Comparison of the Job Satisfaction of Experienced Medical-Surgical and Experienced Critical Care Nurses

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Research Problem

The job satisfaction levels of experienced nurses are not well understood. The literature available points to widespread low overall job satisfaction rates in the United States for Registered Nurses (Atencio, et al, 2003).
Research Problem, continued

70% of nurses express a passion for nursing and enjoy being nurses, but 35% to 40% of nurses working in hospitals report low morale (Kleen, 2004).

Variables decreasing job satisfaction among nurses generally are related to factors that prevent nurses from doing direct patient care, and a lack of adequate support staff and the tools necessary to do their job (Mee & Robinson, 2003).
Factors contributing to increased job stress include overload due to heavy patient assignment, too few staff members to meet patients’ needs, and fear of making a mistake due to exhaustion (Atencio et al. 2003).

Nurses report that opportunity for advancement, limited stress, trustworthy, motivating leaders, good communication with leaders related to work standards, and receiving fair rewards contribute to job satisfaction (Kleen, 2004).
Significance to Nursing

There are several studies evaluating critical care nurses’ job satisfaction and turnover rates, but studies addressing medical-surgical nurses are absent from the literature.

Patients coming to the hospital today are sicker and requiring higher levels of care in medical-surgical areas, where the patient to nurse ratio can be as high as eight to one.
Significance to Nursing, continued

This topic is especially timely considering the nursing shortage. This study would interest staff nurses working in medical-surgical or critical care units, their managers, and Clinical Nurse Specialists who are linked to medical-surgical or critical care units, as well as nursing administration.
Hypothesis

Experienced (greater than five years) critical care nurses will express higher levels of job satisfaction than experienced (greater than five years) medical-surgical nurses.
Theoretical Framework

- Imogene King’s Theory of Goal Attainment for creating improved job satisfaction for professional nurses was used.

- The central focus of this theory is that human beings must function within their socially defined roles and individual interactions within the personal system, interpersonal systems, and social systems (Kearney, 2001, p. 74).
Definitions

Nurses are defined as currently licensed registered nurses who are presently legally employed in Virginia or Indiana.

Medical-Surgical Units are defined as any unit where adults’ conditions or disorders are treated pharmacologically or surgically (Anderson, Keith, & Novak, 2002).
Definitions, continued

Critical care units are defined as any general, medical, surgical, neurological, cardiac, or any other specialty of intensive care unit.

The aspects of job satisfaction being studied are enjoyment of the job, quality of care and time to do one’s job.
Literature Review

Historically, critical care nurses were more frequently identified with burnout, decreased job satisfaction and high levels of turnover. Recent studies indicate that due to concentrated efforts to improve working conditions, critical care nurses reported higher levels of job satisfaction than previously determined (Boyle, Bott, Hansen, Woods & Taunton, 1999 and Bratt, Broome, Kelber & Lostocco, 2000).
The nursing shortage has had a direct bearing on job satisfaction and burnout, as well as patient outcome indicators, including patient mortality and failure to rescue (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002).

Hospitals with high patient-to-nurse ratios are twice as likely to experience burnout and dissatisfaction (Aiken, et al, 2002).

With an estimated 32% of hospital nurses employed in medical-surgical areas (Spratley, Johnson, Sochalski, Fritz & Spencer, 2000), determining job satisfaction factors of these nurses is of crucial importance.
Components of Job Satisfaction

- Enjoyment
- Positive relationships with other nurses and with management led to opportunities to influence workplace decisions, recognition of accomplishment and satisfaction with nursing as a career (Boyle, Bott, Hansen, Woods & Taunton, 1999, Hayhurst, Saylor, & Stuenkel, 2005, Buerhaus, Donelan, Ulrich, Kirby, Norman & Dittus, 2005, Tang 2003).
Positive leadership behaviors make a difference in employee outcomes, specifically job satisfaction (Loke, 2001).

Increased work excitement and a positive mood influences job satisfaction positively (Judge & Ilies 2004, Gurley, Spence, Briner & Edwards, 2003).
Components of Job Satisfaction

Quality

Workload, staffing, and quality of care issues were of greatest concern and interpersonal factors such as teamwork and cohesion, were found to have the highest effect on quality of work life (Brooks & Anderson, 2004, Cimete, Gencalp & Keskin, 2003, Gifford, Zammuto, Goodman & Hill, 2002).
Items under employees’ control, such as shared governance, clinical ladders and self-scheduling are recommended to be implemented to improve work life and consequently, job satisfaction (Brooks & Anderson, 2004).
Time

As workloads and stress increase, work satisfaction, job performance and functioning decrease (Tovey & Adams, 1999, Burke, 2003, Healy & McKay, 1999).

The significant overall effect of increased patient-nurse ratios reported by nursing staff was less job satisfaction and greater intentions to quit.
Instrument


- The instruments address both the subject’s general contentment with present job situations, as well as specific questions addressing time spent in direct patient care, paperwork, and whether the subject feels he or she can provide high quality care.
Instrument, continued

Construct validity of the instrument was tested by the developers. Factor analysis returned factor loadings of 0.63. The average coefficient alphas for the subscales was 0.72 and two-week test-retest stability was 0.52 (Hinshaw, Scofield, & Atwood, 1987).
Method

Permission was obtained from St. Joseph Hospital in Kokomo, IN and Centra Health in Lynchburg, VA. The Atwood Nurse Job Satisfaction Scale was distributed to nurses with at least five years of experience in the intensive care units and medical-surgical units at these hospitals.
Results

- 154 surveys sent, with 79 valid responses (51 %).
- Medical-surgical = 41 (51.9%)
- Critical care = 38 (48.1%)
- Mean number of years of experience = 19.

Employment
- Part-time = 53 (67.1 %); Full-time = 26 (32.9 %)
- Seventy three (92.4 %) were staff nurses and 6 (7.6 %) were managers.
Education

- Diploma: 43%
- BSN: 33%
- ASN: 18%
- MSN: 6%
Results

The independent variables were level of practice; medical-surgical and critical care. The dependent variables were the subscales of satisfaction; enjoyment of job, quality of care and time to do one’s job. There were five additional items which measured task requirements.
Results

An independent $t$ test was performed on each of the following variables; quality of care ($t(77) = -1.620, p = .109$), enjoyment ($t(77) = -0.664, p = .509$), time to do one’s job ($t(77) = -0.670, p = .505$) and task requirement ($t(77) = -1.713, p = .091$).

No significant difference was found in the level of job satisfaction between the medical-surgical nurses and the critical care nurses.
Results

No significant difference was found in the mean of the medical surgical nurses and the mean of the critical care nurses.

No significant difference was found in the level of job satisfaction between the medical-surgical nurses and the critical care nurses.
Discussion

Although the minimum requirement for inclusion in the study was five years’ experience, input was received from nurses with a wide range of experience. The minimum number of years of experience was 5 and the maximum was 40. This suggested that whether employed in critical care or medical-surgical, the respondents were satisfied with their choice of specialty.
Discussion, continued

Although no studies were found in the literature specifically comparing the job satisfaction of medical-surgical and critical care nurses, the literature supported the idea that critical care nurses enjoy more autonomy and administrative support. This would suggest that critical care nurses would have a higher level of job satisfaction.
Discussion, continued

Because of studies that related increased patient-nurse ratios with increased levels of dissatisfaction and burnout, it was expected that medical-surgical nurses would express a lower level of job satisfaction.

Based on these factors and the researchers’ personal experience, the results obtained by the study were unexpected.
Discussion, continued

The hospitals in Lynchburg, Virginia used in the study are Magnet hospitals using a shared governance model of professional nursing practice. A strong clinical advancement process is in place, and many of the units practice self-scheduling.

All of these factors may have influenced the satisfaction of the nurses from these hospitals, giving them increased levels of job satisfaction.
Discussion, continued

These factors are also included in King’s Theory of Goal Attainment which was used as the framework for this study. King’s theory is often applied to the shared governance system in nursing practice.
Limitations

- The sample included the medical-surgical and critical care units at the hospitals at which the authors are currently employed.
- The sample was homogenous.
- The internal validity of the scales were not as strong as desired, especially for the individual subscales.
Implications for Practice

Medical-surgical and critical care nurses in the convenience sample do not have significantly different levels of job satisfaction.

No direct change in practice is warranted due to the small sample size and the homogeneity of the sample.
Recommendations for Further Research

- Explore a larger sample size at a variety of different types of hospitals.

- A different type of sampling would strengthen further research in this area.
References


References (continued)


References (continued)


