The relationship between job satisfaction and intention to leave current employment among registered nurses in a teaching hospital

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Aims and objectives. To assess Malaysian nurses’ perceived job satisfaction and to determine whether any association exists between job satisfaction and intention to leave current employment.

Background. There is currently a shortage of qualified nurses, and healthcare organisations often face challenges in retaining trained nurses. Job satisfaction has been identified as a factor that influences nurse turnover. However, this has not been widely explored in Malaysia.


Methods. Registered nurses in a teaching hospital in Malaysia completed a self-administered questionnaire. Of the 150 questionnaires distributed, 141 were returned (response rate = 94%).

Results. Overall, nurses had a moderate level of job satisfaction, with higher satisfaction for motivational factors. Significant effects were observed between job satisfaction and demographic variables. About 40% of the nurses intended to leave their current employment. Furthermore, age, work experience and nursing education had significant associations with intention to leave. Logistic regression analysis revealed that job satisfaction was a significant and independent predictor of nurses’ intention to leave after controlling for demographic variables.

Conclusion. The results suggest that there is a significant association between job satisfaction and nurses’ intention to leave their current employment. It adds to the existing literature on the relationship between nurses’ job satisfaction and intention to leave.

Relevance to clinical practice. Methods for enhancing nurses’ job satisfaction are vital to promote the long-term retention of nurses within organisations. Attention must be paid to the needs of younger nurses, as they represent the majority of the nursing workforce and often have lower satisfaction and greater intention to leave than older nurses do. Strategies to nurture younger nurses, such as providing opportunities for further education, greater management decision-making capabilities and flexible working environment, are essential.

Key words: intention to leave, job satisfaction, Malaysian nurses, nursing, teaching hospital, turnover

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Introduction

A shortage of qualified nurses, high turnover rates and poor retention are ongoing issues for healthcare organisations in many countries (Buchan & Aiken 2008, Senior 2010). This nursing shortage is the outcome of an imbalance in the supply and demand for nurses, in that the supply of nurses is unable to keep pace with the increasing demand for them.
(Buchan & Aiken 2008, Kirschling et al. 2011). Furthermore, the high turnover rate of nurses has aggravated the shortage (De Gieter et al. 2011) by affecting the supply process (Buchan & Aiken 2008). Thus, healthcare organisations face serious problems in finding and retaining qualified nurses due to the turbulent nursing labour market, which is characterised by the high mobility of nurses (De Gieter et al. 2011, Lu et al. 2011, Currie & Carr Hill 2012).

Healthcare organisations experience increased costs and economic losses due to the constant recruitment of new nurses (Buerhaus et al. 2007), and the shortage is detrimental to the profession, as it leads to increasing workloads and stress in existing nurses (Fang 2001, Li & Lambert 2008), which may subsequently lead to job dissatisfaction and high turnover (Pillay 2009). Job dissatisfaction resulting in burnout and turnover would in turn exacerbate the current shortage and worsen staffing problems in healthcare facilities. In addition, an increase in inexperienced nurses would further decrease healthcare organisations’ capacity to provide their services effectively (Aiken et al. 2002, Shamian & El-Jardali 2007). Therefore, having sufficient numbers of adequately trained nurses is crucial for the provision of quality care and the maintenance of patient safety and staff satisfaction.

Background


Job satisfaction is a complex and multifaceted concept whose definition differs between individuals. It is a subjective variable, as it depends not only on the nature of the job, but also on the individual’s expectations of what his/her job should provide (Lu et al. 2011). Job satisfaction could be measured using either the global or the facet approach. The global approach measures a person’s overall job satisfaction to determine his/her general attitude towards work, while the facet approach measures job satisfaction according to several specific facets to identify the particular aspects of work that contribute to overall job satisfaction or dissatisfaction (Lu et al. 2011). The latter could provide clues for changing or modifying these unfavourable aspects to increase job satisfaction.

Facets consist of intrinsic or extrinsic determinants, which are categorised into motivation or hygiene factors according to Herzberg’s (1966) motivation–hygiene theory. Motivation factors are aspects of work that are likely to satisfy the worker, enrich their job and have long-term positive effects on job performance (Herzberg 1966). These include achievement, recognition, the work itself and responsibility. Hygiene factors correspond to the disorganisation and unfairness of the work and can cause employees to be unhappy. Organisational policy and administration, supervision, working conditions, pay and status are termed hygiene factors. According to Herzberg (1966), absence of these factors will lead to dissatisfaction and consistently produce negative changes in job attitude and performance.


Because of the argument that job satisfaction also depends on an individual’s expectations rather than simply on the nature of the job, demographic factors are often included in job satisfaction models. The demographic characteristics that have been frequently linked to job satisfaction are age, educational level, work experience and gender; however, findings regarding the relationships between these characteristics and job satisfaction have been inconsistent (Shields & Wards 2001, Tourangeau & Cranley 2006, Coomber & Barriball 2007). Job satisfaction has also been noted to vary according to work area and nursing specialty (Ingersoll et al. 2002, Boyle et al. 2006).

Besides having a positive effect on the quality of care and patient outcomes (Ma et al. 2003, Best & Thurston 2004), job satisfaction also has an effect on nurse turnover. Evidence shows that job satisfaction or dissatisfaction can often determine nurses’ decisions to remain at or leave their employment (Murrells et al. 2008). The relationship between job satisfaction and turnover among nurses has been well documented (Larrabee et al. 2003, Gardulf et al. 2005, Chan et al. 2008, Liu et al. 2011). Important factors reportedly influencing nurses’ decisions to remain at or leave their jobs are dissatisfaction with pay, management

A study in Macao, which investigated the factors associated with nurses’ intention to leave their current employment, found that 39% of the nurses reported intention to leave their jobs. Age, work experience, workplace conditions and job satisfaction (pay and benefits) were significant predictors of intention to leave in their study (Chan et al. 2008). Liu et al. (2011) reported similar findings: half of the Chinese nurses they surveyed reported being dissatisfied with their jobs, and around 40% intended to leave their current employment. Respondents’ demographic characteristics (i.e. age, marital status and work experience), overall job satisfaction, extrinsic rewards, interactions, praise, recognition, control and responsibility were significant factors that contributed to intention to leave.

In an attempt to identify the primary causes of turnover among Singaporean nurses, Fang (2001) found that job satisfaction was significantly and positively related to organisational commitment, professional commitment and supervision satisfaction and negatively related to job stress, turnover cognition and intention to leave. Organisational commitment and supervision satisfaction were among the top predictors of turnover intention. There is also evidence that nurses with higher job satisfaction have higher retention rates and more positive job behaviour (Shimizutani et al. 2008).

Empirical evidence on nurses’ job satisfaction is very limited in Malaysia. Studies have indicated that Malaysian nurses tend to have a moderate level of job satisfaction (Masroor & Fakir 2010, Nora & Nelson 2010). Nora and Nelson (2010) compared job satisfaction between nurses in Malaysia and England through a descriptive correlation survey, examining the relationships between nurses’ empowerment, job satisfaction and organisational commitment. They reported that nurses in England had higher job satisfaction compared with their Malaysian counterparts. Significant factors reported to determine job satisfaction were ‘interaction’ among the Malaysian nurses and ‘pay’ among the English nurses. The study also revealed that cultural differences influenced the empowerment, job satisfaction and organisational commitment of the nurses. However, it did not explore nurses’ turnover intentions. Masroor and Fakir (2010), in a study of 153 Malaysian nurses, found that nurses had neither the intention to stay nor the intention to leave the hospital or their job. In other words, they exhibited neutral behaviour. However, the study did not assess the relationship between job satisfaction and intention to leave.

**Nursing in Malaysia**

Healthcare organisations worldwide face challenges in maintaining high-quality care, given severely constrained human resources (Lu et al. 2011). This phenomenon is no different in Malaysia, which faces a shortage of qualified and experienced nurses, especially in hospitals (Edwards 2008, Kanchanachitra et al. 2011). The demand for nurses has increased mainly due to the rapid development of the nation’s healthcare sector and the changing demographic patterns of the population (Barnett et al. 2010, Kanchanachitra et al. 2011).

The nursing workforce in Malaysia has grown over the last few decades (Barnett et al. 2010), but it is still considered insufficient to adequately serve the entire population. Currently, there are around 93,000 nurses in Malaysia, and 74% of them are registered nurses (Fathilah 2011). Regarding nursing workforce density, the current nurse-to-population ratio is 2.7 nurses per 1000 population, which is relatively higher than that of other South-East Asian countries (except Singapore, whose ratio is 5.9:1000), but far lower than that of developed countries (World Health Organization 2011). With a population of 28 million (Department of Statistics 2010), at least 140,000 nurses are needed to meet the healthcare ministry’s vision of achieving a nurse-to-population ratio of 1:200 by 2020 (Ministry of Health 2009). This indicates a shortage of at least 40,000 nurses to meet the nation’s needs. The Malaysian government has taken efforts to improve the nurse-to-patient ratio, primarily by increasing the number of training colleges and boosting the enrolment rate of student nurses. Nurses from other Asian and South-East Asian countries have been recruited to meet the domestic needs (Kanchanachitra et al. 2011). However, efforts that focus solely on training new nurses, without long-term strategies to retain the experienced nurses within the workforce, will not solve the nursing shortage (Shields & Wards 2001, Barnett et al. 2010). Furthermore, the nursing shortage is not solely due to the lack of qualified nurses available in the profession, but also due to a dearth of nurses willing to work under the present conditions (Buchan & Aiken 2008).

While nurse migration to foreign countries is not a major problem in Malaysia (Kanchanachitra et al. 2011), there is a real problem of public sector nurses migrating to the private health sector, leading to imbalances in skill distribution and high turnover in public healthcare settings. Turnover does not happen without a reason;
therefore, understanding nurses’ intentions and the role of job satisfaction in their intention to leave is crucial. Furthermore, identifying high-risk groups and the causes underlying nurses’ intention to leave can provide valuable information for planning retention strategies (Currie & Carr Hill 2012). Although a number of studies have explored these issues, most of them were conducted in other parts of the world. Given the differences in healthcare systems throughout the world, it is necessary to investigate the issue in Malaysia. Therefore, the current study aimed to assess Malaysian nurses’ perceived job satisfaction and intention to leave current employment and to determine the relationship between these two variables.

Methods

Design

This study adopted a cross-sectional design using self-administered questionnaires.

Setting and sample

Data were collected in a public teaching hospital, which has around 900 beds and 1200 registered nurses. The target population for this study were from areas with a high nurse turnover rate during the study period, namely registered nurses (hereafter referred to as nurses) working in specialised units (critical care and trauma and emergency units) and general wards (adult medical and surgical wards).

A simple stratified sampling method was used to select 150 nurses from these specialised units and general wards. However, only 141 nurses returned the completed questionnaire (response rate = 94%).

Data collection and ethical consideration

Ethical approval was obtained from the teaching hospital’s ethics committee. Data were collected using a structured questionnaire. The questionnaire, along with a cover letter explaining the purpose of the study and the voluntary nature of participation, was distributed through the nurse managers of the various wards and units. The respondents were instructed to seal their completed questionnaire in the envelope provided before returning it to the nurse managers to ensure confidentiality of the participants and their responses. Codes were assigned to each respondent to maintain anonymity. The returned questionnaires were considered to be consent to participate in the study.

Study instrument

This study used a self-administered questionnaire with three sections. Section I consisted of four items for collecting demographic data: age, work experience (at the present institution), nursing education level and present work area. In Section II, the researchers adapted the National Database of Nursing Quality Indicators – Adapted Index of Work Satisfaction (NDNQI-AIWS) to measure nurses’ job satisfaction levels. The NDNQI-AIWS was developed based on Stamps’s (1977) Index of Work Satisfaction and the Revised Nursing Work Index of Aiken and Patrician, 2000 (Taunton et al. 2004).

This section of the instrument had 60 items distributed across nine subscales (each subscale consisted of five to eight items), including task, autonomy, professional development, professional status, work interaction, supportive nursing management, decision-making, working conditions and pay. The first four subscales were associated with Herzberg’s (1966) motivation factors, and the remainder were associated with his hygiene factors. A five-point Likert scale, ranging from 1 (strongly disagree)–5 (strongly agree), was used to rate these items.

Section III of the questionnaire contained a statement regarding nurses’ job plans for the next three years with eight options: four options reflected nurses’ intention to leave their current employment within the next three years, and the remainder reflected their intention to retire or leave the profession or to stay with the institution for the next three years. A similar five-point Likert scale was used to indicate their degree of agreement with those options.

Nursing experts checked the content validity of the instrument, and its reliability was tested in a pilot study involving a group of 20 registered nurses with the same characteristics as the target population. Results indicated that the Cronbach’s alpha coefficients for job satisfaction and its two dimensions (motivation and hygiene factors) were 0.87, 0.81 and 0.84, respectively. The Cronbach’s alpha coefficients for the nine subscales of job satisfaction ranged from 0.72–0.86. In this study, the Cronbach’s alpha coefficients for the motivation and hygiene factors were 0.94 and 0.95, respectively. For the nine subscales of job satisfaction, the internal consistency reliabilities ranged from 0.77–0.95 (task = 0.89, autonomy = 0.84, professional development = 0.83, professional status = 0.86, work interaction = 0.93, working conditions = 0.88, decision-making = 0.93, supportive nursing management = 0.94 and pay = 0.77). The Cronbach’s alpha for Section III (intention to leave the organisation) was 0.91. Because all
the obtained alpha coefficients were above 0.70, the instrument was considered reliable in terms of internal consistency.

Data analysis

The demographic characteristics of the nurses are presented descriptively in frequency values and percentages. The mean scores for job satisfaction and its nine subscales were calculated. Multivariate analysis of variance (MANOVA) was used to examine the effects of the four demographic variables on the two job satisfaction dimensions (i.e. motivation and hygiene factors). Intercorrelations between the demographic variables and the nine subscales were calculated with Spearman’s rho test. Chi-square tests calculated the associations between the demographic variables and intention to leave the organisation. Finally, a hierarchical logistic regression analysis was conducted to examine the effect of job satisfaction on intention to leave the organisation after controlling for the effects of the demographic variables on job satisfaction.

Results

Demographic characteristics of the registered nurses

The sample consisted of 141 nurses: 51.8% (n = 73) of them were working in general wards (adult medical and surgical wards) and 48.2% (n = 68) in specialised units (critical care and trauma and emergency units). Two-thirds of them were between 20–29 years of age (n = 94, 66.7%), 26.2% (n = 37) were between 30–39 years of age, and the remainder were aged 40 or above. More than half of the respondents (n = 87, 61.7%) had less than one year to six years of work experience, 29.8% (n = 42) had seven to 12 years, and the rest had more than 12 years of work experience. Most of the respondents (75.9%, n = 107) had only a basic nursing diploma.

The effects of the demographic variables on job satisfaction

The mean score for overall job satisfaction was 3.44 (SD = 0.63), indicating that the nurses generally had a moderate level of satisfaction. The professional development subscale (M = 3.91, SD = 0.65) of the motivation factors and work interaction subscale of the hygiene factors (M = 3.80, SD = 0.76) had the highest satisfaction scores (see Table 1). Pay was the only subscale with which nurses reported being dissatisfied (M = 2.49, SD = 0.74).

Table 1 Mean scores of nurses’ satisfaction based on motivation and hygiene factors

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall job satisfaction</td>
<td>3.44</td>
<td>0.63</td>
</tr>
<tr>
<td>Motivation factors</td>
<td>3.73</td>
<td>0.63</td>
</tr>
<tr>
<td>Task</td>
<td>3.82</td>
<td>0.77</td>
</tr>
<tr>
<td>Autonomy</td>
<td>3.62</td>
<td>0.78</td>
</tr>
<tr>
<td>Professional development</td>
<td>3.91</td>
<td>0.65</td>
</tr>
<tr>
<td>Professional status</td>
<td>3.54</td>
<td>0.77</td>
</tr>
<tr>
<td>Hygiene factors</td>
<td>3.27</td>
<td>0.66</td>
</tr>
<tr>
<td>Work interaction</td>
<td>3.80</td>
<td>0.76</td>
</tr>
<tr>
<td>Working condition</td>
<td>3.04</td>
<td>0.85</td>
</tr>
<tr>
<td>Decision-making</td>
<td>3.02</td>
<td>1.02</td>
</tr>
<tr>
<td>Supportive nursing management</td>
<td>3.65</td>
<td>0.91</td>
</tr>
<tr>
<td>Pay</td>
<td>2.49</td>
<td>0.74</td>
</tr>
</tbody>
</table>

Table 2 Effects of age, years of work experience, nursing education and work area on job satisfaction

<table>
<thead>
<tr>
<th>DV</th>
<th>IV</th>
<th>Level</th>
<th>Mean</th>
<th>SD</th>
<th>df 1, df 2</th>
<th>F</th>
<th>p</th>
<th>Effect size (n²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job satisfaction</td>
<td>Age</td>
<td>20–29</td>
<td>3.237</td>
<td>0.59025</td>
<td>2,138</td>
<td>17.56</td>
<td>0.000*</td>
<td>0.20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30–39</td>
<td>3.8224</td>
<td>0.56094</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>40–49</td>
<td>3.8919</td>
<td>0.28648</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work experience</td>
<td>1–6 years</td>
<td>3.2065</td>
<td>0.59176</td>
<td>2,138</td>
<td>19.636</td>
<td>0.000*</td>
<td>0.22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7–12 years</td>
<td>3.7717</td>
<td>0.54988</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>&gt;12 years</td>
<td>3.9395</td>
<td>0.28817</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing education level</td>
<td>Basic</td>
<td>3.2493</td>
<td>0.59495</td>
<td>1,139</td>
<td>26.97</td>
<td>0.000*</td>
<td>0.28</td>
<td></td>
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<tr>
<td></td>
<td>Postbasic</td>
<td>4.0337</td>
<td>0.29473</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work area</td>
<td>Medical ward</td>
<td>3.4078</td>
<td>0.66512</td>
<td>3,137</td>
<td>5.45</td>
<td>0.001*</td>
<td>0.11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgical ward</td>
<td>3.1222</td>
<td>0.60412</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CCU</td>
<td>3.6686</td>
<td>0.49576</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>T &amp; E unit</td>
<td>3.5405</td>
<td>0.65191</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

CCU, critical care unit; T & E unit, trauma and emergency unit.
Cohen (1988) defined the effect sizes (eta squared) as follows: 0.01 was a small effect; 0.09, a moderate effect; and 0.25, a large effect.

*Significant at p < 0.05.
The results, presented in Table 2, indicated that each of the four demographic variables (age, work experience, nursing education and work area) had significant effects on job satisfaction. The researchers adopted Cohen’s (1988) benchmarks of effect sizes (eta squares), which were as follows: 0·01 is a small effect; 0·09, a moderate effect; and 0·25, a large effect. According to these benchmarks, nursing education level had a large effect (0·28), while age, work experience and work area all had moderate effects (0·20, 0·22 and 0·11, respectively) on job satisfaction.

Table 3 shows significant main effects of each of the demographic variables on the two job satisfaction dimensions. The results of Tukey’s HSD multiple-comparison analysis showed differences in the demographic variable groups on the hygiene and motivation factors. In terms of age, the negative mean difference values indicated that older nurses had higher job satisfaction compared with younger nurses. The results also indicated that nurses with seven years of work experience or more had higher job satisfaction. Furthermore, nurses with post-basic nursing education had significantly higher levels of job satisfaction compared with those who had only the basic education ($p < 0·05$). In addition, comparison between the work areas showed that specialised unit nurses had higher job satisfaction than general ward nurses ($p < 0·05$).

Because the four demographic variables were significant factors, which influenced job satisfaction (as shown in Table 3), and the effect sizes ranged from 0·11 (moderate)–0·28 (large), correlations between the demographic variables and the nine job satisfaction dimensions were then measured in detail using the Spearman’s rho correlation test. The results (see Table 4) indicated that there were significant intercorrelations among the demographic variables and the job satisfaction dimensions. Age, work experience and nursing education level significantly correlated with all subscales of the motivation and hygiene factors except ‘pay’. Work area had significant correlations with only two of the nine job satisfaction subscales (task, $r = 0·46$, $p < 0·01$; and autonomy, $r = 0·43$, $p < 0·05$). Therefore, the results indicated that among the four demographic variables, work area had the weakest association with job satisfaction in the sampled nurses.

**Intention to leave**

The data in Table 5 reveal that 40% ($n = 57$) of the nurses intended to leave their current employment within the next three years. The chi-square test indicated that three of the four demographic variables (age, work experience and nurs-
ing education level) had significant associations with intention to leave. Using Cohen’s (1988) benchmarks (effect size for phi value 0.1 was considered a small effect; 0.3, a moderate effect; and 0.5, a large effect), work experience had a large effect (0.53) on intention to leave, while age and nursing education had moderate effects (0.49 and 0.43, respectively). Work area did not influence intention to leave. The results also revealed that nurses younger than 30 years, with less than seven years of work experience and who had only a basic diploma had significantly greater intentions to leave ($p < 0.05$).

### Job satisfaction and intention to leave

To examine whether, and to what extent, job satisfaction independently predicted intention to leave, a hierarchical logistic regression analysis was conducted. After controlling the demographic variables, the results indicated that job satisfaction independently predicted intention to leave.
satisfaction was a significant and independent predictor of intention to leave. It significantly predicted an additional 0.173 or 17.3% of nurses’ intention to leave when it was entered into the regression model (Nagelkerke’s $R^2$ change = 0.623–0.450 = 0.173, $p < 0.05$), as shown in Table 6.

**Discussion**

The findings of this study suggested that Malaysian nurses tend to have a moderate level of job satisfaction, which supports the findings from other studies conducted locally (Masroor & Fakir 2010, Nora & Nelson 2010) and abroad (Climente et al. 2003, Golbasi et al. 2008).

The nurses involved in this study tended to be more satisfied with motivation factors, with the professional development subscale receiving the highest satisfaction score, followed by the task, autonomy and professional status subscales. The higher score for professional development could be due to the perceived opportunities available in teaching hospitals, which focus on enhancing staff members’ knowledge and skills through continual education and training programmes. When opportunities for promotion and career advancement are absent within a hospital, nurses tend to have lower job satisfaction (Al-Enezi et al. 2009), while higher satisfaction is observed in hospitals that facilitate educational opportunities and human capital development (Levett-Jones 2005).

Job satisfaction reportedly increases relative to task requirements and is notably lower when the tasks are routine and repetitive (Strachota et al. 2003). In this study, the task subscale had a strong correlation with the demographic characteristics tested. Thus, these findings support the motivation–hygiene theory, which states that if workers find their jobs to be challenging, interesting and enriching, they will have higher job satisfaction (Herzberg 1966).

The decision-making subscale of the hygiene factor had the lowest satisfaction score ($M = 3.02$). This indicates that nurses felt that they did not have enough say in decisions related to management policies and the practices that affected them. In general, the involvement of nurses in decision-making activities in Asian countries tends to be low (Golbasi et al. 2008, Kwak et al. 2010). This may be partly due to Asian cultures, where bureaucrats are given considerable power and subordinates are expected to be passive (Sriratanaprapat & Songwathana 2011). On the working conditions subscale, nurses reported low satisfaction on workload, work schedules, staffing and fairness. The fact that workload satisfaction was rated poorly could
be due to the current nursing shortage faced by hospitals, which has led to an increase in the patient-to-nurse ratio and, consequently, in nurses' workloads. Furthermore, nurses in this study did not have much choice when it came to their work schedules due to inadequate staffing and the absence of any policies on flexible working hours in Malaysia for public sector nurses. Heavy workload and inflexible scheduling are factors that hinder nurse retention in healthcare organisations (Shamian & El-Jardali 2007).

Pay was the only subscale that nurses were dissatisfied with in this study and had no significant relationship with any of the demographic variables tested. Satisfaction with pay or benefits seems to be a common antecedent of nurse turnover (Gardulf et al. 2005, Chan et al. 2008), and incentives are the most influential factor on job satisfaction in Asian cultures (Sriratanaprapat & Songwathana 2011). Policy makers should thus consider implementing initiatives to increase nurses' pay and other incentives, although they may involve major procedures and policy changes. Malaysian public sector nurses are probably the most undervalued in the public sector (Shields & Wards 2001). Dissatisfaction inevitably occurs when nurses compare their pay with that of other occupations in the public sector (Shields & Wards 2001). Furthermore, discontent with pay may lead to the migration of nurses from the public sector to the private (Pillay 2009).

The results also indicated that age, work experience, nursing education level and work area affected nurses' job satisfaction; these findings are consistent with the results of previous studies (Chan et al. 2008, Delobelle et al. 2011, Liu et al. 2011). Because nursing education level had a comparatively large effect on nurses' job satisfaction, policies on postbasic education deserve a review. Education beyond the basic level should be considered at a much earlier stage in nurses' careers, as a lack of early career development may lead to loss of newly qualified nurses (Murrells et al. 2008).

In this study, more than one-third of the nurses reported that they intended to leave their current employment within the next three years. This finding has important implications for human resource management, as ‘intention to leave’ predicts actual nurse turnover (Murrells et al. 2008). The present study found that work experience had a large effect on intention to leave, while age and nursing education had moderate effects. Job satisfaction was also a significant predictor of intention to leave among these nurses. These findings are similar to the results of other studies (Shields & Wards 2001, Chan et al. 2008), which noted that younger and less experienced nurses not only had lower job satisfaction, but also had greater intentions of leaving their current employment. The significant association between age and job satisfaction, as well as between age and intention to leave observed in the present study, could be related to the generation affiliation issues of the nurses, as reported by Lavoie-Tremblay et al. (2010). The majority of the nurses in this study were below 30 years of age, belonging to the generation known as Generation Y or the Millennials. Members of Generation Y have been reported to be outspoken and daring, have high expectations, constantly seek new challenges and tend to quit a job or hop from one organisation to another if they find conditions unfavourable (Hamidah 2011). Although it is debatable whether the older nurses in this study were as satisfied when they were younger, Pillay (2009) suggested that nurses’ sense of security, nursing skills and abilities, opportunities for advancement and career growth increase with more work experience. These factors could better explain the higher satisfaction and commitment among the more experienced and older nurses in this study. Therefore, knowledge of the work attitudes and needs of younger nurses, as well as measures to sustain the job satisfaction of senior nurses, are essential for nurse leaders to create a work environment that will lead to the development and long-term retention of both groups of nurses.

Limitations

This study has yielded important results on the job satisfaction of nurses in Malaysia. However, it had a few limitations. First, the results are from a single institution and the sample size was small. Thus, future studies should use a larger randomised sample of nurses across the country to increase statistical power and generalisability. Furthermore, this study did not discuss nurses’ other job plans, such as intention to leave the profession or to retire, as these will be discussed elsewhere. This study had a possible response bias, as the questionnaires were distributed and collected by the nurse managers of the various wards and units from which the participants were selected. However, the researchers believe that any coercive pressure arising from the nurse managers as go-betweens was negated by the instructions given to the respondents to seal the completed questionnaires in the envelopes provided before returning them to the nurse managers. This and the assignment of a unique code to each respondent ensured confidentiality and anonymity.

Relevance to clinical practice

This study has provided information on the effects of certain demographic characteristics on nurses’ job satisfaction and intention to leave. Some of these key characteristics –
such as age, work experience and education – should be reconsidered to create a working environment that will attract and retain nurses.

Because the majority of the nurses in this study were junior staff and the quality of nursing care largely depends on this group, it is vital to accurately assess and develop ways to enhance their job satisfaction. Initiatives to motivate them internally or externally – such as praise, promotion and recognition – should be considered. Furthermore, they should be involved in the decision-making processes whenever possible, as this will make them feel acknowledged and valued, which may subsequently boost their job satisfaction (Tourangeau & Cranley 2006, Lavioie-Tremblay et al. 2010). Although programmes such as mentoring, counselling and preceptorships are available to support junior nurses, the effectiveness of these programmes needs to be reviewed and strengthened, if necessary.

In addition, all nurses should have opportunities for post-basic education, because educational opportunities enhance nurses’ job satisfaction, self-esteem and retention (Kramer & Schmalenberg 2004).

Finally, nursing management should find ways to plan work schedules as closely as possible to the nurses’ expectations and consider flexible working hours. Actions such as these, which could improve the quality of working life for nurses, could reduce the outflow of experienced nurses (Kirschling et al. 2011).

Conclusion

This study has provided us with some understanding of Malaysian nurses’ job satisfaction and their intention to leave their current employment within the next three years. The findings of this study showed that several demographic characteristics (age, work experience and nursing education) and overall job satisfaction significantly influence intention to leave. Furthermore, job satisfaction is itself influenced by at least four demographic characteristics (age, work experience, nursing education and work area). These findings could provide meaningful information to hospitals and human resource managers about the need to develop concrete strategies for retaining the nursing workforce. Strategies aimed at improving nurses’ retention should address the needs of both younger and older nurses in addition to creating a work environment that would effectively increase job satisfaction. Improving nurses’ job satisfaction would enhance their commitment to excellence in nursing care and may facilitate retention (Tourangeau & Cranley 2006).

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Contributions

Study design: RV, AKL; data collection and analysis: RV, YPC and manuscript preparation: RV, AKL, YPC.

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Maintaining and retaining a healthy workforce


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