

**Decision Making and Job Satisfaction of Nurses in Private Hospital,
Chidambaram**

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Abstract

The paper is on nursing which is an activity that has existed from the beginning. Human beings need the help of others at one time or the other. This is especially true when one is unwell. It is the physician, who identifies the nature and causes of the illness, but it is the regular and timely care of the nurse who helps the patient in regaining health, and the job of a nurse is demanding in nature. The present investigation is an attempt to study the decision making and job satisfaction among nurses in private hospital, Chidambaram. The study also attempted to intricate the influence of socio economic variables on the decision making and job satisfaction. Besides, certain hypotheses are formulated and tested in the study. The major hypotheses verified in this study were, is there any influence of such variables on decision making and job satisfaction. The results shows that Decision Making and Job Satisfaction of Nurses in Private Hospital, Chidambaram.

Keywords: Decision Making, Job Satisfaction, Private Hospital, Socio economic variables and demographic variables

Introduction

Job satisfaction is a topic of wide interest to both people who work in organizations and people who study it. In fact, it is the most frequently studied variable in research on organizational behavior. It is a central variable in both research and theory of organizational phenomena ranging from job design to supervision. There are important reasons why job satisfaction is of interest. These can be classified in terms of the focus on the employee or on the organization. First, the humanitarian perspective holds that people deserve to be treated fairly and with respect. Job satisfaction is, to some extent, a reflection of good treatment. It also can be considered as an indicator of emotional wellbeing or psychological health. Second, the utilitarian perspective assumes that job satisfaction can lead to behavior of nurses that affects organizational functioning. Furthermore, job satisfaction can be a reflection of organizational functioning. Differences among nurses relating to job satisfaction are a basis to identify potential trouble spots. Each reason is sufficient to justify concern with job satisfaction. Together they explain and justify the attention that is paid to this important variable. It becomes clear that job satisfaction is influenced by the characteristics of the person as well as the job.

Decision Making

Decision is final choice on any issue and it is an individual choice. Vigilance: (V) is the tendency to search carefully for information, to consider many alternatives, to consider information without bias, and to evaluate alternatives carefully before making a choice. Hyper vigilance / Panic (H) are the tendency to make decisions impulsively and to look for quick, easy solutions to problems. Defensive avoidance (D) is a general tendency to try to avoid or escape having to make decisions. There are three types of defensive avoidance: Rationalization (R), Buck passing (B) and Procrastination (P). Rationalization (R) is the tendency to

avoid the reality of decisions. This is achieved by ignoring or denying unpleasant aspects of the decision or by concentrating only on positive aspects of the choice. Buck-passing (B) is the tendency to leave the hard decision to others to avoid taking responsibility for decision and to blame others when the decision is wrong. Procrastination (P) is the tendency to put off making decisions by doing other things or by thinking about the decision for too long.

The ultimate goal of any activity is attaining happiness and contributes to others' happiness. A satisfying job too can contribute to that goal. The nurse has the responsibility of contributing to others happiness by helping them regain their health. There may be occasions when she may have to make decisions on her own. This will have an impact on the quality of the patient care as well as enhancing the competence of the nurse.

Study Review

The following reviews are undergone to study the research variance:

Lashinger, H. Sabiston J. (2000) made a study on staff nurse empowerment and workplace behaviours. The sample randomly selected for the study was 225 nurses. The study found that suggestions about organizational empowerment of staff nurses and subsequent benefits to managers ie. lines of information hotlines, newsletters, staff meeting, share information from reading and conferences, communication successes and lines of supply allow autonomy through discretionary power, lines of support, building relationships, giving recognition and rewards, take opportunities for committee participation, new tasks, project management relate to high job satisfaction.

Bederian and Armenakis (2010) studied the linkages between Job satisfaction and propensity to leave with a sample of 75 Nurses. They found support for the linkages between (1) Job satisfaction and propensity to leave (2) tension and job satisfaction and (3) both the influence of role conflict and role ambiguity on tension. Role conflict was found to exert a greater influence on tension than did role ambiguity. Both role strains and role ambiguity influenced job satisfaction directly. But most of their impact was mediated by the direct effects on tension. Neither role ambiguity nor role conflict exhibited much influence on employees' propensity to leave when job satisfaction was controlled for. Dwyer and Ganster (2010) found in a sample of nurses that the correlation between work load and job satisfaction was 0.37.

Chung and Mary (2011) examined the determinants of job satisfaction in the hospital of Taiwan, and the Republic of China. In addition, three measures of job satisfaction called overall job satisfaction, facet specific satisfaction and the weighted job satisfaction index were employed to compare the difference in the sources of job satisfaction. The individual characteristics were age, gender, status and education. The job related variables were occupational nature and size of the hospital, retirement program, income and length of service. The result found that there is a significant relationship with individual characteristics, job related variables and job satisfaction.

There are three time related concepts associated with job satisfaction (1) age of the nurses (2) length of time of the service in the organisation or "Organisational tenure" (3) length of time in the particular job seniority. Those studies which investigate time related correlates of job satisfaction examine only age and organisational tenure, ignoring job seniority.

Khaled (2012) conducted a study on the relationship between Job Satisfaction and Work Schedule. The samples were selected randomly among 128 nurses working in private hospitals. The result found that job satisfaction was higher with flexible work schedules than with fixed work schedules. **Persons (2012)** conducted a study on delegation skill in nurses' job satisfaction. The purpose was to determine the effect of teaching delegation skills on job satisfaction and the subject skill and confidence on delegation-decision making skills. The result revealed that teaching delegation skills enhanced job satisfaction in areas of autonomy (decision making) and promotional opportunity. **Stewart and Barling (2012)** explored the impact of work family conflict and job satisfaction on parenting behaviour in a sample of 150 employed nurses. Work family conflict correlated with job satisfaction. Job satisfaction correlated significantly with parental practices. They used complex statistical procedures to test a model of how conflict affects the children of employed parents. They found that conflict contributes to job satisfaction which leads to parental practice, which affects children's performance in school.

Mc Gilton, K and Pringle D (2012) made a study on the effect of perceived and preferred control on nurses' job satisfaction in long term care environments. The sample of the study was 230 nurses randomly selected. The purpose was to explore how perceived and preferred clinical control and organization control decision making are associated with long term care on nurses' job satisfaction. The result revealed positive relationship between perceived organizational control of decision making and job satisfaction and large gap between preferred and perceived hospital control. **Kangas, S. Kee C & Mc Kee- Waddle R (2012)** conducted a study on nurses job satisfaction and patient satisfaction with nursing care. The purpose was to identify differences and relationship among nurses' job satisfaction, patient satisfaction with nursing care, organizational (hospital) structure and hospital culture. The sample selected for the study was 215 nurses in American hospitals. No difference in nurses' job satisfaction or patient satisfaction with nursing care in different hospital structures or with different nursing care was found.

Research Objectives

The major objectives of the present study are to find out ...

1. The level of job satisfaction of nurses on the basis of their demographic variables.
2. The influence of decisional self-esteem on the job satisfaction of nurses.
3. The influence of decision making styles (Vigilance, Hyper Vigilance, and Defensive avoidance, Rationalization, Buck-passing and Procrastination) on job satisfaction of nurses.

Hypothesis of the Study

1. There is no significant difference in job satisfaction of nurses on the basis of experience.
2. There is no significant difference in the job satisfaction of nurses on the basis of income.

Description of Tools

In order to collect the necessary data, the psychological tools mentioned below were used.

Questionnaire –1 Flinders Decision Making Questionnaire I by *Leon Mann*

Questionnaire –2 Job Satisfaction Scale by Dubey, B.L., Uppal, K.K. and Verma, S.K.

Flinders Decision Making Questionnaire – I (DMQ – I)

Leon Mann (1982) developed the DMQ I to measure self-esteem as a decision maker of a person. The test consists of 6 items with three alternative responses ‘True for me, sometimes true and Not true for me’. The subject has to indicate how (s) he feels about making decision by ticking the response which is most applicable to her/him.

For items 1,3 and 5 a response of ‘true for me’ is given a score of 2, a score of 1 is given to a response of “sometimes true” and a response of “not true for me”, is given a score of 0. For items 2, 4 and 6, a score of 2 is given for “not true for me”, sometimes true is given 1 and “true for me” is given a score of 0. The sum of the scores of all the 6 items is the score for decision self-esteem. The maximum possible score is 12 and minimum is 0. High score indicates high decisional self-esteem.

The DMQ II was developed by Leon Mann (1982) to measure the tendency towards six decision making styles, namely. Vigilance (V), Hyper vigilance(H), Defensive avoidance(D), Procrastination(P), Buck passing(B) and Rationalization(R). The test consists of 31 statements in which 6 items measure vigilance and 5 items for each of the other styles. The items representing each style are mixed in the questionnaire. Table 3.1 provides the item numbers corresponding to each style. Each item is followed by 3 alternative responses ‘true for me’, ‘sometimes true’ and ‘not true for me’. The subject has to tick the response that best suits her/his usual style. A score of 2 is given for a response of ‘true for me’, a score of 1 for ‘some times true’ and 0 for ‘not true for me’.

Table 1

Item numbers representing each Decision Making Style in DMQ-II

Sl.No.	Decision making styles	Item numbers
1	Vigilance	3,7,11,14,19,24
2	Hyper vigilance	1,6,21,25,31
3	Defensive avoidance	4,10,15,23,26
4	Procrastination	9,12,17,27,30
5	Buck passing	5,8,18,22,28
6	Rationalization	2,13, 16,20,29

Source: Computed from primary data

The maximum possible score for vigilance is 12 and 10 for each of the other styles. A high score in a particular style indicates a higher tendency to adopt that style and low score indicates a lower tendency to adopt that style.

Table 2

Reliability Co-efficient for Decision Self-esteem and Decision Making Styles

Sub test	Reliability Co-efficient
DMQI Decision Self-esteem	0.553
DMQII Vigilant	0.585
Hyper vigilant Defensive	0.529
Avoidance	0.761
Procrastination	0.541
Buck passing	0.572
Rationalization	0.766

Source: Computed from primary data

Table 3

Validity Co-efficient and the level of significance for Decision Self-esteem and Decision Making Styles

Sub test	Validity Co-efficient
DMQI Decision Self-esteem	0.743
DMQII Vigilant	0.764
Hyper vigilant Defensive	0.727
Avoidance	0.827
Procrastination	0.735
Buck passing	0.755
Rationalization	0.791

Source: Computed from primary data

Job Satisfaction Scale

Job satisfaction scale was developed by Dubey, B.L., Uppal, K.K. and Verma, S.K. (1989). The Job Satisfaction Scale consists of 25 statements. It is measured on a 5 point scale ranging from 0 to 4. The subjects can respond to each statement on the basis of their judgment on the following 5 point scale. Strongly agree, Agree, Undecided, Disagree and strongly disagree. This questionnaire is independent of age, education and salary. It has reliability of 0.64 (test-retest) and 0.72 (split half reliability coefficient). The validity of the scale was 0.80. The Job Satisfaction Scale consists of 25 statements. The items are scored on a 5 point scale from 0 to 4 as given below:

Table 4
Job Satisfaction Scale Score

Response	Score	Reverse Score
		Items 24 & 25
Strongly agree	0	4
Agree	1	3
Undecided	2	2
Disagree	3	1
Strongly disagree	4	0

Source: Computed from primary data

The scores can be summed up for all the 25 statements in order to arrive at a single total score for an individual (a subject). Low score indicates satisfaction and high score indicates dissatisfaction.

Sampling Method and Data Processing

Among the hospitals, nearly 342 nurses are working in Chidambaram. The study was planned to be conducted among the nurses of Private Hospital, Chidambaram only in order to keep the organizational climate constant. In that hospital nearly 120 nurses are working. A sample of 100 nurses was selected randomly for the study.

The investigator personally distributed the questionnaires to each subject of the sample. They were requested to answer the items in the booklet as per the instructions provided at the beginning of each questionnaire. Confidentiality of response was assured. The nurses were co-operative and took about one hour to fill the information in all the questionnaires. The questionnaires were collected by the investigator from the nurses. The responses were scored as per the scoring key of the respective questionnaire. Then the results were tabulated, analyzed and discussed. The collected data were analysed using appropriate statistical techniques. The descriptive statistics such as Mean and S.D, S.Em, t-ratio were computed. The t-ratio was computed to test the significance of mean difference. The mean was computed to identify the dominant group.

Analysis and Interpretation

Table 5

Results of One-Way ANOVA for nurses’ job satisfaction on the basis of experience

Experience	Code	N	Mean	Std. Deviation	F-value	LS
Below 15 years	A	43	18.77	2.86	3.66	0.05
16-25 years	B	35	20.34	2.44		
Above 25 years	C	22	20.55	4.08		
Total		100	19.71	3.12		

Source: Computed from primary data

Table 6

T-ratio for mean difference in job satisfaction on the basis of experience

Experience	Code	N	Mean	Std. Deviation	t-value	LS
Below 15 years	A	43	18.77	2.86	2.58	0.01
16-25 years	B	35	20.34	2.44		
Total		78				
16-25 years	B	35	20.34	2.44	0.24	NS
Above 25 years	C	22	20.55	4.08		
Total		57				
Below 15 years	A	43	18.77	2.86	2.05	0.05
Above 25 years	C	22	20.55	4.08		
Total		65				

Source: Computed from primary data

Ho: There is no significant difference in job satisfaction of nurses on the basis of experience.

Tables 5 and 6 reveals that One Way ANOVA for Nurses Job satisfaction on the basis of experience. From the table, it is observed that nurses below 15 years of experience scored lower mean value (18.77) than the others. (Low score indicates high job satisfaction). This mean difference is statistically proved by the obtained F-value (3.66) which is significant at 0.05 level. Hence the stated null-hypothesis is rejected. So, nurses with below 15 years experience have higher level of job satisfaction than nurses with more experience.

The mean scores of any two groups were compared by a t-ratio (Table 6). The table shows that nurses with 16-25 years of experience group scored (20.34) higher mean value than nurses with below 15 years experience whose mean is (18.77). Thus difference is statistically proved by the obtained t-value (2.58) which is significant at 0.01 level. This shows that nurses with below 15 years experience have more job satisfaction than nurses with 16-25 years experiences. The comparison of nurses with 16-25 years service and above 25 years of service shows that the mean difference is not significant. Hence it could be stated that these two groups do not differ in their job satisfaction. In the case of below 15 years and above 25 years of service groups, there is a significant mean difference. This is statistically proved by the obtained t-value (2.05) which is significant at 0.05 level.

Table 7

One-way ANOVA for nurses' job satisfaction on the basis of income

Income	N	Mean	Std. Deviation	F-value	LS
Below 20,000	29	18.93	3.05	2.80	NS
20,000 to 30,000	55	19.69	2.46		
Above 30,000	16	21.19	4.65		
Total	100	19.71	3.12		

Source: Computed from primary data

Ho: There is no significant difference in the job satisfaction of nurses on the basis of income.

Table 7 infers that it is not significant, One Way ANOVA for job satisfaction of nurses on the basis of income. The obtained F-value (2.80), is not significant. This shows that there is no significant difference in job satisfaction of nurses on the basis of their income. So, the stated hypothesis that Nurses do not differ in their level of job satisfaction on the basis of income is confirmed.

Table 8

Mean and Standard Deviation for Job satisfaction, decisions self esteem and decision making styles

Summary	JS	DMQI	V	H	D	R	B	P
Number of cases	100	100	100	100	100	100	100	100
Mean	19.71	8.28	7.39	7.34	6.45	6.69	6.41	6.64
Standard deviation	3.12	0.91	1.30	1.07	1.07	1.07	1.18	1.13
Minimum	14	7	4	4	4	4	2	4
Maximum	31	12	10	9	9	9	9	9
Standard Error	0.31	0.91	0.13	0.11	0.11	0.11	0.12	0.11

Source: Computed from primary data

JS – Job satisfaction DMQ -I- Self esteem V – Vigilance

H – Hyper vigilance D – Defensive avoidance R – Rationalization

B – Buck-passing P – Procrastination

The table 8 shows the Mean, Standard Deviation for various decision making styles and job satisfaction for the general sample of 100 nurses. Regarding the mean values majority of them have scored higher mean value in Self-esteem and Vigilance styles. In the case of mean score of Job satisfaction majority of the respondents have scored below the norms. It indicates that they are satisfied in their job.

From the results, it is found that nurses with below 15 years of experience are more satisfied with their job than nurses with above 15 years of experience. So job seniority is not a determinant of job satisfaction of nurses. Probably over a period of time, their job becomes routine and monotonous. For those with less experience, there is much to be learnt in the job. This could be the reason for the result. It is also found that nurses do not differ significantly in their job satisfaction on the basis of income.

With regard to the decision making styles, only defensive avoidance style seem to influence job satisfaction. Results show that nurses with high tendency towards defensive avoidance have more job satisfaction than those with low tendency in defensive avoidance. This is contrary to expectation. Probably in the nursing profession, there is less scope for freedom and making decision on the job as it is the physician who is the authority. Any wrong decision on the part of the nurse may lead to serious consequences. This may also bring them into conflict with the physician. Hence the tendency to avoid probably leads to satisfaction. The other decision making styles do not influence job satisfaction.

The study also makes it clear that decision making style is one among the many factors that influence job satisfaction. An effective decision making style alone does not contribute to job satisfaction.

Conclusion

The present investigation was an attempt to study the job satisfaction, and decision making of nurses. The study also attempted to investigate the influence of demographic variable on the job satisfaction, and decision making. In this regard, certain important hypotheses verified in this study are there any influence of demographic variables on job satisfaction, and decision making. From this study certain conclusions have emerged both accepting and rejecting the formulated hypotheses. The investigation was conducted among a random sample of 100 nurses in Chidambaram Town Private Hospital. A questionnaire consisting of a) Job Satisfaction Scale b) Achievement Scale, c) Decision Making Questionnaire Scale and d) Personal Information Sheet was handed over to the nurses and information collected from them. The data were treated statistically interpreted, discussed and conclusions were drawn. Nurses with below 15 years of experience have higher job satisfaction than nurses with more experience. Nurses do not differ significantly in their job satisfaction on the basis of income. Nurses with high self-esteem have more job satisfaction than nurses with low self-esteem. Nurses with high defensive avoidance style have higher job satisfaction than nurses with low defensive avoidance. The other decision making styles do not seem to influence job satisfaction of nurses.

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