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Job Satisfactions of Nurses and Physicians Working in the Same Health Care Facility in Turkey

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Abstract

Background: Job satisfaction is defined as the degree to which employees like or enjoy their jobs and the degree of satisfaction is based on the importance placed upon this reward and benefit.

Objective: Aim of this study was to determine the job satisfaction levels of nurses and physicians working in the same health care facility, analyze the factors that may affect job satisfaction levels. This study was conducted as a descriptive study and was carried out in one Medical Care Center Northwestern Region of Turkey, Bursa.

Results: A job satisfaction scale developed by researchers according to literature review. The scale contained 36 items related to measure job satisfaction levels of the participants. Data were collected from 65 nurses and 15 physicians. Motivation of nurses is significantly higher than physicians. There is no affect of nurses' education levels on general job satisfaction levels (p>0.05). No significant association was found between gender and motivation (p>0.05). Payments and organization—related factors affect job satisfaction among nurses and physicians.

Conclusion: This scale yielded significant results in all subgroups except for satisfaction with patient treatment, care services and age. Seniority in the profession and age correlates with general job satisfaction level. Future studies need to focus on if job dissatisfaction affects health care workers to quit their jobs, differences among genders and profession.

Key Words: Nurse, physician, job satisfaction

Introduction

Job satisfaction is defined as the degree to which employees like or enjoy their jobs and the degree of satisfaction is based on the importance placed upon this reward and benefit (McCloskey& McCain, 1987). People will be more satisfied with a job if the specific reward is very important and the job provides that reward (Allen,2007; Karadag et al.2002; McCloskey & McCain 1987). Job

satisfaction is also in regard to one's feelings or state-of-mind regarding the nature of their work and is a concept that refers to professional experiences of the employees' in their previous jobs, their expectations from it and feelings towards it, quality of one's relationship with their supervisor, quality of the physical environment. Satisfaction from the job also closely related to person's satisfaction with life and these two concepts have an effect on both physical and

mental health of the individuals (Ergin, 1997). education had lower level of satisfaction with Two Factor Theory states that there are certain fulfilling job-related responsibilities compared to factors in the workplace that cause job employees with a lower level of education. It is measured as extrinsic job satisfaction. In fact, the educational backgrounds work at health-care complement of extrinsic job satisfaction provides facilities. Although currently nursing education a measure of job dissatisfaction directly following requires 4 years of university education, there are Herzberg's theoretical development. He also found nurses with 4 years of vocational high school those factors intrinsic to the job provide the true among currently employed nurses. satisfactions from the work. Of course, the Working life helps the individual gain an intrinsic factors (job satisfiers) and extrinsic important role in the society, thus job satisfaction dissatisfies) are not independent. There are some factors which seem individual's life. Job satisfaction and harmony at to influence, e.g. pay, promotions, coworkers. workplace are reported to make employees feel Herzberg theorizes that there are different powers happier. Employee satisfaction affects every at work in the elimination of job dissatisfaction aspect of a medical practice, from patient versus the achievement of job satisfaction. He satisfaction to overall productivity. Motivators, found that job dissatisfaction is caused by factors such as recognition and achievement make such as poor supervision, bad working conditions, workers more productive, creative and committed unpleasant colleagues, low salaries, objectionable and organizations with happy employees should work policies or procedures, and low job security. contribute to a high level productivity (Pehlivan, In that regard Herzberg presents the following 1991). The aims of this present study were to factors: achievement, recognition, responsibility, examine job satisfactions among nurses and growth, and the nature of the work. He classifies physicians working in the same health care center these factors as motivators, and claims that these and to investigate how gender, age, profession, are the factors that will enhance job satisfaction seniority in the profession and years of work in (Allen, 2007; Syptak et al., 2005). It is natural for the same institution contributed to job satisfaction an individual to have negative feelings if his/her job satisfaction level is poor. These thoughts affect individual's physical and mental health and also social life. As a result, absenteeism, job dissatisfaction, thoughts about quitting the job and burnout could occur (Ingersoll et.al.,2002; Karadag et al.,2002). Autonomy is a personal Hospital review board approved this research. factor that is related to individual characteristics that affects job satisfaction and also, one of the most important factors that influence job satisfaction among job characteristics. Need for autonomy is a personality trait that could contribute to individual differences and affect job satisfaction(Eryılmaz, 2003;Lee,1998).Some research reports that nurses with high education satisfaction have high iob (Eryılmaz,2003; Rambur et al.. fundamental reason behind getting more years of education is the desire to increase personal job satisfaction and to obtain professional status and job opportunities(Chiu,2005;Smith-McNeese,1999).On the other hand, it was observed that employees with a higher level of

satisfaction, while a separate set of factors cause also thought that employees with a higher level of dissatisfaction. Hertzberg (1959) found job education had feelings of dissatisfaction resulting dissatisfaction to result from hygienic factors from unsatisfactory use of their skills and high (Herzberg et al., 1959). Hygienic factors however expectations from the job (Karadag et al., 2002; are inherently extrinsic to the work; they are Lee, 1998). In Turkey, nurses with different that job satisfaction derives from the work itself; education and nurses with associate degrees

> totally is a factor that holds an eminent place in an with the tool developed to measure iob satisfaction level.

METHOD

Ethical consideration

Participants were informed that participation was voluntary and they also received both verbal and written explanations about this study. Subjects' agreements to participate in the study were considered and their privacy was respected. The identification of the participants was kept strictly and confidential and their names were not sought in the data collection form.

2005). The Participants and data collection

This study was done in one health care center in Northwestern Region of Turkey, Bursa in 2007.Job satisfaction levels of the staff were measured by using a scale developed by the researchers and questionnaire was used to collect socio-demographic variables of participants. Thirty (30) physicians and 70 nurses were data matrix which is used for factor analysis. employed in this health care facility were eligible Factor analysis was performed without rotating for data collection. We were able to collect the axes and after observing that the variables questionnaires from 65 nurses and 15 physicians. were distant to axes, varimax method was Staff either who were on vacation or on sick leave considered as the best rotation among orthogonal rate of the participants was 80%.

Instrument

Development of the scale was based on previous research on job satisfaction and two factor theory. Factors considered that may affect job satisfaction both on nurses and physicians were classified. A draft scale (5 point Likert-scale ranging from disagree to completely agree answers) was generated. Items of this scale included 49 items. The reliability of the scale was analyzed by one of internal consistency methods, Cronbach α coefficient and the validity of the scale was analyzed at the point of both for content and construct validity. Items that are sampled to represent the behavioral pattern to be measured are evaluated separately and as a whole, systematically (O'Connor, 1993; Tekin, 1977).

- 1. Content validity of the scale has been assessed in logical terms and each scale item was considered to serve the purpose.
- 2. Construct validity of our scale has been evaluated in terms of the variables that could cause impactful variations in the conceptual dimension to be measured and considered to be adequate for determining significant structural differences in the relevant characteristics of the scale as a whole and its subitems. Construct validity of the scale is the ability to categorize individuals according to a defined structure and to allow researchers to explain and comment on the structure using the scores obtained from the W tests and for statistical comparisons, parametric developed tool (Oncu, 1994).
- 3. Factor analysis was performed to form groups of unrelated items by gathering related items in the scale and to rank factors by their importance Factor analysis is quite useful for assessing the reliability and validity of empirical measures statistical comparisons showed significance, a (Carmines & Zeller,1982; Tatlidil,1996). Kaiser- significance level obtained by using Bonferroni Meyer-Olkin measure of sampling adequacy correction has been accepted for multiple (KMO=0.909) and Bartlett's test of sphericity comparison tests (p<0.001) were performed on data set in order to appropriateness of factor analysis. Homogeneity of variances in variables was tested (Chow & Liu, 1998). by Levene statistics (p<0.001) to determine the

were not included in to this study. The response rotation methods for our data set following application of several rotation methods. Factor selection was done by considering number of eigenvalue greater than one. After performing tests, decision was given on that factor analysis could be applied on our data set and that use of correlation matrix computed by raw data matrix in the analysis was appropriate (Akgul& Cevik, 2003;Ozdamar, 1999; SPSS Base 10.0, Application Guide 1999). Some of the items were distracted from the scale and the final obtained scale used to measure job satisfaction consisted of 36 items. Cronbach's alpha coefficient of reliability for the developed scale was found to be 0.96 and indicated high internal consistancy. By using varimax rotation method, seven factors were defined by considering number of eigenvalue greater than one. Scope of identified factors and their rate of explaining general variance were shown in Table 1. Correlations between subitems of the scale reveal significant associations (Table 2). Construct validity of our scale was found to be satisfactory as having the ability to determine the structural significant differences of the related items both for the whole scale (general assessment) and for the subgroups of the scale.

Statistics

The SPSS 13.0 software was used for statistical analyses. In order to test conformance to normal distribution, distribution of variables was analyzed by using Kolmogorov Smirnov and Shapiro-Wilks and non-parametric statistical tests were used. Correlations between variables were analyzed by using Pearson and Spearman correlations. The significance level was set at α =0.05 for declaring significance. In the case of k group (k>2), when

$$(\alpha^* = 1 - (1 - \alpha)^{\frac{1}{k}} = 1 - (1 - 0.05)^{\frac{1}{3}} = 0.0169)$$

(Chow & Liu, 1998).

Table 1. Factor structures of job satisfaction

	ENT AND IN THE ITON	PATIENT EXAMINATION, TREATMENT AND CARE SERVICES	CAREER DEVELOPMENT OPPORTUNITIES	TIONAL	AND INTER- RELATIONS	N.	
	MANAGEMENT AND MANAGERS IN THE ORGANIZATION	PATIENT EX TREATMEN SERVICES	CAREER DE OPPORTUNI	ORGANIZATIONAL PARTICIPATION	PERSONAL AND INTER- PERSONAL RELATIONS	MOTIVATION	PAYMENT
Item 1: Our managers behave and work as role models for other employees. Item 2: Our managers are good leaders.	.882 .841						
Item 3: Our managers are careful at protecting the rights of employees. Item 4: There is a sincere and understanding relationship between managers and employees.	.831						
Item 5: Our managers provide an environment in which the employees can clearly express their expectations.	.750						
Item 6: The attitude of the managers towards the employees satisfies my expectation. Item 7: The person who is in charge of making the decisions in the organization is clearly identified.	.732 .642						
Item 8: There is an ideal organization that satisfies the institutional necessities. Item 9: Our managers follow the evolutions and developments closely and spend effort to apply the necessary actions.	.640 .616						
Item 10: The independence that was provided for me to do my job satisfies my expectations.	.584						
Item 11: There is an organization that provides equal promotion opportunities for everyone.	.556						
Item 12: The job descriptions of all the employees are clearly identified Item 13: The importance assigned to patient rights is satisfactory. Item 14: I believe that we are able to provide the health service to patients in a proper	.494	.757 .747					
and satisfactory environment. Item 15: I believe that I spend enough time to meet health needs of patients, such as examination, treatment and care.		.724					
Item 16: The equipment used for the examination of patients is satisfactory in terms of up-to-dateness, quality and number.		.664					
Item 17: Our hospital is extremely well-organized, clean and hygienic. Item 18: The institution has the necessary technological equipment related to my work. Item 19: My institution provides me with the opportunities for professional		.619 .541	.745				
development. Item 20: My job at this institution provides opportunities for continuous development.			.766				
Item 21: At this institution, if necessary, I am able to quickly access the information related to my job.			.680				
Item 22: All employees have the equal opportunities for professional development. Item 23: All employees participate in the decision-making process in the organization. Item 24: The administration takes my suggestions into consideration towards the			.679	.697 .677			
solutions of usual problems. Item 25: The administration is eager to put the good ideas in effect. Item 26: I am able to participate in the decision making process that is related to my work				.666 .651			
Item 27: The employees of the institution have sense of responsibility and they try to do their best.					.741		
Item 28: My colleagues carry out my requests about their work. Item 29: We work in harmony with most of the colleagues. Item 30: The interpersonal relationships at work satisfy my expectations. Item 31: I believe that most of my colleagues will help when I request help about my					.676 .675 .571 .536		
job. Item 32: I get a real feeling of accomplishment at the end of my work. Item 33: In this institute I work not only I need this job, but also I like my job. Item 34: The working motivation is high in this institution.						.775 .770 .486	
Item 35: The extra payments and wages are satisfactory. Item 36: The salary that I get in turn for my work is satisfactory							.790 .781
		Eigenv	alue	Variati (%)	on		nulative (%)
MANAGEMENT AND MANAGERS IN THE ORGANIZATION (F1) PATIENT EXAMINATION, TREATMENT AND CARE SERVICES (F2) PERSONAL AND INTER-PERSONAL RELATIONS (F3)	_	7.99 4.38 3.57	36	22.1 12.1 9.9	184	34	2.214 4.397 4.318
CAREER DEVELOPMENT OPPORTUNITIES (F4)		3.39		9.9			4.316 3.757
ORGANIZATIONAL PARTICIPATION (F5)		3.02		8.3			2.156
MOTIVATION (F6) PAYMENT (F7)		2.54 2.10		7.0 5.8			9.218 5.075

Table 2: Association levels between the factor structures of job satisfaction

	MANAGEMENT AND MANAGERS IN THE ORGANIZATION	PATIENT EXAMINATION, TREATMENT AND CARE SERVICES	CAREER DEVELOPMENT OPPORTUNITIES	ORGANIZATIONAL PARTICIPATION	PERSONAL AND INTER-PERSONAL RELATIONS	MOTIVATION	PAYMENT	Min- Max: 0- 4 score	SEM
MANAGEMENT AND MANAGERS IN THE ORGANIZATION (12)	.95							2.16	0.11
PATIENT EXAMINATION, TREATMENT AND CARE SERVICES (6)	.57**	.86						2.76	0.09
CAREER DEVELOPMENT OPPORTUNITIES (4)	.64**	.58**	.90					1.88	0.13
ORGANIZATIONAL PARTICIPATION (4)	.77**	.48**	.63**	.92				1.48	0.12
PERSONAL AND INTER- PERSONAL RELATIONS (5)	.66**	.65**	.61**	.60**	.89			2.79	0.10
MOTIVATION (3)	.59**	.51**	.56**	.46**	.55**	.78		2.62	0.11
PAYMENT (2)	.30**	.29**	.37**	.29**	.27**	.30**	.63	0.98	0.11

The number of items that factors contain is given in the parenthesis.

Figures in diagonal (bold) represent coefficient Cronbach alpha values. Others represent correlation coefficient.

Results

compound of 7 factors. These factors and range of their scores are as follows:

- 1. Management and managers in the organization
- 2. Patient examination, treatment and care
- 3. Personal and interpersonal relations
- 4. Career development opportunities
- 5. Organizational participation
- 6. Motivation
- 7. Payment

Satisfaction rankings of nurses and physicians for For both professionals, a similar significant scale subitems were given in Table 3.

In order to assess whether there was a genderrelated ranking difference due to female gender (p<0.001). However years of work in the same predominance (all the nurses were female), hospital did not correlate with general job rankings of male and female physicians were satisfaction level (p>0.05). Statistically no evaluated separately.

rankings of physicians and nurses and female and (Table 5). In our study, no significant difference male physicians in general job satisfaction levels was found on nurses job satisfaction levels (p>0.05).

In our study, significant differences have been observed in the ratings of career development Data were collected from 80 staff (65 nurses and opportunities and ratings of organizational 15 physicians) who worked in the same hospital. participation when job satisfactions in general and The proportion of female and male in the sample in subitems were compared according to genderwas 87.5 % and 12.5% respectively. Majorities profession interaction. Statistically no significant were nurses (81.3 %) and 18.7 % were physicians. difference was found between physicians and Job satisfaction was evaluated by using a scale nurses (p>0.05) according to their general job developed by researchers. This scale was satisfaction levels. Gender also did not affect their general job satisfaction levels (p>0.05) (Table 4) In the comparison of job satisfaction levels of both nurses and physicians according to subitem groups, a significant difference was found only for motivation. Motivation of nurses was significantly higher compared to physicians in our study (p<0.05). On the other hand comparison of motivation between genders did not show any significant difference (p>0.05).

correlation was found between age, seniority in the profession and general job satisfaction level significant correlation was found between ranking No significant difference was found between the and payment assessment in all groups (p>0.05) according to their education levels (p>0.05).

^{**:} p < 0.01

Table 3. Ranking of study groups according to factor structures of job satisfaction

	Satisfaction Ranking									
Factors	All Staff (n=80)	Nurse (n=65)	Physician (n=15)	Physician (Female) (n=5)	Physician (Male) (n=10)					
Management and managers in the organisation	4	4	3	4	3					
	(2.16±0.11)*	(2.08±0.12)*	(2.45±0.27)*	(1.92±0.53)*	(2.72±0.31)*					
Patient examination, treatment and care services	2	1	2	1	2					
	(2.76±0.09)*	(2.80±0.11)*	(2.63±0.25)*	(2.40±0.50)*	(2.75±0.30)*					
Career development opportunities	5	5	6	6	6					
	(1.88±0.13)*	(1.95±0.14)*	(1.56±0.33)*	(0.65±0.19)*	(2.02±0.43)*					
Organisational participation	6	6	5	5	4					
	(1.48±0.12)*	(1.36±0.12)*	(1.98±0.31)*	(1.15±0.23)*	(2.40±0.40)*					
Personal and inter-personal relations	1	2	1	2	1					
	(2.79±0.10)*	(2.78±0.12)*	(2.85±0.21)*	(2.28±0.23)*	(3.14±2.48)*					
Motivation	3 (2.62±0.11)*	3 (2.73±0.13)*	4 (2.16±0.24)*	3 (1.93±0.34)*	5 (2.26±0.31)*					
Payment	7 (0.98±0.11)*	7 (1.04±0.12)*	7 (0.73±0.23)*	7 (0.40±0.19)*	7 (0.90±0.32)*					

Discussion

In this study substantial differences in the items that evaluated organizational participation between nurses and male physician were found. Nurses were more satisfied with the career development opportunities compared to female physicians. However payment was found to be a factor that causes job dissatisfaction among all nurses and physicians. Some of these findings are consistent with the results reported by several other studies.

Management and managers in the organization

It is reported that poor supervision at work is one of the factors that cause job dissatisfaction. Although in our study it seems like staff are not satisfied with management and managers in the organization in general, this subscale had ranking in fourth place by nurses and female physicians and in the third place by male physicians. This result is similar to results of Sahin & Batigun(1997) who concluded that decision making, management policies and management pattern were the factors that led to least satisfaction in the workplace. Also, male employees attribute more importance to good

relations, especially with managers compared to working women (Tezer, 1994).

In our study, the finding of similarities between nurses and female physicians in job satisfaction may be an indication of the fact that gender plays a more important role in job satisfaction than the profession itself. In this study, we were not able to determine whether gender difference had any effect on job satisfaction in nursing profession because there were not any male nurses in our study sample. Stress reaction is said to result from the position in the organization. In a study by Tovey & Adams(1999), it was reported that iob satisfaction among nurses was primarily due to job positions at workplace. It was shown that nursing is a stressful profession and work overload is a cause of dissatisfaction among nurses. Higher levels of job satisfaction has been attributed to low stress level of nurses and mood disturbances (Healy& Mc Kay, 2000). In one study, it was shown that nurses working over 12hour shifts had experienced more health problems compared to nurses working over 9-hour shifts. Also, nurses with less shift hours had expressed more satisfaction from both their personal lives and jobs in their leisure times (Josten, 2003).

Table-4: Comparison of factor structures of job satisfaction levels according to carrier and gender

		MANAGEMENT AND MANAGERS IN THE ORGANIZATION	PATIENT EXAMINATION, TREATMENT AND CARE SERVICES	CAREER DEVELOPMENT OPPORTUNITIES	ORGANIZATIONAL PARTICIPATION	PERSONAL AND INTER- PERSONAL RELATIONS	MOTIVATION	PAYMENT	GENERAL ASSESMENT
Range of so	cores	0–48	0-24	0–16	0–16	0-20	0–12	0–8	
Nurse	n Mean Median SEM	65 25.06 27.00 1.49	65 16.77 18.00 0.64	65 7.82 8.00 0.57	65 5.48 4.00 0.50	65 13.88 14.00 0.59	65 8.18 9.00 0.38	65 2.08 2.00 0.24	65 79.26 78.00 3.55
Physician Female	n Mean Median SEM	5 23.00 23.00 6.36	5 14.40 12.00 2.98	5 2.60 3.00 0.75	5 4.60 5.00 0.93	5 11.40 13.00 1.17	5 5.80 5.00 1.02	5 0.80 1.00 0.37	5 62.60 52.00 10.48
Physician Male	n Mean Median SEM	10 32.60 35.50 3.68	10 16.50 19.00 1.78	10 8.10 10.00 1.72	10 9.60 10.50 1.60	10 15.70 16.50 1.24	10 6.80 8.00 0.95	10 1.80 1.50 0.65	10 91.10 105.00 10.45
	Sig.	NS	NS	<0.05*	<0.05†	NS	NS	NS	NS
Physician	n Mean Median SEM	15 29.40 28.00 3.33	15 15.80 19.00 1.51	15 6.27 4.00 1.34	15 7.93 6.00 1.26	15 14.27 13.00 1.04	15 6.47 7.00 0.71	15 1.47 1.00 0.46	15 81.60 66.00 8.38
Nurse	n Mean Median SEM	65 25.06 27.00 1.49	65 16.77 18.00 0.64	65 7.82 8.00 0.56	65 5.48 4.00 0.50	65 13.88 14.00 0.59	65 8.18 9.00 0.38	65 2.08 2.00 0.24	65 79.26 78.00 3.55
	Sig.	NS	NS	NS	NS	NS	< 0.05	NS	NS
Female	n Mean Median SEM	70 24.91 26.00 1.44	70 16.60 17.50 0.62	70 7.44 8.00 0.55	70 5.41 4.50 0.46	70 13.70 14.00 0.58	70 8.01 9.00 0.37	70 1.99 1.50 0.22	70 78.07 75.50 3.40
Male	n Mean Median SEM	10 32.60 35.50 3.68	10 16.50 19.00 1.78	10 16.50 19.00 1.78	10 9.60 10.50 1.60	10 15.70 16.50 1.24	10 6.80 8.00 0.95	10 1.80 1.50 0.64	10 91.10 105.00 10.45
	Sig.	NS	NS	NS	<0.05	NS	NS	NS	NS

^{*:} Career Development Opportunities: Nurse – Physician Female (p<0.016); Nurse – Physician Male (p>0.016); Physician Female – Physician Male (p>0.016)

NS: Non-significant p>0.05

Similarly, the relationship between turnover has satisfaction and also documented the literature and quality of care given to the patients, al., 2005). especially in a profession like nursing where interpersonal communication is of paramount

job importance. Such a close interaction and been confrontation with negative intense feelings cause (Pehlivan, exhaustion and increased chronic stress and nurses 1991).Burnout among employees might adversely may experience professional failure when they are affect success at work, professional development not able to cope with their workload (Rambur et

^{†:} Organizational Participation; Nurse – Physician Female (p>0.016); Nurse – Physician Male (p<0.016); Physician Female – Physician Male (p>0.016)

Table-5: Associations between factor structures of job satisfaction according to age, seniority in the profession and years of work in the same hospital overall study group

FACTORS		Age		Seniority in the profession			of working in ame hospital
		r	Sig.	r	Sig.	r	Sig.
Management and managers in the	Overall	.511	< 0.001	.519	< 0.001	.282	< 0.05
organization	Nurse	.556	< 0.001	.571	< 0.001	.316	< 0.05
Patient examination, treatment	Overall	_	NS	-	NS	-	NS
and care services	Nurse	-	NS	.277	< 0.05	-	NS
Career development	Overall	.230	< 0.05	.272	< 0.05	-	NS
opportunities	Nurse	.268	< 0.05	.318	< 0.05	-	NS
Organizational participation	Overall	.457	< 0.001	.457	< 0.001	.225	< 0.05
	Nurse	.498	< 0.001	.523	< 0.001	.274	< 0.05
Personal and inter-personal	Overall	.277	< 0.05	.301	< 0.01	-	NS
relations	Nurse	.344	< 0.01	.375	< 0.01	-	NS
Motivation	Overall	-	NS	.228	< 0.05	-	NS
	Nurse	.310	< 0.05	.315	< 0.05	.291	< 0.05
Payment	Overall		NS	-	NS	-	NS
	Nurse	-	NS	-	>0.05	-	NS
General assessment	Overall Nurse	.416 .480	<0.001 <0.001	.432 .506	<0.001 <0.001	-	NS NS

NS: Non-significant p>0.05

Patient examination, treatment and care

In a study with 30 nurses in California, some of the factors resulting in job dissatisfaction were cited as patient care, work environment, workload, and collaboration with coworkers, personal factors and professionalism. On the other hand, perception of inadequate nursing service given by other workmates, organizational factors, thoughts about unfair practices are cited as factors resulting in iob dissatisfaction (Smith-McNeese, 1999). In our study patient examination, treatment and care services were rated secondly according to factor structures by both nurses and physicians. However. nurses and physicians rated this factor as the first among all.

Personal and interpersonal relations

Collaborative communication is an important factor that affects job satisfaction and it is

important to have good communication between coworkers, collaboration is among factors that nurse satisfaction (Begat affects 2005). Yıldırım et al(2005) reported that nurses more positive attitudes towards communication based nurse-physician on cooperation than physicians. A good interaction between team members of a health-care system provides consistency in patient care and different characteristics of the employees resulted in conflicts and stress that is generated from occupation is closely related to general state of health, global thinking and level of job satisfaction (Burnard at al.,1999; Healy,2000; Kunaviktikul al..2000: Morrison Phillips, 1999; Stacciarini &Troccoli, Results of our study showed that personal and inter-personal relations were rated in the first place by male physicians and by all staff. The employees intuition in this communication and cooperation among team members as one of the job satisfaction factors. organizational confidence compared to nurses This result is also consistent with Eklund & Hallberg's study (2000) on Sweedish occupational therapists.

Career development opportunities

Lack of adequate opportunities for personal development are cited as factors resulting in job dissatisfaction (Chiu, 2005;Smith-McNeese,1999). In our study professional differences emerged as an effective factor when development opportunities organizational participation were assessed. Nurses were more satisfied with the career development opportunities compared to female physicians. These results are contradictory to some relevant studies which concluded that nurses had limited career development opportunities (Dede et al., 2004; Gardulf et al., 2005). These findings are consistent with those of Begat et al.'s study (2005). Some other studies showed that working women, even women with strong career opportunities gave their families the highest priority in their personal lives (Tezer, 1994). In a study done by Bulut &Isman(2004) with 542 health-care professionals, level of job satisfaction was found to be average for all employees but males had higher level of job satisfaction compared to female employees. In contrast to this study, another study did not show any substantial difference between male and female nurses in job satisfaction (Fung-Kam, 1998).

Apart from different educational backgrounds of the nurses working at Turkish health-care facilities, job descriptions suitable for varied educational levels have not been established. Despite variations in knowledge background among nurses graduated from different nursing schools, both lack of a difference between job descriptions and entitlement of graduates of all schools as "nurses" present nursing contradiction in terms of lack of regulations for reflecting these educational variations in nursing practices.

limited According to literature career development opportunities affect job satisfaction negatively (Smith-McNeese, 1999). This may be explained by the fact that, with the higher level of education, these nurses could better perceive the system and feel less discomfort with complicated roles they acquire. In one study, it was reported that nurses with BS degrees had a higher level of terms autonomy satisfaction in of development opportunities, job stress and physical demands of the work, profession and

with associate degrees (Rambur et al., 2005).

Organizational participation

A positive relationship between job satisfaction and organizational commitment has been reported by studies which involve qualified professionals (Redfern et al., 2002). Too many responsibilities at the workplace and lack of a clear job and role description are cited as stress factors at work. In our study substantial differences were found in the items that evaluated organizational participation between nurses and male physicians. Male physicians expressed their satisfaction with their participation in the organization.

Motivation

There are too many factors that may cause job satisfaction or dissatisfaction among workers and motivation in working place is an important factor in job satisfaction. In some earliest studies on job satisfaction, results were similar to ours at the point where they reported nurses' age is significantly correlated with satisfaction and commitment (Al-Ameri,2000;Baykal &Serezli 1999). Enberg et al.,(2007) reported younger women were more dissatisfied with their jobs than older. In another study, lower level of job satisfaction was found among nurses with job experience less than one year compared to nurses with 9-12 years of job experience (Bulut &Isman, 2004). However, our results are different from the findings previous studies of some (Eryılmaz,2003; Karadag et al., 2004). The fact that the job satisfaction rises depending on the experience and age can be attributed to increased responsibilities and authority with advanced age.

Pavment

In our study, payment was found to be a factor that causes job dissatisfaction among all nurses and physicians. This result is similar to the results of some of the other studies on job satisfaction among nurses (Baykal& Serezli 1999;Burnard, 1999; Kunaviktikul et al.,2000). All of our participants were employed by government and health professionals (both nurses and physicians) have an average income which is less than 1000 dollars per month. Although hospitals in private sector have increased recently in Turkey, there is no increase in income levels of nurses either in public or in private health care sector. Since shortage of nursing profession is a big problem, it is not as hard to find a position in health care despite low wages. It is important to know that low payment is an important factor that causes job dissatisfaction and low paid employees tend to leave their positions frequently and quality of patient care alters. Most of the studies report that reasons for resignation of nurses are inadequate payment salaries and dissatisfaction from (Gardulf,2005; Rambur et.al,2005). Although the Dede, C.N., Sahin, S. (2004). Uludağ C. Sakarya ilindeki income level is an impact factor for job satisfaction, one study reported that nurses did not have feeling of contradiction about what they do in their workplace and quality of their work and that they had a good job satisfaction (Burnard et al,1999).

Conclusion

In conclusion, it might be suggested that payments organization-related factors dissatisfaction among nurses and physicians. Ergin, C.(1997). Bir iş doyumu ölçümü olarak "iş Similarly significant differences were found among nurses and physicians in motivation. Seniority in the profession and age correlates with general job satisfaction level. Future studies need Eryılmaz, H.Y.(2003). Doğum sonu servisinde çalışan to focus on weather job dissatisfaction affects health care workers to quit their jobs, differences among genders and profession.

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