

Assesment of Job Satisfaction and Psychological Wellbeing of Nurses in Rivers State University Teaching Hospital.

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Abstract:

Background: *The role of nurses in the health care delivery system cannot be overemphasized. Twenty-six percent of the young nurses indicated that they often considered leaving nursing and this was as a result of certain factors like job dissatisfaction. Nurses' satisfaction is an important service quality as well as a medical human resources issue that affects their psychological well-being This study assess the levels of job satisfaction and psychological wellbeing of nurses in Rivers State University Teaching Hospital.*

Materials and Methods: *A cross sectional research design with the aid of survey research was used for data collection from nursing staff in the hospital. The research instrument which was a self administered questionnaire was distributed to 313 nurses in the hospital.*

Results: *The result reveals that there is a high level of job satisfaction among nurses and a low level of psychological wellbeing among them.*

Conclusion: *Factors that affect the psychological wellbeing of nurses in RSUTH should be explored and more research on nurses in the study area should be conducted.*

Keywords: *job satisfaction, psychological wellbeing, Nurses.*

Date of Submission: 14-04-2021

Date of acceptance: 28-04-2021

I. Introduction

Nurses are at the center of health care delivery in every country. The nursing profession is one that is very demanding, requiring a great deal of dedication, time and energy with regards to patient management and service delivery (Okwaraji, & Aguwa, 2014)

The nursing profession especially in Nigeria right now is one that is been faced with a lot of challenges. According to WHO (2006) the global health crisis rocking the health workforce has led to the inability of many nations to fight new burgeoning diseases and also the global shortage of nurses in many countries (M.Laine et al 2008). The current nursing shortage and high employee turnover is a great concern to many countries because of its impact on the efficiency and effectiveness of any health care system (Hong, et al 2004). Lack of nurses and high nurse's turnover represent problems for nurses and healthcare in terms of cost, the ability to care for patients and the quality of care given. In a study by Odigie & Sophie (2016) twenty-six percent of the young nurses indicated that they often considered leaving nursing and this was as a result of certain factors like job dissatisfaction and burnout.

Job satisfaction has been defined as a multi dimensional facet (Rivari et al, 2012) and according to some schools of thought it is an attitude of contentment, fulfillment and enjoyment one gets from his or her job while a few others consider it a bi dimensional concept consisting of intrinsic and extrinsic satisfaction (Alrawahi & Altouby, 2019). Studies have shown that the more satisfied a worker is, the more motivated he/she becomes. An association between health professional's satisfaction on one hand and care quality, patient satisfaction and patient compliance on the other, has been documented. Piko (2006) reported that among health care staff, job satisfaction is usually lower as compared with other types of organizations.

Chaulagain and Khadka (2012) claim that the most important factors affecting the job satisfaction of health care professionals in a medical facility are as follows: responsibility, opportunities for professional development, and the relationship with co- workers. Job satisfaction involves numerous attitudes and feelings (Agarwal & Sharma, 2011). Nurses' satisfaction is an important service quality as well as a medical human resources issue that affects their psychological well-being. Determinants of job satisfaction have been established to include competitive pay, adequate staffing, a pleasant working environment, opportunities for personal and professional growth, a reasonable workload, supervision, recognition, noticeable progress of patients, positive relationships with co-workers, autonomy on the job, job security, career advancement and contingent rewards (Pillay 2009, Agarwal & Sharma 2011).

Within the health sector, staff wellbeing is recognized to be relevant to the quality and safety of health care delivery (Royal College of Physicians 2015). There are multiple facets of psychological wellbeing which includes self-acceptance, quality relations with others, autonomy in thought and action, mastering the environment to suit personal needs, pursuing meaningful purpose in life, implying that PWB involves many aspects of life (Ryff & Keyes 1995). Earlier reports of psychological problems among health workers were first evident in the western world but this is not true in recent times as psychological issues are becoming more rampant in low and middle income countries as well. Surveys in Nigeria show lifetime prevalence of mental disorders ranging from 12.1% to 26.2% (Gureje et al 2006).

In Nigeria, the health worker to citizen population ratios per 100,000 of the population ranges from 0.06 psychiatrists, 0.02 psychologists, 0.19 nurses, and 0.09 non-specialized doctors for the entire country (WHO, 2011) making the reality of the inadequacy of mental health service to a vast majority of Nigerians more practical. The Nigerian Nursing Council in 2012 reported that there are 136,000 registered nurses in Nigeria; that is, 1 nurse to 1176 population. However, it may be difficult to access the total number of nurses in Nigeria as migration out of the country for greener pastures has become more frequent (Konsiantinos & Christina 2008). The practical reality of inadequate access to mental health services for the majority of Nigerians is very palpable as there are about a handful of health facilities in the country equipped to handle issues that bother on the psychological and mental wellbeing of her citizens. Studies have found that employees with low level of wellbeing are more likely to leave their organization as a result of job dissatisfaction (Wright, 2007) while positive correlations between wellbeing and performance have also been observed, more specifically research has shown that for nurses and allied health professionals, promoting wellbeing strengthens work, commitment and performance (Sun, et al 2012). There is a dearth of knowledge when it comes to the level of job satisfaction and psychological wellbeing among nurses in RSUTH.

This study is aimed to assess the levels of job satisfaction and psychological wellbeing of nurses in RSUTH and also to establish the relationship between job satisfaction and psychological wellbeing among these nurses.

II. Materials and Methods

The research was limited to identity card holding nurses who have worked in the hospital facility for at least 6 months and above. Nurses who are on contract, brief internship training, students, those in maternity leave, as well as those who have worked for less than 6 months were excluded from the study. All participants are aged 20 to 60 years. Their typical work day starts from 8am to 4pm after which the call duty starts till 8am the following day. The study was conducted in the Rivers State University Teaching Hospital (RSUTH) situated in Port Harcourt City Local Government Area of Rivers State.

Study Design: The study employed the descriptive cross-sectional design and a random sampling method with the use of table of random numbers for unbiased selection of respondents across departments.

Study Location: This study was conducted in one of the tertiary hospitals in Rivers State among all levels of nursing staff in all the departments of the hospital.

Study Duration: July 2020 to March 2021

Sample size: 313 nursing officers

Sample Size calculation: The population of the study was 986 nurses and a sample size of 313, which includes 10% non-response rate, was used by applying Taro-Yamane formula (1967):

$$n = \frac{N}{1 + N(e)^2} \quad (1)$$

where n is the sample size, e is tolerance error (0.05) and N is the study population.

Procedure Methodology: Primary data were gathered using closed ended structured 4-likert scale questionnaire which was self and interviewer administered, while secondary data was obtained via journals, publications and books. The questionnaire copies were administered with the help of a research assistant. The criterion mean of 2.5 was adopted; only means greater than 2.5 was significant, otherwise it is not significant. The data obtained were subjected to statistical analyses such as descriptive (mean and standard deviation) and inferential statistics (Analysis of Variance) using SPSS (statistical package for social sciences version 21). A test retest method of reliability was used; relying on Pearson Product Moment of Correlation Coefficient of 0.85 was obtained. Content validation was done by experts in the field.

III. Results

A total of 313 questionnaire were distributed with 305 (97%) returned. The returned questionnaire was examined and 8 were rejected due to incompleteness or unclear responses. Finally, 297 questionnaires (97.4%) were used for the analysis.

Socio-Demographic Data

This section gives a vivid presentation of the socio demographic data. Result shows that 38 (12.8%) male and 259 (87.2%) female participated in the study. Twenty-Nine (9.8%) out of 297 respondents were aged less or equal 29 years, while 116 (39.1%) were aged between 30-39years and 57 (19.2%), 77 (25.9%) and 18 (6.1%) respondents were aged between 40-49years, 50 and 59 years,60 years and above respectively. One-hundred and ten (37.0%) respondents were single while 161 (54.2%) were married and 26(8.8%) indicated that divorce or separation. Six (2.0%) earned WAEC, 112 (37.7%) had earned OND/HND, while 42 (14.1%), 84 (28.3%), 47 (15.8%) and 6 (2.0%) had earned diploma, BSc, MSc and PhD respectively. Also, one hundred and sixty two (54.4%) respondents were nurse officer 2/3 and 87 (29.3%) were nurse officer 1, while 27 (9.1%), 10 (3.4%), 4 (1.3%) and 7 (2.4%) respondents were senior nurse officers, principal nurse officers, assistant chief nurse officer and chief nurse officer respectively. One hundred and thirty (43.8%), 146 (49.2%) and 21 (7.1%) respondents indicated income less #100,000, #100,000-500,000 and above #500,000 respectively. One hundred and eight (36.4%) out of 297respondents indicated that they have work experience between 0-5 years, 125 (42.1%) respondents had worked between 6-10 years; while 64 (21.5%) indicated that they have work experience between 11 and 15years.

Level of job satisfaction and psychological wellbeing

Result reveals that nurse opined that they are satisfied with their job with a mean of 2.53 but have low psychological wellbeing with a mean of 2.46 (see Fig.1 and Fig.2).Furthermore, job satisfaction was reported not significant for male nurses, nurses with age less and equal to 29 and nurses who were 60years and above. Consequently, psychological wellbeing is significant only for male nurses; nurses with job experience 6-10years and nurses with diploma education (see Table 1 and Table 2).

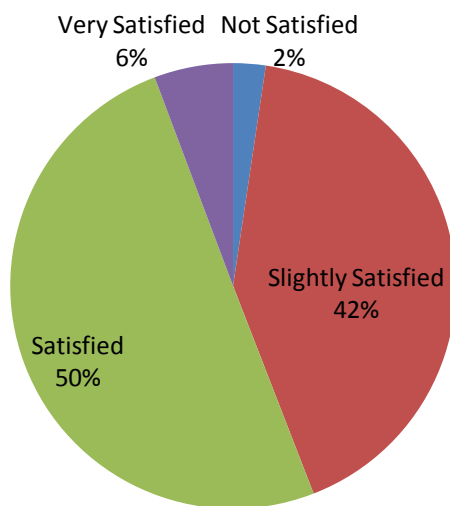


Fig 1: Level of job satisfaction of nurses in RSUTH.

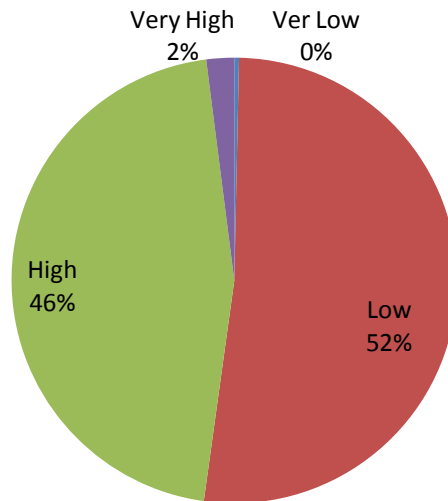


Fig 2: Level of psychological wellbeing of nurses in RSUTH.

Test for Differences

Result reveals that there are no significant differences in nurse’s job satisfaction based on gender, job experience, marital status, education and income but there is significant difference in job satisfaction of nurses based on age. More so, there are no significant differences in psychological wellbeing of nurses based on gender, age, marital status, education and income but there is a significant difference in nurses’ psychological wellbeing based on job experiences (see Table 1 and Table 2).

Table 1: Differences of Job Satisfaction and Psychological Wellbeing of Nurses base on Gender, Age Marital Status and Job Experience.

Demographic Variables		N	%	Job Satisfaction					Psychological Wellbeing				
				Mean	STD.	df	Statistic	Decision	Mean	STD.	df	Statistic	Decision
Gender	Male	38	12.8	2.49	0.28	1	Z-test = 0.830 (p>0.05)	No Sign.	2.52	0.27	1	Z-test = 2.603 (p>0.05)	No Sign.
	Female	259	87.2	2.53	0.28				2.45	0.24			
	Total	297	100	2.53	0.28				2.46	0.25			
Age	<=29	29	9.8	2.41	0.21	4	ANOVA (F- Test) = 2.400 (p<0.05)	Sign.	2.43	0.23	4	ANOVA (F- Test) = 1.368 (p>0.05)	No Sign.
	30-39	116	39.1	2.56	0.27				2.48	0.25			
	40-49	57	19.2	2.52	0.33				2.47	0.24			
	50-59	77	25.9	2.55	0.28				2.46	0.26			
	60 and Above	18	6.1	2.44	0.29				2.34	0.22			
	Total	297	100	2.53	0.28				2.46	0.25			
Marital Status	Single	110	37.0	2.52	0.30	2	ANOVA (F- Test) = 0.318 (p>0.05)	No Sign.	2.49	0.25	2	ANOVA (F- Test) = 2.78 (p>0.05)	No Sign.
	Married	161	54.2	2.54	0.27				2.45	0.24			
	Divorced/Separated	26	8.8	2.51	0.31				2.37	0.25			
	Total	297	100	2.53	0.28				2.46	0.25			
Job Experiences	1-5yrs	108	36.4	2.54	0.28	2	ANOVA (F- Test) = 0.371 (p>0.05)	No Sign.	2.44	0.21	2	ANOVA (F- Test) = 3.25 (p<0.05)	Sign.
	6-10yrs	125	42.1	2.53	0.28				2.50	0.27			
	11yrs and Above	64	21.5	2.50	0.29				2.42	0.24			
	Total	297	100	2.53	0.28				2.46	0.25			

NB: No Sign implies No Significant Difference; Sign implies Significant Difference.

Table 2: Differences of Job Satisfaction and Psychological Wellbeing of Nurses base on Educational Level, Rank and Income.

Demographic Variables		N	%	Job Satisfaction				Psychological Wellbeing				
				Mean	STD	d f	Statistic	Decision	Mean	STD	Df	Statistic
Education Level	WAEC	6	2.0	2.49	0.37	ANOVA (F- Test) = 0.618 (p>0.05)	No Sign	2.45	0.18	ANOVA (F- Test) = 1.537 (p>0.05)	No Sign.	
	OND/HND	112	37.7	2.55	0.28			2.49	0.26			
	Diploma	42	14.1	2.52	0.30			2.51	0.25			
	B.Sc	84	28.3	2.54	0.29			2.41	0.24			
	M.Sc	47	15.8	2.47	0.26			2.45	0.23			
	Ph.D	6	2.0	2.52	0.17			2.43	0.22			
	Total	297	100	2.53	0.28			2.46	0.25			
Rank	Nurse Officer 2/3	162	54.5	2.53	0.29	ANOVA (F- Test) = 0.825 (p>0.05)	No Sign	2.49	0.25	ANOVA (F- Test) = 1.664 (p>0.05)	No Sign.	
	Nurse Officer 1	87	29.3	2.50	0.29			2.42	0.23			
	Senior Nurse Officer	27	9.1	2.58	0.26			2.46	0.29			
	Principal Nurse Officer	10	3.4	2.47	0.29			2.46	0.20			
	Assistant Chief Nurse Officer	4	1.3	2.73	0.20			2.22	0.21			
	Chief Nurse Officer	7	2.4	2.53	0.27			2.44	0.30			
	Total	297	100	2.53	0.28			2.46	0.25			
Income	< 100,000	130	43.8	2.53	0.27	ANOVA (F- Test) = 0.987 (p>0.05)	No Sign	2.47	0.25	ANOVA (F- Test) = 1.226 (p>0.05)	No Sign.	
	100,000-500,000	146	49.2	2.54	0.30			2.47	0.25			
	> 500,000	21	7.1	2.45	0.22			2.38	0.17			
	Total	297	100	2.53	0.28			2.46	0.25			

NB: No Sign implies No Significant Difference; Sign implies Significant Difference.

IV. Discussion

The study revealed that 50% of the sampled populations of nurses were satisfied with their jobs and that there is significant difference in job satisfaction of nurses based on age. Nurses less than 29 years and nurses above 60 years showed significant satisfaction the job and the reason therein can be that nurses between the ages 29 and below are just commencing their lives professionally, they are enthusiastic and flexible to change and as they begin to age more responsibilities are placed on them both from work and home and the quest to achieve more may arise. Nurses between 60 and above are already looking up to retirement hence are content with what they have given to the organization. This high percentage satisfaction observed among nurses in RSUTH has also been observed among nurses in University of Port Harcourt Teaching Hospital in a study by Asuquo et al, (2017), Yami et al (2011) in an Ethiopian study and by Srivastava & Madhav (2017) in an Indian study.

Though the job satisfaction of nurses in the study area was high, the same cannot be said about their psychological wellbeing as it was observed to be relatively low. 52% of respondent reported low psychological wellbeing. Demographic factors such as age, gender, marital status etc did not influence psychological wellbeing of nurses. However, a significant difference in nurses' psychological wellbeing based on job experiences was observed. A Chinese study done post COVID-19 has it that medical staff who had experiences of treating infectious disease were more likely to be psychologically distressed. Marital status has also been observed to increase the psychological wellbeing of health workers as spousal support plays a great role.

V. Conclusion

This study revealed that nurses in RSUTH are slightly satisfied with their job, although there is low psychological wellbeing of nurses in the hospital.

Thus, the study recommends the following:

- i. Authorities in the health sector have a duty to develop scheme or programmes that will improve the psychological wellbeing of nurses.

ii. Factors that affect the psychological wellbeing of nurses should be identified, explored and eliminated.

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Appendix A

Questionnaire: Job Satisfaction and Psychological Wellbeing of Nurses.

Gender: Male Female

Age: 20-29 years 30-39 years 40-49 years 50-59 year 60 and above

Marital Status: Single Married divorced

Level of Education: WAEC OND/HND Diplon Bsc Msc PhD

Years of Experience: 1-5 years 6-10 years, 11years and above

Income: Less than 100,000 100000-500000 500.000 and above

Section B: Investigating Variables

SA=STRONGLY AGREE, A= AGREE, SD= STRONGLY DISAGREE, D= DISAGREE,

S/N	LEVEL OF JOB SATISFACTION	SA (4)	A (3)	D (2)	SD (1)
1	Those who do well on the job stand a fair chance of being promoted				
2	When I do a good job, I receive the deserved recognition for it				
3	I have to work harder at my job because of the incompetence of people I work with.				
4	I have too much to do at work.				
5	Many of our rules and procedures make doing our jobs difficult				
6	There is poor communication within our organization				
7	Job requirements and expectations are not fully explained				

Assesment of Job Satisfaction and Psychological Wellbeing of Nurses In Rivers ..

8	My efforts to do a good job are often met with red tapes				
9	I have a poor working relationship with my colleagues				
10	Superiors show little/ no interest in the feelings of their subordinates.				
11	There is no bickering and fighting in my office				
12	I feel I am being paid a fair amount for the work I do.				
13	The benefit package we have is equitable.				
14	I feel a sense of pride in doing my job.				
15	If given another opportunity, I'll pick this profession				

S/N	PSYCHOLOGICAL WELL BEING	SA	A	D	SD
1	I am not afraid to voice my opinions even when they are in opposition to the opinions of my team.				
2	I tend to be influenced by people with strong opinions				
3	I judge myself by what I think is important, not by the values of what others think is important				
4	In general, I feel I am in charge of the situation in which I live				
5	The demands of everyday life often get me down				
6	I am quite good at managing the many responsibilities of my daily life				
7	In many ways I feel disappointed about my achievements in life				
8	In general, I feel confident and positive about myself				
9	When I compare myself to friends and acquaintances, it makes me feel good about who I am				
10	I think it is important to have new experiences that challenge how you think about yourself and the world				
11	I gave up trying to make big improvements or changes in my life a long time ago				
12	For me, life has been a continuous process of learning, changing, and growth				
13	Maintaining close relationships has been difficult and frustrating for me				
14	I have not experienced many warm and trusting relationships with others				
15	I enjoy personal and mutual conversations with family members and friends				
16	I sometimes feel as if I've done all there is to do in life				
17	I live life one day at a time and don't really think about the future				
18	I enjoy making plans for the future and working to make them a reality				

Ogba Amaka A, et. al. "Assesment of Job Satisfaction and Psychological Wellbeing of Nurses in Rivers State University Teaching Hospital." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 10(2), 2021, pp. 07-13.