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PERCEPTION OF JOB SATISFACTION IN PROFESSIONAL NURSE.
A CASE STUDY

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ABSTRACT   Job satisfaction is an attitude developed by the person towards his/her work situation. Studies shows that nurses like other healthworkers have the greatest prevalence of stress and burnout syndrome the same as a poor quality of work life. That is why this case study was conducted in order to analize the perception of job satisfaction by nursing staff working at a Mexican City's third level hospital. With the support of the software Atlas-ti, and as a result of carrying out in-depth interviews, eight categories were integrated. They shaped the final definition of job satisfaction of this professional. The conclusions showed that Job satisfaction in nursing staff is provided by work routines, working conditions, its opportunities and projects, balance between personal life and work, interpersonal relations and work involvement with work. Unsatisfaction results from the breach of the worker's expectations when joining a work place.

INTRODUCTION

Nursing staff, according to figures from the Mexican National Institute of Geography (INEGI, 2015), it is formed by 475,295 people, from which 85 % are women, 61% are younger than 40 years old. The national average is 3.9 nurses/1000 inhabitants, below than recommended by Pan-American Health Organization (PAHO), 5-6 nurses/1000 inhabitants; and by Organization for Economic Cooperation and Development (OECD, 2015), 8.8 nurses/1000 inhabitants. Likewise, it is referred that 43% of the nursing staff are professionals or specialists, 31% technicians, and 26%, assistants. All of them work an average of 40.6 hours per week, 81.5% work full time (35 or more hours per week), distributed in all three shifts, and earn an average wage, according to figures from Ministry of Healthcare in Mexico, of 6 728 dollars per year (as the current exchange rate). That is, half or third part less than general physicians, according to this very source.

On the other hand, as this is a dramatically female-dominated profession, according to data from OECD (2017), Mexican female workers as they deal with important obstacles impending them to fully take part in the job market, like: domestic workload, traditional gender roles, and lack of conciliation policies between work and family life.

Job satisfaction has been an extensively studied concept since the beginning of the XX Century. In 1954, Maslow postulated his Theory of Hierarchy of Needs, which states that job satisfaction is obtained from satisfying individual needs. Those needs were classified and ordered by him into a pyramid, whose base are placed physiological needs – hunger, thirst, refuge, sex; at the second level, the security needs – stability and protection against physical and/or emotional harm; at the third level, the social needs – affection, belonging, acceptation, friendship; at the fourth one, the esteem and status needs – respect to oneself, autonomy, achievement, appreciation, attention; and at the fifth one, self-fulfillment needs – growth, achievement of individual potential, complete satisfaction with oneself. The theory also states that needs arise just after completion of the next level down.

Peiró, González-Romá, Bravo & Zurriaga (1995) state that job satisfaction is an attitude or a set of attitudes, developed by the person towards his or her work situation.

As far as quantitative researches conducted into job satisfaction in healthcare staff is concerned, the fact that it is ranked as poor by almost everyone stands out (Borges, Alves & Regina, 2011; Moreno, Aranda, Preciado & Valencia, 2011; Almaki, Fitzgerald & Clark, 2012) . Job dissatisfaction is mentioned as secondary with regards to aspects such as low payment or limited opportunities for promotion

of work positions (Delgado, Inzulza & Delgado, 2012); and the workers with the greatest prevalence of stress and burnout syndrome are nurses, physicians, psychologists, dentists, and healthcare technicians (Cruz, 2010).

Rico (2012) finds that job satisfaction is higher in women aged 45 years and over, and it increases as involvement with the company increases. Also Souza & Poza, and Souza & Poza (2000) show as a result from a documentary review, the fact that job satisfaction is referred as higher in women by some authors, something attributed because of their lower expectations; while other authors find it equal or lower than in men, saying that it is because women are in spaces with more equal work conditions, where they have more expectations. Also, it is stated that women are more prone to quit and switch job if they do not feel satisfaction with it.

From other perspective, there are qualitative researches in job satisfaction, which point out other aspects, for example, the fact that nurses from Public Healthcare System like to work without strict supervision and enough resources, and they feel frustrated when their recommendations are not considered by their patients (Reutter & Ford, 1996).

Some articles talk about job satisfaction as part of the quality of work life, while it is referred as its generator, by other articles. The quality of work life is a quantitative construct which integrates the assessment of job satisfaction. These are clustered by González, Hidalgo, Salazar & Preciado (2010) into seven dimensions.

The quality of work life through aforementioned dimensions was thus assessed in the quantitative study considered as a background to this research and then conducted, finding out that four of seven dimension: satisfaction with integration to job position, welfare achieved through job, satisfaction with development achievement, and satisfaction with management of free time, have quite low levels. And the remaining three (satisfaction with institutional support for job, security at work, and with total job) are only at a medium level (González -Ayala, 2018).

With the objective of analyzing the perception of job satisfaction by nursing staff working at a third-tier hospital from Mexico City, this case study was conducted.

The case study allows to conduct studies thoroughly, to understand problems which could not be understood using another methodology. It allows us to explore in a deeper way and to obtain a broader knowledge about each phenomenon, which boosts the appearing of new signals (Meyer, 2001).

METHOD

The qualitative, case study was used as design, Is defined as an empirical research investigating a contemporary phenomenon within the real-life context, and placing the situation where the limits between phenomenon and context are not clearly evident (Jiménes, 2012).

The participating nurse chosen as a key informer is considered representative of the studied work group, as s.e is a 28-year-old woman (younger than 40 years old), has been working in the institution for five years, and has a job position in a third-tier healthcare structure. Being at that level, within the National Healthcare System, means being at the top flight, as it is intended to attend only the 5% of the health issues of the population, that is to say, those not yet solved at the two bottom levels. First and foremost, in those institutions, medical care is offered to patients with complex pathology requiring specialized, high-technology procedures to handle (Julio, Vacarezza, Álvarez & Sosa, 2011).

For data collection, "in-depth interview" (Aguilera, 2010) was used, because it follows the model of a conversation but between strangers with research purposes and with the aim of learning about feelings, thoughts and experiences of people. Non-structured questions, arisen in the conversation between interviewee and interviewer, are used. The interviewees are thus informers that describe their own situation and how they are perceived by other people, offering a vision of what they think or feel in their own personal and social spheres.

In the interview for this research, open questions such as "Could you please describe yourself?", "How is a normal work day for you?", "Why did you decide to take up nursery?", "What are your best job experiences?", were used.

Finally, content analysis, described by De Souza-Minayo (1995) as the relationship between semantic and sociological (meanings) structures from statements, was carried out. It articulates the surface of the texts described and analyzed with the factors determining its features – psychosocial variables, context, and message production process.

The interview last two hours and was recorded and processed with the support of the Atlas.ti program, whose help was useful to carry out the first and the second reductions of the content, choosing meaningful extracts or quotes from the primary document and then, codifying them. With the codes, the categories and then, the dimension of the job satisfaction were furthermore integrated.

RESULTS

A total of 49 codes were obtained. They were integrated into seven categories, conforming the dimension of the job satisfaction. The categories obtained are presented below (Figure 1):
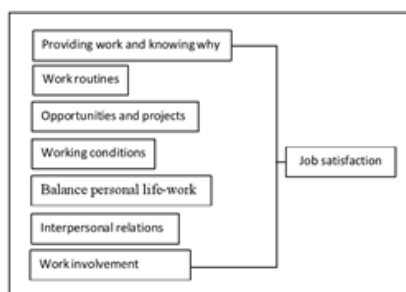

Figure 1: Job satisfaction's categories

Category 1. Providing care and knowing why.

It is integrated by codes showing their perception about the nursery profession and their motivation to become so. She thinks that the healthcare area "is important and interesting". The difference between the perception by the participant about her profession and the one by the society, stands out. She says: "Culturally, there is the idea that we just bath patients and change diapers, and that we only give medications, because the doctor said so". But she states: "Nursery goes way beyond this, it is providing care and knowing why".

Category 2. Work routines.

Performed activities are basically assistive, like taking vitals, balancing liquids, changing clothes and delivering medications, in addition to the labor regarded as administrative, like recording data from each patient.

She regards participation in "events" where cardiopulmonary resuscitation is performed to patients with cardiac and respiratory arrest, as her most satisfactory experience. She says: "When we do all that we can, and we have been doing so for an hour without giving up, even if we cannot continue… and you just carry on… that is what I like the most".

Category 3. Opportunities and projects.

Regarding opportunities of promotion, she claims "I have no chance to progress", as it depends of the relationships one has, which is something "very political", and she claims as "traumatizing" the fact that when a vacancy for a higher-hierarchy job position is published, it is already known who will be granted it. There is no possibility of getting it.

On the other hand, she says that there are not enough resources neither for materials, nor for increasing the work staff in the institution where she works at. And she claims that she intends to leave the assistive area and focus on education or occupational health.

Category 4. Work conditions.

In this category, the codes related to hiring, wage, supervision and comfort at work (commute from home to work, work time, type of hiring, and security at work) were grouped.

Regarding to wage, she says that it is good; however, it depends on which one is compared to, since the wage of a nurse is lower than the one from physicians.

On the other hand, she claims that her work time is very comfortable; however, she spends a lot of time at commuting from her house (2-4 hours), which decreases the time she has to do personal activities. She considers that supervision from her superiors is strict, and that physicians'corrections are annoying, because she thinks, they don´t really know how nurses used to solve their problems.

Category 5. Balance personal life-work.

As stated before, work time is considered as comfortable, but her free time is restricted by the commute time home-work. However, she perceives that the remaining free time is hard to seize, as she goes out from work quite tired, and she wishes to do nothing but to sleep. This finally makes her feel angry and frustrated due to the impossibility of doing something more.

Category 6. Interpersonal relations.

Codes in general show that interpersonal relations are perceived as conflictive. With coworkers, she claims that "the relation is difficult as we are almost only women and we are so communicative… in some situations", and she claims that "you have to learn whom you trust". She also claims that relation with physicians is difficult, since "there is a dividing line preventing the relation to pass beyond the professional sphere".

Generally, she pities the lack of support from coworkers. She says: "You want to help a patient and the orderly does not come" and "Even if you want to give it all, it is not possible, because the team just does not want to".

Category 7. Work involvement.

Generally, commitment with profession is regarded as something very important for the job to be performed properly. But it is evident that it is not the same in all the members of the healthcare staff, and not everybody cares equally about the welfare of the patient. This gives rise to dissatisfaction general: "I think that there is a moment, where you are done with all the anomalies you live and you experience day by day and… you are affected by all of them".

DISCUSSION

Even when there are both satisfactory and dissatisfactory element in the participant's job perception, there are quite diverse comments expressing her dissatisfaction and intention to change. The difference between the idealist, motivational vision from the nursery by the participant, as an "important and interesting" area, which gives care to the patient and "knows why", that it implies a commitment with the patient and the institution, and the reality where she considers that nursery in México, is not well appreciated. Her desire of switching the job currently held in the assistive area confirms her dissatisfaction and also the stated by Souza & Poza, and Souza & Poza (2000), about the fact that women are more prone to quit and switch job if they do not feel satisfaction.

Likewise, it is similar to the stated by authors like Borges, Alves & Regina (2011); Moreno, Aranda, Preciado & Valencia (2011); Almaki, Fitzgerald & Clark (2012); Delgado, Inzulza & Delgado, who regard job satisfaction in healthcare staff as poor, and by González-Ayala (2018), which is regarded as low level in his research about quality of work life in nursing staff, specifically in satisfaction with integration into the job position, welfare achieved through work, development achieved through work, and management of free time.

On the other hand, in the category of personal relations, arising from this research, dissatisfaction due to the presence of a conflictive work environment is shown, with problems both with coworkers and superiors, and due to the hard integration of a work team with no involvement or commitment with work. This agrees with the statement by Rico (2010), regarding to the fact that work involvement provides more job satisfaction.

Likewise, Parnov et al. (2012) say that there are conflicts in performing nursing work due to intrapersonal, interpersonal or intergroup situations, since these workers are immersed in an environment with relations of power, affection, and work, among others, providing clashing, quite diverse forms of action.

This happens, despite of the participant appreciating and enjoying the tasks performed.

Regarding the work conditions, wage is regarded as "good" but it is specified that "depending on which is compared to…" since in reality, in this profession it is half or third less than how much physicians or other professionals earn, so a secondary source of income is to be searched to meet the same needs, which is difficult or even impossible to these mainly female work group, because, as stated by OECD (2017), it deals with important obstacles which impede it to take wholly part in the work market (these include, but are not limited to, domestic workload and traditional gender roles). This agrees and explains the low perception of the welfare achieved through work, referred in the study about quality of work life by González-Ayala (2018).

On the other hand, she says that work time is satisfactory, unlike strict supervision and observations regarded as unjustified to her work; such as lack of funds and development opportunities, even when it is a third-tier attention unit. All of this, is similar to the results by González-Ayala (2018).

Her opportunities to progress are effectively very limited or zero, as also stated by Delgado, Inzulza & Delgado (2012), since the process for promotion is "very political", which explain why there is low satisfaction by personal development achieved through work,

found in researches about quality of work life.

On the other hand, balance between work and personal live, is not satisfactory too, even when the participant is single and does not have to work double shift; however, she is disappointed when she cannot seize her non-work hours because she is tired; besides, she spends up to four hours when commuting home. It is thereby evident that effects on health like stress and physical fatigue may importantly affect what is known as management of free time (González-Balanzar et al., 2010), as well as not considered factors, like proximity to the work place.

Likewise, there is accordance with Souza & Poza, and Souza & Poza, (2000) who find that in environments where job conditions equal to both men and women are offered, such as in this institution in the nursery area (with mainly female staff), levels of job satisfaction are equal or less than in men, as these female workers allow themselves to have high expectations when joining this institution, which are not met over the years.

On the other hand, the findings agree more with what is stated by Alderfer than by Maslow (Velaz, 1996), as the needs in this work group are not arising after meeting the ones from the lower level, but they arise and simultaneously their satisfaction is desired in all the levels at the same time. In fact, the nursing staff aims to satisfy its vocation to serve and self-realization (fifth-level needs), while pursuing its basic maintenance (first-level needs), improving work conditions (second-level needs), establishing friendship and integration into a team with their coworkers (third-level needs), and meeting goals at promotion, and recognition as well (fourth-level needs).

CONCLUSIONS

Job satisfaction in this case, is provided by tasks performed (work in itself), working conditions, its opportunities and projects, balance between personal life and work, interpersonal relations and work involvement. It is desirable for all of it, to meet the expectations from the worker when joining a work place, which in this case are not lower due to gender issues, and if being higher as to whether is to meet aspirations such as helping others, working with highly qualified equipment, obtaining status and recognition of working in a high-level institution.

Thereby, it helps us to understand why other studies shows that nurses have poor job satisfaction and poor quality of work life, with lack of integration to job position, low welfare achieved through job, and   insatisfaction with development achievement, and with management of free time.

In fact, poor job satisfaction stems principally from not meeting nurses' expectations and from problems such as conflicts in interpersonal relations, recognition and opportunities for promotion. It becomes form the poor level recognition about professional nursery, many times consider as simple technicians and represents a very low salary.

Limitations of the study: As in every qualitative study, its results are limited and the generalization, in this case analytical, may only be made to other cases presenting similar theorical conditions. On the other hand, the case study even is a single case study, proved appropriate as it allowed the exploration of the reason of the knowledge, in this case, of job satisfaction in nursing staff from a third-level institution, therefore allowing other signals of the problem to arise.

REFERENCES
1. Aguilera-Velasco, M.A. (2010). Health and retirement. Phenomenological approximation in University professors.Salud y jubilación. Universidad de Guadalajara, Jalisco. México: Editorial Página Seis.
2. Almaki, M., Fitzgerald G. & Clark, M. (2012). Quality of work life among primary health care nurses in the Jazan region, Saudi Arabia: a cross sectional study. Human Resources for Health, 10, 30 -35.
3. Borges, M., Alves, M. & Regina, P. (2011). Job satisfaction of nursing staff: integrative review. Revista Latino-Americana de Enfermagem, 19(4), 1047-55. Retrieved from

www.redalyc.org/pdf/2814/281421958026.pdf

4. Cruz, M.L. (2010). Over-work and mental grievances to health workers. Revista Cubana de Enfermería, 26 (1), 52-64

5. De Souza-Minayo, M.C. (1995). The challenge of knowledge. Qualitative research in health. Argentina: Lugar Editorial.

6. Delgado, D., Inzulza, M., Delgado, F. (2012). Quality of life at work: health professionals from the Rio Blanco Clinic and Medical Specialties Center. Medicina y Seguridad del Trabajo. 58(228), 216-223. Retrieved from http://scielo.isciii.es/pdf/mesetra/v58n228/original3.pdf.

7. González-Ayala, M.T. (2018). Quality of work life and absenteeism in nursing staff of a third-level health care institution. Master in science in occupational health, safety and hygiene thesis. Escuela Nacional de Medicina y Homeopatía, Instituto Politécnico Nacional.

8. González R., Hidalgo, G., Salazar, J.G.& Preciado, M.L. (2010). Elaboration and validation of the instrument to measure quality of work life "CVL-GOHISALO". Ciencia & Trabajo, 12 (36), 332-340. Retrieved from http://webcache.googleusercontent.com/search?q=cache:http://w ww.scielo.org.c o/pdf/rmri/v22n1/v22n1a03.pdf

9. INEGI. (2015). Statistics about international nurse day (January 6th). Aguascalientes, Ags. 1-19. Retrieved from http://www.inegi.org.mx/saladeprensa/aproposito/2015/enfermera0.pdf

10. Indeed. (2018). Salaries of the Ministry of Health in Mexico. Retrieved from https://www.indeed.com.mx/cmp/Secretaría-De-Salud-1/salaries

11. Jiménes, V. (2012). The case study and its implementation in the research. Revista Internacional de Investigación en Ciencias Sociales, 8(1), 141-150.

12. Julio, V., Vacarezza, M., Álvarez, C. y Sotsa, A. (2011). Levels of care, prevention and primary health care. Archivos de medicina interna, 33 (1), 11-14. Retrieved from http://www.scielo.edu.uy/pdf/ami/v33n1/v33n1a03.pdf

13. Meyer, Ch.B. (2001). A case in a case study methodology. Field Methods, 13 (4), 329–

14. 352.

15. Moreno, A., Aranda, C., Preciado, M., & Valencia, S. (2011). Quality of work life in health workers, Tamaulipas, Mexico 2010. Ciencia & Trabajo, 13(39), 11-16.

16. OECD. (2014). OECD mexican health stadistics 2014. Retrieved from http://www.oecd.org/els/health-systems/Briefing-Note-MEXICO-2014-in-Spanish.pdf

17. OCDE, (2017). OECD Economic Studies Mexico. Retrieved from http://www.oecd.org/eco/surveys/mexico-2017-OECD-Estudios-economicos-de-la-ocde-vision-general.pdf

18. Parnov, B., Gama, L., Da Silva, P., Martins, T., Soares, S. & Giacomelli, A. (2012). Conflicts in health organizations: a necessary challenge to nurse's work. Index Enferm, 21 (1-2). Retrieved from http://dx.doi.org/10.4321/S1132-12962012000100013

19. Peiró, J.M., González-Romá, V.,Bravo, M.J. y Zurriaga, R. (1995). The measure of job satisfaction. Ansiedad y Estrés, 1 (2-3), 231-253.

20. Reutter, L.& Ford, J. (1996). Perceptions of public health nursing: views from the field.Journal of Advanced Nursing, 24, 7-15. DOI: 10.1046/j.1365-2648.1996.01681.x

21. Rico, P., 2012. Job satisfaction in employees in Spain. J. Quantitative Meth. Econom. Bus., 14: 137-158

22. Souza Poza A y Sousa Poza, A.A. (2000) Taking another look at the gender /job satisfaction paradox. Kiklos 53, 135-152.

23. Velaz, J.I. (1996). Motives and motivation in the company. Retrieved from http://books.google.com.mx.