

Job Satisfaction among Nurses, Caring for War-Victims in Sri Lanka

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Presenter Disclosures

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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No Relationships to Disclose”

Satisfaction and Dissatisfaction

- Factors causing job satisfaction are different from those causing job dissatisfaction
- The opposite of satisfaction is not dissatisfaction, but rather, NO-satisfaction
- Similarly, the opposite of dissatisfaction is not satisfaction, but rather, NO-dissatisfaction

Motivation – Hygiene Theory (Herzberg, 1964)

- Satisfiers are motivators and dissatisfiers are hygiene or maintenance factors
- The satisfiers relate to what a person does, while the dissatisfiers relate to the context, in which the person does what he or she does

Factors Affecting Satisfaction are Intrinsic to Job Itself, and Have a Long Term Effect

Top 6 of them, from higher to lower significance;

- 1) Achievement
- 2) Recognition
- 3) Work itself
- 4) Responsibility
- 5) Advancement
- 6) Growth

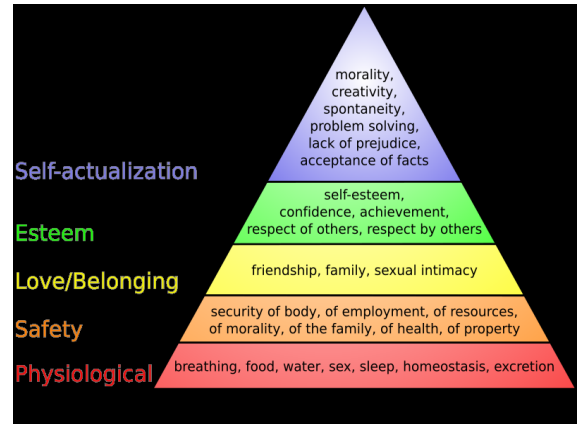
Factors Affecting Dissatisfaction are Extrinsic to Job, and Have a Short Term Effect

Top 6 of them, from higher to lower significance;

- 1) Company policy
- 2) Supervision
- 3) Relationship with boss
- 4) Work conditions
- 5) Salary
- 6) Relationship with peers

Theory of Motivation and Personality (Maslow, 1954)

- There is a general pattern of needs, recognition, and satisfaction that people follow in the same sequence usually
- Person cannot recognize or follow the next higher level need in the hierarchy until lower level need was substantially or completely satisfied → concept of prepotency



Disasters and Healthcare Systems

- Increased number of disasters during last 20 years, especially in developing countries
- Health care systems have devoted extensive resources to emergency preparedness
- Health care professionals have improved awareness of their responsibility
- They make decisions, even when they themselves are at risk, to continue to care for patients

Impact of Disasters on Nurses

- Nurses can be deeply affected physically and emotionally when caring for patients in a large-scale natural or man-made disaster
- Little has been done about caring for them so far, especially in developing countries
- It is the obligation and responsibility of health care organizations and emergency preparedness programs to care for them

Nursing Profession in Sri Lanka

- All the Government Schools of Nursing offer a diploma in general nursing (3 years) → R.N.
- Nurse to Population Ratio = 1 : 1100
- Free healthcare system including tertiary care
- Transfers are arranged by the government



- Trade Union actions are very common

Objective

To define factors associated with job satisfaction among nurses, who were caring for war-victims in Sri Lanka



Methodology

- The study was performed during the last month of 26-year-long civil war of Sri Lanka
- Descriptive cross-sectional study design
- Data from 241 nurses in 2 hospitals: Teaching Hosp. Anuradhapura (233) & Base Hosp. Kabithigollewa (8)
- Pilot study was carried out in the base hospital
- Stratified random sampling → stratified according to work-stations (departments) of each hospital
- Self-administered anonymous questionnaire

About TH: Disaster Management

- The closest and accessible from the war-front hospital with tertiary care facilities
- Both military and civil victims were brought by air-transport due to unsafe ground transport
- Hospital has the triage system → categorizes disaster-victims into priority groups 1, 2, and 3
- During 6 months prior to data collection, hospital had managed 4697 victims (783/month)
 - Priority group #1 → 2977 (= 496/month)
 - Priority group #2 → 1435 (= 248/month)
 - Priority group #3 → 285 (= 48/month)

Results: Overcrowding and High Turnover of the Inpatient Departments

- 3rd largest hospital of the country (1328 beds)
- Bed Occupancy Rate (#occupied-beds/#available) = 113.2 (the highest in Sri Lanka)
- Duration of Inpatient Stay = 4.7 days
- Bed Turnover Rate (#discharges/#beds) = 83.7
- % of nurses, NOT satisfied with their job = 65%
- NON-response rate in the study ≤ 15%

Results: What are Associated with Low Level of Job Satisfaction? ($P < 0.05$)

- 1) Good perceived social support (OR=5)
- 2) Working in the teaching hospital (OR=7.4)

What are Associated with Thinking of a Transfer from Department? ($P < 0.05$)

- 1) Being integrated with triage system of war-victim management (OR=2)
- 2) Working in the teaching hospital (OR=14)
- 3) Being married (OR=2.8) → Reason is more likely to be work related among married (OR=5)
- 4) Having more than two children (OR=3)
- 5) Overall service experience > 5 years ($P < 0.0001$)
- 6) >1 year service in current department ($P < 0.0001$)

What are Associated with Thinking of a Transfer from Department? (Contd.)

- 7) Cannot find a friend for cover-up duty ($P < 0.004$)
- 8) Cannot find a colleague in the department to discuss work-related problems ($P < 0.02$)
- 9) Low level of self-rated work performance as a nursing professional ($P < 0.001$)
- 10) Poor relationships with supervisors ($P < 0.03$)
- 11) Overall working conditions are poor ($P < 0.004$)

Conclusion

- Thinking of a transfer from the current department is a better measurement of job satisfaction than perceived job satisfaction
- Job satisfaction among nurses, who are caring for war-victims, is a function of:
 - 1) Family responsibilities
 - 2) Intensity of work in the current work-station
 - 3) Level of social support at work-station

Who Should be Addressed?

- 1) Professors, who are involved in curriculum development of Nurses' Training Schools
 - 2) Policy makers and administrators in health sector planning
 - 3) Continuous professional development programs in health sector
 - 4) Trade unions in health sector
- Especially in countries with frequent natural and politically-motivated disasters

Thank You