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Job satisfaction, demands of immigration among international nursing staff working in the long-term care setting: A cross-sectional study

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A R T I C L E   I N F O

1. Introduction

With a global shortage of nurses, countries worldwide are facing this increasing demand in nursing workforce coupled with the increasing aging population in their respective countries (Lintern, 2013, Sonenshine, 2014, Yun, Jie, & Anli, 2010). Current demographical studies show that people having longer life expectancy therefore require more healthcare support (World Health Organisation, 2015). In UK, for example, there are at least 4 million older adults suffering from at least one limiting longstanding illness (Age UK, 2016). Within many healthcare systems worldwide, dementia and aged care facilities are faced with the greatest crises' in current and future demands on the nursing workforce (Productivity Commission, 2005, Centers for Medicare & Medicaid Services, 2016). According to a study among 34 Organization of Economic Co-operation and Development (OECD) countries, the staffing situation in the long-term care (LTC) setting presents a more prominent issue due to the less desirable pay and working environment within the sector (Fujisawa & Colombo, 2009).

In Singapore, there is an acute nursing shortage in the LTC facilities as well (Low, 2011, Osman, 2014, Ramchandani, 2012). This situation is further aggravated with the fast aging population where the number of elderly aged 65 years old and above is set to increase from 296,900 in 2005 to at least 900,000 by 2030 (Ng, 2015). With the rapid aging

population, more burdens will be put on Singapore's healthcare system where demands for health professions, especially nurses escalate. One solution many countries used to overcome nursing shortage is, through recruitment of international nursing staff (Sonenshine, 2014). In Singapore, international nursing staff makes up 20% of the total nursing workforce (Singapore Nursing Board, 2015). This number will only increase with the continuous low registration rate from new local nurses coupled with high attrition rate within the nursing profession (Fang, 2015). However, with international nursing staff joining the native workforce, it also brings about issues between the patient and their nurses arising from the difference of language, living habits and culture requiring culturally appropriate care (Howe, 2009).

Nurses today play an integral role in health care delivery. Studies have shown that patient care and outcome (Clark, Leddy, Drain, & Kaldenberg, 2007, Twigg, Duffield, Thompson, & Rapley, 2010) and satisfaction for healthcare services are negatively correlated to staffing level (Flinkman, Leino-Kilpi, & Salanterä, 2010), indicating the importance to ensure an adequate staffing in the workforce. In order to achieve an adequate number of nursing staff, new international nursing staff is being continuously recruited in many countries. While recruitment can be part of the solution, this can only be a temporary relief measure as retaining the existing nurses in the workforce is a better long term measure (Lavoie-Tremblay, O'Brien-Pallas, Gélinas, Desforges, & Marchionni, 2008). Having experienced nurses in the workforce will not only resolve manpower issue but also allows junior nurses to build on the rich experiences that senior nurses accumulated through the years, which can be translated into delivery of safe and quality care (Larkin, 2007). Studies further showed that staff shortage

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and high turnover rates in the LTC setting can lead to increase in healthcare costs and reduced quality of care (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014, Hayes et al., 2006, Royal College of Nursing, 2010). Notably, the LTC setting faces one of the most challenging staff situations where shortages and high turnover rates of nurses are further complicated by the increasing cultural diversity of residents and staff (Gao, Tilse, Wilson, Tuckett, & Newcombe, 2015).

Job satisfaction can be defined as the serenity level an individual feels at work, and this often influences work performance (Masum et al., 2016). Factors that influenced job satisfaction includes pay, fringe benefits, working condition, recognition received and relationship among coworkers and supervisors (Applebaum, Fowler, Fiedler, Osinubi, & Robson, 2010, Cowin, Johnson, Craven, & Marsh, 2008). Research had shown that job satisfaction is negatively connected with nurses' intention to quit the workplace (Applebaum et al., 2010, Han & Jekel, 2011). By achieving an adequate understanding on the different facets within job satisfaction, it will enable health administrators to take necessary actions to improve it. With turnover being a prime concern in healthcare industry in nursing, researchers explored several significant factors that prompt nurses' decision to leave. According to Applebaum et al. (2010) nurses leave because of their workload, stressor at work, and burnout. This notion was also shared by the study conducted by Meeusen, Van Dam, Brown-Mahoney, Van Zundert, and Knape (2011) where nurses reported a deterioration of emotional and psychological well-being due to excessive workload and lack of co-worker and supervisor support.

Often international nursing staff not only need to deal with daily stressors faced in the work environment, they also experience stress arising from immigration. According to the Aroian's "Model of Psychological Adaptation to Migration and Resettlement" (Aroian, 1990), it is presumed that every immigrant faced some form of distress arising from immigration and resettlement as the demands that emanate from resettlement requires individuals to balance their lives back. Challenges arising from migration include disorientation to the new environment, language and communication difficulty; occupational disparity, discrimination as well as professional deskilling which resonate across many studies that explored challenges of international nursing staff (Huang & Yang, 2011, Nichols & Campbell, 2010, Wagner, Brush, Castle, Eaton, & Capezuti, 2015). Furthermore, relationships among international nursing staff and their local colleagues can become more challenging when coupled with work-related stressors (Ea, Itzhaki, Ehrenfeld, & Fitzpatrick, 2010, Liou & Cheng, 2011, Newton, Pillay, & Higginbottom, 2012). Therefore it is important to examine the relationship of job satisfaction and immigration demands among the international nursing staff working in the LTC setting. In this study, the aim to examine their elements of job satisfaction; examine their demands of immigration score; explore any relationship between job satisfaction and demands of immigration and identify the predictors of job satisfaction among international nursing staff working in the LTC setting.

2. Methods

2.1. Study design and sample

A cross-sectional design was used to collect the data from two LTC institutions. Participants were selected using a non-probability convenience sampling technique from the international nursing staff group between October and December 2015. The sample included those who are: 1) Non- Singaporean; 2) Worked at least one year in the study site; 3) Nursing staff including registered nurses, licensed practical nurses and nursing aide who provided care for patients in their respective institutions. The sample size for this study was calculated through power analysis for Pearson product-moment correlation coefficient. Based on 80% power, a 5% level of significance and a medium

effect size of 0.25, a minimal sample size for this study was 130, with an attrition rate of 30% being considered (Cohen, 1992).

2.2. Procedures

The researcher visited the participants after their working hours to ensure that they are at ease when filling up the survey. An envelope containing participation information sheet, self-report survey and a self-adhesive envelope was given to all participants. The Participant Information sheet contained information on the study objectives, participant rights and assurance to confidentiality. Participants were asked to circle the rating that is closest to their understanding based on the item being asked. A two-week period was given to all participants and once completed, participants can submit their surveys directly to the investigator by sealing it in the self-adhesive envelope. The University Institutional Review Board (NUS IRB B-15-223) approved the study. Assurance of confidentiality and anonymity together with the ability to withdraw from the study with no prejudice at any point of time were reinforced.

2.3. Measures

A self-report survey in English was used to obtain the data as English competency is a prerequisite to work as a nurse in Singapore (Singapore Nursing Board, 2016). The survey consists of a demographic sheet, Job Satisfaction Questionnaire (JSQ) and the Demands of Immigration Scale (DIS).

2.4. Self-report survey

Demographic data in this study were collected using a demographic sheet. Job satisfaction was measured using a 37-item Job Satisfaction Questionnaire (JSQ) exploring the domains on pay and benefits; support; autonomy and professional opportunities; scheduling; and relationships and interaction. Participants were required to rate the item on a 5-point Likert scale with five being 'very satisfied' to one, 'very dissatisfied'. The internal consistency reliability of the JSQ was reported with a Cronbach's alpha of 0.82 in a previous study conducted in Singapore (Goh & Lopez, 2016). Demands of Immigration was measured using a 23-item Demands of Immigration Scale (DIS) exploring the related domains namely: Loss and disruption; Novelty; Occupation; Language; Subordination and Feeling at home (Aroian, 1990). Participants were required to rate each item on a 6-point Likert scale with six being, 'very much' to one, 'not at all'. The internal consistency reliability of DIS was reported with a Cronbach's alpha of between 0.80 and 0.88 from studies conducted among international nursing staff from China, India, Canada and Philippine (Jose, Griffin, Click, & Fitzpatrick, 2008, Ma, Griffin, Capitulo, & Fitzpatrick, 2010, Victorino Beechinor & Fitzpatrick, 2008). Both instruments reported a Cronbach's alpha of above 0.60 indicating it being acceptable for social research (Tabachnick & Fidell, 2013).

2.5. Validity and reliability of research instruments

The content validity of the research instrument was established by performing a Content Validity Index (CVI). An established criteria devised by Lawshe (1975) was used by two non-local academic staff from a university and two non-local clinical staff from a tertiary hospital. A CVI score of >0.86 which is higher than the recommended level of 0.7 represents an acceptable value for the research instruments being accepted for local implementation in this study (Cook & Beckman, 2006, Heale & Twycross, 2015, Polit & Beck, 2011).

2.6. Data analysis

IBM SPSS Statistics for Windows, Version 23.0 was used to enter and analyse all data obtained (IBM Corp, 2013). A histogram was used to