

Socio-Economic Factors and Job Satisfaction among Public Health Care Registered Nurses in Trinidad and Tobago

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ABSTRACT

The objective of this study is to measure the level of job satisfaction among selected registered nurses currently practicing within the public health service in Trinidad and Tobago. Extending Herzberg's dual theory of job satisfaction, the study embraced a multi-dimensional measure of job satisfaction that included examinations of pay, autonomy, task requirements, organizational policies, interaction and professional status. The study also assessed the effects of various socio-demographic factors (namely: age, sex, education, and years of experience) on various dimensions of job satisfaction. Using a cross-sectional survey, we systematically selected and solicited the participation of 83 nurses within four randomly selected public hospitals in Trinidad and Tobago. Overall, findings revealed that levels of job satisfaction were generally low (42%) and even lower with nurse-nurse interaction (35%), professional status (23%), organizational policies (15%) and autonomy (1%) and for male nurses on all dimensions. Implications for further research and policy interventions are also discussed.

1. Introduction

There is little contention about the influence of nurses on the quality, outcomes and sustainability of health care systems across the world (Al-Ahmadi, 2009; Pillay, 2009). As one of the largest components of health care providers (Manojlovich, 2005), nurses utilize their training, knowledge, skills, and experience in the provision of health care to patients (Hughes, 2008). In so doing, their "contribution is vital to delivery of the health policy objectives of all governments..." (Royal College of Nursing Direct 2012, p. 3). Despite this centrality, the high turnovers as well as the levels of nurse shortages remain growing global issues (Pietersen, 2005). These are rooted in five related priority areas including the need for: more robust efforts aimed at enhancing planning and policy intervention, positive practice environments (increasing the retention and recruitment of nurses) as well as augmented opportunities for leading as nurses (Oulton, 2006 citing the International Council of Nurses). What is clear is that these labor shortages potentially threaten the ability of health care systems to enhance nurses' retention (Murrow & Nowak, 2005), enhance levels of nurses' job satisfaction (Pillay, 2009), facilitate needed crossing of the quality chasm and general improvements in health care systems and outcomes globally (Hughes, 2008).

These concerns are particularly significant to developing countries of the Caribbean where nursing shortages limit the region's competitiveness (World Bank, 2010). As one of the wealthiest and advanced nations in the Caribbean (World Development Report, 2014), Trinidad and Tobago has not escaped these challenges. In fact, health care systems in Trinidad and Tobago continue to suffer from ongoing concerns regarding the quality of public health care (Marshall & Mahabir, 2000), the sorry average nurse to patient ratio of 1:17 (Government of Trinidad and Tobago, 2005) and inadvertently, the problem of nurse shortages (Narace, 2010). In that regard, Mr. Jerry Narace, a former Honourable Minister of Health, stressed that while "we have trained 1,720 nurses... the numbers ... we want to get to is substantially more than we have right now..." (Allaham, 2010, p.5). Moreover, despite over three decades of health care reform in Trinidad and Tobago, the inherent focus has been on "institutional constraints that have frustrated many previous efforts at improving health care delivery in the public sector" (Sancho, 1997), with little attention to the levels of and factors affecting the satisfaction or dissatisfaction of nurses in Trinidad and Tobago. For many researchers such levels of job satisfaction are invariably related to the personal needs of employees whether shaped by intrinsic and extrinsic factors and the ability of the job to satisfy these (Ghazzawi, 2011).

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However, explorations of the direct or indirect factors and the significance or degree to which these affect the level of job satisfaction among nurses in Trinidad and Tobago remains unexplored. Given the absence of related research and moreover, the effect of these impediments on health care reform and social development, the level of and factors that affect the job satisfaction of nurses are important considerations for addressing the quality of health care systems outcomes in Trinidad and Tobago. The objectives of this paper are therefore threefold. First, the study explored the level of job satisfaction among nurses in Trinidad and Tobago. Second, the study examined the specific or reported levels of satisfaction with specific dimensions of job satisfaction, namely pay, autonomy, task requirements, organizational policies, interaction and professional status among nurses. Third, the research also scrutinized the effect of certain demographic variables (those being: age, sex, experience and levels of education) on satisfaction levels of nurses within various dimensions listed above. It is our hope that such findings about nurses' level of job satisfaction will stimulate needed discussions on the development of empirically based strategies for dealing with the perennial problem of nursing shortages and retention in Trinidad and Tobago.

2. Literature Review

2.1 Pay and job satisfaction

Many studies continue to establish the empirical significance of pay as an element of job satisfaction (Tovey & Adams, 1999; Chan, Luk, Leong, Yeung & Van, 2008). Stamps (2001) defined pay as the dollar remuneration and fringe benefits received for work done and for which fulfills a range of other monetary needs. Using an equity theory approach, Singh & Loncar (2010) saw pay satisfaction as the balance between the effort of employees and the remuneration received. In looking at the relationship of pay to job satisfaction or dissatisfaction, researchers found when undervalued, employees may engage in counter-productive behaviour at the workplace, resulting in a movement away from the profession (Hegney, Plank & Parker, 2006; Chan et al., 2008). Given such, Pillay (2009) and Chan et al. (2008) for instance contended that pay and its inherent financial benefits were important predictors of job satisfaction in so far as they reduced the rate of exodus from the nursing profession.

2.2 Autonomy and job satisfaction

Autonomy as an indication of independence or initiative serves as one the key factors of job satisfaction among nurses in so far as it allows an employee some flexibility in making decisions that affect their organizational setting or environment (Stamps, 2001; Hegney et al., 2006; Faris, Douglas, Maples, Berg, & Thraillkill, 2010). In that regard, Hegney et al. (2006) posited that nurses whose responsibilities at work are enlarged usually experience some improvement in their level of job satisfaction. For, Al-Ahmadi (2009) this is linked to the need for some opportunity to self-actualize in one's own professional journey. However, in looking at lived experiences of nursing, Gök & Kocaman (2011) reported that nurses were generally disgruntled with the level of dismissal, demoralizing experiences and related lack of autonomy in the profession. Given such, Faris et al. (2010) asserted that this organizational deficiency; that is the ability to provide opportunities for nurses to exercise some level of autonomy during the performance of their nursing duties generally produces low levels of job satisfaction.

2.3 Task requirements and job satisfaction

Stamps (2001) defined task requirements as the regular activities that remain part of one's current job. Often, these tasks introduce many stressors that become emotional and physical taxing on employees causing increased levels of dissatisfaction (Hegney et al., 2006). Other researchers therefore point to the negative effects on excessive demands of the nursing profession on job dissatisfaction including overwork, heavy workloads, lack of time for task completion (Pillay, 2009; Unruh & Nooney, 2011), high risk tasks (Pillay, 2009), emotional exhaustion, the pace of work, the need to interact with advance technology and the absence of a 'culture of safety' (Wieck, Dols & Landrum, 2010). Collectively, these task related concerns serve as important sources of job dissatisfaction (Gök & Kocaman, 2011).

2.4 Organizational Policies and Job Satisfaction

Organizational policies remain a critical aspect of job satisfaction. Specifically, organizational policies are described as the way in which the organisation is managed in a centralized, specialized, and formalized way. These policies contain rules that specify how to complete tasks as well as guide behavior however; this formalization may result in decreased satisfaction in cases where procedures are too rigid (Willem, Buelens & Jonghe, 2007). For others broader implementation of organizational policies including standardized practices as a source of job dissatisfaction can generally reduce the level of nurses' autonomy. For Abualrub,

Omari & Rub (2009) for instance, these organizational policies generally lack the input of nurses thereby giving weighting to the general expertise and experience of hospital administration and or managers. Given such, researchers therefore call for greater considerations of the process by which organizational policies are generated and the impact of such policies on the level of job satisfaction of nurses in the profession.

2.5 Interaction and job satisfaction

Abualrub et al. (2009), stressed that a supportive workplace is an invaluable need amongst nurses, social integration, supervisory support shielded nurses from adverse stress outcomes and job dissatisfaction. In exploring the above, researchers have noted the importance of social contentedness (Pillay, 2009; Faris et al., 2010), increased communication (Manojlovich, 2005), open communication lines between medical peers, coworkers and management (Hegney et al., 2006) and constructive team work (Tovey & Adams, 1999) to job satisfaction. As a result, Wieck, Dols, & Northam (2009) recommended upgrading the work setting within hospitals through the fostering of friendly environments that have limited hostility, aid good communication and encourage mutually respectful relationships between all members of staff. However, many of these studies are limited to interactions between doctors and nurses with little examinations of nurse-nurse interactions. Our study explores for understandings of nurses' satisfaction with both nurse-nurse and nurse-physician interaction.

2.6 Professional Status and Job Satisfaction

Nursing as a profession requires an amalgamation of skills and knowledge. Yet many contentions remain as to whether it is a trusted or prestigious profession (Takase, Kershaw & Burt, 2002). Thus, Singh & Loncar (2010) assert that nurses are inherently committed to the profession based on the intrinsic nature of their motivation, perceived importance of their job, and their general commitment to helping others. However, Takase et al. (2002) stressed on the need to also consider the ways in which the growing presence of women in nursing affects the use of gender based stereotypes to assess the status of the profession as one that is feminized, powerless, and limited to a semi-profession. Gök & Kocaman (2011) also reflected in the ways in which the reported view of nurses as medical dependent assistants affect their perception of their own professional image and relatedly, the lack of appreciation for what they add to the process. Researchers also call to attention the ways in which such circumstances where discrepancies exist between what nurses see as the value of the profession and the status or respect given to it also lead to reduced levels of job satisfaction (Takase et al., 2002; Gök & Kocaman, 2011).

2.7 Demographic Factors and Job Satisfaction

Demographic factors like age, sex, years of experience and education also remain critical to explanations of job satisfaction (Stamps, 2001; Mahmood et al. 2011). In terms of age, researchers argue that elder workers tend to be more satisfied with their jobs because they have adopted a more positive approach to their jobs and as such dwell less on the negatives of their employment (DeSantis & Durst, 1996; Spector, 1997). More specifically, Ghazzawi (2011 citing Eichar et al., 1991) revealed that individuals become more satisfied with their jobs by their 30s and by early 40s experience a level of disenchantment in their jobs. Other researchers however contend that where younger nurses have higher levels of enthusiasm, they are more satisfied than older nurses (Mahmood et al., 2011). In terms of sex differences, findings also remain somewhat inconsistent (Sweeney, Hohenshil and Fortune, 2002). Thus, while numerous studies speak to the relevance of sex differences in reported levels of job satisfaction, other studies provide contradictory evidence (Smith-Hunter, Paul and DeCaperis, 2010). Bender, Donahue & Harewood (2005) for instance stated that women were more satisfied than men in organizations where the majority of the workers were female. Findings also suggest that levels of job satisfaction also vary by sex with female nurses more likely to enjoy their relationships with clients whereas males are more likely to be concerned about issues of security, pay, working conditions and supervision than women (Mahmood et al. 2011). Years of service or experience serves as another factor that affects job satisfaction among nurses, employees with greater tenure reported feeling more satisfied than workers who have worked for lesser period of time (Kumar & Giri, 2009). General research suggests that education is negatively related to job satisfaction (Tsang, Rumberger & Levin, 1991; Metle, 2001). In such cases, researchers found that when employees are more educated than the job required, there is a gap between what they want and what they job offers which inadvertently lowers their satisfaction with their work. However, what remains lacking is needed examinations of these demographic factors as they relate specifically to sub-dimensions of job satisfaction, particularly in cases where it is measure using a multidimensional scale. This study fills in that gap.

3. Theoretical Framework

As one of the frequently and richly researched issues in organizational behavior, job satisfaction has been often used to refer to the degree to which individuals feel positive or negative about their jobs. It is also described as an attitude or emotional response to positive employment relationships and high levels of job performance (Bhatnagar & Srivastava, 2012). In many of these instances, it has been related to one's personal needs, whether shaped by internal or external factors, and the ability of the job to satisfy these (Spector, 1997; Ghazzawi, 2011). It is in this context that Herzberg's dual theory is especially important to understandings of job satisfaction or dissatisfaction (Spector, 1997) as the case may be. Specifically, the theory takes into account the motivational aspect of worker productivity and its impact on satisfaction or dissatisfaction with work related processes. One of its defining aspects therefore is that it distinguishes between intrinsic and hygienic factors (Pietersen, 2005) where intrinsic motivators refers to job tasks and job content (such as autonomy, skill utilization, professional status, self-fulfillment and self-growth) that enhance degrees of job satisfaction while extrinsic or hygienic factors point to other factors such as pay, working relationships, organizational policies, and working conditions which are seen as dissatisfiers (Buitendach & De Witte, 2005). The major propositions in this case is that satisfaction and dissatisfaction are distinct outcomes related to work processes (Lu, While and Barriball, 2005) and that while the absence of hygiene factors leads to dissatisfaction, the presence does not guarantee satisfaction or motivation to work on the job (Herzberg, 1966; Smerek & Peterson, 2007). Given such, researchers argue for multi-dimensional measures of job satisfaction that separately and effectively measure its intrinsic and extrinsic nature (Stamps, 2001; Sweeney et al., 2002). Despite this consensus, many questions as to the centrality of these dimensions and the importance or not to reported levels of job satisfaction (Singh & Loncar, 2010). Our study hopes to fill in that gap.

Another visible gap in explorations of intrinsic and extrinsic sources of job satisfaction is the influence of socio-demographic factors. Thus, while years of research have uncovered a number of 'social, educational and situational' factors may also have an influence on the level of job satisfaction persons achieve (Sweeney et al., 2002); explorations of these as it relates to the distinctive effects of intrinsic and extrinsic factors on job satisfaction remain wanting. Specifically, researchers call for further interrogations of job satisfaction or dissatisfaction that control for various socio-demographic factors including level of education (Tsang et al., 1991; Metle, 2001), age (Spector, 1997), sex (Bender et al., 2005; Smith-Hunter et al., 2010) and years of experience (Mwamenda, 1998; Kumar & Giri, 2009). Figure 1 depicts the theoretical framework in the form of a model for measuring job satisfaction.

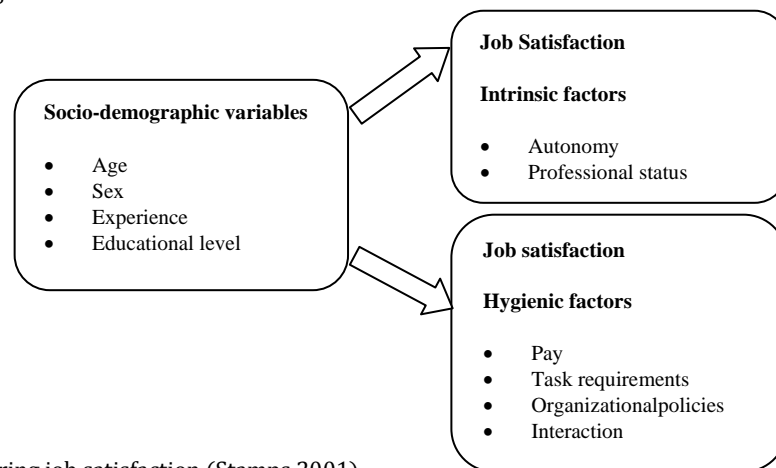


Figure 1 Model for measuring job satisfaction (Stamps 2001)

4. Methodology

4.1 Research Design

The objective of the study was to explore the multidimensional aspect of job satisfaction among registered nurses in Trinidad and Tobago as well as the relationship with demographic factors. In so doing, researchers used a cross-sectional survey research design to capture a snapshot of selected nurses' levels of overall job satisfaction and specific satisfaction or dissatisfaction with various dimensions of job

satisfaction. While this approach does not allow for in-depth examinations of factors affecting job satisfaction or dissatisfaction levels among nurses in Trinidad and Tobago and the comparative importance of each dimension, it does provide an initial empirical basis from which we can begin to discuss more seriously the status and experiences of our nurses and its impact on the quality of our health care system.

4.2 Sample

Presently, this country's need for health care professionals is met by registered nurses (local and regional), midwives, nursing assistants, nursing aides and patient care assistants who practice in both public and private institutions. For the purposes of this paper, we focused on local registered nurses (RNs) who are employed by Regional Health Authorities (RHAs) as the managing body for health care within five (5) health districts in Trinidad and Tobago. In so doing, we randomly sampled four (4) public hospitals within Trinidad and Tobago. The sampling frame for registered nurses within these four hospitals was about one thousand and fifty two (1052). Herein, we systematically selected and solicited the voluntary participation of willing RNs from these hospitals. A total of 150 surveys were handed out to registered nurses from this sampling frame. Eighty-three (83) RNs completed the questionnaires; giving a response rate of 55%.

4.3 Data Analysis

The data was examined to ensure that the two major assumptions necessary for regression analysis have been met; those being normality and homoscedasticity. First, the researcher tested for normality of the data. Two tests (Kolmogorov-Smirnov and Shapiro-Wilk) were used to examine whether the data met the .05 and above required level of significance for normal distributions. Both tests pointed to an approximately normal distribution with an obtained Lilliefors significance correlation of .61, df 83, and significance of .200 for the Kolmogorov-Smirnov test and a Lilliefors significance correlation of .985, df 83 and significance .439 for the Shapiro-Wilk test. Second, homoscedasticity was also achieved. The findings of the Levene's test of variance showed that there was no significant variance between the independent and dependent variable. All the p-values in all cases were greater than .05 the requirement for rejection of equal variance. Given the normal, and homogeneous nature of the sample, the coded data was entered into SPSS 17.0 and subjected to statistical testing for the frequency, parametric correlations and regression.

4.4 Research instrument

Using the Index of Work Satisfaction (IWS) Questionnaire (Stamps, 2001), we measured the level of satisfaction or dissatisfaction based on 44 questions that assess the impact of six factors including: pay, autonomy, task requirements, organizational policies, interaction and professional status. Using this multi-dimensional approach, we asked each respondent to rate each question within the six dimensions on a 7 point Likert scale. In terms of the reliability of the data, the Cronbach alpha for the job satisfaction scale as a composite score of all six factors was .745 which is above the required .70 acceptable specification of the lower limit of this measure and displays a strong scale. Demographic variables were measured using categorical responses.

5. Findings

5.1 Sample Demographics

The study solicited information from participants based on their age, sex, years of experience and education. In terms of age, data showed that 39% (n=32) were 21-35 years, 41% (n=34) were between 36 to 50 years, and 20% (n=17) were over 51 years of age. In terms of sex distribution, female nurses made up 86% (n=71) while male nurses constituted 14% (n=12) of the sample. Another demographic aspect of the sample included the years of experience of registered nurses. 96% or 80 persons responded to that question. 4% or 3 persons had under 12 months experience, 25% or 21 nurses had between 1 and 5 years experience, 17% or 14 RNs had between 6 to 10 years experience, 18% or 15 RNs had between 11 to 15 years experience, 14% or 12 RNs had between 16 to 20 years experience and 18% or 15 RNs had between over 20 years experience. Additionally, respondents were asked to identify their highest level of education. Most RNs had a bachelor's degree (40% or 33 persons). Other qualifications were associate degrees (12% or 10 RNs), secondary level school leaving certificate (39% or 32 RNs), and primary level education (2% or 2 RNs). 7% or 6 RNs opted not to answer the question.

5.2 Nurses' Job satisfaction

Examinations of composite measures for job satisfaction revealed that the majority of nurses (35 or 42% of the sample) were satisfied with their jobs, while more RNs remained undecided (28 or 34% of the sample) than dissatisfied (20 or 24% of the sample). See table 1 below.

Table 1 Frequency table for job satisfaction

Categories	Frequency	Percentage	Cumulative percentage
Satisfied	35	42.17%	42.17%
Dissatisfied	20	24.10%	66.27%
Undecided	28	33.73%	100%
Total	83	100%	

5.3 Frequency Distributions

We also disaggregated levels of satisfaction based on various dimensions of intrinsic and hygienic factors. The objective here was to gain specific insights into the levels of satisfaction and dissatisfaction with various dimensions of job satisfaction. At best findings were mixed and inconclusive. Specifically, while at one end, many RNs were able to provide decisive responses on various dimensions, at another end, they remained generally undecided as to their levels of satisfaction or dissatisfaction with two critical intrinsic motivators and one hygienic factor; those being, autonomy and professional status and organizational policies, in that order. In the case of the former, that being intrinsic factors, findings indicated that only 5% of or four (4) respondents took a firm position on this with 1% (or 1 respondent) being satisfied and 4% dissatisfied. 95% of (n=78) RNs were unable to make a decision or take a position on this factor. Similarly, though to a lesser degree, high degrees of uncertainty surrounded the issue of professional status. Specifically, of the 83 respondents, 23% (n=19) were satisfied, 16% (n=13) were dissatisfied and 61% (N=51) remained undecided. It is interesting though, that when we examined the specific scores within the frequency table for both autonomy and professional status, the data suggested that RNs in this seemingly middle or neutral ground position were leaning towards being generally dissatisfied.

Respondents provided more forthcoming responses on their level of satisfaction or dissatisfaction with hygienic factors. In that regard, frequency statistics for responses to questions on their pay or numeration revealed that 71% (n=59) of RNs were satisfied with only 1% (n=1) expressing dissatisfaction with their pay. Twenty-eight percent (28% or 23 RNs) were in doubt. In terms of task requirements, the majority of RNs were satisfied with 58% (n=48), 6% (n=5) were not satisfied while 36% (n=30) were undecided. Nurse-nurse interaction revealed that many of RNs in the sample still remained unsure of their position on this issue. Thus, of the 83 RNs who participated, only 35% (n=29) expressed satisfaction, while 23% (n=19) were dissatisfied and 42% (n=35) did not take a decisive position. Questions on nurse-physician interaction on the other hand produced a higher rate of satisfaction (64% or 53 RNs), smaller rate of dissatisfaction (7% or 6 RNs) and a lower rate of those who were uncertain (29% or 24 RNs). One variable in the hygienic category which remained a source of concern was that of their levels of satisfaction or dissatisfaction with organizational policies. Findings also revealed that most RNs were undecided (61% or 51 RNs). Of those who took a stance on this, more RNs were dissatisfied (24% or 20 RNs) rather than satisfied (15% or 12 RNs). Table 2 provides a visual snapshot of these findings.

Table 2:Satisfaction and dissatisfaction with dimensions of their job

Factor	% Satisfied	% Dissatisfied	% Undecided
Pay	71	1	28
Autonomy	1	4	95
Task requirements	58	6	36
Organizational policies	15	24	61
Nurse-nurse interaction	35	23	42
Nurse-physician interaction	64	7	29
Professional status	23	16	61

5.4 Demographic Factors

A core objective of the study was to explore the significance or not of key socio-demographic variables on various dimensions of job satisfaction. In so doing, we drew on the findings of Pearson's Coefficient correlation (as a measure of association between demographic variables and job satisfaction) and on

measures of central tendency; specifically the t-test that examines the statistical significance between two independent samples (namely, female and male registered nurses) and ANOVA which compares the statistical means of three or more independent samples. In the case of the latter, it is used in this study to statistically test the assumption that the variances between each independent sample are equal or put in differently, that, equal variances are assumed.

In terms of age, t-test revealed that there were no significant relationships between age and any dimension of job satisfaction. Therefore, we accepted that the variances between different age groups (namely, 21-35, 36-50 and 50 and over) were more or less statistically equal. However, there were weak to moderate yet inverse relationships between sex and pay ($r=-.309, p=.002$), autonomy ($r=-.341, p=.000$), professional status ($r=-.307, p=.002$) and nurse-nurse interaction ($r=-0.234, p=.019$). In all of these cases, females had a higher mean than males on these dimensions of job satisfaction. Thus, female RNs appeared to be more satisfied than their male counterparts with their level of autonomy, professional status, pay and their nurse-nurse interaction. When the differences in the means were subjected to the t-test, findings suggested that the variance between the two were all statistically significant. In that regard, t-test results were as follows: sex and pay ($t=3.184, p=.002$), sex and autonomy ($t=3.609, p=.000$), sex and professional status ($t=3.176, p=.002$), sex and nurse-nurse interaction ($t=2.395, p=.019$).

In terms of years of experience (those being: 0-12 months, 1-5 years, 6-10, 11-15, 16-20 and over 20 years), findings pointed to positive effects on autonomy ($r=.220, p=.027$) but an inverse effect on their position on organizational policies ($r=-.210, p=.039$). Thus, the greater the years of experience, the more satisfied registered nurse became satisfied with their levels of autonomy on the job. On the other hand, when we examined the relationship between experience and organizational policies, findings suggested that the greater years of experience on the job produced lower degrees of satisfaction with organizational policies. However, ANOVA tests of variance between the means of the various year groups against their satisfaction with their levels of autonomy and professional status revealed that neither of these was statistically different from the other. Thus, in the case of the former, findings pointed to an obtained *F* ratio of 1.120 with a *p* value of .357. Similarly, in terms of years of experience and organizational policies, ANOVA statistics showed that this was also insignificant with the *F* ratio at 1.496 and *p* value at .188. In both cases, the *p* value far exceeded the .05 required for statistical significance.

In terms of education (primary, secondary, diploma, tertiary), findings implied that the level of education has positive yet weak to moderate effects on task requirement ($r=.315, p=.003$), nurse-nurse interaction (Pearson's $r=.329, p=.002$) and nurse-physician interaction ($r=.223, p=.037$). In such cases, the higher the level of education, the more registered nurses expressed satisfaction with their task requirement as well as interaction with other nurses and with physicians. ANOVA statistics supported the significance of education. Thus, statistics obtained were as follows: education and task requirement ($f=3.096, p=.031$), education and nurse-nurse interaction ($f=3.672, p=.015$) and education and nurse-physician interaction ($f=3.825, p=.013$). Table 3 captures the correlational relationships.

Table 3 Demographic factors and dimensions of job satisfaction

	Age	Sex	Experience	Education
Pay	.154	-.309**	-.026	-.014
Autonomy	.140	-.341**	.220*	.011
Task requirements	-.004	-.100	-.034	.315**
Organizational policies	.061	-.116	-.210*	.080
Professional status	-.142	-.307**	-.125	.186
Nurse-nurse interaction	-.065	-.234*	-.040	.329**
Nurse-physician interaction	.005	-.039	.082	.223*

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

* Correlation is significant at the 0.05 level (2-tailed).

6. Discussion

Ofilo, Usiholo and Oronsaye (2009) asserted that the level of satisfaction one derives from their work goes a long way in affecting the level of productivity for the entire organization and the society on a whole. The findings show that overall levels of job satisfaction were relatively low, that is 42%. Researchers posited that such low satisfaction levels are a direct consequence of the taxing nature of the nursing profession (Pillay, 2009; Wieck et al., 2010). Closer examinations of various dimensions of job satisfaction in this study presented a more specific description of what remained contentious issues in the satisfaction-dissatisfaction dichotomy for registered nurses in the study. More specifically, one worrisome finding was that levels of satisfaction in the sample of RNs with motivational factors such as degrees of autonomy on the job (1%) and professional status of their nursing career (23%) were relatively low. These findings coincide with other international studies that spoke to the lack autonomy in the nursing sector (Faris et al., 2010; Hegney et al., 2006) and the discrepancy between what nurses actually do and how it is perceived or respected (Chan et al., 2008; Gök & Kocaman, 2011). Given the theoretical significance of these two motivational factors for levels of job satisfaction and productivity, we recommend the need for further empirical exploratory rather than descriptive research that not only tests for the levels of satisfaction with these dimensions of job satisfaction at a broader level in Trinidad and Tobago but also that seeks to gain deeper insights into the causal nature of this phenomenon, where observed.

Theoretically, Herzberg (1966) contended that while the absence of hygienic factors does not motivate employees, if not fulfilled it also causes increased levels of dissatisfaction. The study found that the majority of RNs (that is, 71%) in the sample were satisfied with the remuneration package. However, with the exception of their level of satisfaction with their task requirement (58%) and that of their interaction with other physicians (64%), all other dimensions produced relatively low levels of satisfaction (those being; organizational policies [15%] and nurse-nurse [35%]). Generally, researchers in this field posit that these emerge where nurses work under strenuous conditions, lone arrangements (Tovey & Adams, 1999) and outside the parameters of decision making at the institutional level (Willem et al., 2007). Thus, given the primacy of these hygienic factors for improving the levels of job satisfaction, it is recommended that where reported levels remain low and a source of concern, that health care administrators think more seriously about the need for specific programs that facilitate the movement towards nursing as a community of practice (where constructive team work is promoted) and positive work environment initiatives that can potentially reverse this trend.

We also call for greater considerations of the levels of job satisfaction for male nurses and for those who are highly trained and skilled. Given the lower levels of satisfaction with pay, autonomy and levels of interactions for male nurses in the sample, we call for in-depth and sustained explorations of this phenomenon that goes beyond these sex differences to interrogations of the gender based nature of such divergence and the implications of these on the reported levels of job satisfaction. This has great implications for nursing practice. In that regard, this can serve as part of a catalyst for needed rethinking and redesigning of nursing recruitment and retention strategies by which job satisfaction is fostered. Additionally, our findings indicated that more trained or educated RNs were satisfied with their jobs. At an empirical level, it provides initial yet limited validity to the effectiveness of the training received in these programs as it relates to what the job requires. It also brings to mind the need for greater discussions on the training needs of lower qualified registered nurses.

7. Limitations

Though this study attempted to determine the levels of job satisfaction of registered nurses in Trinidad and Tobago, there were four major limitations. One, the study was based on a small sample of local registered nurses in a selected number of hospitals in Trinidad and Tobago. These have implications for the extent to which generalizations can be made from the data. Second, the focus on socio-demographic factors on various dimensions of job satisfaction did not permit for other examinations of causal independent factors or for the importance of these dimensions as it relates to reported levels of job satisfaction. Third, the high levels of neutral responses to various dimensions do not allow for conclusive statements to be made about the findings of the study. Fourth, the descriptive nature of the study and the sole use of a questionnaire did not facilitate the need for deeper insights into the processes (discursive or relational) that affect the levels of satisfaction, particularly among male nurses. This serves as the basis for further qualitative research.

8. Conclusion

Globally, job satisfaction among health care professionals is becoming an important issue in health care reform (Pillay, 2009; World Bank, 2010). In identifying the levels of job satisfaction for selected nurses in Trinidad and Tobago, we found it to be relatively low, that is 42%. Levels of satisfaction were lowest with autonomy, organizational policies, nurse-nurse interaction and professional status. Given the importance of job satisfaction for levels of retention and productivity (Pietersen, 2005; Murrow & Nowak, 2005); much more attention needs to be assigned to dimensions of job satisfaction wherein low levels are reported. As a follow up to this, there is a need for further research on the factors that affect levels of job satisfaction outside of socio-demographic factors as well as the relative importance of various dimensions of job satisfaction. This interrogation of their relative importance is necessary not only for more holistic and meaningful assessments of perceived satisfaction but also for the design, implementation, monitoring and evaluations of possible intervention strategies.

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