A Conceptual Paper

Nurses' Emergent Behaviours and Job Satisfaction

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ABSTRACT

Determining the interrelationships among productivity, satisfaction, and individual development, the three emergent consequences of nurses' behaviour, is yet considered to be a current and on going field of research. The intention of this paper is to make a study of the forces which influence these consequences. Major advancement has been taken place in areas of human behaviour and human relations sciences, where it is recognized that economic factors, in terms of Income, Salary, Promotion etc. are considered to be highly influential in staffs' job satisfaction (specially in developing countries, like Bangladesh), other internal and external environmental factors, such as, nurses' individual traits, hospital policies & plans, nursing administration, nursing unit and community environment, such as nursing manpower supply, nursing service expectation by community etc. are no less influential. Thus in the present paper, a questionnaire survey, on ten factors, was made among the nurses, in-service, in Dacca Medical College Hospital (their service lengths range from 1 month to 12 plus years) to ascertain how they influence nurses' satisfaction towards their job.

1. INTRODUCTION

The hospitals of today are, often viewed as systems, both Technologically and Sociologically complicated. This prompted in resorting to the well known system concept which may either be very simple in some situations or be extremely complex in some different situations, yet they possess certain common traits which can be organised into a general system design. This design includes a specific objective, input, system transformation, output, feedback, and environment (Fig. A1).

According to the system concept the hospital has a curative objective, patients are viewed as the input, treatments by the prescription of doctors and

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under care of a staff of nurses stand for transformation, output is the cured persons and so on. "The primary task of a hospital is to select, from members of the community, those to be accepted as patients ; to advise, care for, and treat these patients, and to return them to their places in the community"[1].

Nursing Services may be considered as a subsystem of the total Hospital System. Moreover, it is an organizational unit where 'patients needing care' and 'nursing personnels providing patient care' are considered to be its components. Thus it is viewed as the core of the hospital services ; and it is where all of the institutions are brought to focus and where a major portion of the hospital budget is utilized.

However, from the patients' point of view, the level and quality of nursing services will account for the effectiveness of the hospital. It is, therefore, strongly felt that much effort is to be directed at solving the various problems of the nursing unit. The problems of nurse staffing, in hospitals and other care delivery systems, are keenly felt both by the public as well as by the hospital and nursing administrators [2]. Among other problems, definition and identification of the quality of nursing care to be achieved and its effect upon the patient, are areas where scientific research must be carried out. Although considerable scientific research works on nursing services have been accomplished in many parts of the world, research work of such a nature is yet to be started in Bangladesh; though a very few isolated pieces of study have been triggered off in recent years.

With the expansion of medical care for patients, the need for nursing assistance became an urgent reality. Nursing involved the dichotomous goals of training prospective nurses and meeting existing nursing care needs of patients. Nursing education became closely identified with and controlled by the hospital.

Nurses were in a different position in their role in the delivery of patient services. They were upset over the inadequacies of their professional and economic status and the demands for more and better nursing care. The 'gap' between an expanding population requiring nursing care and the limited number of trained personnel to provide such care have been and still are two major problems.

The objective of this paper is to discuss the different factors related to nursing servies and to present a conceptual scheme towards better performance.

2. Group Behaviour of Nuring Personnels

A nursing unit consists of peoples working in a group. So their activity, interaction and sentiments are to be focussed at the group behavioural coordinates. No wonder, the work group behaviour of nursing must be harmonized from external and internal side.

The chart in Fig. 1 depicts the different factors involved, in a broader perspective, in nursing services and behaviour in the hospital. Aydelotte [2] prepared a parallel scheme of nursing care delivery system and forces affecting it (Appendix 1).

Background factors (Fig. 1) refer to various aspects of consideration. Firstly, it involves fundamental qualities of nurses their nature, taste & persuit, aspirations, physical fitness, mental development, status etc. Secondly, it includes facilities and resources available for patient care in hospital, hospital management assumptions and practices, rules and regulations, etc. Finally, economic, social and religious environment are also included within the set of background factors.

Required activities of the nurses depend not only upon the technology but also upon hospital mangement policies and practices and upon the assumptions and behaviour of the doctors, surgeons, matrons etc. The nature of the activities varies according to the facilities available in the hospital and the type of care needed by the patients.

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Required behaviour is also influenced by the individual background of the nurses; these include economic, social, religious and political background.

The same set of background factors also establish certain "required sentiments." The technology, hospital management assumptions, policies and practices, hospital environment and nurses' own backrgound all help determine which sentiments must be present in the nursing unit. This sentiment should, include sympathy for the patients, humane attitude to the sick persons etc. Belief & values which nurses bring with them are the "given sentiments" and these are determined by their previous personal background and experiences in the outside environment.

2.1 Required and Given Sentiments and Emergent Behaviour.

Required activities and the given sentiments and values of a nurse help in predicting the behaviour which may emerge in her. Emergent interaction is more likely between members who are required to interact. A nurse is more likely to interact with the doctors and surgeons, and between those nurses whose jobs (required activities) place them near each other, and so forth. Sometimes patients of special nature and care group may demand more favourable interactions from the nurse.
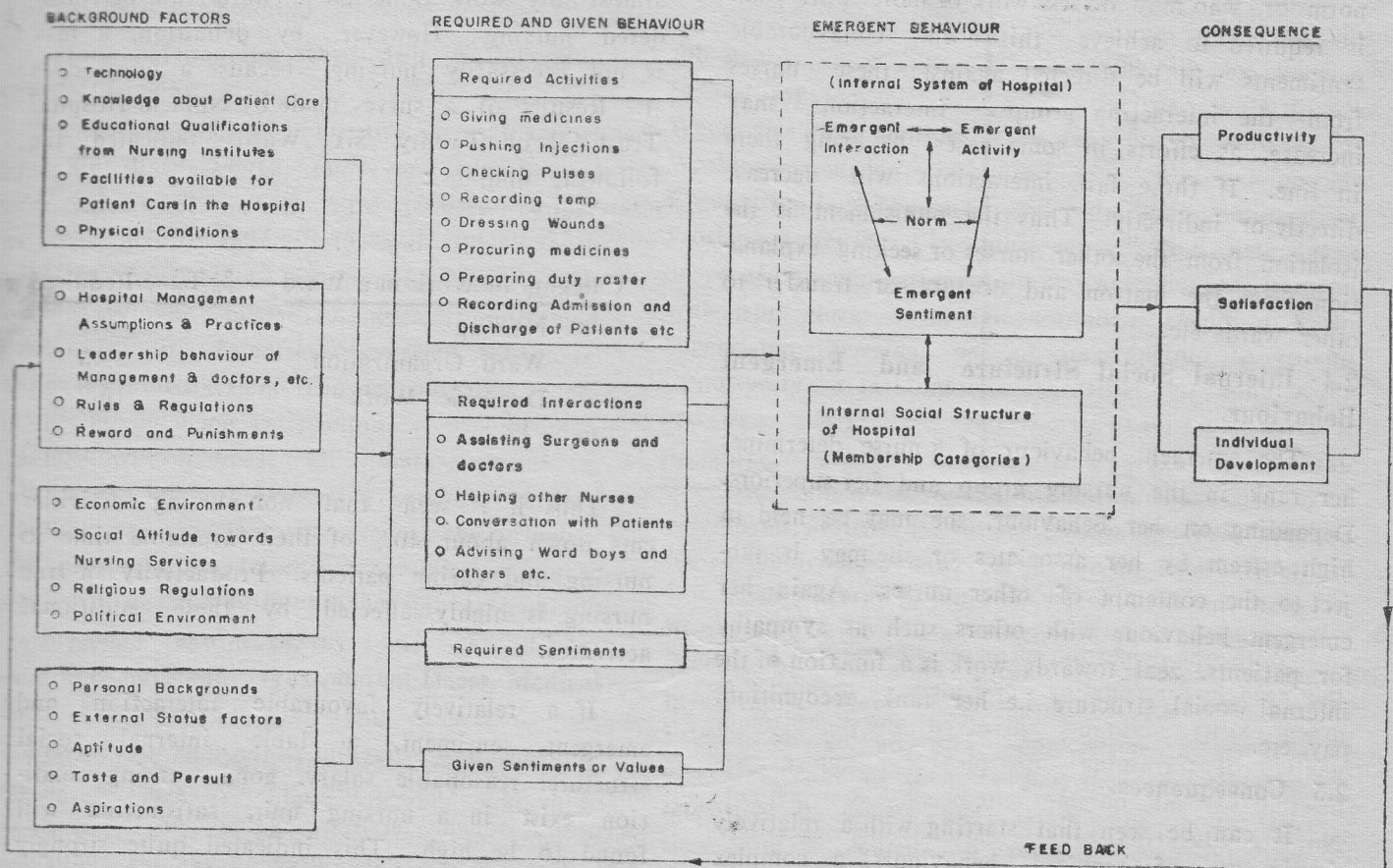

FIG. 1 RELATIONSHIP BETWEEN EXTERNAL AND INTERNAL ELEMENTS TO HOSPITAL SYSTEM

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2.2 Interaction and Sentiment.

Emergent interaction and interpersonal sentiment are closely related. Generally favourable sentiments emerge between nurses who interact frequently, and also frequent interaction emerges between nurses who like each other. Generally, the nurses who work in a small group have fellow-feelings for the other nurses of that group.

2.3 Activities, Interactions, Sentiments and Norms.

The required activities (such as patient) and sentiments (sympathy and humane attitude) of the members of the nursing group and the required interactions with others such as doctors, surgeons, matron, patients define the norm. There may be small number of nurses who do not share this norm or who may do less work or more work than is required to achieve this norm. Unfavourable sentiments will be directed against these nurses from the interacting groups. Interactions may increase, as efforts in some cases, to bring them in line. If these fail, interactions will decrease directly or indirectly. Thus the punishment is the isolation from the other nurses or seeking explanation from the matron and doctors or transfer to other wards etc.

2.4 Internal Social Structure and Emergent Behaviour.

The emergent behaviour of a nurse determines her rank in the nursing group and her superiors. Depending on her behaviour, she may be held in high esteem by her associates or she may be subject to the contempt of other nurses. Again her emergent behaviour with others such as sympathy for patients, zeal towards work is a function of the internal social structure i.e. her rank, recognition, pay, etc.

2.5 Consequences.

It can be seen that starting with a relatively simple set of required behaviours, a complex pattern of activity, interaction and sentiment be-

tween members of the nursing group, internal social and membership categories evolve, which lead to certain consequences such as productivity, satisfaction and individual development. In a country like Bangladesh, nurses have to assume many activities that are not essentially nursing. They may be found obtaining medication from the pharmacy and compounding prescriptions; making menus and supervising food prepartion; supervising the care and distribution of linen, making arrangements for the patient to travel home; directing the compilation and routing of the patients record; teaching maids and porters how to clean and supervise their work. These and many other activities related to hospital services but not considered nursing have been assumed by nurses. There exists a sense in which almost any work done on a ward can be considered 'nursing'. However, by definition, a task is not necessarily 'nursing' because a nurse does it. Results of a survey made by Nuffield Hospital Trust [3] on Twenty Six Wards indicated the following findings:

Category of Work in a Ward	% Time Required
Nursing	59.8
Ward Organization	23.5
Domestic Work	16.7

Thus it is seen that non-nursing activities cuts down about 40% of their available time to nursing and caring patients. Productivity in true nursing is highly affected by these additional activities.

If a relatively favourable interaction and emergent sentiment, a stable internal social structure, reasonable salary, good working condition exist in a nursing unit, satisfaction will found to be high. This indicated quite strongly from a group discussion organized by the authors

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This finding is reflected in the low scoring of the factor 'recognition in the society' and relatively high scoring of 'job security' and 'wages and facilities'. From a parallel research work being presently carried out by the authors, it is becoming evident that there exists a high level of shortage of nurses in the Dacca Medical College Hospital. This resulted in the nurses being under a very hard pressed duty-schedule and over worked. As a consequence, they cannot, perhaps, maintain a required level of performance. This brings a dissatisfaction among the supervisory personnels and the patients and finally among the public. The impact of this shortage has certaion economic effect on the scarce hospital resources, a discussion of which is beyond the scope of the present paper. However, mention must be made, at the context, that this above shortage has a profound impact towards a psychological setback on nurses and thus, a constant mental agony and unhappiness persist among them. This was evident quite strongly from a group discussion with few nurses. This has, therefore, reflected in relatively higher scorings in factors such as 'working hours' and 'supervision'. Other facts can also be explained in similar perspectives. However, before concluding this discussion, it is worthwhile to note that because of some-what small sample size (n = 50), a generalize conculusion cannot be drawn from this analysis.

4. CONCLUSION

The study of the nurses' behaviour, and the background factors influencing them, is a definite pointer to hospital administrators, more specifically to the ward administrators, in designing nursing groups in wards. The group discussion between the authors and the nurses in wards, reveal that satisfactions help a nurse to change her outlook towards life. The questionnaire survey result has, certainly, yielded few factors which might be considered to be influential to job satisfaction of a nurse. These factors are, job security, wages and

other facilities, working hours and supervision. A further study will, perhaps. reveal more indicators and thus their impact upon job satisfaction and hence upon productivity and individual development could be assessed more meaningfully and profitably.

References

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APPENDIX—1

Scheme of Nursing care delivery system
and forces affecting it

Community Environment

Clientele : < Expectation of services
Knowledge of medical-hospital system
Health knowledge and utilization

Financial resources of community

Physician supply and expectation

Nursing manpower supply

$\downarrow$

Hospital Environment

Physician : < organization
individual differences
attitudes and expectations

Patient utilization of services—occupancy rates and admission, discharge patterns

Specialization effort : complexity, intensity, and variety

Floor layout : types and size of units

Budget and budget control

Hospital administration : organization
management style
leadership

Assignment of supporting services : accessibility, condition, adequacy, and individuality of items

Hospital policies, care programs

Organization tension and authority structure

Intent and purpose, philosophy, objectives

$\downarrow$

Nursing Administration

Status of nursing and nurses in the total structure

Leadership and management style

Perception of purpose : philosophy, objectives

Policies and programs : development and execution

Authority structure—decentralization, decision making, delegation

Communication

Coordination

Budget and budget control

$\downarrow$

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Nursing Unit

Nursing supervision clinical knowledge and skill management and training
Amount, type, and kind of nursing staff and their combination in work
Employment status of staff
Absenteeism, turnover, propensity of staff to leave, illness
Personnel policies : salary
Inservice and staff development programs
Allocation and assignment of staff
Education and experience of staff
Role clarity, role definition, and expectations of staff
Knowledge and skill of staff
Affective states of staff : satisfaction, morale, overload, tension, sense of achievement

Sourse : Nurse Staffing Methodology (2)
U. S. Department of Health, Education, and Welfare
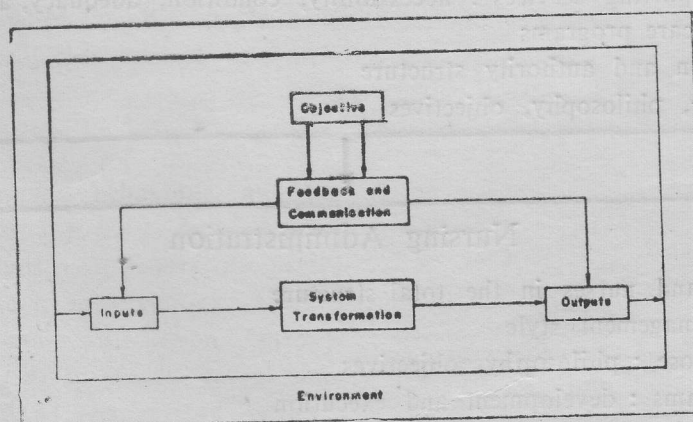Bureau of Health Manpower Education, U. S. A.

FIG. AI. A BASIC SYSTEM MODEL

with few nurses, thereby a questionnaire survey was carried out among the nurses in the Dacca Medical College Hospital. The findings of the study is detailed in Section 3.

2.6 Feedback.

Individual development may modify the background factors. Satisfaction may improve the personal background. Satisfaction also helps a nurse to change her outlook towards life and thus her values too. If in consequence to high productivity, a nurse is promoted to the next higher post, her economic condition may be improved, rank becomes higher and recognition is more strongly felt. Thus the final achievement of the nursing group may rearrange the background factors.

3. Factors Influencing the Job Satisfaction Towards Nursing.

Job satisfaction and identifying of factors influencing it, are the two very delicate and interrelated aspects in any care delivery system, since they involve the people and their sentiments. In the previous section, a detailed discussion has been made to, atleast, understand the consequences of nurses 'emergent behaviour' towards job satisfaction. Thus to, positively, identify the nurses' job satisfaction a set of ten 'satisfiers' was selected. This was, however, a result of few group discussion sessions between the authors and the doctors, matron, the principal of the nursing college and few nursing personnels. Thereby, a questionnaire (shown in Appendix 2) was prepared and a survey was carried out among the nurses in-service in the Dacca Medical College Hospital.

Each of these satisfiers was ranked into three levels, such as, 'high', 'medium', and 'low' according to a level of satisfaction. In order to achieve a meaningful quantification of the 'influ-

ences' for each factor, subjective weightages were given. This approach, however, seems reasonable to assume considering that all the ten factors, considered in the present context, are satisfiers. Thus, if dissatisfiers were included, negative weightings might be appropriate. The weightings used are, five, three, and one for high, medium, and low respectively. The weighted average of ratings was calculated for each of the factors. These are shown in Table 1 below. The calculation procedure is detailed in Appendix 2.

Table—1

Percentage Ratings of Factors Influencing Job Satisfaction :

Factors	Ratings in Percentage
Job security	100.00
Interest for job	75.60
Wages and other facilities	88.50
Working condition	79.20
Recognition in the Society	50.10
Working hours	90.20
Scope of communication with authority	70.30
Supervision	89.00
Opportunity for training and development	85.00
Promotion	84.50

In an earlier disscussion, mention has been made that, traditionally, the nurses come from low income earning families where it is difficult to maintain even the subsistence level of livelihood. Because of their high precuniary turmoil, their perceptions, values of life, aspirations are different. Esteem, recognition and appreciation are much less significant to them, rather they are highly motivated by wages and salary and above all they want a secured job position even at the expense of hard and sometimes undue labour,

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Questionnaire Survey on Nurses' Attitude Towards Job Satisfaction

Your Present Position :

Total Length of Service :

(Please indicate with a √ mark)

FACTORS	HIGH	MEDIUM	LOW
1. Job Security			
2. Interest for job			
3. Wages and other Facilities			
4. Working condition (facilities)			
5. Recognition in the Society			
6. Working Hours			
7. Scope of Communication with authority			
8. Supervision			
9. Opportunity for Training & Development			
10. Promotion Opportunity			

The weighted average of ratings on % basis (as shown in Table 1) have been calculated as follows :

Let the sample size (number of nurses) be n and x, y, z be the frequencies under 'High', 'Medium' and 'Low' for the particular factor of interest. Then weighted average of ratings (WAR) is given by $WAR = \dfrac{5x + 3y + z}{5n} \times 100$

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