



# Measuring professional satisfaction in Greek nurses: Combination of qualitative and quantitative investigation to evaluate the validity and reliability of the Index of Work Satisfaction



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## ABSTRACT

**Purpose:** The Index of Work Satisfaction (IWS) is a comprehensive scale assessing nurses' professional satisfaction. The aim of the present study was to explore: a) the applicability, reliability and validity of the Greek version of the IWS and b) contrasts among the factors addressed by IWS against the main themes emerging from a qualitative phenomenological investigation of nurses' professional experiences.

**Methods:** A descriptive correlational design was applied using a sample of 246 emergency and critical care nurses. Internal consistency and test–retest reliability were tested. Construct and content validity were assessed by factor analysis, and through qualitative phenomenological analysis with a purposive sample of 12 nurses. Scale factors were contrasted to qualitative themes to assure that IWS embraces all aspects of Greek nurses' professional satisfaction.

**Results:** The internal consistency ( $\alpha = 0.81$ ) and test–retest ( $\tau = 1, p < 0.0001$ ) reliability were adequate. Following appropriate modifications, factor analysis confirmed the construct validity of the scale and subscales. The qualitative data partially clarified the low reliability of one subscale.

**Conclusions:** The Greek version of the IWS scale is supported for use in acute care. The mixed methods approach constitutes a powerful tool for transferring scales to different cultures and healthcare systems.

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## 1. Introduction

Nurses' professional satisfaction is pivotal for maintaining the safety and quality of nursing care (Amendolair, 2012). The majority of job satisfaction assessment scales has been constructed within the Anglo-Saxonic context as they address health care systems in the UK, USA and Australia (Gianfermi & Buchholz, 2011; Lacey et al., 2011). Professional satisfaction refers to the degree to which employees enjoy performing their job (Stamps, 1997), and it entails diverse issues, such as principles, attitudes and perception of professional self-worth, which can be culturally sensitive (Karanikola, Papathanassoglou, Giannakopoulou, & Koutroubas, 2007). Most of nursing research on professional satisfaction was conducted from the mid 1980s to the mid 1990s in the USA, Australia and UK, almost simultaneously with the implementation of advanced nursing roles.

As a result, the systems of the delivered nursing care were improved (Cowin, 2002). It was during that period that most scales for assessment of nurses' professional satisfaction were developed mainly in the USA, i.e. Mueller and McClosky's Satisfaction Scale (Mueller & McCloskey, 1990) and also in the UK, i.e. Job Satisfaction Questionnaire (Nolan, Nolan, & Grand, 1995). Recently, researchers in Southern Europe and Asia have shown interest in professional satisfaction, without, however, developing culture-specific instruments that could properly address such issues (Chou, Hecker, & Martin, 2012; Lorber & Skela, 2012; Pan, Huang, Lee, & Chang, 2012). Therefore, cross-cultural adaptation and evaluation of existing instruments of professional satisfaction becomes a necessity. Although qualitative methodology is extensively used in the initial development of such instruments (Beck, Towsley, Berry, Brant, & Smith, 2010), phenomenological approaches have never before, to the best of our knowledge, been applied in the transfer and cultural adaptation of instruments. The purpose of the present study was to explore the applicability and the psychometric properties of the Greek version of the Index of Work Satisfaction (IWS), and to compare and contrast the factors addressed by IWS against the main themes emerging through qualitative phenomenological investigation of nurses' professional experiences. Objectives included the investigation of: a) the readability, b) the comprehensibility, c) the internal consistency and test–retest reliability, and d) the validity of the Greek version of the IWS.

Author contributions: Karanikola NK M: study conception/design, data collection, analysis, manuscript preparation.

Papathanassoglou EDE: study design, data collection, manuscript preparation.

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### 1.1. The Index of Work Satisfaction scale

The IWS scale is based on Maslow's and Herzberg's theories, and it provides a quantitative estimation of nurses' job satisfaction (Stamps, 1997). Despite the fact that the IWS consists of part A and part B, only part B is used for the assessment of the level of professional satisfaction, therefore this part of the tool has been used in the present study, and will from now on be called IWS. In more detail, the IWS is a 44-item Likert-7 scale, and the responses range from 1 ("strongly agree") to 7 ("strongly disagree"). The IWS scale assesses the level of professional satisfaction regarding six job dimensions: payment, professional status, task requirements, professional interactions, organizational policies and autonomy (Stamps, 1997). The scale includes six subscales in accordance to the above work dimensions. Thus, the level of professional satisfaction for each of the six job dimensions (subscales' scores) and the overall professional satisfaction level (entire IWS score) are calculated.

The aforementioned six work dimensions have been defined as follows by Stamps (1997): a) autonomy as the degree to which nurses have the legal and professional right to make independent decisions and perform advanced clinical actions, including initiative actions and freedom in work, permitted or required; b) professional status as the perception of the significance of one's work related to personal and/or social estimation; c) interaction as the formal and informal social and professional contacts within job context, including nurse-to-nurse and nurse-to-physician relationships, as well as any relationships with supervisors, peers and subordinates; d) pay as the amount of payment to nurses per month, including extra working hours; e) task requirements as the job activities and tasks one must perform during one's shift, and e) organizational policies as the managerial and administrative policies of the organization in which the nurse works. The items of the IWS scale (part B) are presented in Table 1.

## 2. Materials and methods

### 2.1. Design

A descriptive correlational design along with a qualitative phenomenological approach based on Munhall's (1994) methodology were applied.

### 2.2. Ethical approval

Prior to data collection, permission to use the IWS was requested and granted by Market Research (Stamps, 1997). Ethical committee approval was obtained by the institutional review board of all hospitals that participated in the study, and from the Scientific Review Board of the University of Athens, School of Nursing. Each questionnaire was accompanied by a consent form. Participants anonymously completed the questionnaires. Completed questionnaires were returned in sealed, non-transparent envelopes, in a box placed at each unit. Each potential respondent received two reminders within 2 months.

For the qualitative study, written informed consent was obtained too, since a different study design with an independent sample from the one of the quantitative study was pursued. Anonymity in relation to each participant's narratives was reassured.

### 2.3. Data collection & instruments

Quantitative data were collected through self-completed questionnaires, which included the IWS scale and a short form regarding demographic, educational and vocational data. Translation of the IWS scale from English to the Greek language and then the back translation were carried out in the ethnographic mode to maintain the meaning and cultural content (Hilton & Skrutkowski, 2002). During a pilot

**Table 1**  
Items of IWS (part B).

Items of the part B of the IWS
ST 1. My present salary is satisfactory.
ST 2. Most people appreciate the importance of nursing care.
ST 3. The nursing personnel on my service pitch in and help one another out.
ST 4. There is too much clerical and "paperwork" required.
ST 5. The nursing staff has sufficient control over scheduling their own shifts.
ST 6. Physicians in general cooperate with nursing staff.
ST 7. I feel that I am supervised more closely than is necessary.
ST 8. A lot of nursing personnel at this hospital are dissatisfied with their pay.
ST 9. Nursing is not recognized as being an important profession.
ST 10. It is hard for new nurses to feel 'at home' in my unit.
ST 11. I think I could do a better job if I did not have so much to do all the time.
ST 12. There is a great gap between the administration and the daily problems of the nursing service.
ST 13. I feel I have sufficient input into the program of care.
ST 14. The pay we get is reasonable.
ST 15. There is no doubt whatever in my mind that what I do on my job is really important.
ST 16. There is a good deal of teamwork and cooperation between various levels of nursing personnel.
ST 17. I have too much responsibility and not enough authority.
ST 18. There are not enough opportunities for advancement of nursing personnel.
ST 19. There is a lot of teamwork between nurses and doctors.
ST 20. I have little direct control over my own work.
ST 21. The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory.
ST 22. I am satisfied with the types of activities that I do on my job.
ST 23. The nursing personnel on my service are not as friendly and outgoing as I would like.
ST 24. I have plenty of time and opportunity to discuss patient care problems with other nurses.
ST 25. There is ample opportunity for nursing staff to participate in the administrative decision-making process.
ST 26. A great deal of independence is permitted, if not required, of me.
ST 27. What I do on my job does not add up to anything really significant.
ST 28. There is a lot of "rank consciousness" on my unit: nurses seldom mingle with those with less experience.
ST 29. I have sufficient time for direct patient care.
ST 30. I am sometimes frustrated because all of my activities seem programmed for me.
ST 31. I am sometimes required to do things on my job that are against my better professional nursing judgment.
ST 32. We at this hospital are being fairly paid.
ST 33. Administrative decisions at this hospital interfere too much with patient care.
ST 34. It makes me proud to talk to other people about what I do on my job.
ST 35. I wish the physicians here would show more respect for the skill and knowledge of the nursing staff.
ST 36. I could deliver much better care if I had more time with each patient.
ST 37. Physicians at this hospital generally understand and appreciate what the nursing staff does.
ST 38. If I had the decision to make all over again, I would still go into nursing.
ST 39. The physicians at this hospital look down too much on the nursing staff.
ST 40. I have all the voice in planning policies and procedures for this hospital and my unit that I want.
ST 41. My particular job really doesn't require much skill or "know-how".
ST 42. The nursing administrators generally consult with the staff on daily problems and procedures.
ST 43. I have the freedom in my work to make important decisions as I see fit.
ST 44. An upgrading of pay schedules for nursing personnel is needed at this hospital.

ST: statement.

study, the Greek version of the IWS was administered to 12 registered nurses (Polit, Beck, & Hungler, 2001), in order to test the readability and comprehensibility of individual items. The applicability of the scale was further assessed by a 5-member group of experts in nursing science and research methodology (Polit et al., 2001). Data collection and analysis were performed under the copyrighted scale instructions (Stamps, 1997) to ensure technical equivalence of the procedure.

Qualitative data were collected through repeated semi-structured interviews with open-ended questions. The interview guide was created after a literature review and in compliance with the aims and objectives of the study. The guide had been reviewed and validated by

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