REGISTERED NURSES' JOB SATISFACTION IN A NEW ZEALAND PUBLIC HOSPITAL

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ABSTRACT

A multi-faceted questionnaire developed by Ng (1993) was used to explore registered nurses' job satisfaction in a major Auckland, New Zealand, public hospital. Participants (N = 123), were asked to complete the 24-item job satisfaction survey, and a questionnaire determining demographic and employment details. Analysis revealed 3 interpretable factors, Communication, Career Development, and Autonomy, compared with Ng's nation-wide study of 1988, which produced 7 factors. As expected, differences in nurses' job satisfaction appear to have occurred since Ng's study 11 years ago. These may be primarily attributable to the Health Reforms, which took place during the 1990's. Among the demographic and employment variables explored, gender was the only variable which showed any statistically significant effect. When the small number of male respondents (n = 11) were matched to a similar number of females, differences were found in their responses to the Communication factor.

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Thanks must go to participants in this study. I acknowledge that nursing can be a very demanding profession, particularly in the current climate of nursing shortages. I appreciate the time that participants took out of their busy lives to complete the questionnaires.

Finally, thanks to Ross my partner, for his daily question of "Have you finished it yet?". Despite this ritual becoming a bit of a joke, it served to encourage me through his obvious care and love of me.

Dedication

This thesis is dedicated to my parents, Veronica and Howard Beanlands who, all my life, have encouraged me to achieve my aims and ambitions, even when my choices have been a little obscure. Without their unconditional love I could not have achieved all I have.

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INTRODUCTION

Job satisfaction is a complex phenomenon. Within nursing there has been a lot of published opinion prior to the late 1970's, but by comparison with other occupational groups, very little research on job satisfaction (Redfern, 1978, cited in Matrunola, 1996). Since then, an attempt has been made to understand nurses' job satisfaction and the variables that are closely linked with it, through a number of international studies. Many of these studies examine the causal nature of job satisfaction on outcomes such as turnover, absenteeism, commitment, burnout and patient satisfaction. The importance of identifying these causal factors is not just a human resource issue, but a budgetary concern also. Increased turnover and absenteeism (commonly attributed to burnout) place greater financial burdens on hospital administrators as new and relief staff increase costs of orientation and training programmes.

Few studies have been conducted in New Zealand examining this nurses' job satisfaction. One major study conducted in 1988 by Ng, examined nurses' job satisfaction in relation to turnover. No other relevant New Zealand research could be found on this topic. It is hoped that the current study will fill this void and provide a medium for comparison with Ng's (1993) findings.

In order to effect a comparison, the 24-item job satisfaction questionnaire developed by Ng (1993) has been utilised. Demographic characteristics of research participants are analysed to establish whether these affect responses to the questions. An examination of literature has provided a platform for comparison of demographic variables relative to nurses' job satisfaction and is presented in this chapter.

Job satisfaction defined

The most commonly used definition of job satisfaction is the degree to which an employee holds a positive affective attitude toward his or her employment (Blegan & Mueller, 1987; Cavanagh, 1990; Gregson, 1987; Locke, 1976; McCloskey, 1990; Pilkington & Wood, 1986; Price & Mueller, 1986a, 1986b; Song, Daly, Rudy, Douglas, & Dyer, 1997). Jenkins and Maslach (1994) expand on this definition by suggesting that job satisfaction is "an affective response to the fit between the worker's needs and the job's provisions" (p. 102). A further expansion of this definition is that job satisfaction involves not only a person's attitude towards their job, but also toward specific dimensions of their job such as; nature of the job, relationships with co-workers, supervision, conditions, pay, opportunities, and practices of the organisation (Cumbey & Alexander, 1998; Hodson, 1991; Knoop, 1995a; McNeese-Smith, 1997).

Job satisfaction is a multi-dimensional concept, and Herzberg (1966) suggests it lacks adequate definition. There is to date no standardised, or even widely accepted, method of measuring nurses' job satisfaction (Tovey & Adams, 1999). Blegan (1993) highlights the fact that job satisfaction is a very complex phenomenon, and suggests that there is no single factor which stands out as an explanatory variable.

Job satisfaction has no common standard, either between individuals, or within individuals from time to time (Cumbey & Alexander, 1998). Blegan (1993) emphasises that individuals' values and perceptions within the work environment determine their job satisfaction.

Cavanagh (1992a, 1992b) focused on certain factors, which seem to specifically influence nurses' job satisfaction, and outlined three main reasons why job satisfaction is such an important area of study with respect to this occupation:

1. Nursing is a stressful occupation, therefore intrinsic satisfaction can counterbalance extrinsic factors by providing moments of reward, related particularly to patients' well-being.

2. Job satisfaction can influence the quality of patient care: when nurses are satisfied with their work, patients tend to be satisfied with the care they receive.

3. Job satisfaction seems to influence organisational issues, such as turnover and staff morale.

Gruneberg (1979, cited in Cavanagh, 1992b) outlines three principle perspectives about the contrasts that workers experience in relation to job satisfaction: personality differences, job differences, and value differences.

The personality differences perspective of job satisfaction is explained primarily in terms of the personalities of the individual workers (Vroom, 1964). Although personality obviously has an effect on job satisfaction, this perspective ignores the relationship of job satisfaction with other job characteristics, such as organisation size. For some individuals, pay has more of an influence on job satisfaction than does the fulfilment that their work gives them, whereas for other the priorities are reversed.

The job differences perspective highlights the issue that variations in individuals' job satisfaction result from differences in the nature of the work they perform. Cavanagh (1992b) suggests that this perspective "fuelled nursing research attempting to identify essential characteristics which must be present in the workplace, or individual, to make job satisfaction more likely to be present" (p. 705). It is assumed that job characteristics are causally related to job satisfaction. For example, if pay is increased, so too will job satisfaction. Commonly, under this assumption, the nature of the job is analysed against different variables

such as organisational size, promotional opportunities, and economic factors, to list a few. However Cavanagh believes studying just a few variables in this way is unlikely to lead to an in-depth understanding of job satisfaction.

The values differences perspective has an alternative focus. Under the previous two perspectives both the contextual nature and individual differences in the satisfaction experienced by workers performing similar jobs are ignored (Roberts & Glick, 1981). Differences arise not just because individuals interpret job characteristics and organisational contexts differently, but also because the values which they strive to maintain or gain from their work environment, differ (Locke, 1976). Some people see their work as an essential part of their lives, while others work only to fulfil other needs, for example to obtain an income in order to pay the daily bills. People in this latter category may not find work intrinsically satisfying.

Theories of Job Satisfaction

Theories of job satisfaction are closely interwoven with several theories of work motivation. Needs theories, for example, include satisfaction concepts, in that motivation is defined in terms of satisfying basic needs such as security, and recognition. Need fulfilment approaches have greatly influenced the development of job satisfaction theories (Berry & Houston, 1993).

Campbell, Dunnette, Lawler and Weick (1970) classify theories of job satisfaction as either content or process theories. Content theories include Maslow's (1970) Hierarchy of Needs, and Herzberg's (1966) Motivator-Hygiene theory. Both theories emphasise that specific needs must be met, or values attained, before a person can be satisfied at work.

Process theories focus on the way in which an individual's expectations, values, and needs, interact with the worker, the work environment, and the job characteristics or tasks to produce job satisfaction. An example of such a theory is Porter and Lawler's (1968) expectancy theory.

Most job satisfaction theories are difficult to test, and some give conceptually mixed messages. Because specific theories of job satisfaction have not been well tested, it is difficult to know whether they would better predict job satisfaction than motivation theories. Others emphasise intrinsic factors, which are difficult to observe in research (Berry & Houston, 1993).

Two theories of satisfaction will be addressed in more detail. They are Herzberg's Two-Factor Theory, and Expectancy Theory. These theories provide a suitable model under which factors of nurses' job satisfaction will be discussed.

Herzberg's Two-Factor Theory

Herzberg's (1966) theory typifies the human-relations school of management, which emphasises that satisfaction is the key to productivity. This assumption is commonly adopted in modern thinking about job satisfaction.

As previously stated, Herzberg's (1966) two-factor theory is concerned with needs. However, the focus is not on specifying needs, but rather on specifying what outcomes result from satisfaction of needs. The two-factor theory began as a theory of job satisfaction, although its value in understanding motivational behaviour is well recognised.

Two-factor theory was developed mainly from a study conducted by Herzberg, Mausner, and Snyderman (1959). They studied groups of

engineers and accountants, who were asked about their jobs, in particular what things made them feel especially good or bad about their job. From the outcome of the research, Herzberg (1966) suggested that there were two kinds of factors relating to job satisfaction. Specifically he concluded there were two sets of needs to satisfy, and that each is associated with a different class of outcome. These sets of needs and outcomes are:

1. A need for a healthy, safe, and secure work environment, which is associated with an outcome labelled the **hygiene factor**. The job outcomes of the hygiene factor are *extrinsic* to the actual work a person does. Extrinsic outcomes include pay, job security, interpersonal relationships, supervision, organisational policies and procedures, and physical working conditions.

2. A need for personal growth and development is associated with the second outcome - the **motivator factor.** The motivator factor refers to *intrinsic* outcomes of work, which are considered to be an integral part of the job itself. Examples of intrinsic outcomes are achievement, job interest, recognition, responsibility, autonomy, and promotion.

Herzberg (1966) proposed that the two outcome factors affected motivation in different ways. Firstly, he differentiated between job satisfaction and job dissatisfaction, although he did not see these concepts as opposites. He suggested that hygiene factors dispel job dissatisfaction, but do not cause job satisfaction, whereas motivator factors motivate job performance and bring about job satisfaction, however, their absence does not cause dissatisfaction. Thus, one factor motivates toward satisfaction; while the other factor motivates away from dissatisfaction. For example, pay prevents job dissatisfaction, while recognition of performance promotes satisfaction. Grant, Nolan, Maguire, and Melhuish (1994) maintain that for a worker to experience high levels of job satisfaction, organisations need to attend to both the motivation and hygiene factors.

If organisations attend only to the hygiene factors of their workers, the result would probably be a reduction in the sources of dissatisfaction, without necessarily producing an increase in satisfaction. This is because motivator factors have been ignored. Conversely, if motivator factors only are attended to, higher levels of job satisfaction may occur, but higher levels of job dissatisfaction may also occur, due to the lack of hygiene factors.

Hale (1986) notes that literature reviews reveal that nurses attach greater importance to the intrinsic aspects of their work. Patient care is identified as one of the most satisfying intrinsic factors, however extrinsic factors such as pay and supervisory relations also greatly influence job satisfaction. The majority of nursing research examining job satisfaction has focused on hygiene factors (Tovey & Adams, 1999).

Larson, Lee, Brown, & Shorr (1984) report that the research by Herzberg (1966) has been criticised both because of the retrospective methodology, and because the sample group was limited to male accountants and engineers. Goodell and Van Ess Coeling (1994) suggest, however, that Herzberg's model is well suited to nursing, despite this criticism.

Expectancy Theory

Porter and Lawler's (1968) job satisfaction theory was developed as a modification of Vroom's (1964) expectancy theory. Expectancy theory proposes that people use their expectations and preferences to make more or less rational decisions about the amount of effort they assert in their work. Vroom's theory is also known as the valence, instrumentality, and expectancy (VIE) theory, and is a cognitive theory. "He offered the equation for calculating the motivational force on the individual, which could be used to predict the task choice and effort" Berry and Houston, 1993 (p. 89). This equation enables a quantifiable application to

motivation. The equation consists of three elements in a multiplicative relationship:
Motivational Force = Expectancy x Instrumentality x Valence.

For the motivational force to be greater than zero all three elements must have a value greater than zero.

Expectancy is made up of two elements:

1. A subjective estimate of the probability that a particular performance level can be reached.
2. A subjective estimate of the amount of effort required to reach the desired level. That is, individuals are motivated by the relationship between effort and reward.

Instrumentality is our expectation of what will happen if we do try. That is, a belief that performance will result in a desired outcome, however outcomes will vary depending on the success of performance.

Valence is our emotional response to an anticipated outcome. That is, the strength of an individual's desire for a particular outcome.

Modifications of Expectancy Theory

Porter and Lawler (1968) were interested in predicting work effort under different conditions. Their theory resulted from a modification to Vroom's (1964) expectancy theory. According to their model, satisfaction arises jointly from the rewards obtained, and from perceiving that these rewards are fair and equitable. In addition, because it is a source of rewards, performance is seen as an indirect source of satisfaction (Berry & Houston, 1993). In their model, Porter and Lawler outlined two types of rewards or outcomes used within a work environment. The first type, labelled **intrinsic rewards**, pertained to outcomes that individuals felt

to be intrinsically satisfying. Examples of these include feelings of accomplishment, and a sense of having done something worthwhile. Intrinsic rewards are self-administered and immediate. The second type is **extrinsic rewards**. These are administered by others, and are valued because they provide a means of satisfaction. Examples include the employer giving the employee a pay rise, monetary bonuses, or a vacation with all expenses paid.

Porter and Lawler's (1968) proposition was that effort is the outcome of the subjective value of the reward being offered, and the perceived likelihood that performing at a certain level will result in reward. The calculation they used was:
Effort = Reward Value x Effort-Reward Probability

Reward Value is similar to Vroom's (1964) valence, and Effort-Reward probability combines aspects of both instrumentality and expectancy. This relationship implies that the level of performance is contingent on the amount of effort, as well as the degree to which the reward is seen as being contingent on performance. Simplified, this model states, "I will get the reward if I do the job, and I can do the job if I try".

Lawler's (1973) facet theory is a further modification of the expectancy theory, giving a more holistic viewpoint on job satisfaction. The main objective of the facet theory is to predict satisfaction with different facets or aspects of the job. Lawler combined the discrepancy hypothesis with Adams's (1965) equity theory. The discrepancy hypothesis developed out of research which showed that individuals differ in what they want or expect from a job, and use their own perceptions of the value of rewards and outcomes. Adams's equity theory proposes that people compare their own output (e.g pay) with what they put into the job. Known as the **output/input ratio.** Individuals assess the extent to which the exchange is fair in comparison to others' output/input ratio. Lawler

suggested that the level of satisfaction with a particular job facet is assessed by comparing expectations of what should be received from that facet with perceptions of what is actually received. Expectations of what should be received are formulated by perceptions of the amount of input to the job, inputs and outcomes of others with similar job facets, and demands the job makes of the individual (Berry & Houston, 1993).

Satisfaction is experienced when the amount received is the same as the amount expected. Conversely, dissatisfaction arises when the amount received is less than that expected. Lawler (1973) suggests that the amount of dissatisfaction experienced is proportional to the amount of discrepancy. Job dissatisfaction will arise if the individual perceives one of the following:

1. inputs are too high
2. the job is too demanding
3. the outcome level is too low
4. co-workers have better input/outcome balance
5. co-workers have greater outcomes, particularly if they have similar or less demanding jobs.

Lawler (1973) proposed that when individuals perceived outcomes to be too high for the amount of effort, a positive discrepancy arises. This, he suggested, causes guilt and discomfort rather than job dissatisfaction, and can lead to overcompensation, by way of unreasonable effort.

Gurney, Mueller and Price (1997) assert that individuals will give their time, energy, and effort, to the organisation employing them if they perceive they are receiving what they desire in return. Of course, opinions as to what is desirable can differ greatly. What constitutes desirable rewards is a matter of considerable debate among psychologists, economists and sociologists, each of which has a different perspective on the matter.

Nurses' Job Satisfaction

Cumbey and Alexander (1998) suggest that job satisfaction is a complex construct. Individuals bring different values, beliefs and needs into their work situation which can vary across time. The nursing profession has been concerned with job satisfaction since the late 1930's. A study by Nahm (1940, cited in Cumbey & Alexander) found that factors contributing to nurses' job satisfaction/dissatisfaction were: interest in work, relationships with supervisors, family and social relationships, hours of work, income, and opportunities for promotion. It seems that nearly 60 years on, the relevant factors are very similar.

Using Herzberg's (1966) two-factor theory, outcomes of nurses' job satisfaction will be discussed under intrinsic (motivator factors) and extrinsic (hygiene factors). Demographic variables which influence levels of job satisfaction will be highlighted to provide some understanding of individual differences of nurses with respect to work.

Intrinsic outcomes - motivator factors

Recognition, feedback, and achievement

Blegan et al. (1992) found that recognition for outstanding performance was very important for nurses' job satisfaction. They noted in their study that verbal and written feedback was an important aspect of recognition of good performance. They suggested that this form of recognition is low-cost but, however, not free. There is a cost involved in appointing head nurses who are perceptive, and have the skill and confidence to recognise good performance in the first place. Blegan et al. found that informal feedback given by the head nurse was the most favoured form of recognition second only to financial reward.

Jansen, Kerkstra, Abu-Saad and van der Zee (1996) found task clarity, skill variety, and possibilities for growth and feedback at work, positively affected nurses' job satisfaction. A correlation between feedback and job satisfaction echoed the findings of Blegan (1993) that recognition, and communication with supervisor and peers, positively correlated with job satisfaction.

By contrast, Blegan and Mueller (1987) found that job-related communication was negatively related to satisfaction. This was also contrary to Weissman, Alexander, and Chase's (1980) study, in which a positive relationship was found between communication with the head nurse, and job satisfaction. However in the latter study the measure of communication was frequency rather than quality.

In Mantel's (1990) study, staff nurses emphasised the importance of, and their desire for, more positive feedback. This, Mantel suggests, reinforces Maslow's (1954) hierarchy of needs, particularly the need for recognition and achievement. Burton and Burton (1982) identified the fact that perceived self-fulfilment and a sense of accomplishment or achievement are major contributing factors to nurses' job satisfaction.

McNeese-Smith (1997) found in her study that job dissatisfaction was caused by the lack of recognition and support, supervisors not following through with problems, and other nurses not helping, or criticising, when there was a heavy patient load. Nurses attribute many feelings about their job, both positive and negative, to their managers' behaviours (McNeese-Smith; Medley & Larochelle, 1995). The most frequently discussed behaviour was that of receiving recognition or thanks from their manager. Medley and Larochelle propose that in nursing it is unusual for individuals to receive special recognition or to be rewarded tangibly for outstanding performance.

How frequently are nurses recognised for their achievements? "Receiving a pat on the back" for good work have never been common in nursing (Grant et al., 1994). The British Audit Commission (1991, cited in Grant et al.) recorded that nurses receive feedback more readily for poor than for good performance. Gray (1989) agrees that nurses rarely receive feedback for achievements, and that any recognition they do receive tends to be regarded as the result of medical staff achievements.

Autonomy, decision-making, and responsibility

Autonomy is defined as "the freedom to exercise skill and expertise without the control of an external agent" (Wells, 1990, p. 2).

Job dissatisfaction is the main reason why nurses leave their positions (Weissman (1982). The main factors contributing to job dissatisfaction include lack of control (autonomy) and insufficient career opportunities (Barrett & Myrick, 1998). This assessment is supported by De Jonge, van Breukelen, Landeweerd, & Nijhuis (1999) who found that increased job demands and job satisfaction are positively associated with high levels of job autonomy. Conversely, low levels of autonomy were negatively related to job demands and job satisfaction.

One study by Tumulty (1992) found that of 110 nurse managers from 10 hospitals, levels of job satisfaction could be predicted from the following role characteristics:

1. Autonomy
2. Role stress
3. Recognition

Autonomy and recognition were only moderately related to job satisfaction. This is in spite of the fact that autonomy is commonly cited as a cause of job satisfaction for nurses. Blegan and Mueller (1987) disputed this positive relationship between autonomy and nurses' job satisfaction, their study showed that autonomy had little effect on job satisfaction.

There is some evidence that workers in general, who feel they are not part of decision-making in the work environment or that they have little control over their work, feel frustrated and dissatisfied with their jobs (Miller, 1967; Scott, 1966, cited in McGilton & Pringle, 1999). Similarly, Spector (1986) found that those workers who felt they had high levels of control over their work were more satisfied, involved, and committed to their jobs. Counter to their prediction, McGilton and Pringle found that organisational control (policies and procedures) influenced the variance in nurses' job satisfaction more than clinical control (autonomy in nursing practice).

Correlational analysis used in six different studies, confirmed that there was a positive relationship between perceived control over work or work decisions, and job satisfaction. Cavanagh, 1992b; Dywer, Schwartz, & Fox, 1992; Hinshaw, Smeltzer, & Atwood, 1987; Laschinger & Havens, 1996; McCloskey, 1990; Weissman et al., 1980). Conversely, Sleightholm-Cairns and Cragg (1987, cited in McGilton & Pringle, 1999) found that a lack of decision-making responsibility over work-related issues such as staffing and budget, contributed to nurses' job dissatisfaction.

McGilton and Pringle (1999) found that nurses who were not given authority to make clinical decisions (those pertaining to patient care) experienced less job satisfaction.

Role ambiguity

Role ambiguity is defined as a "perceived environmental demand, uncertainty or ambiguity about how to carry out the work role" (Abramis, 1986, cited in Abramis, 1994, p. 1412).

The relationship between role ambiguity and job satisfaction has been explored by a number of investigators. Most found that role ambiguity is associated with lowered levels of job satisfaction.

Abramis (1994) conducted a meta-analysis of 33 studies to examine two primary correlates of work role ambiguity:

1. Job satisfaction (global and intrinsic)
2. Job performance (self- and independently evaluated.)

Results showed consistency with previous research, which indicates that role ambiguity is a valid construct in organisational research, and that it is usually associated with lower job satisfaction. On the other hand, correlation between role ambiguity and job performance was negligible or very weak and tended to be negative rather than positive. Social support was the only conclusive moderator of role ambiguity.

Role ambiguity was also negatively correlated with communication. For example, role ambiguity was found to be associated with lower personal communication, lower adequacy of organisational communication, lower provision for horizontal communication, and lower integration and co-ordination. Supervisory behaviour was also negatively correlated with role ambiguity (Abramis, 1994).

Role conflict, ambiguity and deprivation were found to cause role stress, commonly caused by the incongruency between nurse managers' role

expectations and those of the organisation (Acorn, Ratner, & Crawford 1997).

A measure proposed by Miles, Patrick and King (1996) to reduce role ambiguity was effective job-related communication from a supervisor, and in general this reduced role conflict. As a consequence, a significant increase in job satisfaction resulted.

Miles et al. (1996) proposed that negative relationship communication could have a causal influence on role ambiguity, particularly for newcomers to an organisation, whose job satisfaction could decline as a result.

Job opportunities and promotion

The relationship between perceived job opportunities and job satisfaction is an interesting one. Dunkin, Stratton, Harris, Juhl, and Geller (1994, cited in Coward et al., 1995) found a significant negative correlation between job satisfaction and perceived nursing employment opportunities. Specifically, this correlation showed that the nurses who perceived alternative employment opportunities had lower levels of job satisfaction in their current employment and were more likely to demonstrate quitting behaviour. Nurses who indicated that they intended to stay longer in their current employment had higher job satisfaction scores.

Misener, Haddock, Gleaton, and Abu Ajamieh (1996) found that among the studies they reviewed, the satisfiers which ranked second most highly for nurses, after relationships with co-workers, were: pay, benefits, and career opportunities. It should be emphasised that career opportunities differ from job opportunities. Whereas job opportunities may be a way out of a job that does not provide enough job satisfaction, career

opportunities can be seen as promotional or providing job enrichment. Perceived career opportunities within an employee's organisation, are more likely to act as a catalyst for organisational commitment and job satisfaction, than for quitting.

In a study of Japanese nurses it was found that provision for nurses to be promoted within the unit they were working, or between units, significantly improved their job satisfaction (Yamashita, 1995).

Hardy (1983, cited in Ratcliffe, 1996) highlighted the differences between male and female nurses' career patterns. She suggested that female nurses tend to make lateral moves, with a common swinging pattern between training posts and staff nurse positions. She referred to this as the 'certificate gatherer syndrome' and found that this lateral movement delayed female nurses' upward career movement by an average of 9.4 years. She suggested that men, on the other hand, make a linear career move up the nursing hierarchy. Hunt (1991) showed that both male and female nurses have upward and lateral career patterns, but that males progress upwards more quickly than females.

Extrinsic outcomes - hygiene factors

Pay and rewards

Commonly, work is seen as a means to an end. The end being an ability to pay the daily bills, and for most to be able to afford some luxuries such as holidays, and other preferred leisure activities. Pay, it seems, is closely linked to job satisfaction, however, Dessler (1997) proposes that job satisfaction is not necessarily a direct result of satisfaction with pay, but a need for perceived equity both within and between organisations.

Lum, Kervin, Clark, Reid, and Sirola (1998) support the notion that for individual employees, pay is viewed as an important outcome or reward. Meltz and Marzetti (1988, cited in Lum et al.) propose that salary differentials are used as incentives for nursing job satisfaction and retention for 'difficult to staff' areas. However, Lum et al. identify the fact that a negative relationship between pay and turnover is commonly reported in literature, however little is known about the affective and cognitive variables which influence this relationship. Motowidlo (1983) suggested that pay satisfaction only predicts turnover intentions when employees believe they can get higher pay from other employers.

Mueller and Price (1990) and Blegan (1993) allude to Porter and Lawler's (1968) expectancy theory when they suggest that not only the salary offered to nurses affects their attitudes, but also their perception of whether the pay is sufficient compensation for the work done. Adam's (1965) equity theory has an important implications with respect to pay satisfaction. Pay satisfaction occurs when employees feel that their pay is equitable, by comparison with others doing similar work.

Although pay is commonly included in many scales measuring job satisfaction for both nurses and other groups, it is generally found that pay contributes very little to the job satisfaction of nurses (Agho, 1993; Blegen & Mueller, 1987; Cavanagh, 1990). Frisina, Murray and Aird (1988, cited in Lum et al., 1998) discovered that nurses frequently do not see pay as a high priority in job satisfaction. However Lum et al. believe that this has changed in more recent times. Nurses with greater experience were more satisfied with their pay, and less likely to leave. More experienced nurses seem to receive greater pay than those with less experience. Lum et al. concluded that both personal and organisational factors influenced nurses' decisions to leave their job.

Relationship and communication with supervisor

A study by Butler and Cantrell (1997) showed that in a laboratory task "perceived leaders" behaviour could influence productivity and job satisfaction. Statistically significant effects of leaders' behaviour on both outcomes were demonstrated. Leadership styles, often referred to as leadership behaviour, is discussed widely in literature. Two such styles, transactional and transformational leadership, are discussed by Schulz, Greenley and Brown (1995) who demonstrated that "team organisation structure, transformation and transaction leadership, and a clan culture are antecedents to a favourable work environment that leads to job satisfaction" (p. 340).

Medley and Larochelle (1995) define transformational leadership as "a dynamic leader-followers dyad, concerned with second order change (transformational processes) and associated processes that relate to the higher order needs of individuals" (p. 64JJ). This leadership style is characterised by three major behaviours: charisma, individualised consideration, and intellectual stimulation.

Transactional leadership focuses on transactions or exchanges which include communication, and the interplay of needs, values and desires, between leaders and workers (Inkson & Kolb, 1998).

Most leaders in nursing, as in most occupations, demonstrate a transactional leadership style. Traditionally, nurses were promoted to leadership roles because of the years of experience, as opposed to their ability to lead. Fortunately, this is changing and those in leadership roles are carefully selected for their ability, and are offered further training in leadership and management skills.

Supervision is a form a good management and is identified as having a close association with job satisfaction (Price Waterhouse, 1988). Grant et al. (1994) found in their study of factors influencing nurses' job satisfaction that, although 70% of the nurses surveyed felt that they had easy access to management, only 40% thought that their opinions and ideas were listened to by their supervisors. A similar percentage of nurses also felt that they were not consulted when changes in working conditions were planned.

Irvine and Evans' (1995) meta-analytical study of job satisfaction and turnover among nurses accords with the studies mentioned above, emphasising the importance of the relationship between quality of supervision and nurses' job satisfaction. Irvine and Evans promote employee self-leadership and suggest these "superleadership" strategies, include employee self-goal setting, self-evaluation, self-reward, and self-problem solving. Irvine (1994, cited in Irvine & Evans) suggests that this leadership model is particularly relevant for autonomous forms of work organisation and can be most beneficial to the "lean organization of today" (p.251) – highly appropriate for New Zealand currently, as health budgets are cut back.

Communication with supervisors and with co-workers, and provision of feedback and recognition for job performance are significantly positively related to job satisfaction (Blegan, 1993).

An analysis by Gilloran, McKinley, McClew, McKee and Robertson (1994) of different components of staff nurses' work satisfaction, revealed that approximately one-third of those surveyed (N = 1636) did not feel that their opinions were listened to. More than 50% believed the charge nurse had favourites, and three-fifths of all staff stated that the charge nurse never praised them for good performance.

Moss and Rowles (1997) found that staff nurse job satisfaction improved as the perceived leadership of the head nurse approached a participative style. Moss and Rowles outlined the characteristics of a participative style as superiors having complete confidence in subordinates. Subordinates ideas are sought and discussed, and communication is abundant.

Social relationships and peer communication

Misener et al. (1996) found in most of the studies they reviewed, that interactions, team playing, cooperation, and social factors seem to indicate that an important aspect of nurses' job satisfaction is the development of co-worker relationships. However, in other studies communication with peers was only moderately related to nurses' job satisfaction (Blegan, 1993; Blegan & Mueller, 1987).

Grant et al. (1994) considered that good interpersonal relationships with peers, was the single most important part of nurses' working life. They concluded that nurses in their study saw lateral relationships with immediate peers more positively than the vertical relationships with their supervisors.

Good communication and stability within a ward setting, plus supportive and cohesive team functioning, enhance nurses' job satisfaction and innovation in practice (Adams & Bond, 1995, cited in Tovey & Adams, 1999). Conversely, absence of such support could result in nurses experiencing high levels of stress, which may give rise to depression, hostility, fear of poor performance appraisals, and low job satisfaction (Dewe, 1989; Jain, Lall, McLaughlin, & Johnson, 1996; Packard & Motowidlo, 1987).