

Effect of job satisfaction level of nurses on their ethical sensitivity

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Abstract

Aim: The research aimed to analyze the effect of job satisfaction level of nurses on their ethical sensitivity.

Material and Methods: As a descriptive study, the research was performed at a training and research hospital in South East Turkey. Research population was composed of nurses working for this hospital whereas research sample was comprised of a total of 148 nurses agreeing to participate in the research in the hospital. Research data were collected between April and June 2017 through Nurse Information Form, Minnesota Satisfaction Questionnaire (MSQ) and the Ethical Sensitivity Questionnaire (ESQ).

Results: It was ascertained that participants' means of overall MSQ scores, intrinsic satisfaction scores and extrinsic satisfaction scores were respectively 51.91 ± 11.28 , 33.16 ± 7.42 and 18.75 ± 5.08 . Besides, it was discerned that means of scores of overall ESQ and its sub-scales, autonomy, benevolence, holistic approach, conflict, practice and orientation, were respectively 91.55 ± 21.66 , 18.72 ± 6.72 , 13.00 ± 4.50 , 13.55 ± 5.03 , 12.81 ± 3.73 , 13.10 ± 4.83 and 8.87 ± 4.19 . University graduates' mean of overall MSQ scores was higher, and the difference in the mean of overall MSQ scores was found to be statistically significant. The difference in the mean of MSQ extrinsic satisfaction scores was found to be statistically significant on the basis of gender variable.

Conclusion: It was found that job satisfaction of nurses was at normal level and their ethical sensitivity was at moderate level. It was found that there was a negative correlation between ESQ total and internal satisfaction, and MSQ total and autonomy subdimension.

Keywords: Nursing; job satisfaction; ethics

INTRODUCTION

Job satisfaction is an emotional response towards work experiences. Job satisfaction of nurses is affected by several variables such as their personal characteristics, hospital policies, busy work hours and attitudes of other team members (1, 2). As nurses reach the achievements they expect from their profession, their profession makes them happy and their job satisfaction is enhanced, however, when the opposite is the case, they experience unhappiness and their job satisfaction goes down (3,4). Nurses attaining high levels of job satisfaction provide good-quality and safe healthcare services, become more effective in their institutions, and have enhanced motivation and performance (2,5). In previous studies, it is asserted that offering a favorable environment, having sufficient number of staff and having regular work hours affect the job satisfaction of nurses positively (2,3,5).

On the other hand, factors such as challenging work conditions, irregular work hours, low-level of respect expressed towards their profession are likely to lower their job satisfaction (4,6,7). This situation gives rise to decline in healthcare quality and slowdown in job performance and even urges them to change their profession (1,3,8,9). Previous researches demonstrated that job satisfaction of nurses was at moderate or low levels (3,6,10).

Ethical sensitivity is about passing clinical judgments to be defended ethically. Ethical sensitivity provides the opportunity to identify ethical difficulties and individuals' emotional and mental perceptions and raises awareness about ethical results of decisions made by other people (11,12). Ethical sensitivity is affected by several factors such as education, culture, race, gender, religion, age and spiritual values (11,13,14). Making the right decision in the practice of nursing profession rests on having sufficient

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level of sensitivity to ethical issues, and the failure to address the ethical issues in the context of nursing profession can give rise to the neglect towards ethical sensitivity (11,14). It is essential that nurses sustain their professional efficacies and take actions in conformity with professional ethics (12). Ethical sensitivity is about making clarifications about problems, solving existing ethical problems, lending credence to taken actions or countering the experienced ethical problems (12,13). In previous studies, it is suggested that most nurses were faced with ethical problems and a large part of nurses failed to solve these problems (13-15). It is essential that nurses recognize and be aware of ethical problems and have high level of ethical sensitivity in order to reach sound decisions (12,14). Having high level of ethical sensitivity is likely to contribute to the professionalization of nurses (15,16). Moreover, it will enable nurses to understand individuals better, to identify individuals' needs and to perform healthcare practices properly (14,15). Nurses who are faced with ethical problems are expected to have knowledge and ethical sensitivity at a level which will allow them to recognize problems in advance (14). In this connection, it is important that nurses identify ethical problems likely to emerge in the process of diagnosis, treatment and care of patients (12,14). In this situation, as nurses who care about the ethical sensitivity comprehend their nursing responsibilities better and provide patients with sufficient and good quality healthcare, their job satisfaction will also be enhanced (15,16). This study aimed to find out the effect of nurses' job satisfaction level on their ethical sensitivity.

MATERIAL and METHODS

Design and Sample

Research was performed as a descriptive study in order to ascertain the effect of job satisfaction level of nurses on their ethical sensitivity. Research population was composed of nurses working for a training and research hospital located in South East Turkey. Without applying any sampling method, the entire research population was selected as the research sample. The total number of nurses working in the hospital was 200. 35 nurses who refused to participate in the research and 17 nurses who failed to fill in survey forms properly were left out of the research, and so the research was undertaken with the participation of a total of 148 nurses.

Prior to the research, ethical endorsement was received from the Office of the Chief Physician of Gazi Yasargil Training and Research Hospital and the Ethical Council of Non-invasive Clinical Trials of the School of Medicine of Dicle University (Decision no. 81). The purpose of the research was explained to nurses and their oral and written authorizations were obtained.

Data Collection

The data were collected by a nurse information form that was created by the researcher MSQ and ESQ.

Nurse Information Form: The nurse information form was prepared to determine the descriptive characteristics of the nurses. This form contains a total of nine questions (age, gender, marital status, education level, etc).

Minnesota Satisfaction Questionnaire: The MSQ was developed by Weiss et al. (17). Its validity and reliability in Turkish were tested by Baycan (18). The MSQ is a 5-point Likert-type scale. It is scored as in the following: 'Very dissatisfied'/1 point, 'Dissatisfied'/2 points, 'Neither Satisfied or Dissatisfied'/3 points, 'Satisfied'/4 points and 'Very satisfied'/5 points. MSQ is comprised of intrinsic satisfaction, extrinsic satisfaction and general satisfaction sub-scales. The sum of scores obtained from items is acquired through the division of the sum with the number of items. The lowest score to be obtained from the MSQ is 20 whereas the highest score is 100. Scores close to 20 imply low levels of job satisfaction; on the other hand, scores close to 100 suggest high levels of job satisfaction. Cronbach's Alfa coefficient for the MSQ was found to be 0.77 (18). Cronbach's Alfa coefficient for this study was 0.79.

Ethical Sensitivity Questionnaire: The ESQ was developed by Kim Lutzen (19). The ESQ is comprised of 30 items and a 7-point Likert-type scale. Its validity and reliability in Turkish were tested by Tosun (20). The ESQ is composed of autonomy, benevolence, holistic approach, conflict, practice and orientation sub-scales. The lowest score to be obtained from the ESQ is 30 whereas the highest score is 210. Low scores imply high levels of ethical sensitivity; on the other hand, high scores suggest low levels of sensitivity. Cronbach's Alfa coefficient for the ESQ was found to be 0.84 (20). Cronbach's Alfa coefficient for this study was 0.83.

Data analysis

For statistical analysis, Statistical Package For Social Sciences (SPSS) 21.0 software was used. The data were analyzed using descriptive statistics, independent samples t-test, the Kruskal-Wallis test, Mann-Whitney U Test and Pearson correlation. Results were evaluated within 95% confidence interval at 5% significance level ($p < 0.05$).

RESULTS

Of nurses covered by the research, 75.7% were females, their mean age was 30.79 ± 6.09 years (min. 19, max. 52), 58.1% were married, 80.4% were holders of a university degree, 52% worked for internal medicine clinics, 53.4% were in service for 0-5 years, 70.3% had training on ethics, 61.5% had in-service training on ethics, 44.6% preferred to be a nurse due to the availability of job opportunities (Table 1).

It was found that participants' means of overall MSQ scores, intrinsic satisfaction scores and extrinsic satisfaction scores were successively 51.91 ± 11.28 , 33.16 ± 7.42 and 18.75 ± 5.08 . It was discerned that means

Table 1. Descriptive Characteristics of the Nurses (n=148)

Descriptive characteristic	S	%
Gender		
Female	112	75.7
Male	36	24.3
Marital status		
Married	86	58.1
Single	62	41.9
Education level		
High school	15	10.1
Undergraduate	119	80.4
Graduate	14	9.5
Clinic		
Internal medicine service	79	53.4
Surgery service	69	46.6
Years of service		
0-5 years	62	41.9
6-10 years	55	37.2
11-15 years	19	12.8
16-20 years	5	3.4
21 years and above	7	4.7
Follow-up of a journal on ethics		
Yes	104	70.3
No	44	29.7
Activities attended for promoting professional development		
Conventions and symposiums	7	4.7
Training courses and seminars	22	14.9
In-service training courses	91	61.5
I take part in no activity	28	18.9
The reason for the selection of nursing profession		
By virtue of my own personal aspirations	34	23.0
Owing to my family's wish	45	30.4
Due to the availability of job opportunities	66	44.6
Others	3	2.0
Total	148	100.0
Age	$\bar{X} \pm SS$ 30.79 \pm 6.09	

Table 2. Means of Scores the overall MSQ, overall ASQ and their sub-scales of Nurses (n=148)

MSQ	Number of Items	Score Range	Min. - Max.	$\bar{X} \pm SS$
Intrinsic satisfaction	12	12-60	12-68	33.16±7.42
Extrinsic satisfaction	8	8-40	8-32	18.75±5.08
Overall MSQ	20	20-100	20-80	51.91±11.28
ESQ				
Autonomy	7	7-49	7-49	18.72±6.72
Benevolence	4	4-28	4-28	13.00±4.50
Holistic approach	5	5-35	5-35	13.55±5.03
Conflict	3	3-21	3-21	12.81±3.73
Practice	4	4-28	5-28	13.10±4.83
Orientation	4	4-28	4-28	8.87±4.19
Overall ESQ	30	30-210	49-210	91.55±21.66

Table 3. Descriptive Personal Characteristics of Nurses and the Comparison of Means of Scores of the Overall MSQ and ESQ (n=148)

Descriptive Characteristics	MSQ $\bar{X} \pm SS$	Test p	ESQ $\bar{X} \pm SS$	Test p
Gender				
Female	51.62±11.84	t:-0.54	90.21±20.39	t:-1.33
Male	52.80±9.41	p:0.14	95.72±25.05	p:0.80
Marital status				
Married	51.37±11.32	t:-0.68	91.39±19.70	t:-0.10
Single	52.66±11.27	p:0.91	91.77±24.28	p:0.60
Education level				
High school	45.26±12.39	KW _x ² :6.68	99.80±24.56	KW _x ² :3.85
Undergraduate	52.67±10.91	p:0.03	89.82±21.67	p:0.14
Graduate	52.57±11.65		97.42±15.85	
Clinic				
Internal medicine service	51.58±12.17	t:-0.379	94.56±22.27	t:1.82
Surgery service	52.28±10.23	p:0.262	88.10±20.56	p:0.83
Years of service				
0-5 years	53.30±12.20		93.08±23.61	
6-10 years	50.34±10.46	KW _x ² :2.78	92.09±20.84	KW _x ² :2.27
11-15 years	51.31±10.22	p:0.59	92.31±20.56	p:0.686
16-20 years	53.40±10.01		78.00±12.90	
21 years and above	52.42±13.86		81.42±15.31	

Training in ethics				
Yes	52.14±11.17	t:0.38	93.61±21.82	t:1.793
No	51.36±11.64	p:0.74	86.68±20.70	p:0.466
Activities attended for promoting professional development				
Conventions and symposiums	53.14±4.14		2.65±0.20	
Training courses and seminars	53.13±10.45	F :0.83 p:0.75	2.65±0.52	F :2.28 p:0.82
In-service training courses	51.21±11.92		2.56±0.59	
I take part in no activity.	52.89±11.23		2.64±0.56	
The reason for the selection of nursing profession				
By virtue of my own personal aspirations	54.14±12.27		96.17±19.65	
Owing to my family's wish	50.62±11.78	F :1.32 p:0.26	87.64±18.84	F :1.17 p:0.32
Due to the availability of job opportunities	52.06±10.39		91.43±24.41	
Others	42.66±7.50		100.33±10.96	

of scores of overall ESQ and its sub-scales, autonomy, benevolence, holistic approach, conflict, practice, orientation, were successively 91.55±21.66, 18.72±6.72, 13.00±4.50, 13.55±5.03, 12.81±3.73, 13.10±4.83 and 8.87±4.19 (Table 2).

Table 4. Relationships between MSQ, ESQ and Sub-scales (n=148)

Sub-scale / Scale	Intrinsic satisfaction	Extrinsic satisfaction	Overall MSQ
Autonomy	r :-0.21** p :0.00	r :-0.13 p :0.10	r :-0.20* p :0.01
Benevolence	r :-0.14 p :0.08	r :0.002 p :0.97	r :-0.09 p :0.26
Holistic approach	r :-0.12 p :0.13	r :-0.03 p :0.65	r :-0.09 p :0.23
Conflict	r :-0.04 p :0.57	r :-0.02 p :0.73	r :-0.04 p :0.60
Practice	r :-0.15 p :0.05	r :-0.05 p :0.50	r :-0.12 p :0.12
Orientation	r :-0.08 p :0.31	r :-0.15 p :0.06	r :-0.01 p :0.86
Overall ESQ	r :-0.17* p :0.03	r :-0.05 p :0.47	r :-0.14 p :0.08

It was ascertained that university graduates' mean of MSQ scores was higher than those at other levels of education, and difference in the mean of MSQ scores was statistically significant on the basis of education level ($p < 0.05$). High school graduates' mean of ESQ scores

was higher, and difference in the mean of ESQ scores was statistically insignificant ($p > 0.05$). On the basis of gender, marital status, service unit, total service duration, having education on ethics previously, what the participant did for self-development and how the participant selected the nursing profession, it was found that there were no statistically significant differences in means of scores of the MSQ and ESQ between groups ($p > 0.05$) (Table 3).

It was discerned that there was a negative relationship between the overall ESQ and the intrinsic satisfaction sub-scale, and in a similar vein, this was again the case for the relationship between the overall MSQ and the autonomy sub-scale (Table 4).

DISCUSSION

In this research which analyzed the effect of nurses' job satisfaction on their ethical sensitivity, it was found that the mean of overall scores of job satisfaction was at moderate level. The study performed by Negaban et al. on nurses in service demonstrated that the job satisfaction of nurses was at moderate level (3). Also, some other studies argued that job satisfaction of nurses was at moderate level on average (4,9,10,21-23). There existed also studies alleging that nurses had a low level of job satisfaction (6,7,24,25). It is believed that the divergence in findings of this study was related with socio-demographic characteristics of nurses and the difference in the unit served by nurses. In this current study, it was ascertained that there was no statistically significant difference in the mean of scores of the overall MSQ of nurses on the basis of gender. However, it was discerned that males had a higher mean of scores of job satisfaction than females. In parallel to this current study, the study by Tambağ et al. suggested that there was no statistically significant difference in the mean of nurses' scores of job satisfaction on the basis of

gender (4). It can be asserted that males' higher mean of scores of the overall MSQ than that of females is likely to be associated with that males tend to perceive themselves to have a more dominant role in life and to be in a more leading position in decision-making processes. In this current study, it was found that there was a statistically significant difference in the mean of scores of overall MSQ on the basis of education level. Also, other studies claimed that job satisfaction was enhanced as the education level of nurses went up (8,28). It can be suggested that providing nurses with work environment convenient to their education levels will have a positive effect on their job satisfaction, however, indecent work environment is likely to affect their job satisfaction adversely. In this current study, it was discerned that there was no statistically significant difference between the marital status variable and mean scores of the overall MSQ. In a similar vein, the study by Golbasi et al. demonstrated that there was no statistically significant difference between the marital status variable and mean scores for job satisfaction (21). In this current study, it was found that there was no statistically significant difference between the type of clinics where nurses were employed and mean scores for job satisfaction. In contrast to this current study, other studies argued that there was a statistically significant difference between the type of clinics where nurses were employed and mean scores for job satisfaction (4,28). It can be alleged that this divergence in findings can be related with the difference in workloads on nurses by virtue of serving in different clinics. In this current study, it was ascertained that there was no statistically significant difference between nurses' service duration in years and mean of scores of the overall MSQ. Contrary to this current study, other studies claimed that there was a statistically significant difference between nurses' service duration and mean scores for job satisfaction (2). It can be asserted that higher job satisfaction of nurses with longer duration of service can be associated with having more professional experience or be related with characteristics of the sample.

In this current study, it was found that the mean of scores of the overall ESQ was at moderate level. Also, the study conducted by Basak et al. on nurses working for intensive care units showed that nurses had moderate levels of ethical sensitivity (26). Moreover, studies on nurses working at different clinics indicated that nurses had moderate levels of ethical sensitivity (13,15,27,30). In contrast to this current study, certain studies suggested that nurses had high means of scores of the overall ESQ (29,30). This situation can be associated with the adoption of different approaches by nurses towards the solution of ethical questions which they were faced with. In this current study, it was ascertained that there was no statistically significant difference in mean of scores of the overall ESQ on the basis of gender variable. In parallel to this current study, some other studies asserted that there was no statistically significant difference in mean of scores of the overall ESQ on the basis of gender variable (26,30,31). Contrary to this current study, the study by

Borhani et al. argued that females had higher levels of ethical sensitivity (27). It can be proposed that this divergence in the findings can be related with the larger number of females than that of males participating in the study. In this current study, it was found that there was no statistically significant difference in means of scores of the overall ESQ on the basis of marital status. Also, the study by Başak et al. indicated that there was no statistically significant difference in means of scores of the overall ESQ on the basis of marital status (26). Moreover, in other studies, results were similar to this current study (12,30). In this current study, it was discerned that nurses who were high school graduates had higher mean of scores of the overall ESQ, however, there was no statistically significant difference in means of scores of the overall ESQ on the basis of education level. The study performed by Tazegün et al. on pediatric nurses revealed that the education level of nurses had no effect on their levels of ethical sensitivity (31). Other studies which were performed in a similar vein to this study argued that the education level of nurses had no effect on their level of ethical sensitivity (12,15,26,30). In this current study, it was ascertained that there was no statistically significant difference in means of scores of the overall ESQ on the basis of the type of clinics where nurses were employed. Another study also argued that there was no statistically significant difference in means of scores of the overall ESQ on the basis of the type of clinics where nurses were employed (12). In this current study, it was found that there was no statistically significant difference in means of scores of the overall ESQ on the basis of nurses' service duration in years. In other analogous studies, it was indicated that there was no statistically significant difference between nurses' service duration and means of their scores of the overall ESQ (15,26,30). In this current study, it was discerned that there was no statistically significant difference in means of scores of the overall ESQ on the basis of having education on ethics previously. The study by Dikmen asserted that, even though most nurses had education on ethics previously, there was no statistically significant difference in means of scores of the overall ESQ of nurses on the basis of having education on ethics previously (15). The study by Basak et al. alleged that there was a statistically significant difference in means of scores of the overall ESQ of nurses on the basis of having education on ethics previously (26). This finding implies that ethical education should be repeated and continued through in-service training sessions during service after graduation in order to enhance the ethical sensitivity of nurses. In this current study, it was ascertained that there was no statistically significant difference in means of scores of the overall ESQ on the basis of activities performed by nurses for self-development. It can be suggested that nurses are negatively affected by heavy workload on them or long duration of their work hours. It was identified that there was a negative relationship between the overall ESQ and intrinsic satisfaction sub-scale of MSQ, and this was also the case for the overall MSQ and autonomy sub-scale of ESQ. It can be thought that heavy workload on nurses can have a negative effect on their ethical sensitivity as

it is likely to give rise to their emotional exhaustion and depersonalization. Furthermore, in a similar vein, it can be argued that socio-demographic characteristics of nurses are likely to have effect on their ethical sensitivity.

LIMITATIONS

Results of this study reflect only the findings on nurses working for the hospital where the study was carried out, and so they cannot be generalized to all members of nursing profession. Another limitation is little number of nurses.

CONCLUSION

It was found that job satisfaction and ethical sensitivity of nurses were at moderate level. It was ascertained that there was a negative correlation between the overall ESQ and intrinsic satisfaction, and this was also the case for the correlation between the overall MSQ and the autonomy sub-scale. It is essential that job satisfaction of nurses be enhanced and their professional roles and responsibilities reach desired levels. It is recommended that studies should be performed to identify the factors affecting job satisfaction levels of nurses and their ethical sensitivities.

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