EMPIRICAL RESEARCH OF JOB SATISFACTION OF ALBANIAN NURSES

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Abstract

The paper analyzes nurses' job satisfaction using a predefined questionnaire, in a well-defined nurse population. The model clearly describes all dimensions of nursing practice in hospitals and the responses to the applied instrument. Albania is a country faced with the actual shortage of medical doctors and nurses due to the latter's emigration. Considering that the principal reasons for the phenomenon are of economic nature, their satisfaction with their daily job, colleagues, system and other measurable variables are helpful endpoints to understand the causes and take measures to contain the migratory process. In terms of methods, the Healthcare Environment Survey (HES) questionnaire has been used, through a cross-sectional application, to which N=2067 nurses responded, distributed in secondary and tertiary hospital care in Albania. All questions range in a Likert scale from 1 to 7. As the results show, evaluating nurse job satisfaction remains a delicate enterprise because of the needed tools and the challenge to collect honest answers. Results are affected by demographics but generally show a clear picture of the daily challenges that nurses are faced with and the critical topics that need intervention.

Key words: nurse; job satisfaction; migration; Albania; clarity of role; clarity of system

JEL: I11, I31, C26, G38, J24

Introduction

Historical and sociological factors are the principal forces shaping the nurse profession (Berman, Snyder, Frandsen, 2016, p. 2). Testimonies from 4000 BC on nursing services show common objectives to today's nurses' job description but large differences in professional activity are also of evidence (DeLaune et al., 2011, p. 4). Sometimes the change of these factors goes along with individuals' expectations and hopes and sometimes they contradict each other. Beyond a strict professional individual the nurse is a human being, embodying individual characteristics which are required to be known and treated in accordance with personal and communal good. Nursing comes from *nutrix*, to feed, which today sounds archaic but we must remember the extraordinary evolution of medical

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science and the proportion between such elements as food to drugs (Taylor, 2014, p. 7). Sophisticated chemical compounds have replaced antique treatments and the actual nurse is a highly sophisticated professional figure compared to the past. The term socio-technical is recently forged to comprise main nurses' characteristics and the job satisfaction questionnaires are built around this theoretical model. Evaluation of nurses' job satisfaction is a useful tool to evaluate the performance and also manage risks on a valuable human resource, which requires cross-sectional and continuous monitoring. Actually the Covid-19 pandemic requires the figure of the nurse, as one of the main pillars of the medical profession, to be seen as a caring one and one to take care of. Minimizing negativity and enhancing success makes the nurse a regulatory figure in times of the pandemic challenge through the enablement of the individual potential (Prestia, 2020). Albania makes no exception.

Methodology

Our study is a cross-sectional survey of Albanian nurses working in hospitals on job satisfaction. The questionnaire is a translation of the instrument Healthcare Environment Survey (HES) (Healthcare Environment, 2020).

The questionnaire is composed of 76 questions representing 14 dimensions of nurse job satisfaction. The interviews were performed through the years 2019-2020 by the author and the paper based questionnaires were electronically elaborated through a web-based tool. 'Question q18.' is a two item free text question which permits respondents to express freely in their own words satisfaction with their actual job. Its results are further elaborated using online text analysis tools.

Data analysis is performed using IBM SPSS Statistics *V21*.0 software. The mean score of dimensions and sub-questions items is used as the central measure of reporting. Reliability analysis uses Cronbach's Alpha coefficients as an adulation standard.

Results

Demographic characteristics

The study sample of Albanian hospital nurses (N=2067) were female 1570 (76.0%), of ages ranging from 21 to 65 years of age, (M=38.58; SD=10.89) and male 497 (24.0%), aged 21 to 65, (M=37.65; SD=9.83). Although the male mean age was lower than their female counterparts there is no significant age difference, (F=2.870, p=0.090). The position of head nurse was held by 59 (2.9% of the participants), and 963 (46.6) of all participants held a master's degree. The financial situation was reported as 'bad' or 'very bad' by 401 (19.4%) of

the respondents, which differences were significant by sex (p<0.001) but not significant by age (p=0.607). The number of nurses living in the capital was 764 (37.0%).

Data analysis

The 75-items questionnaire shows a reliability coefficient, Cronbach's Alpha, 0.978. All answers' means ranged from 3.81 to 6.00, with a total mean (M=5.40; SD=1.44). As individual answers are grouped in major categories, the lowest mean was encountered in the group of answers about 'distributive justice at the workplace' equaling 3.92 and the highest relating to patient care and unit manager, equaling 5.86.

Topics of distributive justice at the workplace as the lowest estimated dimension resulted in the respective mean results per item; 'rewards related to responsibility' (M=3.82; SD=1.99), 'pay' (M=3.81; SD=1.92), 'reward second education' (M=3.97; SD=1.94), 'reward second experience' (M=3.98; SD=1.94), 'reward second effort' (M=3.94; SD=1.93), 'reward to success' (M=4.01; SD=1.96), 'reward second stresses and strains' (M=3.83; SD=2.00), and 'reward to contribution on hospital/facility operations' (M=3.97; SD=1.98). Although the distributive justice at the workplace dimension was the lowest scored one, the number of respondents which 'strongly agree' with the actual reward standards ranged in all 8-item questions' from 129 (6.2%) to 186 (9.0%).

Table 1: Dimensions of nurse job satisfaction

		Mean	Range	Variance	N of Items	Cronbach's Alpha
q9	How satisfied are you with your coworkers?	5.58	0.30	0.01	10	.942
q10	How satisfied are you with the physicians at your workplace?	5.33	0.19	.005	5	.941
q11	How satisfied are you with the workload at your workplace?	5.35	0.10	.003	3	.885
q12	How satisfied are you with the autonomy at your workplace?	5.42	0.13	.004	4	.907
q13	How satisfied are you with the distributive justice at your workplace?	3.92	0.19	.007	8	.971
q14	How satisfied are you with the patient care at your workplace?	5.87	0.18	.005	8	.944
q15	How satisfied are you with the unit manager at your workplace?	5.86	0.10	.002	5	.956
q16	How satisfied are you with the professional growth at your workplace?	5.36	0.16	.005	4	.941
q17	How satisfied are you with the executive leadership at your workplace?	5.14	1.18	.301	4	.774
q18	How satisfied are you with your job?	5.66		1.80	1	
q19	How satisfied are you with the scheduling at your workplace?	5.64	0.14	.003	4	.893
q20	How satisfied are you with the resources at your workplace?	5.28	0.31	.024	3	.882
q21	How would you rate the clarity of your role at your workplace?	5.83	0.55	.041	6	.936
q22	How would you rate the clarity of the system at your workplace?	5.62	0.89	.061	11	.929

The Cronbach's Alpha coefficients, the measures of internal consistency ranged from 0.774 (Acceptable) to 0.956 (Excellent). The individual total score is an overall measure of individual respondents' agreement to the 1 to 7 offered scale for all 75-item questions. The graphical representation of each total individual score compared to the median (Median=423 points) follows.
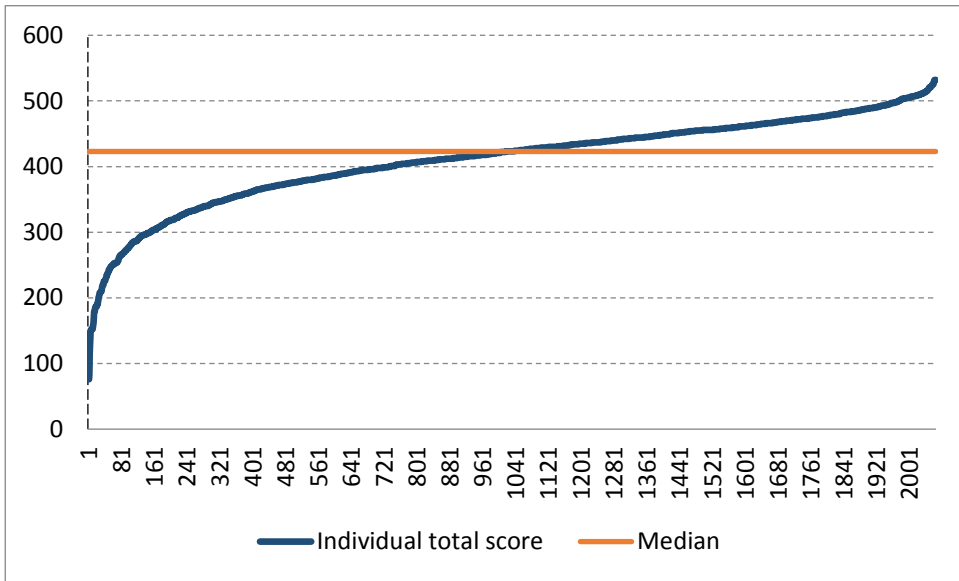

Figure 1: Total individual score for all questions

Clarity of role and clarity of the system were considered the most important dimensions of nurse job satisfaction in a changing hospital profile and socio-political environment. Data on items questions are represented as means and standard deviations and correlation of inter-item matrixes. Differences are to be found in covariates as gender, type of hospital, etc.

Table 2: How would you rate the clarity of your role at your workplace?

q21	N	Mean	Std. Deviation	Inter-Item Correlation Matrix*					
				q2 1.1	q2 1.2	q2 1.3	q2 1.4	q2 1.5	q2 1.6
q21.1_I feel certain about how much authority I have.	2067	5.45	1.50	1.000					
q21.2_I have clear planned goals and objectives for my job.	2067	5.79	1.26	.683	1.000				
q21.3_I know that I have divided my time properly.	2067	5.83	1.24	.620	.798	1.000			

q21.4_I know what my responsibilities are.	2067	6.00	1.23	.594	.792	.814	1.000		
q21.5_I know exactly what is expected of me.	2067	5.95	1.24	.552	.726	.777	.830	1.000	
q21.6_Explanation is clear for me of what has to be done.	2067	5.96	1.25	.572	.722	.749	.791	.800	1.000

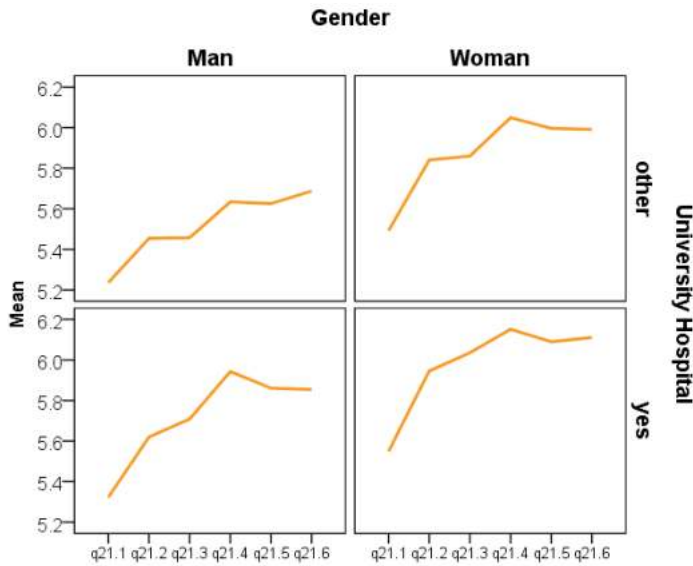*All correlations are significant at the 0.01 level (2-tailed).

Figure 2: Question mean second gender and tertiary university hospital settings of q21's sub-questions

Both for working place and gender, the difference of the question mean was significant at 0.05 level for each question, except for question q22.1_I understand what I do and do not have control within this hospital/facility as it relates to my job. (p=0.546) for the variable 'working place'.

Table 3: How would you rate the clarity of the system at your workplace?

q22	N	Mean	Std. Deviation	Inter-Item Correlation Matrix*										
				q2 2.1	q2 2.2	q2 2.3	q2 2.4	q2 2.5	q2 2.6	q2 2.7	q2 2.8	q2 2.9	q2 2.10	q2 2.11
q22.1_I understand what I do and do not have control within this hospital/facility as it relates to my job.	2067	4.93	1.77	1.000										
q22.2_I understand how patient assignments are made as it relates to continuity of care.	2067	5.67	1.24	.402	1.000									
q22.3_I understand how patient assignments are made as it relates to hospital policy.	2067	5.48	1.35	.378	.662	1.000								
q22.4_I understand how schedules are made, including how part-time and full-time staff are assigned.	2067	5.66	1.31	.335	.653	.649	1.000							
q22.5_I understand how the schedule is made in consideration of vacation, education classes for staff, and other necessary scheduling requirements for staff.	2067	5.70	1.28	.260	.600	.576	.731	1.000						
q22.6_I understand what our organization's key success is and how it makes us stand apart from other hospitals/ facilities.	2067	5.60	1.31	.273	.574	.549	.632	.664	1.000					
q22.7_I understand the difference between responsibility, authority, and accountability.	2067	5.80	1.23	.261	.611	.555	.633	.659	.650	1.000				
q22.8_I understand that practice change (what I do in my job) is linked to a principle (a rationale or reason).	2067	5.66	1.28	.310	.588	.563	.604	.611	.650	.691	1.000			
q22.9_I believe in shared governance where both staff and managers have input into decisions.	2067	5.67	1.26	.283	.606	.560	.616	.653	.645	.687	.692	1.000		
q22.10_I believe managers should support staff so staff can manage patients.	2067	5.82	1.28	.259	.607	.545	.622	.650	.621	.676	.660	.705	1.000	
q22.11_I believe unit practice councils (small group of unit staff leaders) are helpful in setting unit policy and helping make unit decisions.	2067	5.77	1.27	.250	.589	.534	.582	.630	.605	.636	.617	.682	.705	1.000

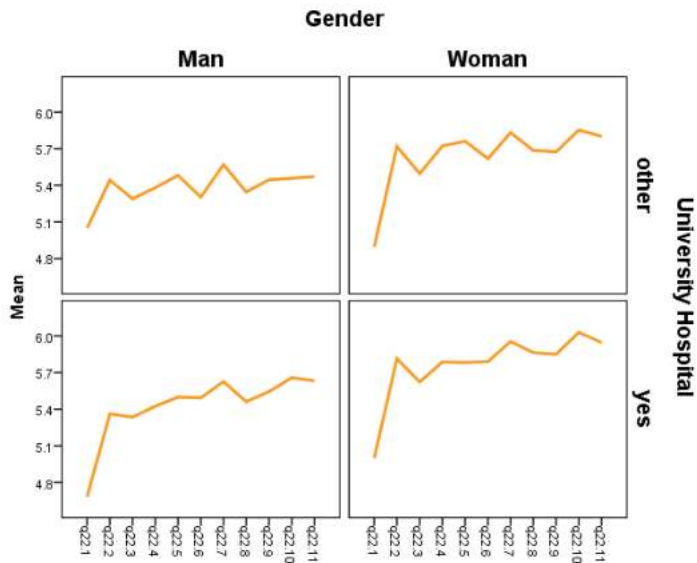* All correlations are significant at the 0.01 level (2-tailed).

Figure 3: Question mean second gender and tertiary university hospital settings of q22's sub-questions

Both for working place and gender, the difference of the question mean was significant at 0.05 level for each question, except for questions q22.4_I understand how schedules are made, including how part-time and full-time staff are assigned. (p=0.056) and q22.5_I understand how the schedule is made in consideration of vacation, education classes for staff, and other necessary scheduling requirements for staff. (p=0.323), for the variable 'working place'.

Text analysis of the two item sub-questions (q18.1 and q18.2) are further elaborated showing dissatisfaction with wages, continuous education and work conditions. For example one of the suggestions is improvement in the heating of the hospital environments.

Discussion

The use of a well-known standardized tool to evaluate nurse job satisfaction is a guarantee for success in technical terms but carefulness is indispensable considering aspects of specific traits of the population it is applied. Thus, the expected outputs as reliability analysis coefficients and other produced statistics have to be guarded from difficult to measure covariates, which include for example socio-political factors. For some countries these covariates would seem purposeless while in others it can be of measurable importance. An accepted measure is the value of organizational support, and some findings suggest it to be

higher in private hospital practices (Labrague et al., 2018). The lack of support easily can be interpreted as a menace and the answers can be easily biased toward what s/he really thinks. Other factors as horizontal violence and work place violence from patients and family members are common study findings (Bloom, 2019) (Li et al., 2019). The nurse as a persona differs from country to country and when analyzed as an intrinsic entity has local characteristics which should be taken into consideration. For example, nail polish can be a topic of study of bacterial load while in other cultures its use is preliminarily disliked (Blackburn et al., 2020). Variability is found as expected between different nurse specialties. (Berthelsen et al., 2017)

In these terms the discussion has to be maintained cautious and interpretation between an excellent reliability coefficient of 0.971 for question 13, "How satisfied are you with the distributive justice at your workplace?" dealing in all questions with rewarding studied from different approaches, with the lowest of all dimensions mean of 3.92, but q.13.2 asking on satisfaction about reward in terms of pay we find a number of 129 (6.2%) who strongly agree with the actual level of income from the actual job. It makes a paradox needing further examination. This requires further elaboration of data to explore multivariate skewness and kurtosis (Cain, Zhang and Yuan, 2017).

Despite low wages and difficulties interacting with co-workers and patients' family members, the respondents group of nurses are compliant with the workload. This may seem contradictory as other studies found physical work, and the respective variable of workload, to be correlated with job satisfaction (Djukic et al., 2014). Our sample reported satisfaction to workload (mean 5.35) which can be explained with the encountered concept of meaningful work which was found to positively correlate with job satisfaction ($r = .42$; $p < .01$), while in our study it correlated very well with the total points of the job satisfaction questionnaire ($r = .774$; $p < .01$) (Ghislieri et al., 2019). While support from co-workers helps to make workload supportable, it remains one of the components of stress along with professional competence (Kokoroko and Sanda, 2019) (Labrague and McEnroe-Petitte, 2018). Albanian nurses entering the job market will be faced with crowded wards and intense schedules, which makes them somewhat psychologically prepared. Dealing with workload is significant by years of experience (p<0.001) but doesn't seem to depend on the type of institution they work, a university hospital or somewhere else (p=0.300).

Two dimensions were considered more important, clarity of role and clarity of system. In an environment of low pay and intermittent social instability with direct impact on the nurses' daily practice, they have to be seen as a group at a permanent risk to leave their actual job for a better, more secure and more profitable facility, often fulfilled by possible countries of emigration. Thus the perception of self and the relationship with the system are the main pillars of job

satisfaction. Almost all questions on clarity of role (Figure 2) are significantly dependent on gender and the type of hospital/facility; women and tertiary healthcare facilities score higher points in q.21 job satisfaction. The same results persist for q.21 (clarity of role) total score six questions dimension, men working in university hospitals, total score (M=34.31; SD=8.07) is lower than women of the same facility, total score (M=35.88; SD=6.55), and men working in other than university hospitals, totals score (M=33.09; SD=7.18) is lower than women working in other than university hospitals, total score (M=35.23; SD=6.33). The explanation of the higher clarity of role in a university hospital clinic can be expected but the gender difference of score needs further scrutiny. The gender education difference is not significant (p=0.942), the same persist for years of experience (p=0.76), however women (887; 56.5%) exceed men (259; 52.1%) in the group of more than 7-year experience. Other studies find the clarity of role score related to years of experience (Boström et al., 2013).

Almost all questions on clarity of the system (Figure 3) are significantly dependent on gender and type of hospital/facility; women and tertiary healthcare facilities score higher points in q.22 job satisfaction. The same results persist for q.22 (clarity of the system) total score eleven questions dimension, men working in university hospitals total score (M=59.72; SD=13.85) is lower than women of the same facility total score (M=63.44; SD=11.09), and men working in other than university hospitals totals score (M=59.24; SD=11.91) is lower than women working in other than university hospitals score (M=62.06; SD=10.39). The major terms used in q. 22 (clarity of the system) relate to control, continuity of care, policy, decision-making, accountability, etc., the quest is typically two faceted engaging type of hospital and gender, one facing the system and the other the employee. It is expected to find significant changes between the center and the periphery on human resources. In the context of the system, the actual Albanian challenge must consider the intention to move from actual workplace towards central institutions of tertiary care, teaching institutions or abroad. The intention to quit is found to be negatively correlated to job satisfaction, while nursing teaching positions are preferred and not at risk of being abandoned (Masum et al., 2016) (Disch, Edwardson and Adwan, 2004). The aging of human resources brings experience and also increasing health care needs. Thus it is of importance as a covariate. To add to the risk of human resources system, other unpredicted variables as are the explosion of epidemics have to be taken into account. Nurses tend in a certain amount to avoid workplace contaminations and in extreme situations may leave the profession for good (Shiao et al., 2007). Presently, in times of the COVID-19 epidemics we failed to find studies evaluating PPE (Personal Protective Equipment) need fulfillment in Albania. What can be inferred is the absolute absence of psychological help for nurses exposed to the virus. Psychological interventions followed with benefits are expected

to be common in well-developed medical facilities and spirituality training interventions were found in special cases (Maben 1,2,3,✉ and Bridges, 2020) (Yong et al., 2011). Coming back to the interaction with system understanding the quest for control over her/his job is the main question to have the smaller mean (M=4.93; SD=1.77) compared to the other dimensions' (q.22) questions and the lower correlation coefficients to other questions, where all of them significantly correlate (p<0.001). These conclusions speak of authoritarian governance. The presumption is supported by other results as a high mean (M=6.00; SD=1.23) about the knowledge of responsibilities and the lowest mean on the authority they possess (M=5.45; SD=1.00) found in questions of the q.21 (clarity of role). As the system is segmented, a holistic approach would be of interest because the nurse as an individual perceives the system as a whole when taking decisions. Variables as work autonomy, moral reward and different types of empowerment are positively correlated with clarity of role and system (García-Sierra, Fernández-Castro and Martínez-Zaragoza, 2016) (García-Sierra, Fernández-Castro and Martínez-Zaragoza, 2017) (Dahinten, Lee and MacPhee, 2016). The other intra-institutional factors are related to hierarchical authority and horizontal violence. Interestingly, compared to other professions nursing is expected to be more stressful than for example compared to elementary school teachers (Park, Lee and Cho, 2012). Working over-contracted hours can be an impediment to professional growth and education advancement especially in small hospitals (Park, Park and Hwang, 2019). Beyond these topics we think the discussion becomes political.

Conclusion

This is the largest study made in Albania on nurse job satisfaction. Gathering the information remains one of the delicate benchmarks especially in the case of easily linked personal data to personal opinions. Results clearly show the risk this type of human resources experience in terms of losing them through low wages while they are an appreciated target in the job market. The replication of the questionnaire, continuously informing the participants, can serve as a comparative tool and can be used by policy-making bodies and continuous education institutions. The web-based tool used during the study can be used by health authorities to reproduce testing online.

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