B.S.N. in which the job satisfaction mean for this group was 3.66. Indeed, all respondents who completed a B.S.N were registered nurses. In contrast, all respondents who completed less than a B.S.N. were practical nurses.

Results of the ANOVA test show that the differences among the different means of job satisfaction for different educational categories were not significant at an alpha level of 0.05 ($F = 0.4878$, d.f. = 2, $F \text{ Sig.} = 0.6148$). Thus, the null hypothesis can not be rejected, and consequently, the research hypothesis is rejected.

To test the hypothesis in a different way, the number of education categories were broken down into two categories. As Table (35:B) illustrates, the first category included nurses latest achieved level in nursing education is less than a B.S.N. This category included all eighty-one practical nurses. The second category included all nurses with a B.S.N. as the latest academic level achieved in nursing. This category included all ninety-eight registered nurses.

Table (35:B)
The Distribution of Job Satisfaction among
Registered and Practical Nurses by Latest
Educational Level Achieved in Nursing

<u>Latest Nursing Education</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Freq.</u>
Less than B.S.N.	3.77	.73	81
B.S.N.	3.67	.66	98
Within Groups Total	3.71	.69	179
F= 0.9704, d.f.= 1, F Sig.= 0.3259			

Table (35:B) illustrates that there were eighty-one nurses whose latest achieved educational level was lower than a B.S. in nursing. The total of nurses who belonged to this categories included all practical nurses interviewed. The mean of job satisfaction for this category was 3.77. In addition, there were ninety-eight nurses whom their latest educational level in nursing was a B.S. in nursing. This category included all registered nurses, in which the mean of job satisfaction for this category was 3.67.

After using the F test, differences between the means of job satisfaction of the two categories of education were not significant at an alpha level of 0.05 ($F = 0.9704$, d.f. = 1, $F \text{ Sig.} = 0.3259$). Hence, the null hypothesis can not be rejected. As a result, the research hypothesis is rejected.

The research hypothesis which attempts to test the relationship between nurses' educational level and their job satisfaction could not be tested on registered nurses. This is due to the fact that all ninety-eight registered nurses in this research's sample had a homogenous nursing education; B.S.N. Hence, analysis of variance were not applied since there was only one category belonging to the variable of

education among registered nurses. Regarding job satisfaction among practical nurses by latest educational level achieved in nursing, see Table (36).

Table (36)
Job Satisfaction among Practical Nurses
by Latest Educational Level Achieved

<u>Latest Nursing Education</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Freq.</u>
18 months before- high school	3.76	.72	37
High school or more but- less than a B.S.N.	3.77	.74	44
Within Groups Total	3.77	.73	81

F= 0.0095, d.f.= 1, F Sig= 0.9225

As Table (36) illustrates, there were thirty-seven practical nurses who completed an eighteen months of nursing education before high school with a job satisfaction mean of 3.76. In addition, practical nurses with high school or higher level of nursing education but less than a B.S.N numbered forty-four with a mean of job satisfaction of 3.77.

By employing the F test, it was found that there were no significant differences between the means of job satisfaction of the two categories of education at an alpha level of 0.05 ($F = 0.0095$, d.f. = 1, $F \text{ Sig.} = 0.9225$). Thus, the null hypothesis can not be rejected and the research hypothesis is rejected. These findings are not consistent with previous research conducted by Kasha (1977) in which he found that nurses with higher education in nursing to be less satisfied with their job than nurses with less nursing education.

3.6.2. SALARY AND JOB SATISFACTION

Hypothesis number four stated that "the more salary the

nurse has, the more she will be satisfied with her job."

Table (37:A) illustrates nurses' job satisfaction by monthly salary.

Table (37:A)
Nurses' Job Satisfaction by Monthly Salary

Salary	Mean	Std. Dev.	Freq.
Less than 250 J.D.'s	3.7	.6997	55
250-less than 300	3.6	.5521	67
300 J.D.'s or more	3.8	.8115	57
Within Groups Total	3.7	.6885	179

F= 1.5409, d.f.= 2, F Sig.= 0.2171

It was found that out of the whole sample, as Table (37:A) presents, there were fifty-five nurses who have a monthly salary of less than 250 Jordanian Dinars with a job satisfaction mean of 3.7. In addition, there were sixty-seven nurses whom their monthly salary was within the category of 250-less than 300 Jordanian Dinars with a job satisfaction mean of 3.6. Finally, there were fifty-seven nurses whom their monthly salary was 300 Jordanian Dinars or more with a job satisfaction mean of 3.8.

Results of the ANOVA test indicate that differences among the different means of different categories of monthly salary were not significant at an alpha level of 0.05 ($F = 1.5409$, d.f. = 2, $F \text{ Sig.} = 0.2171$) As a result, the null hypothesis can not be rejected in the case of the whole sample and the research hypothesis is rejected.

To test the hypothesis in a different way, the number of categories of salary were broken down into two categories. These include, as Table (37:B) indicates, nurses who had a

monthly salary of less than 300 Jordanian Dinars and nurses who had a monthly salary of 300 Jordanian Dinars or more.

Table (37:B)
Nurses' Job Satisfaction by Monthly Salary

<u>Salary</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Freq.</u>
Less than 300 J.D.'s	3.66	.62	122
300 J.D.'s or more	3.81	.81	57
Within Groups Total	3.71	.69	179

F = 1.6740, d.f. = 1, F Sig. = 0.1974

Table (37:B) illustrates that there were 122 nurses with salaries less than 300 J.D.'s a month in which the mean of job satisfaction for this category was 3.66. In addition, there were only 57 nurses who had a monthly salary of 300 J.D.'s or more (mean of job satisfaction = 3.81).

Results of the F test illustrate that there are no significant differences between the means of job satisfaction for the two categories of monthly salary at an alpha level of 0.05 (F = 1.6740, d.f. = 1, F Sig. = 0.1974). Based on these findings, the null hypothesis can not be rejected and the research hypothesis is rejected. Regarding job satisfaction among registered nurses by monthly salary, see Table (38:A).

Table (38:A)
Job Satisfaction among Registered
Nurses by Monthly Salary

<u>Salary</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Freq.</u>
Less than 250 J.D.'s	3.70	.5774	3
250-less than 300	3.55	.5827	47
300 J.D.'s or more	3.77	.7217	48
Within Groups Total	3.66	.6550	98

F = 1.3108, d.f. = 2, F Sig. = 0.2744

Table (38:A) indicates that among registered nurses, there were only three nurses who had a monthly salary of less

than 250 Jordanian Dinars with a 3.70 mean of job satisfaction. In addition, there were forty-seven nurses whom their monthly salary was within the category of 250 to less than 300 Jordanian Dinars with a mean of job satisfaction of 3.55. Finally, registered nurses who had a monthly salary of 300 Jordanian Dinars or more totaled forty-eight in which the mean of job satisfaction for this category was 3.77.

Results of the ANOVA test show that differences among the means of job satisfaction for different categories of monthly salary were not significant at an alpha level of 0.05 ($F = 1.3108$, d.f. = 2, $F \text{ Sig.} = 0.2744$). So the null hypothesis can not be rejected and the research hypothesis is rejected.

To test the hypothesis in a different way, in the case of registered nurses, the number of categories of monthly salary was broken down into two, as Table (38:B) indicates. These include nurses who had a monthly salary of less than 300 Jordanian Dinars and nurses who had a monthly salary of 300 Jordanian Dinars or more.

Table (38:B)
Job Satisfaction among Registered
Nurses by Monthly Salary

<u>Monthly Salary</u>	<u>Mean</u>	<u>Std. Dev</u>	<u>Freq.</u>
Less than 300 J.D.'s	3.56	.58	50
300 J.D.'s or more	3.77	.72	48
Within Groups Total	3.66	.65	98

$F = 2.5614$, d.f. = 1, $F \text{ Sig.} = 0.1128$

Table (38:B) indicates that there were fifty registered nurses whom their salary was less than 300 J.D.'s a month (mean of job satisfaction = 3.56). Moreover, there were forty-eight registered nurses who had a monthly salary of 300

J.D.'s or more (mean of job satisfaction = 3.77).

After using the F test, findings indicate that there is no significant difference between the two means of job satisfaction of the two categories of monthly salary at an alpha level of 0.05 ($F = 2.5614$, d.f. = 1, $F \text{ Sig} = 0.1128$). Thus the null hypothesis can not be rejected and the research hypothesis is rejected. Regarding job satisfaction among practical nurses by monthly salary, see Table (39:A).

Table (39:A)
Job Satisfaction among Practical
Nurse by Monthly Salary

<u>Monthly Salary</u>	<u>Mean</u>	<u>Std. Dev</u>	<u>Freq.</u>
Less than 250 J.D.'s	3.75	0.7106	52
250-less than 300	3.70	0.4702	20
300 J.D.'s or more	4.00	1.2247	09
Within Groups Total	3.76	0.7334	81

$F = .5515$, d.f. = 2, $F \text{ Sig} = 0.5783$

Table (39:A) illustrates that there were fifty-two practical nurses who had a monthly salary of less than 250 Jordanian Dinars in which the mean of job satisfaction for this category was 3.75. Moreover, practical nurses whose monthly salary was within the category of 250 to less than 300 Jordanian Dinars numbered twenty nurses with a job satisfaction mean of 3.70. Finally, there only nine practical nurses with a monthly salary of 300 Jordanian Dinars or more with a mean of job satisfaction of 4.0.

Results of the ANOVA test indicated that differences among the means of job satisfaction for different categories of monthly salary were not significant at an alpha level of 0.05. ($F = 0.5515$, d.f. = 2, $F \text{ Sig} = 0.5783$). As a result,

the null hypothesis can not be rejected and the research hypothesis is rejected.

To test the hypothesis in a different way, the number of categories of the variable of monthly salary was broken down into two categories as Table (39:B) illustrates. These include practical nurses who had a monthly salary of less than 250 Jordanian Dinars and practical nurses who had a monthly salary of 250 Jordanian Dinars or more.

Table (39:B)
Job Satisfaction among Practical
Nurses by Monthly Salary

Monthly Salary	Mean	Std. Dev	Freq.
Less than 250 J.D.'s	3.75	.7106	52
250 J.D.'s or more	3.79	.7736	29
Within Groups Total	3.77	.7335	81
F= 0.0643, d.f.= 1, F Sig.= 0.8005			

Table (39:B) indicates that there were fifty-two practical nurses who had a monthly salary of less than 250 Jordanian Dinars. The mean of job satisfaction for this category was 3.75. In addition, there were twenty-nine practical nurses who had a monthly salary of 250 Jordanian Dinars or more. The mean of job satisfaction for this category was 3.79.

Results of the F test illustrate that there is no significant difference between the means of job satisfaction of the two categories of monthly salary at an alpha level of 0.05 ($F = 0.0643$, d.f. = 1, $F \text{ Sig.} = 0.8005$). Consequently, the null hypothesis can not be rejected and the research hypothesis is rejected. These findings contradict Taylor

(1911) who pointed out that money is the single factor that motivates employees. In addition, findings of this research are also not consistent with previous conclusions by Huey and Hartley (1988) who reported salary as one of the major factors which are positively related to employee's job satisfaction.

3.6.3. AGE AND JOB SATISFACTION

Hypothesis number five stated that "older nurses will be more satisfied with their job than younger nurses." Table (40) presents job satisfaction among members of the whole sample by age.

Table (40)
Nurses' Job Satisfaction by Age

Age	Mean	Std. Dev.	Freq.
Less than 25 years	3.65	0.6622	40
25-less than 30	3.72	0.6522	81
30-less than 35	3.72	0.6400	40
35 years or older	3.72	1.0100	18
Within Groups Total	3.70	0.6957	179
F= 0.1261, d.f.= 3, F Sig.= 0.9446			

Out of all interviewed respondents in this research, as Table (40) illustrates, there were forty nurses younger than 25 years of age. The mean of job satisfaction for this category was 3.65. In addition, there were eighty-one nurses whom their ages were ranging within the age category of 25 to less than 30 years in which the mean of job satisfaction for this category was 3.72. Similarly, among all respondents, there were forty nurses whom their ages were extending from 30 to less than 35 years of age in which the mean of job satisfaction for this category was 3.72. Finally, there were

only eighteen nurses among all one hundred and seventy-nine respondents of this study whom their ages were 35 years of age or older. The mean of job satisfaction for this category was 3.72.

Results of the ANOVA test show that there is no significant difference among means of job satisfaction of different age categories at an alpha level of 0.05 ($F = 0.1261$, d.f. = 3, $F \text{ Sig.} = 0.9446$). Hence, the null hypothesis can not be rejected and the research hypothesis is rejected. Regarding job satisfaction among registered nurses by age, see Table (41).

Table (41)
Job Satisfaction among Registered Nurses by Age

<u>Age</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Freq.</u>
Less than 25 years	3.64	0.6215	28
25-less than 30	3.71	0.6479	57
30-less than 35	3.54	0.6876	11
<u>35 years or older</u>	<u>3.00</u>	<u>1.4142</u>	<u>02</u>
Within Groups Total	3.66	0.6577	98
$F = 0.9425$, d.f. = 3, $F \text{ Sig.} = 0.4234$			

Table (41) indicates that among all registered nurses, there were twenty-eight nurses younger than 25 years of age with a mean of job satisfaction of 3.64. In addition, there were fifty-seven registered nurses whom their ages were from 25 to less than 30 years of age in which the mean of job satisfaction for this age category was 3.71. Moreover, there were eleven nurses in the age category of 30 to less than 35 years with a mean of job satisfaction of 3.54. Finally, there were only two registered nurses whom their ages were 35 years or older. These had a mean of job satisfaction of 3.00.

Results of the ANOVA test indicate that there is no significant difference among different means of job satisfaction of different categories of age at an alpha level of 0.05 ($F = 0.9425$, d.f. = 3, $F \text{ Sig.} = 0.4234$). As a result, the null hypothesis can not be rejected and the research hypothesis is rejected. Table (42) illustrates job satisfaction among practical nurses by age.

Table (42)
Job Satisfaction among Practical Nurses by Age

Age	Mean	Std. Dev.	Freq.
Less than 25 years	3.66	.7785	12
25-less than 30	3.75	.6757	24
30-less than 35	3.79	.6199	29
35 years or older	3.81	.9811	16
Within Groups Total	3.76	.7417	81
$F = 0.1093$, d.f.= 3, $F \text{ Sig.} = 0.9544$			

Table (42) indicates that among all practical nurses interviewed in this research, there were twelve nurses whom ages were younger than 25 years. The mean of job satisfaction for this age category was 3.66. In addition, there were twenty-four practical nurses with ages ranging from 25 to less than 30 years old. The mean of job satisfaction for this category was 3.75. Moreover, there were twenty-nine practical nurses whom ages were 30 to less than 35 years old. The mean of job satisfaction for this category was 3.79. Finally, there were sixteen practical nurses 35 years old or older in which the mean of job satisfaction for this category was 3.81.

Findings of the ANOVA test indicate that differences among the different means of job satisfaction of different age categories were not significant at an alpha level of 0.05. (F

= 0.1093, d.f. = 3. F Sig.= 0.9544). Upon these statistical findings, the null hypothesis can not be rejected and the research hypothesis is rejected.

Findings of this research regarding the relationship between age and job satisfaction are not consistent with previous findings on the same subject. A Study by Fennell (1984) reported older registered nurses to be more satisfied with their job than younger registered nurses. Similarly, findings of this study contradict Stamps and Piedmonte (1986) who reported that younger nurses were less satisfied with their job than older nurses.

3.6.4. MARITAL STATUS AND JOB SATISFACTION

Hypothesis number six stated that "married nurses, in general, will be less satisfied with their job than unmarried nurses." Table (43) presents job satisfaction among all respondents of this study by marital status.

Table (43)
Job Satisfaction among Nurses by Marital Status

<u>Marital Status</u>	<u>Mean</u>	<u>Std. Dev</u>	<u>Freq.</u>
Married	3.74	.70	94
Not married	3.67	.68	85
Within Groups Total	3.71	.69	179
F= 0.5124, d.f.= 1, F Sig. = 0.4751			

Table (43) points out that there were ninety-four married nurses with a mean of job satisfaction of 3.74. In addition, there were eighty-five unmarried nurses among members of the whole sample. The mean of job satisfaction for these respondents was 3.67.

Results of the F test indicate that there is no significant difference between the means of job satisfaction of the two categories of marital status at an alpha level of 0.05 ($F = 0.5124$, d.f. = 1, $F \text{ Sig.} = 0.4751$). So the null hypothesis can not be rejected and the research hypothesis is rejected. Regarding job satisfaction among registered nurses by marital status, see Table (44).

Table (44)
Job Satisfaction among Registered
Nurses by Marital Status

<u>Marital Status</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Freq.</u>
Married	3.63	.61	46
Not married	3.69	.70	52
Within Groups Total	3.66	.66	98
$F = 0.2146$, d.f. = 1, $F \text{ Sig.} = 0.6442$			

Table (44) indicates that among all registered nurses surveyed in this study, there were forty-six married nurses in which the mean of job satisfaction for this category was 3.63. Moreover, there were fifty-two non-married registered nurses in which the mean of job satisfaction for this category was 3.69.

Findings of the F test indicate that there is no significant difference between the means of job satisfaction of the two categories of marital status at an alpha level of 0.05 ($F = 0.2146$, d.f. = 1, $F \text{ Sig.} = 0.6442$). Consequently, the null hypothesis can not be rejected and the research hypothesis is rejected. Table (45) presents job satisfaction among practical nurses by marital status.

Table (45)
Job Satisfaction among Practical
Nurses by Marital Status

<u>Marital Status</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Freq.</u>
Married	3.85	.77	48
<u>Not married</u>	<u>3.64</u>	<u>.66</u>	<u>33</u>
Within Groups Total	3.77	.73	81

F= 1.7610, d.f.= 1, F Sig.= 0.1883

According to Table (45), it was found that among all practical nurses, there were forty-eight married nurses in which the mean of job satisfaction for this category was 3.85. On the other hand, there was a total of thirty-three non-married practical nurses in which the mean of job satisfaction for this category was 3.64.

Results of the F test point out that there was no significant difference between the means of job satisfaction of the two groups of marital status at an alpha level of 0.05 ($F = 1.7610$, d.f. = 1, $F \text{ Sig.} = 0.1883$). Upon these findings, the null hypothesis can not be rejected and the research hypothesis is rejected. Results of this study regarding the relationship between marital status and job satisfaction do not support past findings by Fennell (1984). It was found by Fennell (1984) that married nurses were more satisfied with their job than non-married nurses.

3.6.5. HAVING PRESCHOOLERS AND JOB SATISFACTION

Research hypothesis number seven stated that "married nurses with children below school age will be less satisfied with their job than married nurses with no children below

school age." For the purpose of this study, preschoolers are children who did not enter grade one yet. Table (46) illustrates job satisfaction among nurses with preschool children.

Table (46)
Job Satisfaction among Nurses by
Motherhood of Preschool Children

<u>Preschool Children</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Freq.</u>
Have preschoolers	3.64	.6553	62
<u>Not having preschoolers</u>	<u>3.87</u>	<u>.7320</u>	<u>39</u>
Within Groups Total	3.73	.6857	101
F = 2.6150, d.f. = 1, F Sig. = 0.1090			

Table (46) indicates that among all respondents there were sixty-two nurses with children below school age. The mean of job satisfaction for this category was 3.64. In addition, there were thirty-nine nurses who had no children below school age in which the mean of job satisfaction for this category was 3.87.

Results of the F test show that there is no significant difference between the means of job satisfaction of the two groups who have or do not have preschoolers at an alpha level of 0.05 ($F = 2.6150$, d.f. = 1, $F \text{ Sig.} = 0.1090$). Hence, the null hypothesis can not be rejected and the research hypothesis is rejected. Table (47) illustrates job satisfaction among registered nurses by their motherhood of preschool children.

Table (47) indicates that out of ninety-eight registered nurses interviewed in this study, there were twenty-seven nurses who had preschool children. The mean of job

Table (47)
Job Satisfaction among Registered Nurses
by Motherhood of Preschool Children

<u>Preschool Children</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Freq.</u>
Have preschoolers	3.55	.6405	27
<u>Not having preschoolers</u>	<u>3.73</u>	<u>.5408</u>	<u>23</u>
Within Groups Total	3.64	.5969	50

F= 1.1748, d.f.= 1, F Sig.= 0.2838

satisfaction for this category was 3.55. In addition, registered nurses who had no preschool children numbered twenty-three nurses in which the mean of job satisfaction for this category was 3.73.

Findings of the F test illustrates that there is no significant difference between the means of job satisfaction of the two groups of respondents (who either have or do not have preschool children) at an alpha level of 0.05 (F = 1.1748, d.f. = 1, F Sig. = 0.2838). These findings indicate that the null hypothesis can not be rejected and the research hypothesis is rejected. Table (48) illustrates job satisfaction among practical nurses by their motherhood of preschool children.

Table (48)
Job Satisfaction among Practical Nurses
by Motherhood of Preschool Children

<u>Preschool Children</u>	<u>Mean</u>	<u>Std. Dev.</u>	<u>Freq.</u>
Have preschoolers	3.71	.6674	35
<u>Not having preschoolers</u>	<u>4.06</u>	<u>.9287</u>	<u>16</u>
Within Groups Total	3.82	.7570	51

F= 2.3233, d.f.= 1, F Sig. = 0.1339

According to Table (48), there were thirty-five practical nurses who had preschool children in which the mean of job satisfaction for this category was 3.71. In addition, among

non-single practical nurses in this study, there were sixteen nurses who reported not having preschool children. The mean of job satisfaction for this category was 4.06.

Upon findings of the F test, there is no significant difference between the means of job satisfaction of the two groups of nurses (who have or do not have preschoolers) at an alpha level of 0.05 ($F = 2.3233$, d.f. = 1, $F \text{ Sig.} = 0.1339$). According to these findings, the null hypothesis can not be rejected and the research hypothesis is rejected. Findings of this study regarding the relationship between motherhood of pre-school children and job satisfaction are not consistent with what was indicated by Quinn et. al. (1976). It was pointed out by Quinn et. al. (1976) that women with one or more children below the age of six years in the household are less satisfied with their job than women with no children below the age of six years in the household.

3.7 QUITTING PREVIOUS NURSING JOBS

The majority of respondents reported that their current nursing job at the community of the study represented their first work experience in the area of nursing. However, about a quarter of all respondents of this study reported experiencing a previous paid nursing job. Table (49) illustrates the distribution of registered and practical nurses by their previous nursing work experience.

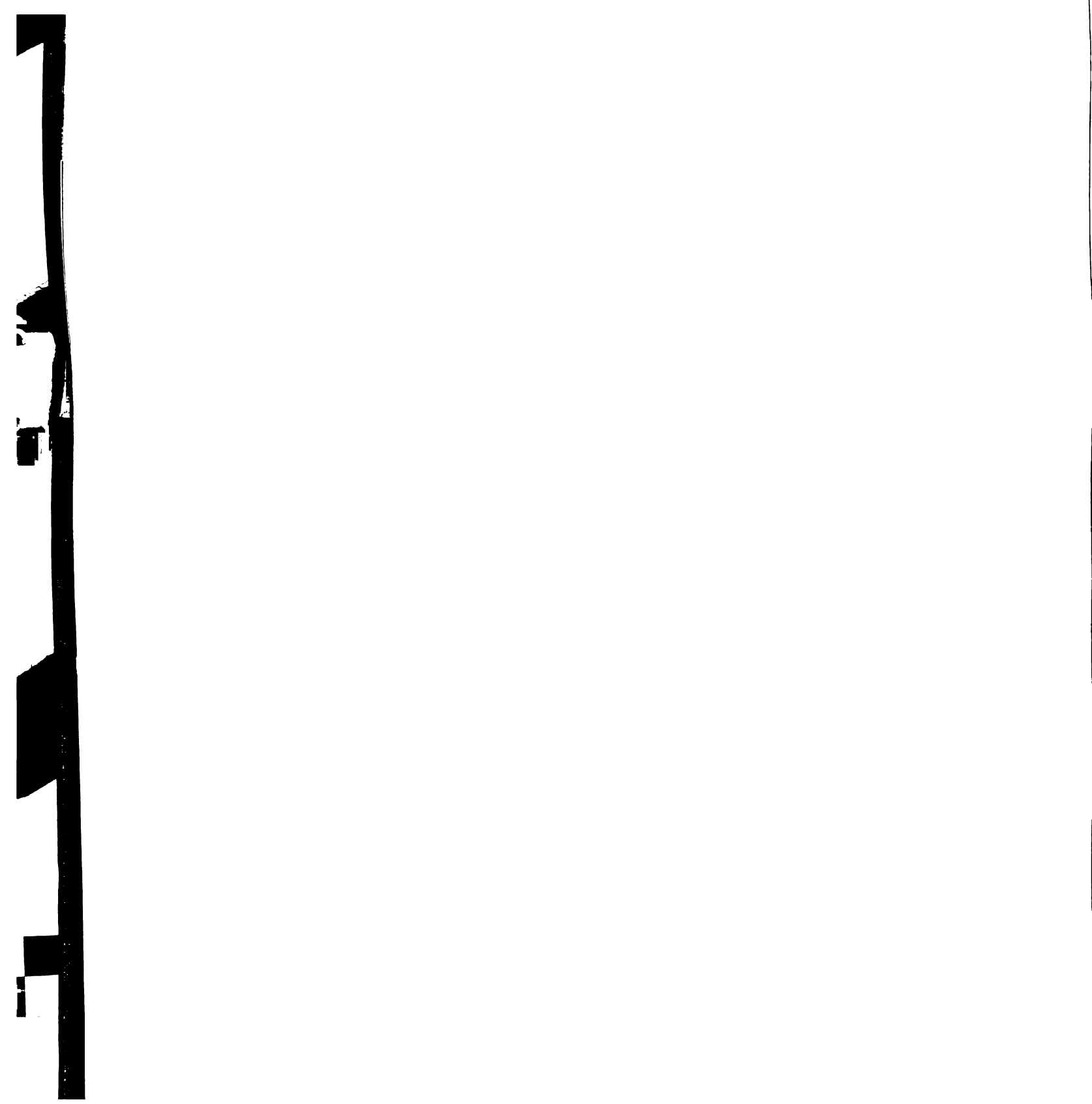
Table (49)
The Distribution of Registered and Practical Nurses
by their Previous Nursing Work Experience

<u>Previous</u> <u>Nursing Work</u>	<u>R.N.'s</u>	<u>%</u>	<u>P.N.'s</u>	<u>%</u>	<u>Total</u>	<u>%</u>
Experienced	32	32.7	11	13.6	43	24
Not experienced	66	67.3	70	86.4	136	76
Total	98	100.0	81	100.0	179	100

Table (49) illustrates that out of the whole research's sample, there were forty-three nurses representing 24% of the whole sample who had worked as nurses before working at the current hospital. These include thirty-two registered nurses who represented 32.7% of all registered nurses and eleven practical nurses who represented 13.6% of all practical nurses. In addition, respondents who never experienced any previous paid nursing job totaled one hundred and thirty-six nurses who represented 76% of the whole sample. These included seventy practical nurses who represented 86.4% of all practical nurses and sixty-six registered nurses who represented 67.3% of all registered nurses. Table (50) illustrates the distribution of registered and practical nurses by number of previously experienced jobs in the field of nursing.

Table (50)
The Distribution of Registered and Practical Nurses
by Number of Previously Experienced Nursing Jobs

<u>Previous</u> <u>Nursing Jobs</u>	<u>R.N.'s</u>	<u>%</u>	<u>P.N.'s</u>	<u>%</u>	<u>Total</u>	<u>%</u>
One job	26	81.3	8	72.7	34	79.1
Two jobs	5	15.6	2	18.2	7	16.3
Three or more jobs	1	3.1	1	9.1	2	4.7
Total	32	100.0	11	100.0	43	100.0



According to Table (50), there were thirty-four nurses who had only one previous nursing job in which they represented 79.1% of all nurses who experienced previous nursing jobs. This category included twenty-six registered nurses (81.3% of registered nurses with previous nursing jobs) and eight practical nurses (72.7% of practical nurses with previous nursing jobs). In addition, the sample included seven nurses who had two previous nursing jobs before working at the community of the study. These nurses represented 16.3% of all respondents who experienced previous nursing jobs. This category included five registered nurses (15.6% of all registered nurses with previous nursing jobs) and two practical nurses (18.2% of all practical nurses with previous nursing jobs). Finally, interviewees included only two nurses who had three or more previous nursing jobs. This category included one registered and one practical nurse. Table (51) illustrates the distribution of registered and practical nurses by period length of previous nursing work experience (this did not include nursing work experience at the community of the study).

Table (51)
The Distribution of Registered and Practical Nurses
by Period Length of Previous Nursing Work Experience

<u>Period Length of</u> <u>Past Nursing Work</u>	<u>R.N.'s</u>	<u>%</u>	<u>P.N.'s</u>	<u>%</u>	<u>Total</u>	<u>%</u>
Less than one year	26	81.3	4	36.4	30	69.8
One-less than two	4	12.5	1	9.1	5	11.6
Two-less than three	2	6.3	4	36.4	6	14.0
Three or more years	0	0.0	2	18.2	2	4.7
Total	32	100.0	11	100.0	43	100.0

Table (51) indicates that out of forty-three nurses who had previous nursing jobs, there were thirty nurses whom the period length of their previous nursing work experience was less than one year. This category of nurses represented 69.8% of all nurses who experienced a previous work in nursing. These included twenty-six registered nurses (81.3% of all registered nurses with a previous work in nursing) and four practical nurses (36.4% of all practical nurses with a previous work in nursing). In addition, there were five nurses (11.6% of all nurses with previous nursing experience) who reported that the period length of all of their past nursing work experience was from one to less than two years. These included four registered nurses (12.5% of all registered nurses with previous nursing work experience) and only one practical nurse (9.1% of all practical nurses with previous nursing work experience). Moreover, there was a total of six nurses who represented 14% of nurses with previous nursing work experience in which they had a previous nursing work experience of two to less than three years. These included four practical nurses (36.4% of all practical nurses with previous nursing work experience) and two registered nurses (6.3% of all registered nurses with previous nursing work experience). Finally, there was a total of only two nurses whom their previous nursing work lasted for three or more years in which they represented 4.7% of all nurses in the sample who had previous nursing work experience. Indeed, both

nurses were practical. Table (52) illustrates the distribution of registered and practical nurses by nature of previous nursing job.

Table (52)
The Distribution of Registered and Practical
Nurses by Nature of Previous Nursing Job

Previous Job	R.N.'s	%	P.N.'s	%	Total	%
In private sector	29	90.6	7	63.6	36	83.7
In public sector	3	9.4	2	18.2	5	11.6
In military	0	0.0	2	18.2	2	4.7
Total	32	100.0	11	100.0	43	100.0

Table (52) illustrates that out of the forty-three nurses who had previous nursing work experience, there were thirty-six nurses whom their last nursing job was in the private health sector. This category represented 83.7% of all nurses with previous nursing work experience. These included twenty-nine registered nurses (90.6% of registered nurses with previous nursing work experience) and seven practical nurses (63.6% of practical nurses with previous nursing experience). In addition, there were five nurses whom last nursing job was in the public sector in which they represented 11.6% of all nurses with previous nursing work experience. These included three registered nurses (9.4% of registered nurses with previous nursing work experience) and two practical nurses (18.2% of practical nurses with previous nursing work experience). Finally, there were only two nurses, both practical, whom their last nursing job was in the military and represented 4.7% of all nurses with previous nursing job experience. Regarding the distribution of registered and

practical nurses by strongest cause for quitting the last experienced nursing job, see Table (53).

Table (53)
The Distribution of Registered and Practical Nurses
by Strongest Cause for Quitting the Last Nursing Job

<u>Strongest Reason for Quitting</u>						
<u>Last Nursing Job</u>	<u>R.N.'s</u>	<u>%</u>	<u>P.N.'s</u>	<u>%</u>	<u>Total</u>	<u>%</u>
Low salary	13	40.6	10	90.9	23	53.5
Long working hours	5	15.6	0	0.0	5	11.6
Unclear job description	3	9.4	0	0.0	3	7.0
Unprofessional treatment	3	9.4	0	0.0	3	7.0
Transportation obstacles	3	9.4	0	0.0	3	7.0
Long distance	2	6.3	1	9.1	3	7.0
<u>Others</u>	<u>3</u>	<u>9.4</u>	<u>0</u>	<u>0.0</u>	<u>3</u>	<u>7.0</u>
Total	32	100.0	11	100.0	43	100.0

Each of the forty-three nurses who had a previous nursing work experience reported the strongest reason which made her leave the last experienced nursing job. Different responses were given by respondents as Table (53) indicates. The most common reason was low salary as reported by twenty-three nurses who represented 53.5% of all nurses who had past nursing work experience. This category included thirteen registered nurses (40.6% of all registered nurses with past nursing work experience) and ten practical nurses (90.9% of all practical nurses with past nursing work experience). In addition, five nurses reported working long hours was the strongest reason which made them quit the last experienced nursing job. These represented 11.6% of all nurses who had worked before in one or more nursing jobs. All five respondents were registered nurses in which they represented 15.6% of all registered nurses with past nursing work experience.

Unclear job description was given by a total of three nurses, all registered, and represented 7% of all respondents who had previous nursing work experience. These represented 9.4% of all registered nurses with past nursing work experience. Similarly, unprofessional treatment was the main reason which made three nurses to quit the last nursing job that they had and represented 7% of all nurses who experienced previous nursing work. All three nurses were registered and represented 9.4% of all registered nurses with past nursing work experience. Further, transportation difficulties were the main reason that affected the decision of three nurses to quit the last experienced nursing job. All three nurses were registered and represented 7% of all nurses with previous nursing work experience (9.4% of all registered nurses with past nursing work experience). Long distance between residence and the community of the study was given as the major factor which affected the decision of three nurses to leave the last nursing job which they had. In fact, this category represented 7% of all nurses who had previous nursing job experience. The same category included two registered nurses (6.3% of all registered nurses with past nursing work experience) and only one practical nurse. Finally, three nurses (7% of all nurses who experienced nursing work before) gave different reasons as the major reason which affected their decision to leave the last nursing job which they had.

To begin with, one registered nurse pointed that the

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absence of medical insurance in the previous nursing job was the main reason which made her resign from her job. Another registered nurse indicated that her return from abroad was the main reason which made her leave the previous nursing job which she had. A third registered nurse considered extensive job load as the main factor which made her resign from the last nursing job which she had.

3.8. REASONS FOR STUDYING NURSING

While some respondents studied nursing as a result of their own will, others did so due to the effect of other factors. Table (54) illustrates the distribution of registered and practical nurses by the strongest reason which motivated them to study nursing.

Table (54)
The Distribution of Registered and Practical
Nurses by the Strongest Reason for Studying Nursing

<u>Reasons for Studying Nursing</u>	<u>R.N.'s</u>	<u>%</u>	<u>P.N.'s</u>	<u>%</u>	<u>Total</u>	<u>%</u>
Own will	22	22.4	33	40.7	55	30.7
Low GPA	36	36.7	15	18.5	51	28.5
Own will and others' encouragement	28	28.6	22	27.2	50	27.9
Others' encouragement	9	9.2	10	12.4	19	10.6
<u>Other factors</u>	<u>3</u>	<u>3.1</u>	<u>1</u>	<u>1.2</u>	<u>4</u>	<u>2.2</u>
Total	98	100.0	81	100.0	179	100.0

Among all respondents, according to Table (54), there were fifty-five nurses representing 30.7% of the whole sample who pointed out that they decided to study nursing by their own will. This category included thirty-three practical nurses who represented 40.7% of all practical nurses and

twenty-two registered nurses who represented 22.4% of all registered nurses. In addition, there were fifty-one nurses who represented 28.5% of the whole sample simply because their GPA's did not qualify them to study fields other than nursing. These included thirty-six registered nurses who represented 36.7% of all registered nurses and fifteen practical nurses who represented 18.5% of all practical nurses. Moreover, among all respondents, there were fifty nurses representing 27.9% of the whole sample who believed that they studied nursing to a combination of two factors. These included their own will as well as the encouragement of other sources. These included twenty-eight registered nurses who represented 28.6% of all registered nurses and twenty-two practical nurses who represented 27.2% of all practical nurses. The sample also included nineteen nurses representing 10.6% of the whole sample in which they reported that they studied nursing due to the encouragement of other sources. These included ten practical nurses who represented 12.4% of all practical nurses and nine registered nurses representing 9.2% of all registered nurses. Finally, the sample included four nurses who represented 2.2% of the whole sample in which they believed that they studied nursing due to sources other than those previously mentioned. Table (55) illustrates the distribution of registered and practical nurses by source of encouragement to study nursing.

Table (55)
The Distribution of Registered and Practical Nurses
by Source of Encouragement to Study Nursing

Encouragement Source	R.N.'s	%	P.N.'s	%	Total	%
Family	22	59.5	16	50.0	38	55.1
Friends	6	16.2	10	31.3	16	23.2
Relatives	6	16.2	2	6.3	8	11.6
Mass media	1	2.7	4	12.5	5	7.2
Other sources	2	5.4	0	0.0	2	2.9
Total	37	100.0	32	100.0	69	100.0

As Table (55) indicates, there were sixty-nine nurses whom their decision to study nursing was affected either by the encouragement of some other sources or with the encouragement of some other sources in combination with their own will. These included thirty-eight nurses whom their decision to study nursing was affected by one or more of their family members and represented 55.1% of the sixty-nine nurses. This category combined twenty-two registered nurses (59.5% of all registered nurses in the table) and sixteen practical nurses (50% of all practical nurses in the table).

There were also sixteen nurses (23.2% of the sixty-nine nurses) who reported that the strongest factor which affected their decision to study nursing was the encouragement of one or more of their friends. These included ten practical nurses (31.3% of the thirty-two practical nurses in the table) and six registered nurses (16.2% of the thirty-seven registered nurses in the table). Moreover, there were eight nurses (11.6% of the sixty-nine nurses) in which they indicated that their decision to study nursing was mainly affected by the encouragement of one or more of their relatives. These

included six registered nurses (16.2% of all registered nurses of concern) and two practical nurses (6.3% of all practical nurses of concern). There were also five nurses who represented 7.2% of the sixty-nine nurses in which they reported that they studied nursing due to the encouragement of one or more adds in the mass media. Four of these were practical nurses. Finally, there were two nurses, both registered (2.9% of the sixty-nine nurses) who indicated that they studied nursing due to the encouragement of some other factors or sources. One of these nurses indicated that she was encouraged by her high-school teachers to study nursing. Another respondent reported that she was encouraged to study nursing by the fact that it takes a nurse a shorter time to be hired after graduation from nursing school or college compared to other careers and professions.

3.9. THREE CASE STUDIES: DEALING WITH HOME AND WORK RESPONSIBILITIES

This section of the research presents three case studies of three nurses describing their typical working day. These include two practical nurses and one registered nurse. Each nurse was asked to list after going home, in a chronological order, what activities she usually does in a day from when she wakes up till she goes to sleep. She was also asked to write any common difficulties she faces at work. After receiving what each nurse wrote, each nurse was asked some additional

questions to be answered such as marital status, age, whether husband is employed or not, number of children, and length of working as a nurse in the hospital. Any of the preceding variables were not asked to the nurse unless ignored by her in her initial description.

3.9.1. CASE NUMBER ONE

The first case is a registered nurse who is currently working in the Emergency Department. She has been working in the hospital for seven years. She indicated that the most bothering thing for her in the morning is the noise of the alarm clock. She has to wear her clothes quickly to be ready when a taxi picks her up at 6:30 a.m. This morning she had a hard time waking up because her beloved one year old female daughter kept her awake most of the night in which she breast-feeding her. Indeed, the nurse is considering quitting breast-feeding her infant for this reason.

She started her work at 8:00 a.m. this morning. She started working with a female patient and when she got done with her, the nurse sat on a chair around 8:30 a.m. for a short time in the same Emergency Department. A male specialist doctor screamed at her for sitting and told her that she is supposed to stay next to the patient she just worked on. The nurse believed that she did her medical duty toward the patient and that is why she had to rest for a while. She could not do anything about the specialist and she

ignored what he said to her. She felt that she should do what her conscious tells her. On the other hand, she felt that this physician's view point of nurses is a common one in the hospital, in which they feel superior to nurses.

The nurse said that she studied nursing for four years and had even taken some classes with some current physicians who were at the time medical students. This physician's vision of nurses even affected her relationship with her husband, who is a physician. When her husband screams at her in their home she tells him he is not different from any other physician.

Unfortunately, her purpose for nursing has changed from a humanitarian mission into a materialistic mission. She cares about spending her working hours just to get her monthly salary. This change is mainly due to the disrespect nurses get from both physicians and patients. If her husbands can meet all financial needs of her family, she would quit working and stay home and, at least, takes more care of her daughter. She enjoys her work, but this joy is mostly broken by physicians. According to her, nurses have a lot of medical knowledge that they can efficiently apply in hospitals if they were given the chance.

3.9.2. CASE NUMBER TWO

The second case is a thirty-four years old female practical nurse. She has been married for seven years and has

three children; two females and one male child. Her daughters are seven and two years old and her son is five years old. She sends her youngest female daughter to the hospital's child care center while working. Her eldest daughter walks to school and home since her school is very close to the home. In addition, her son goes to kindergarten by a bus.

She has been working as a nurse for ten years. She faces many difficulties due to the nature of her work. To begin with, she faces the distance problem between her home and the workplace. Currently she uses a taxi to go between home and work and it is taking much of her salary. She lives in another city and there are problems with irregular public transportation system. In addition, working different shifts at the hospital is one of the main difficulties she faces. She experienced, as most nurses did, working during the three shifts; "A", "B", and "C". Shift "C" is the most difficult one for her. Moreover, there is a third problem which faces all practical nurses. This is that even though some practical nurses, including herself, had a long nursing experience at the hospital, she did not get any promotions. Further, as a practical nurse, there is no union for them to defend their rights. Finally, she is not satisfied with the amount of her monthly salary at the hospital at all. Her salary is low compared to the nature of her work as well as to the high standards of living.

She prefers working in the Maternity Department more than

any other place in the hospital. This is because she deals with female cases. The place which she most dislikes working in is the Burns Unit. This is due to two reasons. These include the pain associated with burns and the smell of the burns. Her husband is very supportive of her work as a nurse.

3.9.3. CASE NUMBER THREE

The third case is a thirty-eight years old practical nurse. She lives with her husband and children. She has five male children whose ages are eleven, ten, seven, six, and two. She also has two female children ages twelve and eight. She has been working in the hospital for twenty years, in which she had been in the Dentistry Department for the last five years. Her husband works in the military from 8:00 a.m. till 2:00 p.m. Her husband is very supportive of her work as a nurse, as he views her job as a humanitarian one.

She usually wakes up at 5:00 a.m. After preparing her children for school, her husband takes them in the family's car to the school and the kindergarten. She uses the public transportation to the hospital, where she supposed to sign in at 8:00 a.m. Once in a while she arrives minutes late, where her supervisors blame her for being late. After signing in her name and the arrival time, she wears the formal nursing dress. Then she checks that everything in the Dentistry Clinic is okay, such as preparing patients's files and bringing all daily medical tools from sterilization into the

clinic. At 8:30 a.m. she takes coffee with some of her friends at the clinic. At 9:30 a.m. the dentists are ready to see patients and she works with them till about 12:30 p.m. Then she starts preparing files and send used medical tools into sterilization. There is a lunch break hour from 1:00 till 2:00 p.m. and then she starts working till about 4:00 p.m. with patients where the clinic is closed till the next morning. During work she listens to patients. The most common problem patients suffer from is the medical cost which many of them complain about it, namely those who lack medical insurance. After the clinic is closed at 4:00 p.m. she changes her dress and takes public transportation to home. She usually arrives home around 5:30 p.m. Her home responsibilities mainly include preparing food and feeding her children and helping them with their study. She usually goes to sleep around 11:00 p.m.

The nurse pointed out that she feels happy that she studied nursing. There are many things which make her like and dislike her job. Some of the things which make her like her job include the respect she gets from some patients. In addition, the nature of her job keeps her active and organized even in her other daily life activities. Respecting the instructions and requirements of her job is also another thing she likes. On the contrary, there are many things which make her unattracted to her job. Some of these include long working hours and some patients disrespect to nurses.

From the previous three case studies, it could be concluded that occupying many social roles could be more stressful to working women, such as nurses. Roles, such as being a wife and a mother, in addition to being an employee, require more responsibilities and expectations. In addition, disrespect of nurses, either by those who work along with nurses such as physicians, or others, including some patients who could be stressful to nurses too. Nurses also should be consulted about their preferred working unit or department in a way that does not interfere with their qualifications or patients' needs. There are also many other problems outside the hospital's environment that face nurses, such as transportation difficulties between home and the hospital.

3.10. REGRESSION OF JOB SATISFACTION ON SOME DEMOGRAPHIC VARIABLES AND NURSING RANK

This section discusses regression analysis of job satisfaction on some independent "dummy" variables. These include respondents characteristics of age, latest education level achieved in nursing, monthly salary in Jordanian Dinars, marital status, motherhood of preschool children, and nursing rank "registered or practical". The dependent variables include the seven components which represent job satisfaction, as well as the overall job satisfaction. The results of the regression analysis of different components of job satisfaction and overall job satisfaction on these

characteristics are listed in Table (56).

Table (56)
Regression of Different Components of Job
Satisfaction and Overall Job Satisfaction
on Some Characteristics of Respondents

	<u>P.</u>	<u>P.S.</u>	<u>I</u>	<u>T.R.</u>	<u>O.P.</u>	<u>A.</u>	<u>C.</u>	<u>O.S.</u>
Age	-.065	-.041	-.131	-.138	-.073	-.166	-.135	-.083
Education	.162	-.157	.116	.164	-.047	-.160	-.053	-.022
Salary	.047	-.060	.212*	.172	.126	.311*	.160	.132
Marital-								
Status	.019	.180	.118	.060	-.044	.296	.193	.262
Pre-								
schoolers	.051	.119	.165	-.167	-.180	-.523*	-.136	-.334*
Nursing-								
rank	.540	-.804	.693	1.054*	.329	-.044	.570	.261
Constant	2.522	6.832	2.23	.966	2.092	3.553	2.692	3.165
R ²	.015	.044	.034	.039	.034	.066	.057	.049
N	179	179	179	179	179	179	179	179

*P < .05.

P. = Pay, P.S. = Professional Status, I. = Interaction,
T.R. = Task Requirements, O.P. = Organizational Policies,
A. = Autonomy, C = Control, O.S. = Overall Job Satisfaction

Table (56) shows that the nursing rank; whether registered or practical, is not significant when controlling for other variables (except in the case of the task requirements component). The R² values for the regression models were less than .07. These marginal values indicate that none of the independent variables explained the variance in different components, as well as the overall job satisfaction. Besides, all, but three, of the variables' coefficients were not significant at an alpha level of 0.05, which supports the preceding findings.

CHAPTER FOUR

RESEARCH CONCLUSIONS

4.1. FINDINGS OF THE STUDY

Findings of this study were presented for the whole sample, as well as for each of the two groups of respondents that represent the whole sample; registered and practical nurses. Analyses started with presenting some demographic and work related characteristics of the respondents. Then, job satisfaction with each of the statements of each of the seven components of job satisfaction were presented. These seven components included pay, professional status, interaction, task requirement, organizational policies, autonomy, and control.

Considering nurses' overall satisfaction with their job, the mean of job satisfaction was 3.71 for the entire "overall" sample, 3.77 for practical nurses, and 3.66 for registered nurses. Accordingly, the mean of the overall job satisfaction for registered nurses was slightly lower than that for practical nurses. However, since the maximum possible value of the mean of satisfaction is seven and the lowest is one, the overall job satisfaction was low. This is true for the whole sample, as well as for the two groups of respondents that represent the entire sample of this study.

All research hypotheses in this study were rejected,

except the first part of the first hypothesis. Hypothesis number one stated "While nurses will rank autonomy as the most important job component to their job satisfaction, they will rank organizational policies as the least important job component to their job satisfaction." Regarding the first part, the most important job component to nurses job satisfaction was the autonomy component for registered, practical, and the whole sample. Mean of the autonomy component was 4.04 for registered, 3.56 for practical, and 3.80 for the whole sample. These results indicated that the first part of the first hypothesis was accepted. This finding is consistent with previous studies, including those conducted by Norman (1981) and King (1972). In these two studies, nurses considered autonomy as the most important job component to their job satisfaction.

The least important job component to nurses' job satisfaction was the pay component. Mean of the pay component was 1.68 for the whole sample, 1.41 for registered, and 1.91 for practical nurses. These conclusions indicated that the second part of the first hypothesis was rejected. This contradicts previous findings by Norman (1981) and King (1972). In each of the two previous studies, it was found that the organizational policies component was the least important component of the job to nurses job satisfaction.

The second hypothesis stated that the "current level of nurses' job satisfaction will be the highest in the autonomy

component of their job and the lowest in the pay component of their job." Findings of this study rejected this hypothesis. The whole sample, as well as each of the two groups of respondents that represent the whole sample were most satisfied with the professional status component of their job. The mean of job satisfaction with the professional status component was 4.97 for the whole sample, 5.07 for registered, and 4.85 for practical nurses. In addition, the whole sample and each of registered and practical nurses were least satisfied with the organizational policies component of their job. Mean of job satisfaction with the organizational policies component was 2.54 for the whole sample, 2.43 for registered, and 2.68 for practical nurses. These findings are some what consistent with some previous findings. For example, King (1972) found that while registered nurses were most satisfied with the job prestige component, they were least satisfied with the organizational policies component.

The third research hypothesis stated that "The more education the nurse has, the less she will be satisfied with her job." In the case of the whole sample, this hypothesis was rejected twice; by using the ANOVA test for three educational categories and by using the F test for two educational categories. The preceding hypothesis could not be tested on registered nurses because all had a homogeneous nursing education; B.S.N. Moreover, findings from the F test, the preceding hypothesis was rejected in the case of practical

nurses. Indeed, findings from this study were not consistent with Kashka (1977) who found nurses with higher nursing education to be less satisfied than nurses with less nursing education.

Research hypothesis number four stated that **"The more salary the nurse has, the more she will be satisfied with her job."** In the case of the overall sample, this hypothesis was rejected twice. The first by using the ANOVA test for three categories of monthly salary, and the second by employing the F test after the number of categories of monthly salary were broken down into two categories. Similarly, this hypothesis was rejected in the case of registered nurses by using the ANOVA test for three categories and also by using the F test when the number of categories of salary were broken down into two categories. The same hypothesis was also rejected twice in the case of practical nurses. The first by using the ANOVA test for three categories and the second by using the F test when the variable of monthly salary was broken down into two categories. This finding contradicts previous research by Huey and Hartley (1988) who reported salary as one of the major factors that are positively related to job satisfaction.

Research hypothesis number five stated that **"older nurses will be more satisfied with their job than younger nurses."** Results of the ANOVA test indicated that this hypothesis was rejected. It was rejected in the case of the whole sample, as well as in each the case of each of the two groups of nurses;

registered and practical. This finding opposes previous findings from previous studies, such as Stamps and Piedmonte (1986) and Fennell (1984). Stamps and Piedmonte (1986) reported that younger nurses seem to be less satisfied with their job than older nurses. Similarly, Fennell (1984) found older registered nurses to be more satisfied with their job than younger registered nurses.

Hypothesis number six stated that **"married nurses, in general, will be less satisfied with their job than unmarried nurses."** Results of the F test indicated that this hypothesis was also rejected in each of the cases of the whole sample, registered, and practical nurses. This pattern does not support previous findings by Fennell (1984) who found married registered nurses to be more satisfied with their job than non-married registered nurses.

The last hypothesis in this research stated that **"Married nurses with children below school age will be less satisfied with their job than married nurses with no children below school age."** Similarly, results of the F test showed that this hypothesis was rejected in each of the three cases of the whole sample, registered nurses, and practical nurses. This finding does not enhance previous findings by Quinn et. al. (1976). It was reported by Quinn et. al. (1976) that mothers of one or more children below the age of six years in the household to be less satisfied with their job than those with no children below the age of six years in the household.

It was reported by 24% of the whole sample that they experienced one or more previous nursing jobs before working at the community of the study. The two reasons given most for quitting the last experienced nursing job included low salary and long working hours. Other less common reasons included unclear job description, unprofessional treatment, transportation difficulties, and long commute distance between home and the workplace.

Respondents also reported the strongest reason or factor which encouraged them to study nursing. Most registered nurses studied nursing because of their low GPA's. On the other hand, most practical nurses did so because their own will.

Three case studies were also presented regarding how married nurses cope with home responsibilities and job expectations. These studies included one of registered nurses and two of practical nurses. These cases illustrated how nurses are stressed due to pressure from the social organization of the hospital, including that from administrators and physicians, mainly males. In addition, nurses were dissatisfied with monthly salaries, promotion system, and the inability to select working unit/department. These are also some of the most stressful factors to nurses. More stress stems from other sources such as society's vision toward nurses. Home responsibilities, namely for mother of children, add more pressure and stress on nurses.

Regression analysis of job satisfaction on some independent "dummy" variables were discussed. These include respondents characteristics of age, education, monthly salary, marital status, number of preschool children, and nursing rank "registered or practical". The dependent variables included the seven components which represent job satisfaction, as well as the overall job satisfaction.

Findings pointed out that the nursing rank; registered or practical, was not, in general, significant when controlling for other variables. In addition, the R^2 values for the regression models were less than 0.07. These marginal values indicated that none of the independent variables explained the variance in different components or in overall job satisfaction. Finally, all, except three, of the variables' coefficients were not significant at an alpha level of 0.05. This enhances the preceding findings.

As indicated earlier, the relationship between the independent variables and job satisfaction that were investigated by this study is relevant to previous literature on the subject. However, findings of this study revealed that all research hypotheses, except one part of one hypothesis, were rejected. I believe that there are some possible explanations for such findings.

To begin with, the instrument used, "The Index of Work Satisfaction," did not take into consideration extrinsic factors that may affect job satisfaction. Some of these

factors may include the effect of husbands and other family members, friends, relatives, the public, mass media, religious forces, and the system of patriarchal authority on nurses' job satisfaction. Moreover, the instrument did not even deal with other intrinsic components of the work environment itself, such as the physical dimension of the job. The instrument ignores some cultural differences between countries such as Jordan when applied to a sample of Jordanian nurses. If the instrument considered such factors, findings of this study could have been different.

Similarly, this study was conducted on Jordanian nurses working in one hospital. If the study included a larger representative sample of all Jordanian nurses, some of the findings of this study could also have been different.

4.2. LIMITATIONS OF THE STUDY

Findings of this study are limited only to the time and spacial spheres of the study. It applies only to registered and practical females nurses working at the community of the study; the "Jordan University Hospital." Any conclusions or findings can not be generalized on nurses working in the public, private, military, or charitable areas. Similarly, findings and conclusions can not be generalized on other Jordanian nurses or nurses working in Arab or non-Arab countries.

4.3. DIFFICULTIES OF THE STUDY

In addition to the time and financial cost of the study, the most significant difficulty faced was obtaining permission to conduct the study. Getting permission to conduct this study involved many steps. In each of these steps, it took a long time to receive an approval. For example, it took more than four weeks to get permission from the Jordan University Hospital to conduct this study. Another main difficulty is the critical limitation of available information about the development of health services in Jordan, including nursing.

4.4. IMPORTANCE OF THE STUDY

Indeed, upon the findings that nurses at the Jordan University Hospital had low level of job satisfaction should be followed by administrative actions. Some of these include improving monthly salaries and fringe benefits, consulting nurses with their preferred work shift and preferred work unit/department, getting more recognition from physicians and administratives, participation in the decision-making processes, encouraging nursing research, and improving promotions. Taking into considerations such factors may have a significant effect on employee withdrawal; including turnover, absenteeism, and burnout. These action also contribute to more autonomy and professional status. When nurses are more satisfied and recognized by their working

place and the whole society this may significantly contribute to providing better health care to patients.

4.5. SOME LIMITATIONS OF THE INDEX OF WORK SATISFACTION

The Index of Work Satisfaction has many limitations. To begin with, it does not deal with other components that could be important to nurses' job satisfaction, such as the physical work environment component and the control component. In addition, the interaction component did not include any statements that deal with interaction between nurses and visitors of patients. Moreover, some of the statements combined two questions in the same statement. For example, from one of the autonomy statements, "I have too much responsibility and not enough authority." Many nurses preferred to answer each component of the statement separately. The above statement would then be separated into two, "I have too much responsibility" and "I do not have enough authority." This would present a clearer picture.

Finally, in the case of this study, the mixture of negative and positive statements was the most common difficulty facing interviewees. Many respondents reported that the negatively stated statements would be much easier if all were positively stated.

4.6. NOTES FOR FURTHER FUTURE RESEARCH

In order not to represent a dead piece in academic

literature, findings of this study should motivate future research on the subject of job satisfaction among nurses. There is a need to answer some questions related to job satisfaction such as nurses' satisfaction with job components other than those investigated in this study, such as the physical dimension of the job. Similarly, some of the job components need to be extended. For instance, the interaction component should include nurses' satisfaction with patients and their visitors. There is also a need to compare job satisfaction among Jordanian nurses with nurses from other countries; both developed and developing countries, including Arab countries.

4.7. TOWARDS A THEORY OF JOB SATISFACTION AMONG JORDANIAN NURSES

Any theoretical understanding of job satisfaction among Jordanian nurses requires taking into consideration the different cultural and social forces which shaped the different aspects of the Jordanian society. Western theories of job satisfaction are formulated by Western thinkers. If these theories can explain job satisfaction among nurses in these countries, they may not be successful in the case of developing countries, such as Jordan. Cultural and material forces that shaped the cultural and material development of Jordan are not the same as those that shaped the development of Western countries. Our theoretical understanding of job

satisfaction among nurses have to take into consideration the historical forces that shaped the society.

Indeed, Jordan is a developing country that is going through a process of social change. This process affects all social institutions in the society, including the medical institution to which nurses belong. There are some main historical factors, in my opinion, that shaped the different characteristics of the Jordanian society. These include the Islamic religion, the British colonization, and the nature of the tribal background of the Jordanian society.

To begin with, Islamic religion is the dominant religion in Jordan. Islamic religion emphasizes the importance of females in the family institution more than any other social institution. The main role of rearing and socializing children is mainly left to mothers. Females' employment is allowed under some conditions. Some of these conditions include: the nature of the work itself does not contradict with Islamic teachings, the approval of the husband of his wife's employment, the wife's work does not take her attention away from her family roles, including rearing her children. However, Islam is very supportive of females' employment in the areas of medicine and health, including nursing, but under many conditions including the above mentioned ones.

The British colonization of Jordan was one of the factors that introduced modern medicine to Jordan as well as a competitive medical market, in which modern medicine is

provided by four major sources. These include the public, private, and charitable sectors, as well as the military. Indeed, many Jordanians in the area of health, mainly physicians, get their education and training in many Western countries, including Britain.

When Jordan got its independence from the British colonization in 1946, the tribal life was the main characteristic of the social structure. This tribal life has many cultural traits, such as a lack of complicated technology, strong blood ties among members of the extended family, a simple form of the division of labor, and economic dependence on foraging animals and to a lesser extent traditional agriculture, and strong emphasis of the patriarchal authority. Females play only some traditional roles within their extended families, such as rearing and taking care of the children, foraging domestic animals, and to a lesser extent performing some agricultural duties, such as harvesting, and playing some health roles such as being midwives since males (for religious and social considerations) can not perform this role in such a simple social environment.

Generally, gender is one of the strongest determinants of the division of labor in Jordan. This is due to the influences of religion and traditional tribal life that Jordanian descended from. On the other hand, the increasing urbanization and introduction of Western culture did help in the increasing participation of females in Jordan in the labor

force, including the area of nursing. As a result, the effects of many factors such as the mass media, education, increasing migration into rural areas, and increasing direct and indirect cultural contact with modern societies through many means such as travel, mass media, importing modern technology, and education, did weaken society's traditional vision of females' employment in many areas, including nursing. I believe that the current reality of employed females in Jordan is a mixture of pessimism and optimism. Hopefully, the division of labor among Jordanians on the basis of gender is less powerful than it used to be. Many of the respondents in this study were optimistic about this subject. Many of them indicated that their husbands are very supportive of their work in nursing and share home duties with them, such as rearing their children and preparing food for the family. In fact, extensive theoretical future research on the subject of job satisfaction among Jordanian nurses is needed, taking into consideration cultural influences on job satisfaction among nurses.

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6.1. APPENDIX A:

INTRODUCTORY STATEMENT

The introductory statement, that will be made in a conversational manner at the beginning of the interview, will include the following information:

The questions I wish to ask you are about job satisfaction among registered and practical female nurses working at the Jordan University Hospital. The study is conducted by the researcher under the direction of the Department of Sociology, Michigan State University, East Lansing, Michigan, USA. Your cooperation determines the success of this study. There is no specific right or wrong answer for any of the questions. Your name will not appear in this study. The results of this study will appear through general statistics and analysis. If you feel there is one or more sensitive questions, please feel free to disregard that question and/or questions. If you do not understand what is meant by any question do not hesitate to ask. I will be very happy to explain that for you. After completion of this research, a copy will be left at the main library of the University of Jordan. Findings of this study could help nurses, students, instructors of nursing and other related areas, researchers, administrators, and policy-makers understand job satisfaction among nurses at this hospital.

This study could help promote job satisfaction among nurses at this hospital and motivate future research on the subject.

6.2. APPENDIX B:

RESEARCH QUESTIONNAIRE

01. Did you carry your Jordanian nationality:
A-Since birth. (Skip to Q. 3).
B-After birth.
02. How did you get the Jordanian nationality?_____
03. Your current position in this hospital is:
A-Registered nurse.
B-Practical nurse.
04. In which unit of the hospital are you currently working?_____
05. Are you currently:
A-Working during the experimental period (Fist three months of work at this hospital).
B-Passed the experimental period.
06. Are you currently working:
A-On a classified basis.
B-On a contract basis.
C-On a daily basis.
D-On a lump-net basis.
07. Religion:
A-Moslem.
B-Christian.
C-Other, (Please define)_____.
08. Are you currently working:
A-During shift "A."
B-During shift "B."
C-During shift "C."
09. Which of the following shifts do you like most to work on:
A-Shift "A."
B-Shift "B."
C-Shift "C."
10. Marital status:
A-Married.
B-Single.

C-Divorced.
 D-Widowed.
 E-Engaged.

11. (If the respondent is single (never got married), go directly to Q. 14) Do you have any children below school age (did not enter grade one yet)?
 A-Yes.
 B-No. (Skip to Q. 14).
12. How many children do you have below school age (did not enter grade one yet)?
 A-One.
 B-Two.
 C-Three or more children.
13. Who usually takes care of that/those children or where do they spend their time while you are working? (Please define all possible answers)_____.
14. Did you work elsewhere as a nurse before working at this hospital?
 A-Yes.
 B-No. (Skip to Q. 20).
15. In how many places did you work as a nurse other than this hospital?
 A-One.
 B-Two.
 C-Three or more places.
16. How long had you been working as a nurse before working at this hospital?_____.
17. What was the most important reason which made you stop working in the last place you worked as a nurse before working at this hospital?_____.
18. Regarding the last place you worked as a nurses, was it:
 A-In the public sector.
 B-In the private sector.
 C-In the military.
19. How long have you been working as a nurse? (This includes the period of work in this hospital and any other place/places you worked as a nurse other than this hospital)_____.
20. How long have you been working at this hospital?_____.
21. Highest academic level achieved in nursing: (Please

- define clearly)_____.
22. Did you get your preceding academic training:
 A-In Jordan.
 B-In another Arab country, (Please define)_____.
 C-In a non-Arab country, (Please define)_____.
23. Did you decide to study nursing:
 A-By your own will and decision. (Skip to Q. 25).
 B-By the encouragement of some other sources.
 C-By your own will as well as the encouragement of other sources.
 D-Because your GPA did not allow you to study another field you wanted to study. (Skip to Q. 25).
 E-Other sources, (Please define)_____
 _____ (Skip to Q. 25).
24. Which of the following sources did affect your decision most:
 A-Your family.
 B-Your friends.
 C-Mass media.
 D-Your teachers.
 E-Other sources, (Please define)_____
 _____.
25. Monthly salary in J.D.'s:_____.
26. Where does this salary usually go?
 A-You keep it only for yourself.
 B-It supports you household.
27. Is your salary the only source of income for supporting your household?
 A-Yes.
 B-No.
28. Do you believe that your current salary:
 A-Covers all basic needs: e.g. food, clothing, transportation, etc.
 B-Covers most basic needs.
 C-Covers almost half of basic needs.
 D-Covers less than half of basic needs.
29. What is you birthday (month/year/day)?_____.

In this section of the questionnaire, listed and briefly defined are six factors or terms that are involved with how you as a nurse feel about your current work situation. This research is interested in deciding which of these is most important to you in relation to the other. Please carefully

read each of the following definitions of the six factors or terms:

Pay: Dinar remuneration and fringe benefits received for work done.

Autonomy: Amount of job-related independence, initiative, and freedom, either permitted or required in daily work activities.

Task Requirements: Tasks or activities that must be done as a regular part of the job.

Organizational Policies: Management policies and procedures put forward by the hospital and nursing administration of this hospital.

Interaction: Opportunities presented for both formal and informal social and professional contact during working hours.

Professional Status: Overall importance or significance felt about your job, both in your view and in the view of others.

Now each of the numbers from 30 to 44 is followed by a pair of the six preceding factors or components. Please decide which of the two components is more important for your job satisfaction or morale by marking an X on the line in front of the more important component or factor. Please make sure you understand the meaning of each of the paired components by going back to the provided definitions before marking an X on the line that locates in front of the more important component to your job satisfaction or morale.

- 30. ___Professional Status.....or....___Org.* Policies.
- 31. ___Pay.....or....___Task Requirements
- 32. ___Org.* Policies.....or....___Interaction.
- 33. ___Task Requirements.....or....___Org.* Policies.
- 34. ___Professional Status.....or....___Task Requirements.
- 35. ___Pay.....or....___Autonomy.
- 36. ___Professional Status.....or....___Interaction.
- 37. ___Professional Status.....or....___Autonomy.
- 38. ___Interaction.....or....___Task Requirements.
- 39. ___Interaction.....or....___Pay.
- 40. ___Autonomy.....or....___Task Requirements.
- 41. ___Org.* Policies.....or....___Autonomy.
- 42. ___Pay.....or....___Professional Status.
- 43. ___Interaction.....or....___Autonomy.
- 44. ___Org.* Policies.....or....___Pay.

* = Organizational Policies.

The following part of the questionnaire attempts to understand your reaction to different statements dealing with different aspects of your current job at this hospital. Each statement is followed by the numbers from 1 to 7. After you read each statement, please circle only one of the seven numbers which follow each statement. Note that each number has a specific meaning; the number 1 means strongly disagree, the number 2 means disagree, the number 3 means moderately disagree, the number 4 means undecided, the number 5 means moderately agree, the number 6 means agree, and finally the number 7 means strongly agree with the statement. You will be provided with a separate sheet which includes a definition of each of the different numbers as explained earlier. Please let me know when you finish this multiple choice section of the questionnaire.

Pay:

45. My present salary is satisfactory.....1 2 3 4 5 6 7
46. Excluding myself, it is my impression
that a lot of nursing service personnel
at this hospital are dissatisfied with
their1 2 3 4 5 6 7
47. Considering what is expected of nursing
service personnel at this hospital, the
pay we get is reasonable.....1 2 3 4 5 6 7
48. The present rate of increase in pay for
nursing personnel at this hospital is not
satisfactory.....1 2 3 4 5 6 7
49. From what I hear from and about nursing
service personnel at other hospitals, we
at this hospital are being fairly paid.....1 2 3 4 5 6 7
50. An upgrading of pay schedules for
nursing personnel is needed at this
hospital.....1 2 3 4 5 6 7

Professional Status:

51. Most people do not sufficiently
appreciate the importance of nursing
care to hospital patients.....1 2 3 4 5 6 7
52. Nursing is a long way from being
recognized as a profession.....1 2 3 4 5 6 7
53. There is no doubt whatever in my mind

- that what I do on my job is really
important.....1 2 3 4 5 6 7
54. What I do on my job doesn't add up
to anything really significant.....1 2 3 4 5 6 7
55. It makes me proud to talk to other
people about what I do on my job.....1 2 3 4 5 6 7
56. If I had the decision to make all over
again, I would still go into nursing.....1 2 3 4 5 6 7
57. My particular job really doesn't require
much skill or "know-how".....1 2 3 4 5 6 7

Interaction:

58. The nursing personnel on my service don't
hesitate to pitch in and help one another
when things get in a rush.....1 2 3 4 5 6 7
59. New employees are not quickly made to
"feel at home" on my unit.....1 2 3 4 5 6 7
60. There is a good deal of teamwork and
cooperation between various levels of
nursing personnel on my service.....1 2 3 4 5 6 7
61. The nursing personnel on my service
are not as friendly and outgoing as
I would like.....1 2 3 4 5 6 7
62. There is a lot of "rank consciousness"
on my unit. Nursing personnel seldom
mingle with others of lower rank.....1 2 3 4 5 6 7
63. Physicians in general cooperate with the
nursing staff on my unit.....1 2 3 4 5 6 7
64. There is a lot of teamwork between
nurses and doctors on my unit.....1 2 3 4 5 6 7
65. I wish the physicians here would show
more respect for the skill and knowledge
of the nursing staff.....1 2 3 4 5 6 7
66. Physicians at this hospital generally
understand and appreciate what the
nursing staff does.....1 2 3 4 5 6 7
67. The physicians at this hospital look

down too much on the nursing staff.....1 2 3 4 5 6 7

Task Requirements:

68. There is too much clerical and "paperwork" required of nursing personnel in this hospital.....1 2 3 4 5 6 7
69. I think I could do a better job if I didn't have so much to do all the time.....1 2 3 4 5 6 7
70. I am satisfied with the types of activities that I do on my job.....1 2 3 4 5 6 7
71. I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel.....1 2 3 4 5 6 7
72. I have sufficient time for direct patient care.....1 2 3 4 5 6 7
73. I could deliver much better care if I had more time with each patient.....1 2 3 4 5 6 7

Organizational Policies:

74. The nursing staff has sufficient control over scheduling their own work shifts in my hospital.....1 2 3 4 5 6 7
75. There is a great gap between the administration of this hospital and the daily problems of the nursing service.....1 2 3 4 5 6 7
76. There are not enough opportunities for advancement of nursing personnel at this hospital.....1 2 3 4 5 6 7
77. There is ample opportunity for nursing staff to participate in the administrative decision-making process.....1 2 3 4 5 6 7
78. Administrative decisions at this hospital interfere too much with patient care.....1 2 3 4 5 6 7
79. I have all the voice in planning policies and procedures for this hospital and my unit that I want.....1 2 3 4 5 6 7
80. The nursing administrators generally

consult with the staff on daily problems
and procedures.....1 2 3 4 5 6 7

Autonomy:

81. I feel that I am supervised more closely
than is necessary.....1 2 3 4 5 6 7
82. I feel I have sufficient input into the
program of care for each of my patients....1 2 3 4 5 6 7
83. I have too much responsibility and not
enough authority.....1 2 3 4 5 6 7
84. On my service, my supervisors make all
the decisions. I have little control
over my own work.....1 2 3 4 5 6 7
85. A great deal of independence is
permitted, if not required, of me on
my job.....1 2 3 4 5 6 7
86. I am sometimes frustrated because
all of my activities seem programmed
for me.....1 2 3 4 5 6 7
87. I am sometimes required to do
things on my job that are against
my better professional nursing
judgement.....1 2 3 4 5 6 7
88. I have the freedom in my work to
make important decisions as I see
fit, and can count on my supervisors
to back me up.....1 2 3 4 5 6 7

Control

89. I get the respect I deserve at
this hospital.....1 2 3 4 5 6 7
90. The success of a nurse at this hospital
is a matter of hard work.....1 2 3 4 5 6 7
91. I sometimes feel that I do not have
enough control over the direction my
life is taking at this hospital.....1 2 3 4 5 6 7
92. I made some plans or suggestions at
this hospital that were taken into

consideration and/or implemented.....1 2 3 4 5 6 7

93. My life at this hospital is controlled
in some form by others.....1 2 3 4 5 6 7

94. I have little influence over things
that happen to me at this hospital.....1 2 3 4 5 6 7

95. From my work experience at this
hospital, I think that I have more
respect than male nurses.....1 2 3 4 5 6 7

(Please do not answer any more questions and let the
researcher know that you finished answering this section
of the questionnaire).

96. Do you have any comments or suggestions regarding the
previous questions and/or do you have any other
information or comments relevant to this subject?

A-Yes.

B-No. (Skip to Q. 98).

97. What are these comments or suggestions?

98. Do you have any comments or suggestions which are not
necessarily related to the preceding questions or to the
subject of this study?

A- Yes.

B- No. (Avoid Q. 99).

99. What are these comments, suggestions, and/or
information?

*****End of Questionnaire*****

6.3. APPENDIX C:

**DIRECTION OF SCORING OF STATEMENTS OF THE
ATTITUDES PART OF THE INDEX OF WORK SATISFACTION**

<u>Component</u>	<u>S.D</u>	<u>S.A*</u>
<u>Pay:</u>		
01. My present salary is satisfactory.....1	7	
02. Excluding myself, it is my impression that a lot of nursing service personnel at this hospital are dissatisfied with their pay.....7	1	
03. Considering what is expected of nursing service personnel at this hospital, the pay we get is reasonable.....1	7	
04. The present rate of increase in pay for nursing personnel at this hospital is not satisfactory.....7	1	
05. From what I hear from and about nursing service personnel at other hospitals, we at this hospital are being fairly paid.....1	7	
06. An upgrading of pay schedules for nursing personnel is needed at this hospital.....7	1	
<u>Professional Status:</u>		
07. Most people do not sufficiently appreciate the importance of nursing care to hospital patients.....1	7	
08. Nursing is a long way from being recognized as a profession.....7	1	
09. There is no doubt whatever in my mind that what I do on my job is really important.....1	7	

- | | | |
|--|---|---|
| 10. What I do on my job doesn't add up to anything really significant..... | 7 | 1 |
| 11. It makes me proud to talk to other people about what I do on my job..... | 1 | 7 |
| 12. If I had the decision to make all over again, I would still go into nursing..... | 1 | 7 |
| 13. My particular job really doesn't require much skill or "know-how"..... | 7 | 1 |

Interaction:

- | | | |
|--|---|---|
| 14. The nursing personnel on my service don't hesitate to pitch in and help one another when things get in a rush..... | 1 | 7 |
| 15. New employees are not quickly made to "feel at home" on my unit..... | 7 | 1 |
| 16. There is a good deal of teamwork and cooperation between various levels of nursing personnel on my service..... | 1 | 7 |
| 17. The nursing personnel on my service are not as friendly and outgoing as I would like..... | 7 | 1 |
| 18. There is a lot of "rank consciousness" on my unit. Nursing personnel seldom mingle with others of lower rank..... | 7 | 1 |
| 19. Physicians in general cooperate with the nursing staff on my unit..... | 1 | 7 |
| 20. There is a lot of teamwork between nurses and doctors on my unit..... | 1 | 7 |
| 21. I wish the physicians here would show more respect for the skill and knowledge of the nursing staff..... | 7 | 1 |
| 22. Physicians at this hospital generally understand and appreciate what the nursing staff does..... | 1 | 7 |
| 23. The physicians at this hospital look down too much on the nursing staff..... | 7 | 1 |

Task Requirements:

24. There is too much clerical and "paperwork" required of nursing personnel in this hospital.....7	1
25. I think I could do a better job if I didn't have so much to do all the time.....7	1
26. I am satisfied with the types of activities that I do on my job.....1	7
27. I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel.....1	7
28. I have sufficient time for direct patient care.....1	7
29. I could deliver much better care if I had more time with each patient.....7	1

Organizational Policies:

30. The nursing staff has sufficient control over scheduling their own work shifts in my hospital.....1	7
31. There is a great gap between the administration of this hospital and the daily problems of the nursing service.....7	1
32. There are not enough opportunities for advancement of nursing personnel at this hospital.....7	1
33. There is ample opportunity for nursing staff to participate in the administrative decision-making process.....1	7
34. Administrative decisions at this hospital interfere too much with patient care.....7	1
35. I have all the voice in planning policies and procedures for this hospital and my unit that I want.....1	7
36. The nursing administrators generally consult with the staff on daily problems and procedures.....1	7

Autonomy:

- | | |
|---|---|
| 37. I feel that I am supervised more closely than is necessary.....7 | 1 |
| 38. I feel I have sufficient input into the program of care for each of my patients.....1 | 7 |
| 39. I have too much responsibility and not enough authority.....7 | 1 |
| 40. On my service, my supervisors make all the decisions. I have little control over my own work.....7 | 1 |
| 41. A great deal of independence is permitted, if not required, of me on my job.....1 | 7 |
| 42. I am sometimes frustrated because all of my activities seem programmed for me.....7 | 1 |
| 43. I am sometimes required to do things on my job that are against my better professional nursing judgement.....7 | 1 |
| 44. I have the freedom in my work to make important decisions as I see fit, and can count on my supervisors to back me up.....1 | 7 |

Control

- | | |
|--|---|
| 45. I get the respect I deserve at this hospital.....1 | 7 |
| 46. The success of a nurse at this hospital is a matter of hard work.....1 | 7 |
| 47. I sometimes feel that I do not have enough control over the direction my life is taking at this hospital.....7 | 1 |
| 48. I made some plans or suggestions at this hospital that were taken into consideration and/or implemented.....1 | 7 |
| 49. My life at this hospital is controlled in some form by others.....7 | 1 |

50. I have little influence over things that
happen to me at this hospital.....7 1
51. From my work experience at this hospital,
I think that I have more respect than
male nurses.....1 7

*S.D = Strongly disagree, S.A. = Strongly agree.

**6.4. APPENDIX D
CONTROL STATEMENTS AS APPEARED IN ROTTER (1966)
AND AS APPEARED IN RESEARCH QUESTIONNAIRE**

CONTROL STATEMENTS AS APPEARED IN ROTTER (1966)

1. In the long run, people get the respect they deserve in this world.
2. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
3. Sometimes I feel that I don't have enough control over the direction my life is taking.
4. When I make plans, I am almost certain that I can make them work.
5. Most people don't realize the extent to which their lives are controlled by accidental happenings.
6. Many times I feel that I have little influence over the things that happen to me.

CONTROL STATEMENTS AS APPEARED IN RESEARCH QUESTIONNAIRE*

1. I get the respect I deserve at this hospital.
2. The success of a nurse at this hospital is a matter of hard work.
3. I sometimes feel that I do not have enough control over the direction my life is taking at this hospital.
4. I made some plans or suggestions at this hospital that were taken into consideration and/or implemented.
5. My life at this hospital is controlled in some form by others.
6. I have little influence over things that happen to me at this hospital.
7. From my work experience at this hospital, I think that I have more respect than male nurses.

* The seventh statement is added even though it did not appear in Rotter (1966).

6.5. APPENDIX E

CORRELATION MATRIX FOR STATEMENTS OF
EACH COMPONENT OF JOB SATISFACTION1. COMPONENT ONE:
PAY (SIX STATEMENTS)

<u>State-</u> <u>ment</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
2	.2072				
3	.3451	.1592			
4	.1193	.4355	.0324		
5	.3921	.0627	.3495	.0467	
6	.0980	-.0758	.0533	.0599	.1485

Alpha = .5270

Standardized item alpha = .5374

2. COMPONENT TWO:
PROFESSIONAL STATUS (SEVEN STATEMENTS)

<u>State-</u> <u>ment</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
2	-.2395					
3	.2204	-.0514				
4	-.0003	.1598	.0249			
5	-.0971	.1226	.0917	.2437		
6	-.1282	.1437	-.0727	.2256	.4983	
7	.0892	-.0640	.0860	.4425	.2017	.2134

Alpha = .4622

Standardized item alpha = .4388

3. COMPONENT THREE:
INTERACTION (TEN STATEMENTS)

<u>State-</u> <u>ment</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>02</u>
.1061										
03	.2393	.0505								
04	.1908	.1033	.2055							
05	.0733	.0467	-.0430	.1730						
06	.1764	.2516	.2209	.0676	-.0584					
07	.1403	.2162	.3205	.1628	-.0992	.6973				
08	.1537	.0259	.0153	.1042	-.0778	.1308	.1138			
09	.2395	.1461	.2502	.1337	-.0172	.5273	.4923	.2142		
10	.0940	.0844	.2042	.0886	.1584	.3907	.3043	.1696	.4157	

Alpha = .6760

Standardized item alpha = .6703

**4. COMPONENT FOUR:
TASK REQUIREMENTS (SIX STATEMENTS)**

<u>State-</u> <u>ment</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
2	.1558				
3	.0446	.0282			
4	.1522	.2583	.3192		
5	.0288	.2014	.3498	.5577	
6	.1186	.0809	.1206	.0290	.1157

Alpha = .5604

Standardized item alpha = .5526

**5. COMPONENT FIVE:
ORGANIZATIONAL POLICIES (SEVEN STATEMENTS)**

<u>State-</u> <u>ment</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
2	.0492					
3	.0209	.2974				
4	.1617	.0884	.1631			
5	.1172	.2562	.1558	.0913		
6	.1579	.0773	.1946	.2517	.1866	
7	.1335	.2461	.1005	.2410	.2512	.3241

Alpha = .5920

Standardized item alpha = .5888

**6. COMPONENT SIX:
AUTONOMY (EIGHT STATEMENTS)**

<u>State-</u> <u>ment</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
2	.0953						
3	.1907	.1115					
4	.2529	.2251	.2223				
5	.3420	.0805	.0544	.1758			
6	.3222	.1354	.2783	.2284	.2553		
7	.1391	.1983	.2252	.0744	.0615	.3418	
8	.3390	.1126	.2072	.2036	.4997	.2333	.1939

Alpha = .6781

Standardized item alpha = .6764

**7. COMPONENT SEVEN:
CONTROL (SEVEN STATEMENTS)**

<u>State-</u> <u>ment</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
2	.3990					
3	.3202	.0871				
4	.2486	.2510	.1134			
5	.3271	.1940	.4156	.1599		
6	.2093	.0110	.2080	.0309	.2453	
7	.1912	.1926	.1655	.1732	.1407	.0241

Alpha = .6331

Standardized item alpha = .6299

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