African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 5, Issue 3, 2022 (pp. 146-152)
www.abjournals.org

THE IMPORTANCE OF NURSING STAFF SATISFACTION: NIGERIAN CONTEXT

Oparanma Florence Uche[1] and Dr. Chinedum I. Ahaiwe[2]

[1]Department of Nursing Sciences, Faculty of Basic Medical Sciences, Rivers State University, Nigeria

[2]Department of Biological Sciences, Faculty of Science, University of Abuja, Nigeria

Cite this article:

Oparanma F.U., Chinedum I.A. (2022), The Importance of Nursing Staff Satisfaction: Nigerian Context. African Journal of Health, Nursing and Midwifery 5(3), 146-152. DOI: 10.52589/AJHNM-Q1KYGNTB.

Manuscript History

Received: 5 June 2022

Accepted: 17 July 2022

Published: 9 Aug 2022

Copyright © 2022 The Author(s). This is an Open Access article distributed under the terms of Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0), which permits anyone to share, use, reproduce and redistribute in any medium, provided the original author and source are credited.

ABSTRACT: *This theoretical study X-rayed the urgent need for nurse job satisfaction all over Nigeria. Nursing shortage all over Nigeria has become a continuous threat to quality care outcomes and there is nothing to show that this will come to an end anytime soon. Attracting and retaining qualified registered nurses to function in critical managerial roles because of the current nursing shortage is becoming increasingly vital as diseases and healthcare issues flood the Nigerian domain. In addition, though the government has not seen this as a danger, baby boomers and children are at a high risk of sicknesses and early death. Therefore, it is imperative that the few existing nurses are job satisfied by all means.*

KEYWORDS: *Nursing Job, Nursing Staff, Satisfaction, Registered Nurses, Nigerian*

Article DOI: 10.52589/AJHNM-Q1KYGNTB
DOI URL: https://doi.org/10.52589/AJHNM-Q1KYGNTB

African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 5, Issue 3, 2022 (pp. 146-152)
www.abjournals.org

INTRODUCTION

Baby boomers are speedily approaching retirement and their health concerns have not been given attention as done in advanced countries where senior citizens homes, medicare insurance, and social security benefits are designed and made available to take care of their health conditions. On the contrary, Nigeria has no recognition for the health of this class of people and does not have any provision for their health insurance and social benefits. The same situation goes to children who are left to bear their own health crosses or die without any consideration for what kills them and how contagious the diseases that kill them may be to their peers, friends, parents and relations or health care staff caring for them in their last days (Wilkins & Shields, 2008).

Experienced registered nursing staff will also begin to retire just as the healthcare needs of their peers begin to intensify. Although the demand for nursing care is expected to grow exponentially in many countries up to 40% by 2020, the number of registered nurses is only expected to increase by less than 6% as there is increased turnover and no incentive to train and retain the registered nurses. To survive this competitive job market, the government and managers in healthcare organizations must focus on retaining and motivating their current nursing staff and giving them incentives as well as on recruiting new nurses. Job satisfaction is one of the strongest predictors of an employee's intent to stay, to be continually assessed and improved. The importance of staff satisfaction is made clear by the economic cost of replacing just one nurse (ANCCN, 2008).

The Cost of Staff Dissatisfaction

Atencio (2003) emphasized that the importance of nursing staff satisfaction is made clear by the economic cost of replacing just one nurse. For example, turnover may cost an organization up to two times a nurse's salary, bringing the price tag of replacing one experienced nurse between $100,000 and $200,000. Furthermore, two separate studies of Scandinavian nurses have shown that the same factors influencing job turnover lead to an increase in sick days and extended periods of sick leave. This disrupts ongoing patient care and also adds to human resource costs in organizations. Patient care may be compromised by the overall attitude of dissatisfied staff members even when nurses remain at their jobs. Medication errors and poor treatments have been linked to emotional exhaustion or burnout among nurses, a situation often influenced by poor relationships with supervisors or other employees.

This will result in a lack of job satisfaction among employees that may prove costly to health service organizations in other ways, if not addressed appropriately. An organization's greatest asset is the constructive employee input. However, dissatisfied employees are less likely to share important information and suggestions with managers whom they dislike or invest energy in organizations they plan to abandon (Baker *et al*., 2008).

Staff members may begin to distance themselves internally from their jobs, as they may become physically uninvolved in tasks, cognitively unvigilant, and emotionally disconnected from others in ways that hide their behaviors, what they think and feel, their creativity, their beliefs and values, and their personal connections with others. Bockerma and Ilmakunnas (2008) are of the opinion that physical and emotional separation from work may initially seem less costly than replacing the individuals who leave, but it deprives the healthcare organization of valuable feedback and internal quality control.

Article DOI: 10.52589/AJHNM-Q1KYGNTB
DOI URL: https://doi.org/10.52589/AJHNM-Q1KYGNTB

African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 5, Issue 3, 2022 (pp. 146-152)
www.abjournals.org

Measuring Staff Satisfaction

Longest and Darr (2000) believe that measures of nursing staff satisfaction vary widely depending on the tools used, the environment the nurses work, how the staff are motivated, and how it is measured. One study of the scales used to gauge job satisfaction among home health nurses found striking differences in methodology that prevented accurate comparison between organizations and geographical areas. Several common factors appeared with autonomy, patient progress, varied different work, multidisciplinary teamwork, and praise or appreciation most often mentioned as contributing to job satisfaction. Dissatisfaction was most often related to resources, lack of communication, or recognition (Maslach & Leiter, 2008).

The study's findings seem to be supported by other research. In 2001, nurses from 14 Magnet hospitals in the United States of America were asked to identify essential attributes of a productive and satisfying work environment. The eight attributes named were supportive nurse managers, autonomy, clinically competent coworkers, collaborative interdisciplinary relationships, perception of adequate staffing, personal control of nursing practice, a culture where concern for patients comes first, and support for education. A balance between teamwork and autonomy, as well as perceived support and positive patient outcomes, appear to be common factors in job satisfaction (AHR, 2004).

Job satisfaction may also be affected by years of experience, the type of shift, or the level of certification of the nurse (McCoskey, 1975). In the previous study of Magnet hospitals, nurses who worked 12 hours a day shifts had considerably higher job satisfaction scores than nurses who worked shorter shifts during the evening or night. However, the study's authors rationalized the difference by pointing out that day shifts provide more opportunities to perceive and assess the impact of essential environmental attributes such as collaborative relationships with physicians and the support of nurse managers than other shifts (Burris *et al*., 2008).

If this analysis is correct, it appears that employee perception of support and teamwork has a stronger impact on satisfaction than the actual hours worked. Whether this perception also influences nurses on rotating shifts and another group of nurses with markedly low job satisfaction is unclear. Nurses' desire for autonomy and independence may explain the positive influence of gaining either experience or certification on workplace attitudes. According to Price and Mueller (1981), wherever possible, self-governance should be permitted to increase nurse autonomy and improve patient care outcomes through the implementation of new ideas.

Experienced nurses report less job stress than newer ones, and specialty-certified nurses show higher job satisfaction scores than non-certified nurses. Another study by the American Association of Critical-Care Nurses (AACN) (2008) also found that certified nurses are less likely to consider leaving their current employer. Not surprisingly, job injuries have a clear negative effect on employee morale. However, additional studies have suggested that workplace dissatisfaction may be caused by uncertainty or perceived lack of job security, as much as by outright safety hazards at work (Josephson *et al*., 2008).

According to Schmalenberg and Kramer (2009), environmental uncertainty has also been linked to all aspects of job burnout. Other environmental factors predicting dissatisfaction include patient overload, insufficient staffing, rapid patient turnover, shift work, excessive noise, lack of space, lack of available equipment, and managerial pressures. Although

Article DOI: 10.52589/AJHNM-Q1KYGNTB
DOI URL: https://doi.org/10.52589/AJHNM-Q1KYGNTB

perceived pressure from nursing supervisors can contribute to job dissatisfaction, managers can also have a positive impact on workplace environment by demonstrating both the desire and the ability to help nurses perform their jobs effectively. In addition, several studies have shown that managers who are seen as equitable are more likely to have satisfied employees (Shirey & Fisher, 2008).

Perceived managerial fairness may be a strong predictor of job satisfaction even in workplaces with other risk factors for dissatisfaction. One method of promoting fairness is creating and communicating clear employment standards and then abiding by them. According to Kahn (1990), becoming an employee advocate is also vital for managers. The concept of fairness also plays a role in nurses' satisfaction with their wages. Equity theory, on which most models of pay satisfaction are based, recognizes that people are concerned both with the absolute rewards that they receive for their efforts and the equity of these rewards compared with what others receive.

One study of job turnover among nurses found that pay had a moderating effect on overall job satisfaction. The most highly paid nurses were the most likely to remain at their current workplace, even if they expressed dissatisfaction with other areas of the job. However, nurses tend to rate pay relatively low when compared with other job satisfaction factors. Several studies have suggested that nurses' attitudes are more likely to depend on whether they feel they are being paid fairly for their work rather than on their actual salaries.

Nurses also tend to consider psychological rewards rather than monetary ones when considering leaving an employee. Although salary and benefits become important while seeking a new job, the relative importance of psychological rewards like support, recognition, increased responsibility, educational opportunities, and career advancement continues to be debated by management professionals (Shaneberger, 2008).

Motivation theories abound, but the one uniting factor is the belief that human motivation originates from the needs of people and their search for satisfaction for these needs. The most common workplace concerns expressed by nurses autonomy, collaboration, support, and successful patient outcomes correspond to the social and self-actualization needs of Maslow's hierarchy of needs and the growth and relatedness needs of Alderfer's ERG theory.

The nursing staff concerns also reflect the six motivational factors of Frederick Herzberg's two-factor theory: achievement, recognition, advancement, the work itself, the possibility of growth, and responsibility. Herzberg's model differs from the first two in that it separates these motivational factors from hygiene factors, such as salary and status, which do more to prevent dissatisfaction than to create satisfaction. The relative importance of different needs to different people is explained by David McClelland's learned needs theory. Thrall (2008) argues that although all individuals acquire three sets of needs from their life experiences, the predominant set of needs varies from person to person. Implementing a spirit at work program is a direct way to energize coworker support while increasing the quality of patient care.

Article DOI: 10.52589/AJHNM-Q1KYGNTB
DOI URL: https://doi.org/10.52589/AJHNM-Q1KYGNTB

African Journal of Health, Nursing and Midwifery
ISSN: 2689-9418
Volume 5, Issue 3, 2022 (pp. 146-152)
www.abjournals.org

Tools to Boost Staff Satisfaction

Effective managers seek to help employees identify and meet their needs within the work environment. One way of accomplishing this is to incorporate goal setting into regular performance appraisals. Although individual performance appraisals are important for focusing on personal career goals, some health services organizations are moving toward unit-based performance improvement in an effort to foster teamwork. "We document and work on poor performance, but other than that, we focus on team processes, not individuals," says Jill Fuller, Chief Nursing Officer of Prairie Lakes Health System in Watertown, South Dakota.

Patient care is a team effort, so the idea of setting goals and grading performance for an individual did not fit with our model. Actively involving nurses in the decision making of an organization is another means of identifying employee needs. Because of the vital feedback that it provides, shared governance is one of the AACN's primary requirements for determining healthy work environments. A recent project to gather suggestions from frontline nurses in 10 pilot hospitals found that the implementation of the ideas resulted in improved staff morale and an increased perception of support from other healthcare staff. The project also bolstered the quality of patient care in the pilot-hospitals by allowing nurses to spend more time with patients (Kinjer & Skrypnek, 2008).

Based on preliminary data from the study, participating units have experienced a reduction in patient falls, coding, and readmission. According to Mary Viney, vice president of nursing systems and network accreditation for the Seton Family of Hospitals in central Texas, nurses now feel they have more control over their workload and charge nurses can devote more resources to nurses who rank inred. Implementing a "spirit at work" program is an even more direct way of energizing coworker support while increasing the quality of patient care (Lum *et al*., 1998).

A study of spirit at work programs in long-term care centers found that the programs not only improved morale through increased cooperation and communication, but also helped nurses work together to understand and serve residents. Although the short time frame of the study limited comparison, both nurse turnover rates and the percentage of sick hours paid to employees appeared to drop during the intervention period (HSA, 2008).

CONCLUSION

Satisfied employees equals reduced turnover—when nurses are happy in doing what they do best, it reflects on their productivity and outcomes. Experience has shown that when a Geriatrics nurse who is used to a slow pace style of work in a nursing home is assigned to the hospital emergency room known for fast paced work, the outcome is usually poor. As the national nursing shortage grows, healthcare organizations must keep in mind the words of Pamela Bilbrey, president of Baptist Health Care Leadership Institute in Pensacola, Florida, "Every leader in our organization is a Chief Retention Officer."

Managers at all levels should take part in fostering communication and encouraging employee input. Wherever possible, self-governance should be permitted to increase nurse autonomy and improve patient care through the implementation of new ideas. Clear expectations and guidelines will prevent frustration and promote the perception of fairness, a primary predictor of job satisfaction.

Article DOI: 10.52589/AJHNM-Q1KYGNTB
DOI URL: https://doi.org/10.52589/AJHNM-Q1KYGNTB

Although true teamwork cannot be mandated, some organizations have successfully developed collaborations by pairing new residents with experienced nurses. Whether a formal spirit at work program is started or not, managers must reflect those ideals daily by expressing appreciation for nursing staff and providing tools to get the work done. By carefully investigating and addressing the needs of their own employees, healthcare organizations can reduce nursing staff turnover and perhaps eventually turn back the tide of the nursing shortage.

REFERENCES

Agency for Healthcare Research and Quality.(2004) *Hospital Nurse Staffing and Quality of Care.* Washington, DC: Department of Health and Human Services.

American Association of Critical-Care Nurses.(2008) Survey shows commitment, satisfaction higher in certified nurses. *AACN News.* 2(3) 34-39

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

Baker, G, Bilbrey, P.& Buzachero, V.(2008) Success with staff: How to become a top employer. *Hospital Health Network.* 82(9):65-76.

Bockerma, P.,& llmakunnas, P.(2008) Interaction of working conditions, job satisfaction, and sickness absences: Evidence from a representative sample of employees. *Social Science Medicine*;67(4):520-528.

Burris, E.R., Detert, J.R.,& Chiaburu, D.S.(2008) Quitting before leaving: The mediating effects of psychological attachment and detachment on voice. *Journal Applied Psychology* ;93(4):912-922.

Health Services Administration. (2008) What grade would your employees give you? *Hospital Access Management,* 2(8):101-109.

Josephson, M., Lindberg, P., Voss, M., Alfredsson, L, &Vingard, E.(2008) The same factors influence job turnover and long spells of sick leave a 3-year follow-up of Swedish nurses. *European Journal of Public Health*;18(4):380-385.

Kahn, W.A.(1999) Psychological conditions of personal engagement and disengagement at work. *Academic Management Journal*;33(4):692-724.

Kinjerski, V.,& Skrypnek, B.J.(2008) The promise of spirit at work: Increasing job satisfaction and organizational commitment and reducing turnover and absenteeism in long-term care. *Journal of Gerontology Nursing*;34(10):17-25.

Longest, B.B., Darr, K.(200) *Managing Health Services Organizations and Systems.* Baltimore, MD: Health Professions Press.

Lum, L., Kervin, J., Clark, K., Reid, F.,& Sirola, W.(1998) Explaining nursing turnover intent: Job satisfaction, pay satisfaction, or organizational commitment? *Journal of Organizational Behavior*;19(3):305-320.

Maslach, C.& Leiter, M.P.(2008) Early predictors of job burnout and engagement, *Journal of Applied Psychology* ;93(3):498-512.

McCoskey, J.C.(1975) What rewards will keep nurses on the job? *American Journal Nursing*;75(4):600-602.

Price, J.L,& Mueller, C.W.(1981) A causal model of turnover for nurses. *Academic Management Journal*; 24(3):543-565.

Schmalenberg, C,& Kramer, M.(2009) Clinical units with the healthiest work environments. *Critical Care Nurse.*;28(3):65-77.

Shaneberger, K.(2008)Managing your staff's performance. *OR Manager;*24(6):23-24.

Article DOI: 10.52589/AJHNM-Q1KYGNTB
DOI URL: https://doi.org/10.52589/AJHNM-Q1KYGNTB

Shirey, M.A,& Fisher, M.L.(2008) Leadership agenda for change toward healthy work environments in acute and critical care. *Critical Care Nurse.* 28(5):66-73.

Thrall, T.H.(2008) Front-line nurses offer ways .to improve care, increase staff morale. *Hospital Health Network*;82(5):22,24.

Wilkins, K,& Shields, M.(2008) Correlates of medication error in hospitals. *Health Representative Journal*; 19(2).

Article DOI: 10.52589/AJHNM-Q1KYGNTB
DOI URL: https://doi.org/10.52589/AJHNM-Q1KYGNTB