Job satisfaction of Malaysian registered nurses: a qualitative study

Narges Atefi, Khatijah L Abdullah and Li P Wong

ABSTRACT

Background: Job satisfaction is an important factor in health care settings. Strong empirical evidence supports a causal relationship between job satisfaction, patient safety and quality of care. However, there have not been any studies exploring the job satisfaction of Malaysian nurses.

Aim: The main purpose of this qualitative descriptive study was to explore the factors related to feelings of job satisfaction as well as job dissatisfaction experienced by registered nurses in Malaysia.

Method: A convenient sample of 46 Malaysian nurses recruited from a large hospital (number of beds = 895) participated in the study. A total of seven focus group discussions were conducted with nurses from surgical, medical and critical care wards. A semi-structured interview guide was used to facilitate the interviews, which were audio-recorded, transcribed verbatim and checked. The transcripts were used as data and were analysed using a thematic approach.

Finding: The study identified three main themes that influenced job satisfaction: (1) nurses’ personal values and beliefs; (2) work environment factors and (3) motivation factors. Concerning the nurses’ personal values and beliefs, the ability to help people made the nurses felt honoured and happy, which indirectly contributed to job satisfaction. For work environment factors, teamwork cohesion, benefits and reward, working conditions play an important role in the nurses’ job satisfaction. Motivation factors, namely, professional development and clinical autonomy contributed to job satisfaction.

Conclusion: It is important for nurse leaders to provide more rewards, comfortable work environments and to understand issues that affect nurses’ job satisfaction.

Relevance to clinical practice: Our findings highlight the importance of factors that can improve nurses’ job satisfaction. The study provides basic information for hospital administrators in planning effective and efficient policies to improve nursing job satisfaction in order to increase the quality of patient care and decrease nursing turnover.

Key words: Focus group discussions • Hospital • Nurses • Qualitative

INTRODUCTION

The shortage of nurses is a global problem and it is important to understand factors that promote the retention of registered nurses in the workplace (Kovner et al., 2006). It is believed that resolving the nursing shortage is one of the most important steps in providing better health care for people living in developing countries (Dehghan Nayeri et al., 2005; Li et al., 2010).

Owing to the current nursing shortage, health care administrators are searching for effective methods to recruit and retain qualified nurses and provide high quality patient care worldwide (Khowaja et al., 2005). Previous studies have shown that low job satisfaction is a major cause of turnover among nurses (Camerino et al., 2006; Abualrub, 2007; Zangaro and Soeken, 2007). According to a recent report from the Nursing Solutions Inc (2013), nurses working in critical care wards had lower rate of turnover (12-6%) compared with nurses working in medical/surgical wards (16-8%). Nurses with high job satisfaction tend to be more committed to their profession and organizations (Hwang et al., 2009).

Malaysia like many other countries is facing nursing shortages. The demands for nurses and social care have increased in response to an ageing population and increasing levels of chronic ill health. The number of qualified nurses has decreased because of increasing alternative job opportunities for nurses and the workforce is ageing with an average age of 40-5 among the practising workforce (International Council of Nurses, 2012). In Malaysia, the total number of nursing personnel is 79700, which represents the largest workforce in...
the health care sector (Siew et al., 2011). The turnover rate of nurses in Malaysia had increased more than 50% from the year 2005 to the year 2010; with 400 nurses leaving the job in 2005—1049 nurses leaving their jobs in 2010. Malaysia also faced the out-migration issue of 400 nurses per year; currently about 25 000 Malaysian nurses are working in other countries (Barnett et al., 2010; Siew et al., 2011) such as the UK and the USA.

BACKGROUND AND LITERATURE REVIEW
Job satisfaction has been reported as a strong element related to nurse turnover or intention to leave (Zangaro and Soeken, 2007; Lu et al., 2008). The literature shows that nurse retention is associated to job satisfaction, where nurses with low job satisfaction have a 65% reduced probability of intent to stay in their current job, compared to nurses with high job satisfaction (Lu et al., 2008). In-depth understanding of factors contributing to job satisfaction can be used to implement effective strategies to improve nurses’ job satisfaction and the quality of patient services (Zarea et al., 2009; Bagheri et al., 2012).

Zangaro and Soeken (2007), in a review of 31 studies comprised of a total of 14 567 nurses, found job satisfaction to be positively associated with nurse-physician collaboration and professional autonomy. Other studies indicate that job satisfaction is also affected by perceived low levels of job security, schedule inflexibility, low salary, inadequate staffing, heavy workloads, lack of clinical autonomy and poor support from supervisors (Al-Hussami, 2008; Mirzabeigi et al., 2009; Zarea et al., 2009).

In addition, numerous studies have reported collaborative relationships among the nurses as well as collaboration with physicians in patient care decision-making and teamwork as important factors determining level of nurses’ job satisfaction (Gardulf et al., 2008; Wyatt and Harrison, 2010). In a study comparing job satisfaction among nurses in Belgium, England, Finland, Germany, Greece, Ireland, the Netherlands, Norway, Poland, Spain, Sweden and Switzerland, lack of educational opportunities and opportunities for advancement, salary and heavy workload were reported as major factors associated with job dissatisfaction for nurses (Aiken et al., 2012).

On the basis of findings derived from studies in Malaysia, it has been reported that nurses have low to moderate levels of satisfaction in all the components of job satisfaction, including not enough support given by supervisors, relationship with co-workers, salary, nursing management policies and low levels of clinical autonomy (Ahmad and Oranye, 2010; Masroor and Fakir, 2010). Little is known about the reasons for the low to moderate level of job satisfaction (Masroor and Fakir, 2010), and to the best of our knowledge, no qualitative study has been conducted to explore nurses’ job satisfaction in Malaysia. Therefore, this study provided an opportunity to understand factors influencing their job satisfaction, which may not be identified in job satisfaction questionnaires.

RESEARCH AIM
The aim of this study was to explore the factors related to feelings of job satisfaction as well as job dissatisfaction experienced by registered nurses in a large hospital.

MATERIALS AND METHODS
Design
Seven focus group discussions (FGDs) were conducted among 46 registered nurses from surgical, medical and critical care wards at a large hospital (number of beds = 895) in Kuala Lumpur, Malaysia from August to December 2011. Convenience sampling was used in this study. Inclusion criteria for participation included being a registered nurse and working in the hospital during the study period, willingness to participate and the provision of written consent to participate in the study, and to be able to provide rich and adequate qualitative data of being a nurse. Non-nursing personnel (e.g. midwives and nursing aides) and administrative staff (head nurses and supervisors) were excluded. All registered nurses who fulfill the inclusion criteria from all wards were approached and invited to participate in the study by the researcher. The participation was voluntary, and all the participants were assured regarding their confidentiality and anonymity. Consent was obtained from the participants before each FGDs.

Data collection
The FGDs participants met at a safe venue that provided a comfortable ambience and privacy away from the hospital. The groups ranged in size from 6 to 10 participants per session on their practice background to ensure homogeneity and to capitalize on their shared experiences (Kitzinger, 1995). The duration of each discussion generally lasted between 60 and 90 min. Both the researcher and note-taker were registered nurses, which gave the added advantage of access and an inside knowledge of the study setting. Data were collected through audiotapes and note taking. FGDs were audio recorded and notes taken by the note-taker were supplemented with audiotapes to obtain full details from the FGDs.
An open-ended question related to the objectives of the study asks the participants to explain about factors that influence their job satisfaction. To conduct FGDs more on a conversation line, several follow-up questions were asked, such as ‘what do you mean’ or ‘can you make clarification please.’ The anonymity of participants was maintained by not referring to them by their names, numbers instead identified participants. Sample size was determined by data saturation whereby the FGDs were stopped when three researchers (N. A., K. L. A. and W. L. P.) agreed that data categories were established and any new data fit into categories already devised.

Ethical consideration
Ethical approval from the Medical Ethics Committee, University of Malaya (Ref. No. 782.7) was obtained. There were no known risks or potential harm to the participants. All participants were informed about the objectives of the study and written consent was obtained. All registered nurses participating were voluntary and were aware that they could withdraw consent at any time during the interview. Participants were informed that any evaluation report and subsequent publication would respect their confidentiality and anonymity. Confidentiality will continue to be maintained by keeping all records in a secure location.

Data analysis
Data analysis was performed simultaneously with data collection. At the end of each FGDs digital recording was transcribed to create verbatim writing account. Transcripts were converted to rich text format and imported into MAXQ 2007 (qualitative) software. Theoretical analysis was conducted to identify themes and subthemes. According to Braun and Clarke (2006), theoretical analysis is a method for identifying, analysing and reporting patterns (themes) within data. It goes through six phases of analysis. The process of analysis in this study started when we begin to familiarize ourselves with the data, notice and look for patterns of meaning and issues of potential interest in the data. Generating initial codes and searching for themes, reviewing themes, and defining and naming themes, followed this phase. All three researchers reflected and debated on the potential biases to improve credibility of the analysis before finalizing the theme.

Trustworthiness
To address credibility, the researcher has decided to determine credibility through peer checking. Transcriptions were also given to some of the participants to be reviewed. Participants were called to ensure the accuracy of the transcriptions. To facilitate transferability, selection and characteristics of participants, data collection, process of data analysis and providing enough quotes were used to ensure that the findings fit the data. For dependability, three external researchers viewed the data. The use of audio-taped interviews and all FGDs being conducted by the same researcher also helped to ensure dependability. Transcription was checked entirely for accuracy. All FGDs were based on semi-structured interview questions. To address conformability, Braun and Clarke’s (2006) six-step framework for analysis provides logical and accurate interpretation of the data. Validity is enriched by checking generate themes with two colleagues and some of the participants (Creswell and Plano Clark, 2007). The process was entirely checked by supervisors.

FINDINGS
Background characteristics of Malaysian nurses FGDs participants
Nearly 94% of focus group participants were female (n = 43), with ages ranging from 22 to 43 years (Table 1). The majority of participants possessed a diploma in nursing (n = 43), while 6.5% held a bachelor’s degree. Less than half of the participants were nurses from medical wards (n = 19, 41.3%), while 26% (n = 12) were from surgical, and 32.7% (n = 15) were from critical care wards. Less than half (n = 19, 41.3%) of participants possessed a working experience of 6 years or more.

Table 1 Distribution of socio-demographic characteristics of Malaysian participants (n = 46)

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<tr>
<th>Focus group (n)</th>
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FACTORS THAT AFFECT MALAYSIAN NURSE JOB SATISFACTION

Three key themes emerged from the results of the FGDs; nurses’ personal values and beliefs, work environment factors and motivation factors were considered important factors affecting Malaysian nurses’ job satisfaction.

Theme 1: Nurses’ personal values and beliefs

This theme emerged from all FGDs when nurses described factors affecting their job satisfaction. Almost all the nurses’ reported that the desire to help people who are sick was the primary factor that influenced their job satisfaction. The nurses explained that by helping patients, they felt honoured and happy. Giving holistic care, in particular being able to identify the various needs of the patients, was found to be another important factor in nurses’ job satisfaction. The participants gave the following explanations:

‘That’s where we get our biggest job satisfaction, is patient care, because that’s what we came into nursing for, was to look after people.’

(Critical care ward nurse, diploma degree, age 31)

‘I like nursing because I can help sick people and I am proud to be a nurse.’

(Medical ward nurse, diploma degree, age 25).

Theme 2: Work environment factors

The work environment factors that influence Malaysian nurses’ job satisfaction according to the participants included teamwork, benefit and reward, working condition and lack of support by management.

Teamwork

This theme emerged from all FGDs; many nurses reported the need to work as a team when it comes to sharing their knowledge and experiences of patient care with their colleagues. Many of the nurses stated their belief that teamwork in nursing is extremely important and that nurses who work together forge the best outcomes for their patients. They also reported a greater sense of job satisfaction and less stress among nurses who worked together during their shifts, as approaching a situation as a team made it easier to break down the work into smaller, more manageable parts. The participants gave the following explanation:

‘For me I choose nursing because of the team work between colleagues. Without my colleague I think, I will quit this work.’

(Surgical ward nurse, diploma degree, age 32).

Benefit and rewards

This theme emerged from all FGDs; many of the nurses reported that money was one of the main factors that influence their job satisfaction. Some of the female nurses explained that being able to contribute to their overall household income gave them satisfaction. The participants gave the following explanations:

‘I am quite satisfied with my salary. I think working for a government hospital as a nurse is ok but in the private hospitals I don’t know how the salary increments.’

(Medical ward nurse, diploma degree, age 25).

When asked about how they feel about the salary and benefits that they currently received, many of the nurses described that they are satisfied with their basic salaries. However, they mentioned that what salary nurses received was low relative to the heavy workload. Nurses were also concerned with the inequity of salary received in relation to the level of their responsibilities. Many of the nurses remarked, ‘in comparison with other job fields, I feel that nurses are underpaid for the responsibilities that they have.’ One surgical nurse explained:

‘In my opinion the hospital should increase our salary based on our heavy workload. I think our workload is more than teachers and other jobs. We also have to work on public holidays. We don’t have rest time; we don’t have time to spend with our family.’

(Surgical ward nurse, diploma degree, age 43).

Many medical and surgical nurses explained that they did not receive extra salary when working overtime as a result of staff shortages. One junior nurse explained:

‘Our work hours in the morning started at 6 am until 2 pm, but usually we have a lot of patients and not enough nurses; due to this workload, sometimes we have to stay in the ward until 4 pm to finish our work, but we don’t receive extra money for these 2 extra hours.’

(Medical ward nurse, diploma, age 24).
Moreover, nurses pursued bachelors and advanced degrees in hopes of a salary increase. However, the outcome was not what they had anticipated. As one nurse explained 'The advanced education that I received in nursing offered no increases in my salary.' (Critical care ward, bachelor’s degree, age 36).

Many senior nurses reported that they are satisfied with their basic salary but they are dissatisfied with the increment every year. They felt there are poor retirement benefits, requiring nurses to continue working after retirement for monetary needs. One senior nurse said:

‘Compared to other jobs our basic salary is 1,400RM and each year 60 RM is added, let’s say we are working for 30 years as a nurse, after we retire still our salary is only about 4,000RM. People that are working with other organisations, after they retire, their salary is 10,000RM. I think after retirement still I should work.’

(Surgical ward nurse, diploma, age 43)

Many critical care nurses believed that the hospital should offer a higher salary, which commensurate with their specialized skill set and the greater amount of pressure they faced caring for their patients compared to other units. One participant remarked:

‘We are working with very ill patients and with highly technical equipment, ventilators, and we have more stress compare to other nurses, I think the hospital should pay us extra money for our specialist care.’

(Critical care wards nurse, diploma, age 32)

In addition, insufficient income for all nurses was an issue that was frequently brought up across all the focus group participants. Various feedbacks were given by participants from the focus groups, such as the following example:

‘In comparison with other jobs, I feel that nurses are underpaid for the responsibilities that they have, and not given enough respect for knowledge acquired from experience.’

(Medical ward, diploma degree, age 34).

Working conditions

This theme emerged from all FGDs; the majority of the nurses cited inadequate staffing and workload as the main reasons for their job dissatisfaction. Heavy workload was mentioned as a factor contributing to workforce stress and making it difficult to balance work and life. They described their workload as difficult to effectively manage within the work hours of each day. Shortage of staff nurses and absenteeism was also reported as an added pressure during work hours. In addition, nurses described having a great deal of work to do in a single shift, with too much nursing documentation. Another major problem cited was lack of time to deliver holistic care, especially with the growing number of acute care patients demanding more time from nurses. One critical care nurse made the following comments:

‘With all the daily paperwork I never have time to care for my patients the way they should be cared for.’

(Critical care ward, diploma degree, age 38).

Despite carrying very heavy ward workloads, nurses reported that they needed to be available to give information to patients, their family members and even answer telephone calls. This left them little time for good nursing care. One participant said:

‘We don’t know the meaning of nurse, really, in my ward sometimes when our clerk is on holiday or off, I should do clerical work. This is not in our field, so it is difficult for us to cope with their work.’

(Medical ward nurse, diploma degree, age 31).

Medical and surgical nurses also reported a wide range of nurse-patient ratio experiences. The participants made the following comments:

‘There are only six staff in my ward that should take care of fifty-five to sixty patients. It is divided roughly one to ten or one to eight. So we cannot attend at the same time to all patients’ need. I mean it is not sufficient staff nurses to provide good nursing care.’

(Surgical ward, bachelor’s degree, age 27).

‘Usually in the medical ward one nurse has 10 or 12 patients. At the same time, two or three patients with RRT (renal replacement therapy) are in an ICU ward, two of our staff nurses have to go to ICU and do patients delays there. We don’t really have time to provide good patient care.’

(Medical ward nurse, diploma degree, age 25).
Shortages of supplies and malfunction or lack of necessary equipment were sources of dissatisfaction for critical care nurses. They also felt unable to adequately help patients because of hospital budget cuts and staff shortages, or when they encountered difficulty accessing appropriate services or faced extensive waiting times for necessary equipment. One critical care nurse made the following comments:

‘Sometimes we get very ill patients, we need to monitor them. Sometimes we don’t have enough monitors, and this is very stressful for us.’

(Critical care ward, diploma degree, age 24)

Lack of support by management
This theme emerged from four FGDs; Malaysian nurses had a different view of support given by their sisters (Head nurse). Some of the medical and surgical nurses reported that they are not satisfied with the emotional support given by their sisters. Nurses gave the following examples:

‘Our sister just thinks about documentations and there is no appreciation of our work. When you want to continue your study, just because not enough staffing, you cannot go. The sister won’t sign your letter. It means that she won’t let you go to study; because of not enough staffing. And next she will say, ‘I need you to be here.’ So, you will have to apply next year again.’

(Medical ward nurse, diploma degree, age 25)

‘Sometimes you have to work for 10 days, when the ward is busy, they cannot spare any off. So you should wait for your night shift then only you can get a day off. You have to wait too long.’

(Critical care units, diploma degree, age 30).

Some medical and surgical nurses reported that their matrons usually did not have enough time to listen to their problems and suggestions, while some did not even appreciate nurses’ good performances and gave the least priority to nurses’ problems. Some of the participants mentioned that they felt a lack of support; this feeling was followed closely by recurring comments on feeling unappreciated by matrons with comments such as ‘They do not support nurses.’ Participants gave the following examples:

‘We need good communication between nurses and matrons. We know that the matrons have a higher level than us but there is a lack of communication between us. They only know how to condemn their nurses. They do not communicate to solve problems; they only stand in front of the chart and ask ‘Why you don’t do this, do that? I think of them, the black and white paper work is much more important.’

(Medical ward nurse, diploma degree, age 28)

However, critical care nurses reported that they were happy and satisfied with a certain level of support they received from the sisters in their difficult situations. One nurse said:

‘One good thing is any time we need some help, some of the sisters’ guide us and we can go and ask various things. So we’re well-supported by our sisters.’

(Critical care ward nurse, diploma degree, age 28)

Theme 3: Motivation factors
Professional development
Some of the critical care nurses reported that professional was one of the main factors that influence their job satisfaction. Critical care nurses stated that they should improve their skills and knowledge to cope with the complex needs of acutely ill patients. They also reported higher satisfaction when given the opportunity to learn and gain more knowledge.

‘I am proud to be a nurse because I can help my family and people when they are in need. I enjoy learning new skills. When we learn more new skills, we can help our patients more.’

(Critical care unit nurse, diploma degree, age 26)

Clinical autonomy
Only in one FGD, some of the junior nurses mentioned autonomy as a main factor that related to job satisfaction. One nurse said:

‘I don’t have any control over my own work as a junior nurse, I cannot do anything without senior nurse’s permissions and I don’t feel good about it. For example: if we have an available bed in our ward and another ward wants to transfer the patient in my ward, the only senior nurses should decide to admit or don’t admit the patient. If we admit a patient without their permission, we made them angry.’

(Medical ward nurse, diploma, age 24)
DISCUSSION

Both the two sub-themes elicited from the interviews: clinical autonomy and professional development indicated the importance of the motivation factors for job satisfaction for these nurses. The theme working environment which include aspects of the working environment such as teamwork, pay and benefit, supportive nursing management, and working conditions as reported by the nurses in this study suggested that the Herzberg’s two factor (motivation-hygiene) theory play an important role in understanding the reasons of the nurses’ satisfaction or dissatisfaction on their jobs. According to Herzberg two factors theory, both motivation and hygiene factors need to be addressed to ensure job satisfaction (King, 1970).

The results of this study indicated that because of the nurses’ personal values and beliefs, helping sick people is a factor that can influence critical care and medical ward nurses’ job satisfaction. The critical care and medical nurses explained that by helping patients they felt honoured and happy. This finding is supported in the study by Cortese (2007) and Ravari et al. (2012), which reported that nurses were satisfied by helping patients and recognition from patients and family members. Likewise, Archibald (2006) and Stuart et al. (2008) also reported that nurses were satisfied from the patients’ positive outcomes.

The outcome of this study shows that critical care nurses were satisfied with teamwork and relationship with other staff nurses. Likewise, numerous studies mentioned that team cohesion (teamwork) and relationships with colleagues were important factors related to the nurses’ job satisfaction in different countries (Kovner et al., 2006; Cortese, 2007; Zangaro and Soeken, 2007; Gardulf et al., 2008; Wyatt and Harrison, 2010). Teamwork in nursing care might contribute to more effective communication. Nurses communicate with each other as a team to discuss new information about a patient’s changed health status and note changes made in the patient’s medical care plan. The teamwork seems to contribute to job satisfaction. Thus, nurse managers should offer more shared governance opportunities and offer nurses’ opportunities to participate in committees and workshops that will encourage teamwork (Bjerk et al., 2007, Lu et al., 2008).

Furthermore, this study revealed that nurses were dissatisfied with their rewards, promotion and benefit. Possible explanation may be Malaysian nurses generally have been identified as being the most undervalued and underpaid public sector nurses in this region (Masroor and Fakir, 2010). Critical care nurses believed that they are working with very ill patients and with highly technical equipment and that they have more stress compared to other ward nurses, so the hospital should pay extra money for their specialty. The findings are similar to the results of other studies (Emami and Nasrabadi, 2007, Farsi et al., 2010, Klopper et al., 2012; Ramoo et al., 2013), which showed that nurses were dissatisfied with their salary and promotion. Therefore, promotion and salary structure should be reviewed by policy makers to change necessary proportions; nurses’ salary and benefit should be increased based on their performance and level of education (Farsi et al., 2010).

The study revealed that high workload, and not enough staff nurses were major contributors to job dissatisfaction among nurses. These findings were supported by Atashzadeh Shorideh et al. (2012) and Khowaja et al. (2005), who also found that high workload was nurses’ main reason for job dissatisfaction and was a major stress factors at work. However, Kovner et al. (2006) found that high workload was not related to nurses’ dissatisfaction and nurses who perceived that they had a high workload were no more satisfied or less satisfied than others. Kovner et al. (2006) reasoned that the difference might be related to the perceived fairness of the workload rather than actual workload. If all nurses are working hard, that might not affect their satisfaction. However, when some people have higher workloads, the lack of fairness could lead to dissatisfaction. The perceived higher workload in this study may be due to the current nursing shortage faced by the hospital, especially in specialized areas like the critical care wards, which has led to an increase in the patient-nurse ratio and consequently in nurses’ workloads. It should also be noted that there are no polices on flexible working hours in Malaysia for public sector nurses (Ramoo et al., 2013). Managers should ensure that adequate numbers of nurses are on the staff allocation to ensure fairness in workload.

Malaysian nurses reported that they did not have a clear job description. Similarly, Atashzadeh Shorideh et al. (2012) and Farsi et al. (2010) reported Iranian nurses were dissatisfied with unclear job descriptions. Malaysian nurses play multiple roles in their wards because of unclear job descriptions, thus career career ladder programmes should be established, expanded and explored to establish clear job description to attract, satisfy and nurses return to the work.

Critical care nurses reported that they were dissatisfied with shortages of supplies and the lack of necessary equipment. Similarly, Tourangeau et al. (2006) and Klopper et al. (2012) found that critical care nurses were dissatisfied with shortages of supplies and lack of equipment. Adequate staffing and resources

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as a crucial part of a positive practice environment have been reported by Aiken et al. (2008). Engaging the nurses especially among critical care nurses in assessment and improvement of work design and organization will help to ensure appropriate resource allocation for necessary equipment and technical support.

In this study, critical care nurses reported that they were happy and satisfied with certain levels of support they received from the sisters in their difficult situations. Usually the critical care nurse functions are under the supervision of the sisters. It has been noted that employees who feel that they are supported or cared for have not only higher levels of commitment but are also more satisfied (Shacklock et al., 2014). However, surgical and medical nurses indicate that there is a lack of support by management. They believed that some of the supervisors and sisters do not give importance to their nurses. They do not listen to the nurses’ problems and sometimes over exaggerate their own problems. Likewise, Cortese (2007) and Atefi et al. (2013) also reported that the non-supportive styles of nurse managers cause the high level of nurses’ job dissatisfaction. However, if nursing management is more supportive and respective, it provides high job satisfaction among nurses. Therefore, it is recommended that nurse managers require more knowledge to deal with situations that influence nurses’ job satisfaction and should promote their nurse satisfaction through managerial intervention such as involving nursing staff in policy making; this is especially true for policies that affect nursing staff directly and encourage nurses and supervisors to be open in their communications to promote a better workplace.

Critical care nurses mentioned that professional development is one of the factors contributing to their job satisfaction. Similarly, Al-Enezi et al. (2009) and Ramoo et al. (2013) found that professional development contributed to nurses’ job satisfaction. When opportunities for promotion and development are absent within a hospital, nurses tend to have lower job satisfaction (Al-Enezi et al., 2009), while higher nurses satisfaction is observed in hospitals that facilitate educational opportunities and professional development (Ramoo et al., 2013).

In this study, nurses mentioned autonomy as a main factor that related to job satisfaction. Possible explanation may be partly due to the Asian culture, where nurses involvement in decision-making activities tend to be low (Kwak et al., 2010, Ramoo et al., 2013). Therefore, a nurse manager can provide more clinical autonomy by maximizing the opportunities for nurses to be involved in all levels of patient-care decision-making.

LIMITATION AND STRENGTH OF THE STUDY
The findings of this study are limited by design and therefore, not generalizable to the larger population. However, this study has contributed to a fuller understanding of nurses’ experiences of job satisfaction, providing important implications for policy makers.

CONCLUSIONS
The study findings indicate high workload, limited clinical autonomy, lack of support from nursing management and low salary are the major sources of medical and surgical nurses’ job dissatisfaction. Among critical care nurses, shortage of supply, lack of equipment and low salary were major sources of job dissatisfaction. It is important for management to ensure open communication and allow surgical and medical nurses to participate in decision-making. They should understand issues that affect nurses’ job satisfaction. The nurses’ salary also should be based on their performance, specialty, skills and level of education and nurses should be given incentives such as sharing of profit and other benefits.

Critical care nurses were satisfied with the support from sisters and nursing management. It can be concluded that the practice environment for the critical care nurses is positive except for the shortages of staffing and supplies and lack of equipment. Managers in critical care wards should ensure adequate staff, supplies and equipment to ensure a positive and healthy practice environment which is crucial to job satisfaction (Ritter, 2010).

ACKNOWLEDGEMENTS
The authors gratefully acknowledge the help and support of the director, chief nursing officer, supervisors and all staff nurses at University Malaya Medical Centre. The authors received funding from the University of Malaya, IPPP Fund No. PV148/2012A.

AUTHOR CONTRIBUTIONS
N. Atefi was responsible for the study concept and the design of the study, as well as for the data collection/analysis and drafting of the manuscript preparation, K.L. Abdullah and L.P. Wong were responsible for supervision; critical revisions for important intellectual content and administration/technical/material support of the study.
WHAT IS ALREADY KNOWN ABOUT THIS TOPIC

- Job satisfaction of nurses is becoming a great concern to many health care organizations; it is seen as a crucial indicator of nurses' performance and quality of patient care.
- Nurses' dissatisfaction contributes to the nursing shortage, higher nurse-patient ratios, longer patient waiting list and nurses' burnout and turnover.
- Health care industries attempt to clarify major factors contributing job satisfaction among nurses such as interaction with co-workers, self-grow and promotion, work condition, autonomy and salary.

WHAT THIS PAPER ADDS

- Nurses in different wards have different sets of values and reasons for their job satisfaction. Understanding specific needs and values of specialist nurses may enable nurse leaders to develop feasible and effective countermeasures to reduce nurses' turnover, especially as it relates to critical care nurses.
- Our findings also highlight the importance of factors improving nurses' job satisfaction. The outcomes have implications for nurse leaders, management, and policy changes and strategic planning that can control the nurses' workload, provide more reward and clinical autonomy in order to increase medical, surgical and critical care nurses' job satisfaction. Career ladder programmes should be established, expanded and explored for a clear job description that attracts, satisfies and nurses returns to work.

REFERENCES


