Factors Influencing Job Satisfaction and Its Relationship on Career Development Among Nursing Staff within a Public Hospital in South Africa

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Abstract

South Africa has a dual health system, namely, the public health sector that includes government health institutions, serving mostly the lower income population and the private health sector that serves those who can afford care from their own income. The purpose of this study was to evaluate job satisfaction levels among nursing staff within a public hospital in Southern Gauteng. A quantitative research method was utilised and a questionnaire was distributed to collect data from nursing staff (n = 259) within a public hospital in Southern Gauteng. The factor analysis procedure resulted in three factors that were pertinent to nurses’ job satisfaction, namely policy and supportive environment, job outcomes and benefits and rewards. The regression analysis showed that benefits and rewards are key predictors of career development among the nurses. Planning and development interventions are essential in these areas of the nurse’s workplace so that the levels of job satisfaction among nursing staff within the public hospital can be enhanced. The study adds value to the hospital as a benchmark since it is the first study of this nature to be conducted at the institution.

Keywords: Nurses, job satisfaction, public hospital, resource adequacy, workload.

1. Introduction

South Africa has a dual health system, the public sector that includes government health institutions, serving mostly the lower income population and the private sector that serves those who can afford care from their own income. The public sector is responsible for 82 percent of the population and only accounts for 40 percent of the government health expenditure whilst it accounts for less than 20 percent of the population it consumes 60 percent of the health expenditure (Health Systems Trust: Annual Health Review, 2005). The public sector is often labelled as ‘under resourced’ and ‘unable to meet its tasks of providing accessible and affordable health care’. It threatens the public health capacity to offer good care and to meet the needs of patients (Shields & Ward, 2001). These results in a decrease in productivity and morale of the staff which could be attributed to the amount of pressure placed on them. An unsupportive environment and increased workloads further adds to their dissatisfaction (Sims, 2003).

Data show that from 2004 to 2009 there were 155 484 nurses practicing in South Africa at a rate of 437 nurses per 100 000 of the population, which compares favourably with the world health organisation minimum of 200:100 000 (Hall, 2004). But not all of the nurses are practicing as nurses per se, as some are working in administrative positions. This means that the rates are not a true reflection of the actual number of nurses involved with patient care (Pillay, 2009a). This is of serious concern, since the public sector is responsible for the health of 82 percent of the South African population. A significant number of nurses are also leaving South Africa (Kekana, Blaauw, Tint &Monareng, 2005). The loss of nursing staff coupled with the uneven distribution of those that remain has the potential to undermine health care delivery in South Africa. High levels of turnover of nurses and reduced staff levels have a negative effect on the
performance and quality of health care (Needleman, Buerhaus, Mattke, Stewart &Zelevinsky, 2002). This results in a decrease in morale and productivity of those remaining, and it increases pressure on those that remain, which, in turn, contributes to work dissatisfaction and further increase nurse’s employment turnover.

2. Job Satisfaction

Job satisfaction is defined as a function of the perceived relationship between what one wants from one’s job and what one perceives it is offering, influenced by the person’s unique circumstances such as needs, values and expectations (Daulatram, 2003). Job satisfaction is a complex function of a number of variables. A person may be satisfied with one or more aspects of his/her job but at the same time may be unhappy with other things related to the job (Ghazali, Shah, Zaidi &Tahii, 2007). There are different aspects to job satisfaction: job satisfaction is an emotional response to a job situation; job satisfaction is determined by how well outcomes meet or exceed expectations; and it represents several related attitudes such as those prompted by the work itself, pay, promotion opportunities, supervision and co-worker integration (Moodley&Coopoo, 2006). Essential to the concept of job satisfaction are the attitudes, emotions and feelings about a job and how these attitudes, emotions and feelings affect the job and the individual's life (Carrim, Basson& Coetzee, 2006).

Willem, Buelens and De Jonghe (2007) define job satisfaction in two categories; from a global approach and from factors approach. Global job satisfaction is defined as the feeling and emotions employees generate based on their work experiences or job environment (Lepoko, Bezuidenhout &Roos, 2006). Job satisfaction from a factors approach emphasises the employee’s attitude to rules, colleagues and the organisational environment (Pietersen, 2005).

Vroom (1964; 1995) found that job satisfaction was directly related to the perceived reward outcomes in the form of pay, promotion prospects, interaction with co-workers, opportunity to influence decisions, and employees control over their work. He developed a subtractive theory on the motivation to work and is of the view that job satisfaction is inversely related to the discrepancy between what an individual needs from the job, and what is supplied by the job in terms of needs. The traditional model of job satisfaction focuses on all the feelings that an individual has about his/her job (Malliarou, Sarafis, Moustaka, Kouvela&Constantinidis, 2010).

3. Job Satisfaction in the Nursing Profession

When properly motivated, people can achieve their own goals, by directing their own efforts toward accomplishing organisational goals. Nursing staffs’ job satisfaction is on the decline worldwide (Cowin, 2002). Nursing shortage is on the increase globally and the reasons being, job related factors such as low pay, abuse on nurses by demanding patients, lack of appreciation from doctors, work pressure, work environmental related issues, and lack of opportunities for advancement. These are some of the main reasons why nurses are not satisfied with their jobs. Therefore nurses with low job satisfaction levels find it difficult to provide quality patient care (Pietersen, 2005).

The nursing profession involves intellectual activities that can be learned. It is practical and can be taught, and it has a strong internal organisation of members who have a desire to help others. Nurses are an integral part of general practice medical teams, with a role which encompasses general treatment room duties, nursing duties and chronic disease management. Other factors associated with problems in the recruitment and retention of nurses include job dissatisfaction and perceived work ability, a concept which includes commitment to education and training, employment history, relationships with colleagues and managerial support (O'Donnell, Jabareen&Watt, 2010).

Job satisfaction is very important in the lives of nurses. It is seen as an essential aspect of their work and it should be attended to very consciously. This is important considering the nature and the uniqueness of their work, which involves a huge amount of stress (Alam& Mohammad, 2010). Secondly the job satisfaction of nurses has a great impact on patients’ care and the good delivery of health service. Evidence suggests that poor job satisfaction, on the other hand, contributes to absenteeism and turnover (Cavanagh, 1992). Patient care, the environment, balanced work load, relations with co-workers, personal factors, salary and benefits, professionalism, cultural background of the nurse and career stage are categories that emerged as other major influences on job satisfaction (Donna, 1999).

The purpose of this study is to establish the factors that influence job satisfaction and its relationship among nursing staff within a public hospital in Southern Gauteng.

4. Research Methodology

A research design is the deliberately planned arrangement of conditions for analysis and collection of data in a manner
that aims to combine relevance to the research purpose with economy of procedure (Sellitz, Wrightsman & Cook, 1981). The study made use of a quantitative research design. Quantitative research designs primarily involve the analysis of numbers in order to answer the research question or hypothesis (Sousa, Driessnack & Mendes, 2007). The survey method was used to determine appropriate data through distributing questionnaires. The survey method is less time consuming; it requires little training to administer and it can preserve anonymity (Leedy & Ormrod, 2005).

4.1 Target Population

The research was restricted to public hospital in Southern Gauteng. The population of the study was obtained from the human resources department. Currently, the population comprise N = 517 nurses.

4.2 Sampling

A probability sampling technique was used in this study. According to Babbie and Mouton (2001), in probability sampling the odds of selecting a particular individual are known, and can be calculated and the selection of a person from the population is based on some form of random sampling (Gravetter & Forzano, 2003). A simple random sampling design was used. The hospital human resources employees’ database was used as a sample frame, from which the sample was drawn.

4.3 Instrumentation and method of data collection

Data was gathered using a structured questionnaire. The questionnaire was divided into three sections, section A consisted of a biographical questionnaire to gather information regarding age, gender and race. Section B gathered information regarding nurses’ job satisfaction. Section C gathered information on factors influencing job satisfaction. The response was measured using a Likert type scale where 1 = very dissatisfied and 5 = very satisfied. The questionnaire was pilot-tested on a sample of 25 nurses, to assess the feasibility of the questionnaire. A cross sectional design was used. Cross-sectional studies are carried out at one time or over a short period (Preedy & Walston, 2009). They are usually conducted to estimate the prevalence of the outcome of interest for a given population, and data can also be collected on individual characteristics and the advantage of cross sectional studies is that in general they are quick and cheap (Levin, 2006). Of the 259 questionnaires distributed, 244 completed questionnaires were collected, with 15 respondents not returning their questionnaires.

5. Reliability and Validity

A total of 17 questions were used to gather information regarding factors influencing job satisfaction. The internal consistency of the 17 items was 0.92 which was considered satisfactory (Malhotra, 2011). Face validity was assessed through a review of the questionnaire by four academics in organisational behaviour studies and the manager of the hospital. In addition, a pilot study among 25 nursing staff was conducted who were employed at the hospital. Minor changes were made to the questionnaire. Convergent validity was assessed through the computation of correlations among the variables used in the study. The results of the correlation analysis are reported in Table 1. Policy and supportive environment, job outcomes and benefits and rewards showed strong positive inter-correlations (p<0.1) thus providing evidence of convergence among the constructs. Predictive validity was assessed through linear regression analysis, which showed that approximately 36% of the variance in career development could be accounted by satisfactory policies and a supportive environment, job outcomes and benefits and rewards.
Table 1: Correlations – Job satisfaction factors and career development

<table>
<thead>
<tr>
<th>Constructs</th>
<th>PSE</th>
<th>JO</th>
<th>BR</th>
<th>CD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy and supportive environment (PSE)</td>
<td>Pearson Correlation</td>
<td>1</td>
<td>.581**</td>
<td>.604**</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>Job outcomes (JO)</td>
<td>Pearson Correlation</td>
<td>.581**</td>
<td>1</td>
<td>.556**</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>Benefits &amp; Rewards (BR)</td>
<td>Pearson Correlation</td>
<td>.604**</td>
<td>.556**</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
<tr>
<td>Career development (CD)</td>
<td>Pearson Correlation</td>
<td>.412**</td>
<td>.376**</td>
<td>.612**</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>.000</td>
<td>.000</td>
</tr>
</tbody>
</table>

** Correlation is significant at the 0.01 level (2-tailed).

6. Results and Discussion

Factor analysis was performed to find the latent variables, because the data contained numerous variables and the researcher needed to reduce the number of variables into interpretable factors. The variables with similar characteristics are grouped together in order to reduce the large number of variables to a small number of constructs which can be used for analysis (Williams, Onsman & Brown, 2010). The variables were analysed using Principal Component Analysis (PCA) as an extraction method; orthogonal (varimax) rotation with Kaiser normalisation. All factors with eigenvalues greater than 1.0 were retained (Lance, Butts & Michels, 2006). The proportion of variance, eigenvalues and scree test were techniques used to establish the number of factors to be included (Esmaeili & Shokoohi, 2011) in the factor matrix.

Table 2 reports the initial results. Three (3) factors with eigenvalues >1 explained 58.89% of the total variance among the final 17 item instrument. Tinsley and Tinsley (1987) reported that often “less than 50% of the total variance is explained by a factor solution” and noted that “an analysis in which the factors explain only 30 to 40% of the estimated common variance, leaves an alarming amount of common variance unexplained”.

Factor 1, is labelled policy and enabling supportive environment comprised five variables which loaded onto this factor and accounted for 40.52% of the explained variance. The items that loaded onto this factor related mainly to the nurses participation in decision-making, control over job tasks, fair organisational policies and management support. High performance in the healthcare setting does not only involve the effort of nurses, physicians, and other ancillary providers, but also a collaborative management team, working in synergy with nurses to attain organisational goals (Upenieks, 2002). The results are supported by Stachota, Normandin, O’Brien, Clary and Krukow (2003) who assert that a reason nurses leave or change employment, is that they are not happy with the support they receive from management. In a study undertaken by Cortese, Colombo and Ghislieri (2010) it was revealed that supportive management has a significant influence on job satisfaction. According to Stamps and Piedmont (1986:18) “nurses work within the system of teams and shifts and are supervised by a hierarchy of nursing authority”. The findings are also consistent with the study of Sun, He, Wang and Li (2009) who found the work environment as one of the factors causing the most dissatisfaction among nurses.

Table 2: Descriptive statistics, reliability and factor loadings

<table>
<thead>
<tr>
<th>Factors and variable description</th>
<th>Descriptive statistics</th>
<th>Cronbach’s alpha</th>
<th>Factor loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Means</td>
<td>SD</td>
<td>Item-total correlation</td>
</tr>
<tr>
<td>Policy and supportive environment (PSE)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSE(_{16}) (Management support)</td>
<td>2.488</td>
<td>1.1915</td>
<td>0.721</td>
</tr>
<tr>
<td>PSE(_{15}) (Decision-making)</td>
<td>2.635</td>
<td>1.2415</td>
<td>0.682</td>
</tr>
<tr>
<td>PSE(_{17}) (Attend workshops)</td>
<td>2.660</td>
<td>1.2015</td>
<td>0.626</td>
</tr>
<tr>
<td>PSE(_{9}) (Policy)</td>
<td>2.664</td>
<td>1.1119</td>
<td>0.613</td>
</tr>
<tr>
<td>PSE(_{8}) (Control over job tasks)</td>
<td>3.164</td>
<td>1.2230</td>
<td>0.597</td>
</tr>
<tr>
<td>Job outcomes (JO)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JO(_{4}) (Job enjoyment)</td>
<td>2.955</td>
<td>1.2966</td>
<td>0.603</td>
</tr>
<tr>
<td>JO(_{10}) (Job content)</td>
<td>3.086</td>
<td>1.2945</td>
<td>0.507</td>
</tr>
<tr>
<td>JO(_{7}) (Stimulating work)</td>
<td>3.139</td>
<td>1.1851</td>
<td>0.663</td>
</tr>
<tr>
<td>JO(_{5}) (Challenging work)</td>
<td>3.262</td>
<td>1.2022</td>
<td>0.615</td>
</tr>
<tr>
<td>JO(_{6}) (Apply own ability)</td>
<td>3.283</td>
<td>1.1538</td>
<td>0.517</td>
</tr>
</tbody>
</table>
Although some nurses may have other senior nurses below them, they remain the “lyncpin of supervisory practices at a particular work unit” (Shaw, Heyman, Davies & Godin 2007:368). It has been reported that unfriendly working hours policies negatively impacts on job satisfaction and nurses working long hours would be less satisfied with their jobs (Savery & Luks, 2000) compared to those working less hours (Al Jenaibi, 2010). These finds are further supported by Shrestha and Singh (2010) who, in their study, found that a large number of respondents were dissatisfied with their hours of work. Improvement of working conditions should be achieved via effective regulation of working hours (Gerber, 2008). In addition, the mean value of PSE8, control over job tasks, (X̄ = 3.16) show that nurses often do not have control over their jobs. Krapohl, Manojlovich, Redman and Zhang (2010) affirm that employees who have control over their job may develop a sense of ownership and may use this as a measure to determine or evaluate their job satisfaction.

Factor 2, is labelled job outcomes comprised seven variables which loaded onto this factor and accounted for 7.93% of the explained variance. The items that loaded onto the factor primarily related to resource adequacy, remuneration, development opportunities, the nurse’s senjomy with the job, being given a challenging work, and an opportunity to apply their knowledge in the work environment. A job that allows an individual the ability to apply their knowledge can be expected to lead to job satisfaction, which is why people with high personal growth are more satisfied when given responsibility to decide their own work methods (Gruneberg, 1979; Latham, 2007). According to Lacy, Arnott and Lowitt (2009) an organisation which provide opportunities for growth, movement and access to challenges and increase in knowledge and skill was found to constitute a key for positive motivation and job satisfaction. Judge, Thoresen, Bono and Patton’s (2001) study lend support that employees’ satisfaction with their jobs is subject to there being stimulating work; further affirming Herzberg’s motivational theory which holds that jobs that do not offer achievement and stimulating work do not provide satisfaction, whereas those offering achievement and stimulating work, provides motivation and hence increased satisfaction. Employees’ satisfaction with their jobs is influenced by the nature of the work that allows for application of own ability (Pillay, 2009). The mean value of JO6, ability to utilise their skills (X̄ = 3.28) and JO5, challenging work (X̄ = 3.26), and JO7, simulating work (X̄ = 3.13) seem to become central elements for nurses.

Factor 3, is labelled benefits and rewards comprised seven variables which loaded onto this factor and accounted for 8.40% of the explained variance. The items that loaded onto the factor primarily related to the nurses staff adequacy and resources, fair remuneration, developmental opportunities, rewards in general and retirement benefits. Hospitals have to create conditions that enhance nurse’s ability and motivation to develop and make the most constructive use of their talents and experience (Schaufeli & Bakker, 2004). Lack of access to empowering work structures such as resources is likely to lead to frustration (Mbindyo, Gilson, Blaauw & English, 2009). Remuneration is viewed as an important factor for nurses (Salimaki & Jamsen, 2010), as a perceived lack of it prevents nurses from concentrating on those aspects of the job which are potentially fulfilling (Mudor & Tooksoon, 2011). Fair and good compensation is an important element in making sure that capable people are in place and that desired results are achieved (Dubinsky, Greengarten, Grossman, Hundert, Sawatzky & Whittaker, 2008). Janssen, De Jonge and Bakker (1999) further provides support that rewards influence nurses’ job satisfaction, their level of professionalism, their performance and their resistance to burnout. Extrinsic work values such as fringe benefits are considered to be important in job satisfaction (Al-Doski & Aziz, 2010). Restrictions and limited availability of benefits promote frustration and dissatisfaction. It also emerged that health workers appreciate small benefits that are relevant to their motivation (Mathauer & Imhoff, 2006). The mean value of BR1, retirement benefits (X̄ = 3.16) show that nurses post-retirement areessential to them in order to cope with later years in their lives.

In accordance with the procedure suggested by Anderson and Gerbing (1988), a confirmatory factor analysis (CFA) was performed to further examine reliability and convergent and discriminant validity of the multi-item construct measures using AMOS 7.0. Overall acceptable model fit was indicated by goodness-of-fit index (GFI) ≥ 0.80, adjusted goodness-of fit index (AGFI) ≥ 0.80, root mean square error of approximation (RMSEA) values ≤ 0.08, incremental index of fit (IFI), Tucker-Lewis index (TLI) and comparative fit index (CFI) values ≥ 0.90 and Chi-square degrees of

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**Table 1: Factor Analysis**

<table>
<thead>
<tr>
<th>Benefits &amp; Rewards (BR)</th>
<th>BR4(Adequate staff/resources)</th>
<th>BR2(Fair salary)</th>
<th>BR3(Developmental opportunities)</th>
<th>BR1(Rewarding in general)</th>
<th>BR2(Generic satisfaction)</th>
<th>BR12(Retirement benefits)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.725</td>
<td>2.102</td>
<td>2.414</td>
<td>2.434</td>
<td>2.619</td>
<td>2.684</td>
</tr>
<tr>
<td></td>
<td>1.0669</td>
<td>1.2413</td>
<td>1.2753</td>
<td>1.2405</td>
<td>1.2130</td>
<td>1.0397</td>
</tr>
<tr>
<td></td>
<td>0.412</td>
<td>0.492</td>
<td>0.538</td>
<td>0.553</td>
<td>0.668</td>
<td>0.408</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.632</td>
<td>0.645</td>
<td>0.636</td>
<td>0.586</td>
<td>0.608</td>
<td>0.607</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KMO= 0.882; Bartlett's test: χ2/(df)= 10.24, Sig at p&lt;0.000; Cumulative % of explained variance= 56.89. Note: 6(six) items were removed from the 23 item scale, due to low factor loadings (&lt;0.50). Scale rating 1= strongly disagree; 5= strongly agree.</td>
<td></td>
<td></td>
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</tbody>
</table>
freedom ratio (CMIN/DF) value < 3. Recommended statistics for the final overall model assessment show acceptable fit of the measurement model to the data: CMIN/DF = 1.724, GFI = 0.918; AGFI = 0.890; IFI = 0.942; TLI = 0.930; CFI = 0.941; RMSEA = 0.055.

A linear regression analysis was performed using the enter method. Policy and supportive environment, job outcomes and benefits and rewards was entered into the regression equation as an independent variable and career development was entered in the model as a dependent variable. The model summary is reported in Table 3. The regression model indicates that approximately 36% of the variance in career development can be explained by job satisfaction. In terms of the beta weigh ($\beta=0.546$) benefits and rewards contributes significantly ($t=8.045; p<0.000$) towards career development among nurses. The correlation analysis (Table 1) show a high level of correlations between benefits and rewards ($p=0.612$) indicating that nurses who are given sufficient benefits and rewards are more likely to progress in terms of their careers.

Table 3: Regression analysis-Job satisfaction factors and career development

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>(Constant)</td>
<td>0.047</td>
<td>0.238</td>
<td>0.200</td>
</tr>
<tr>
<td></td>
<td>Policy and supportive environment</td>
<td>0.077</td>
<td>0.088</td>
<td>0.061</td>
</tr>
<tr>
<td></td>
<td>Job outcomes</td>
<td>0.046</td>
<td>0.088</td>
<td>0.035</td>
</tr>
<tr>
<td></td>
<td>Benefits &amp; Rewards</td>
<td>0.819</td>
<td>0.102</td>
<td>0.546</td>
</tr>
</tbody>
</table>

The regression analysis also confirms such association whereby rewards and benefits were shown to be a very strong predictor to career development. Policy and supportive environment and job outcomes seem to be low predictors of career development among nurses. According to Pillay (2009b:8) “the general dissatisfaction of public-sector nurses with their careers and the career opportunities available to them is a further measure of demoralization of nurses and offers some substantiation of the dissatisfaction associated with working in the public sector”. “Inherent in the benefits of continuing professional development for the health care professional is the benefit to the health care user and the employing organisation of an empowered health care provider. Empowerment relates to the sense of self worth and competence that comes from having the skills and abilities to carry out the required job, skills which are acquired through a process of continuing professional development” (Richards, 2007:29). “In order to give quality care, nurses need development and empowerment. Improving professional practice and enhancing nurses’ clinical competence through ongoing education may increase retention and job satisfaction and help ensure a stable workforce” (Mokoka, Oosthuizen, & Ehlers, 2010).

The study of Negussie (2012:111) further “revealed that there is direct and positive relationship between rewards and nurses’ work motivation. On the other hand, nurses perceived that their organizations are not offering the right amount of rewards and this has created low-level work motivation for them”. In the study by Mokoka, Oosthuizen and Ehlers (2010) “nurse managers identified the importance of monetary and non-monetary rewards in order to increase retention. Monetary rewards were mainly competitive salaries, performance bonuses and scarce skills remunerations. Non-monetary rewards included extended leave, promotions and creating facilities for child care and recreation. Participants viewed salary as the primary source of job dissatisfaction amongst professional nurses, and also did not think that messages of encouragement and congratulatory notes recognising good performance would make any difference to motivate nurses”.

7. Limitations and Implications for Further Research

Since this study identified factors that influence job satisfaction among nurses in one hospital only, the study should be extended to nurses from other hospitals in the same region or in a larger area nationally which may reveal additional factors influencing job satisfaction among nurses. The sample may not necessarily reflect the pattern of the factors affecting job satisfaction across the spectrum of the population of nurses. Further research could be conducted to find various aspects of the job that can be used to increase nurse’s job satisfaction. It will be meaningful to conduct a future study, to examine the reasons why nurses chose to become health care workers. The questionnaire used, requires further development, as it was developed specifically for this study. The questionnaire needs to be used in studies with larger sample sizes in a different area to test the validity and reliability.
8. Conclusion

The findings of this study showed that benefits and rewards are key predictors of career development among the nurses. Planning and development interventions are essential in these areas of the nurse's workplace so that the levels of job satisfaction among nursing staff within the public hospital can be enhanced. The study will also add value to the hospital as a benchmark as it is the first study of this nature to be conducted at the institution.

References


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