

# A STUDY ON RELATIONSHIP BETWEEN CARE QUALITY, STAFFING AND JOB SATISFACTION IN NURSING SERVICE

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**Abstract :** The purpose of this study was to examine nurses' perception of the relationship between job satisfaction and quality of care they deliver, and barriers to a quality care. Data for this cross-sectional study was collected using a paper survey developed by the researcher. This 28-item questionnaire assessed nurses' perception of the relationship between job satisfaction and the quality of care they deliver, and factors that affect the delivery of a quality care and job satisfaction. The questionnaire was distributed to 47 nurses who work in direct patient care at a small Minnesota hospital. Analysis included descriptive and correlation. The research found that there is a positive correlation between nurses' job satisfaction and quality of care they deliver. The study also found that work-load, staff scheduling and stress to be the most significant factors that affect the delivery of a quality care. Moreover, pay/compensation, work environment and care quality are found to be the factors that affect nurses' job satisfaction most.

**Key words:** Employee perception, Quality care, Stress management, Work environment

## 1. INTRODUCTION

The focal inquiry investigated in this writing audit is whether there is a connection between view of the nursing care quality and contrasts in nurse staffing, nurse work fulfillment, nurse practice condition, and burnout. Three essential thoughts support this inquiry: first, the developing spotlight on quality enhancement in social insurance; second, the worries being communicated about the nursing care quality; and, third, the driving force towards patient and open association and discussion in human services.

## 2. REVIEW OF LITERATURE

(Cline *et al.* 2003, Sjogren *et al.* 2005) Excessive workload insufficient time for patient care (Fottler & Widra 1995) and high patient–nurse ratios (Chan & Morrison 2000, Cheung 2004, Duffield *et al.* 2006) are mentioned as reasons for the high turnover rates of nurses.

Although thereasons for leaving the hospital (Gardulf *et al.* 2005), or even the nursing profession, are complex, both individual and work-related factors seem to be associated with the high turnover rates in nursing (Collins *et al.* 2000, Gardulf *et al.* 2005, Flinkman *et al.* 2008).

(Al-Kandari & Thomas 2008) Nursing workload is also associated with other nurse adverse outcomes and patient adverse outcomes. Nurse adverse outcomes consist of stress (Hillhouse & Adler 1997, Hall 2004, Sveinsdottir *et al.* 2006), job dissatisfaction (Aiken *et al.* 2002b, Seo *et al.* 2004, Sheward *et al.* 2005) and burnout (Lee *et al.* 2003, Leiter & Laschinger 2006, Spooner-Lane & Patton 2007).

(Cho 2001, Cimiotti 2007, Hugonnet *et al.* 2007) Patient adverse outcomes consist of infections patient falls (Dunton *et al.* 2004), increased length of stay (Lang *et al.* 2004) and mortality (Lang *et al.* 2004, Kane *et al.* 2007). These patient adverse outcomes are associated with nursing workload and are related to a higher hospital cost (Apostolopoulou & Veldekis 2004). To address this problem, it is essential to get a better insight into the non-direct patient care factors that determine nursing workload.

(Tewes, 2009) Effects of changes to the healthcare system on care delivery. By 1980, Medicare claims expenditures had risen dramatically and resulted in a major change in reimbursement policy. Reimbursement of Medicare claims through the use of “usual, customary, and reasonable rates” was replaced by a set of fee schedules based on diagnosis (diagnosis related groups or DRGs) and is the system in use today. Healthcare facilities have faced increasing challenges from changes in payment schedule and regulatory requirements from the federal government and private insurance companies. As employers, they had to share the medical cost of their employees.

(Peltier & Dahl, 2009) This means health facilities had to implement strategies that could ensure their financial wellbeing. Restructuring, cutting costs, and cutting employee benefits are the most common actions taken by employers. Moreover, the management of healthcare personnel takes place in a complex environment involving a variety of professionals, extensive use of materials and equipment, and an array of services that extend beyond health care to include food, hospitality and instruction.

(Ma, Lee, Yang & Chang, 2009) One of the common actions taken to cut cost is reducing the size of the workforce. Because nurses are the largest professional group in the healthcare organization and critical to the provision of healthcare, reducing the nursing workforce was considered as the first strategy to decrease expenses in most hospitals.

Saari and Judge (2004) defined job satisfaction as “a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experiences”.

Chang and colleagues (2009) because nursing remains in the midst of its most significant shortage, the satisfaction or dissatisfaction of nurses is of great concern to nursing and hospital administrators (Lynn, Moore, & Morgan, 2009). In a survey of Chinese nurses, found job satisfaction was a significant predictor of whether or not a nurse intended to leave a current job.

(Mrayyan, 2006) Dissatisfied nurses may be distracted from their patients, fail to provide holistic care, and in general, provide a lower quality of nursing care. According to Kvist, Voutilainen, Mantynen, and Vehvilainen-Julkunen (2014), job satisfaction of nursing staff is related to patients’ perceptions of quality of care.

### 3. STATEMENT OF THE PROBLEM

The purpose of this study was to examine nurses’ perception of the relationship between job satisfaction and quality of care nurses deliver, and barriers to a quality care. Understanding the importance of employee satisfaction, and understanding how employees’ satisfaction can be enhanced is essential to providing quality healthcare service with desirable outcomes.

### 4. METHODS

A descriptive qualitative research design was used to collect data. Four focus groups were conducted, one each with 6 or 7 registered nurses in health care, hospital care, home care and nursing home care. A total of 47 nurses were recruited through purposeful sampling. The interviews were audio taped, transcribed and subjected to thematic analysis.

#### Data Collection/Instrumentation

The survey used in this study addressed two purposes. The first purpose was to examine the relationship between nurses’ job satisfaction and quality of care they deliver. The second purpose was to explore factors that affect nurses’ job satisfaction.

#### Sample Size, Composition And Data Collection

To gain a deeper understanding of the influence of the nursing work environment on patient experiences, we conducted four focus groups. The purpose was to elicit ideas, thoughts and perceptions from nurses.

### 5. NEED FOR STUDY

Patients should be provided with safe and high quality healthcare service. As a result, healthcare organizations have the responsibility to provide effective service targeting a desirable outcome. Healthcare employees have moral and professional responsibilities to promote the values and missions of their employers. This study investigated the relationship between nurses’ job satisfaction and quality of healthcare they deliver, and ways to satisfy employees and improve the quality of care. Understanding the importance of employees’ job satisfaction, and understanding how employees’ job satisfaction can be enhanced is essential to provide quality healthcare service with desirable patient outcomes. The dependent variable was the nurses’ perception of quality of care delivered and the independent variable was employees’ job satisfaction.

### 6. DATA ANALYSIS

The transcribed data were open coded and categorized. Several themes were extracted by organising and structuring the categories. During the analytical process, interview fragments were constantly compared. The literally transcribed interviews were reviewed several times to check whether elements might have been overlooked. The final analysis was presented to the participants and they were asked to comment on the contents. This member check helped to determine whether we had adequately understood and interpreted the data.

### MANN-WHITNEY U - TEST

**Table - 1**  
**Statistical test results using Mann-Whitney u-test**

	Conformity
Mann- Whitney U TEST	35.000
Wilcoxon W	288.00
Z	-4.878
Significance at 2-tailed test	0.000
a. grouping variable :funding	

Source: Output generated from SPSS 20

Statistical test results using the Mann-Whitney test which is used to measure difference in the quality of services based on the financing. Based on above table, it can be seen that significance at 2-tailed test has a value of 0.00, so it can be concluded that H<sub>0</sub> is rejected and accept H<sub>a</sub> that there are difference in outpatient satisfaction between patients in primary health care.

**FACTORS THAT AFFECT QUALITY OF CARE****Table – 2****Frequency analysis for the factors that affect quality of care**

Variable	Frequency	Percent
Work load	14	87.5
Staff scheduling	13	81.3
Stress	11	68.8
Poor management	6	37.5
Inadequate training	3	18.8

Source: Output generated from SPSS 20

Participants pick of the three top most factors that affect the delivery of quality care. Work load was mentioned by 87.5% of participants, staff scheduling was mentioned by 81.3% and stress was the third most mentioned factor (68.8%).

**FACTORS THAT AFFECT JOB SATISFACTION****Table – 3****Frequency analysis for the factors that affect job satisfaction**

Variable	Frequency	Percent
Pay	10	62.5
Work environment	9	56.3
Quality of care	7	43.8
Stress	7	43.8
Management	5	31.3
Benefits	5	31.3
satisfaction	4	25.0

Source: Output generated from SPSS 20

Pay compensation (62.5%), work environment (56.3%) and quality of care (43.8%) were among the top three factors mostly mentioned by participants as affecting job satisfaction. Above the table shows participants' rating of factors that influence job satisfaction. Pay, work environment, quality of care and stress were among the top three factors participant selected.

**7. LIMITATIONS OF THE STUDY**

There were few limitations to the study. Lack of demographic information of participants was a limitation to the study. The study had to exclude gender from demographic questions for the purpose of participant anonymity since some units might have a single male employee. This limitation limited the researcher comparing job satisfaction between different genders.

**8. FINDINGS**

- Statistical test results using the Mann-Whitney test which is used to measure difference in the quality of services based on the financing. Based on above table it can be seen that significance at 2-tailed test has a value of 0.00, so it can be concluded that H<sub>0</sub> is rejected and accept H<sub>a</sub> that there are difference in outpatient satisfaction between patients in primary health care.
- Participants pick of the three top most factors that affect the delivery of quality care. Work load was mentioned by 87.5% of participants, staff scheduling was mentioned by 81.3% and stress was the third most mentioned factor (68.8%).
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**9. RECOMMENDATION**

Further research is recommended to examine whether the elements of a healthy work environment are statistically related to patient experiences in the Dutch healthcare setting. In the Netherlands, patient experiences are measured with the Consumer Quality Index.

**10. CONCLUSION**

In investigating the connection between nurse staffing, nurse work fulfillment, nurse practice condition, burnout, and nursing care quality have been related factors. This audit asserts the significance of nurses' view of consideration quality as a result variable to survey work ecological components. The discoveries of this audit are imperative for nurse scientists to investigate manners by which we may start to be progressively imaginative in guaranteeing that patients' points of view on nursing care quality are given equivalent load to the clinical nurses' voice in any appraisal of value in future nursing thinks about.

**REFERENCES**

- Ministry of Health (MoH). Health Strategic Plan, 2008-2015.

- Blegan MA, Vaughn T. A multisite study of nurse staffing and patient occurrences. *Nursing Economics*. 1998;16:196–203.
- Aiken LH, Clarke SP, Sloane DM, Sochalski JA, Clarke H, Giovannetti P, et al. Nurses reports on hospital care in five countries. *Health Affairs*. 2001;1–11.
- Aiken LH, Clarke SP, Sloane DM, Solchalski J, Silber JH. Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*. 2002;288(16):1987–93.
- Aiken L, Sermeus W, Van den Heede K, Sloane D, Busse R, McKee M, et al. Patient safety, satisfaction, and quality of hospital care: cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ*. 2012;344:e1717.
- Nantsupawat A, Srisuphan W, Kunaviktikul W, Wichaikhum O, Aungsuroch Y, Aiken LH. Impact of Nurse Work Environment and Staffing on Hospital Nurse and Quality of Care in Thailand. *Journal of Nursing Scholarship*. 2011;43(4):426–33.
- Mrayyan MT. Jordanian nurses' job satisfaction, patients' satisfaction and quality of nursing care. *International Nursing Review*. 2006;53:224–30.
- Institute of Medicine. *Keeping Patients Safe: Transforming the Work Environment of Nurses*. Institute of Medicine of the National Academies. Executive Summary. National Academies Press, Washington, DC, 2004.
- Donabedian A. Evaluating the quality of medical care. *Milbank Memorial Fund Quarterly*. 1966;44:166–206.
- Donabedian A. *An Introduction to Quality Assurance in Health Care*. Oxford University Press, Oxford, 2003.
- 11. Mitchell PH, Ferketich S, Jennings BM. Quality health outcomes model. *Journal of Nursing Scholarship*. 1998;30(1):43–6.
- Martsof GR, Auerbach D, Benevent R, Stocks C, Jiang HJ, Pearson ML, et al. Examining the Value of Inpatient Nurse Staffing An Assessment of Quality and Patient Care Costs. *Med Care*. 2014;52:982–8.
- Duffield D, Diers D, O'Brien-Pallas L, Aisbett C, Roche M, King M, Aisbett K. Nursing staffing, nursing workload, the work environment and patient.
- Agency for Healthcare Research and Quality. (2014).
- Selecting health outcome measures for clinical quality measurement. Retrieved from <http://www.qualitymeasures.ahrq.gov/tutorial/HealthOutcomeMeasure.aspx> Aiken, L., Busse, R., Griffiths, P., Kutney-Lee, A., Sermeus, W., Sloane, D., ... Tishelman, C. (2012).
- Patient safety, satisfaction, and quality of hospital care: Cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *BMJ*, 344 (1717), 1–14. doi: 10.1136/bmj.e1717
- Aiken, L., Cheney, T., Clarke, S., Lake, E., & Sloane, D. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *The Journal of Nursing Administration*, 38(5), 223–229. Aiken, L., Clarke, S., & Sloane, D. (2002). Hospital staffing, organization, and quality of care: Cross-national findings. *Nursing Outlook*, 50(5), 187–194.
- Aiken, L., Sloane, M., & Stimpfel, A. (2012). The longer the shifts for hospital nurses, the higher the levels of burnout and patient dissatisfaction. *Health Affairs*, 31(11), 2501–2509. doi: 10.1377/hlthaff.2011.1377
- Allen, M. (2013). How Many Die From Medical Mistakes in U.S. Hospitals? Retrieved from: <http://www.propublica.org/article/how-many-die-from-medical-mistakes-in-us-hospitals> Alligood, M.R., & Burhans, L.M. (2010). Quality nursing care in the words of nurses. *Journal of Advanced Nursing*, 66(8), 1689–1697. doi: 10.1111/j.1365-2648.2010.05344.
- Billikpof, G. (2006). Incentive pay (Pay for performance). Retrieved from: <http://nature.berkeley.edu/ucce50/ag-labor/7labor/08.htm> Bindman, A., Luft, H., & Mcnair, P. (2009). Medicare's policy not to pay for treating hospital-acquired conditions:
- The impact. *Health Affairs*, 28(5), 1485–1493. doi: 10.1377/hlthaff.28.5.1485 Birkmeyer, J., Litwin, M., & Cooperberg, M. (2009). Defining high quality health care. *Urologic Oncology: Seminars and Original Investigations*, 27, 411–416. Brook, R., McGlynn, E., & Schuster, M. (2005).
- How good is the quality of healthcare in the United States? *The Milbank Quarterly*, 76(4), 843–895. Brooks, J.A. (2015). Reducing hospital readmissions. A closer look at the Medicare Hospital Readmissions Reduction Program. *American Journal of Nursing*. 115(1), 62–65.
- Burke, C., Lewis-Voepel, T., Pechlavanidis, E., & Talsma, A. (2012). Nursing surveillance moderates the relationship between staffing levels and pediatric postoperative serious adverse events: A nested-case control study. *International Journal of Nursing Studies*, 50(7), 905–91.
- Carlsson, M., Engstrom, M., Lindqvist, R., & Ljunggren, B. (2006). Staff satisfaction with work, perceived quality of care and stress in elderly care: Psychometric assessments and associations. *Journal of Nursing Management*, 14, 318–328.
- Hannan, S., Norman, I., & Redfern, S. (2002). Work satisfaction, stress, quality of care, and morale of older people in a nursing home. *Health and Social Care in the Community*, 10(6), 512–517. Harless, D., Herrera, C., Mark, B., & Spetz, J. (2013).
- Using minimum nursing staffing regulations to measure the relationship between nursing and hospital quality of care. *Medical Care Research and Review*, 70(4), 380–399.
- Heskett, J. (2011). Why can't Americans get health care right? Retrieved from: <http://hbswk.hbs.edu/item/6245.html> Hinshaw, A. (2008).
- Navigating the perfect storm. Balancing a culture of safety with workforce challenges. *Nursing Research*, 57(1), S4–10. Hinno, S., Partanen, P., & Vehviläinen-Julkunen, K. (2011).
- Hospital Nurses' work environment, quality of care provided and career plans. *International Nursing Review*, 58, 255–256. Kaprielian, V. & Wiseman, B. (2005).
- How do you define quality? Retrieved from: [http://patientsafetyed.duhs.duke.edu/module\\_a/module\\_overview.html](http://patientsafetyed.duhs.duke.edu/module_a/module_overview.html) Kvist, T., Voutilainen, A., Mantynen, R., & Vehviläinen-Julkunen, K. (2014).

- the relationship between patients' perceptions of care quality and three factors: Nursing staff job satisfaction, organizational characteristics and patient age. Retrieved from: <http://www.biomedcentral.com/content/pdf/1472-6963-14-466.pdf> Licensed Practical Nurse. (2015).
- In thefreedictionary.com. Retrieved from <http://medical-dictionary.thefreedictionary.com/LPN>

