

Job Satisfaction and Patient Safety Attitudes among Nurses of Faisalabad, Pakistan

Nazish Fakhra¹, Sana Sehar^{2*}, Dimple Mustufa³

¹Student, School of Nursing Madinah Teaching Hospital, the University of Faisalabad, Pakistan

²Assistant Professor, School of Nursing Madinah Teaching Hospital, the University of Faisalabad, Pakistan

³Director Nursing, Madinah Teaching Hospital, the University of Faisalabad, Pakistan

DOI: [10.36348/sjnhc.2022.v05i03.003](https://doi.org/10.36348/sjnhc.2022.v05i03.003)

| Received: 13.04.2021 | Accepted: 24.05.2021 | Published: 20.03.2022

*Corresponding author: Sana Sehar

Assistant Professor, School of Nursing Madinah Teaching Hospital, the University of Faisalabad, Pakistan

Abstract

Background: The purpose of the study was to assess the association between job satisfaction and patient safety attitudes among nurses of Faisalabad, Pakistan. **Materials and Methods:** This is a cross-sectional study conducted in February to May 2021, on the nurses working in two Public hospitals in Faisalabad. A total of 300 nurses participated in the study. The main questionnaire based on the socio-demographic questionnaire comprises of the age, gender, qualification and work experience. Other than this, two questionnaire were opted to collect data. One was on job satisfaction questionnaire was developed by Nicholas in 2007 the scale has the 6 dimensions including Coworkers, work demands, work content, work load, work skills and rewards. The other was patient safety attitude questionnaire comprised on six subscales, and additional items on demographic information (Kristensen, Sabroe, Bartels, Mainz & Christensen, 2015). **Results:** Majority of the nurses were having fatigue impairs while performing emergency situations. Very less participants shares that they were satisfied with the supervision offered to them during provision of the care. The mean score was towards poor conditions. The mean score of the components was less than 3.8 which is towards the dissatisfaction. There was a relationship between educational status and years of experience. Among the lower educational levels the nurses were more satisfied with the job and display more patient safety attitude. Additionally, nurses with more years of experience has less patient safety attitude than other groups of the participants. There was a strong positive relationship between the job satisfaction and patient safety attitudes among the nurses. **Conclusions:** There was a strong positive relationship between the job satisfaction and patient safety attitudes among the nurses. Hence, senior clinical nursing personals can significantly improve the patient safety implementation of nurses hence, it is suggested that they should take active part in the implementation of the patient safety protocols. Poor team work was the biggest issue in the low levels of job satisfaction. It is necessary to take steps in reducing the absenteeism and uplifting the image of nurses in the team work.

Keywords: Patient safety attitudes, job satisfaction, nurses, Pakistan.

Copyright © 2022 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

Patient safety is an important indicator of hospitals' organizational performance (Welp & Manser, 2016). Approximately 10 % of patients suffer adverse events and half of those are deemed preventable (Schwendimann, 2018). Patient safety is defined as 'the absence of preventable adverse events that are a consequence of healthcare interventions rather than the patients' condition (Bates & Singh, 2018). Healthcare sector predominantly work in the combination of teams provided by teams comprised of people with different specialties and medical competence, effective teamwork

is critical for safe patient care (Barton, Bruce & Schreiber, 2018). This includes both observable team behaviors and clinicians' perceptions of interpersonal team processes. Several studies have linked better coordination or team psychological safety to fewer medical errors and better patient outcomes such as length of stay. Studies have shown that reduced occupational well-being or high psychological strain may develop as an immediate or long-term response to stressors and is highly prevalent among healthcare workers which lead to the poor performance in the clinical setting (Finn *et al.*, 2018).

Patient safety is interlinked to that of the job satisfaction. Reduced clinician occupational well-being is associated with objective and subjective patient safety indicators such as mortality ratios, clinician-rated safety and reported errors (Hall *et al.*, 2016). Highly strained clinicians might thus pose a threat to patient safety since patient safety incidents are stressors that may lead to decreased clinician well-being: clinicians report increased emotional distress following medical error (Panagioti *et al.*, 2018).

On the other hand many studies also showed that despite of any other extrinsic factor the patient safety is lies with the ethical sensitivity (Murray, 2017). The studies have shown that nurses believe honest communication about medical errors is valuable if it helps improve patient care and that open patient safety approaches are needed so that issues can be discussed with clinical mentors (Lee & Kim, 2020). There is also evidence that training can improve the ethical awareness of and the communication of patient safety incidents among nurses and when nurses receive positive feedback for openly disclosing information about patient safety incidents, they express concerns about openly disclosing incidents in the future (Kim & Lee, 2020). Based on the previous literature, which examines the association between the nurse's job satisfaction and their patient safety attitudes and contrary to this, there are the studies which share the association between ethical values and patient safety attitudes of the nurses there is the gap studies regarding the association between the job satisfaction and nurse's attitude towards the patient safety aspects. Hence the purpose of the study is to examine the association between job satisfaction and patient safety attitudes among nurses of Faisalabad, Pakistan.

MATERIAL AND METHODS

This is a cross-sectional study conducted in March to May 2021, on the nurses working in the two Public hospitals in Faisalabad. Inclusion criteria of the study was staff nurses with the having license, at least 1 year work experience in the present unit and the main exclusion criteria was not willing to participate in the study, were on leave for more than 6 months and having any cognitive impairment or physical limitations. Sample size was calculated through PASS. Through convenient sampling strategy 300 nurses were recruited in this study. Written consent was taken from the participants.

There were 3 questionnaire distributed to the participants during data collection. The main questionnaire based on the socio-demographic questionnaire comprises of the age, gender, qualification and work experience. The second section of the questionnaire was about the job satisfaction questionnaire was developed by Nicholas in 2007 the

scale has the 6 dimensions including Coworkers, work demands, work content, work load, work skills and rewards. The scale has 18 questions and the participants has to rate every item on the 1-10 scale from very poor to excellent scale. The minimum score on this scale is 18 and maximum score can be 180.

The third section of the questionnaire comprised of the safety attitude questionnaire short form is an explorative questionnaire with 31 items comprising six subscales, and additional items on demographic information (Kristensen, Sabroe, Bartels, Mainz & Christensen, 2015). The subscales are: teamwork climate, safety climate, stress recognition, job satisfaction, working conditions, and perceptions of unit management. It can be used to assess safety attitudes across specialties in hospitals. Respondents answer on a 5-point Likert scale as 1= disagree strongly, 2= disagree slightly, 3= neutral, 4= agree slightly, and 5= agree strongly. Items are assumed to have interval properties. Items 2 and 11 are negatively worded.

RESULTS

The results of the participants (n=300) are displayed in the tables. In table 1 demographics of the participants were displayed. The gender of the participants is 100% female. The average age of the participants was 33.8 years. 53 % of the participants were married. Table 2 display the job satisfaction level among nurses. Majority of the nurses responded that the work load management in the ward is poor. Many nurses shared that there were not many training opportunities in the ward.

Table 3 shared the patient safety attitudes among nurses. Majority of the nurses were having fatigue impairs while performing emergency situations. Very less participants shares that they were satisfies with the supervision offered to them during provision of the care. Table 4 shares the mean score of the components of job satisfaction level among nurses. The mean score was towards poor conditions. Table 5 shares the mean score of the components of patient safety attitudes among nurses. The mean score of the components was less then 3.8 which is towards the dissatisfaction. Table 6 represents the ANOVA Test between the demographics, job satisfaction and patient safety attitudes. There was a relationship between educational status and years of experience. Among the lower educational levels the nurses were more satisfied with the job and display more patient safety attitude. Additionally, nurses with more years of experience has less patient safety attitude than other groups of the participants. Table 7 depicts the correlation between job satisfaction and patient safety attitudes. There was a strong positive relationship between the job satisfaction and patient safety attitudes among the nurses.

Table-1: Demographics of the Participants

| S. No | Variable | Characteristics | n |
|-------|---------------------|---------------------------------|-------------------|
| 1 | Gender | Female | 300 |
| 2 | Age | | 33.8 years (mean) |
| 2 | Marital Status | Married | 160 |
| | | Unmarried | 140 |
| 3 | Educational status | Diploma in Nursing | 178 |
| | | Bachelors of Science in Nursing | 120 |
| | | Masters of Science in Nursing | 2 |
| 4 | Years of Experience | 1-5 years | 101 |
| | | 6-10 years | 32 |
| | | 11-15 years | 47 |
| | | 16-20 years | 63 |
| | | 21-25 years | 57 |

Table-2: Job Satisfaction level Among Nurses

| S. No | Questions | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|-------|---|----|----|----|----|----|----|----|----|----|----|
| | Coworkers | | | | | | | | | | |
| 1. | Rate the people you work with | 23 | 21 | 31 | 25 | 45 | 85 | 65 | 5 | 0 | 0 |
| 2. | Rate whether you feel part of a team effort | 12 | 23 | 45 | 65 | 56 | 27 | 56 | 8 | 5 | 3 |
| 3. | Rate co-operation among staff | 8 | 13 | 19 | 54 | 56 | 78 | 54 | 14 | 4 | 0 |
| 4. | Rate whether staff place reasonable demands on you | 11 | 23 | 42 | 45 | 57 | 36 | 45 | 15 | 18 | 8 |
| | Work Demands | | | | | | | | | | |
| 5. | Rate the support available to you in your job | 14 | 26 | 36 | 38 | 45 | 56 | 43 | 16 | 19 | 7 |
| 6. | Rate the opportunities you have to discuss your concerns | 18 | 14 | 26 | 41 | 46 | 48 | 47 | 31 | 14 | 15 |
| 7. | Rate the demands residents and family place on you | 47 | 29 | 43 | 29 | 41 | 23 | 43 | 23 | 20 | 2 |
| 8. | Rate whether you feel you are doing a good job | 13 | 15 | 19 | 43 | 56 | 49 | 43 | 47 | 9 | 6 |
| | Work Content | | | | | | | | | | |
| 9. | Rate how much you enjoy working with residents | 14 | 19 | 27 | 19 | 64 | 49 | 48 | 43 | 37 | 23 |
| 10. | Rate how your role influences the lives of residents | 19 | 24 | 19 | 37 | 38 | 39 | 16 | 45 | 50 | 13 |
| 11. | Rate your closeness to residents and families | 16 | 18 | 24 | 38 | 49 | 37 | 29 | 56 | 30 | 3 |
| 12. | Rate the amount of autonomy you have | 21 | 23 | 45 | 34 | 35 | 36 | 39 | 27 | 28 | 12 |
| | Work Load | | | | | | | | | | |
| 13. | Rate your workload | 14 | 19 | 27 | 29 | 35 | 47 | 49 | 46 | 30 | 4 |
| 14. | Rate your work schedule | 18 | 19 | 24 | 29 | 41 | 28 | 26 | 28 | 29 | 58 |
| | Work Skills | | | | | | | | | | |
| 15. | Rate whether the demands of your job are compatible with your work skills | 14 | 19 | 27 | 19 | 64 | 49 | 48 | 43 | 37 | 23 |
| 16. | Rate the adequacy of the training you have to perform your job | 19 | 24 | 19 | 37 | 38 | 39 | 16 | 45 | 50 | 13 |
| | Rewards | | | | | | | | | | |
| 17. | Rate how fairly you are paid | 47 | 29 | 43 | 29 | 41 | 23 | 43 | 23 | 20 | 2 |
| 18. | Rate your chances for further advancement | 13 | 15 | 19 | 43 | 56 | 49 | 43 | 47 | 9 | 6 |

All questions used a 10 point visual analogue rating format scale:

Very Poor I—I—I—I—I—I—I—I—I—I Excellent
1 2 3 4 5 6 7 8 9 10

Table-3: Patient Safety Attitudes among Nurses

| S. No | Questions | Strongly disagree 1 | Slightly disagree 2 | Disagree 3 | Slightly agree 4 | Agree 5 | Strongly agree 6 |
|-------|---|---------------------|---------------------|------------|------------------|---------|------------------|
| | Team work Climate | | | | | | |
| 1. | Nurse input is well received in this clinical area | 24 | 29 | 67 | 69 | 97 | 14 |
| 2. | In this clinical area, it is difficult to speak up if I perceive a problem with patient care | 39 | 49 | 63 | 61 | 67 | 21 |
| 3. | Disagreements in this clinical area are resolved appropriately (ie, not who is right, but what is best for the patient) | 49 | 39 | 46 | 52 | 69 | 45 |
| 4. | I have the support I need from other personnel to care for patients | 21 | 49 | 64 | 67 | 54 | 45 |
| 5. | It is easy for personnel in this clinical area to ask questions when there is something that they do not understand | 37 | 67 | 69 | 78 | 30 | 19 |
| 6. | Health care workers here work together as a well-coordinated team | 28 | 30 | 51 | 85 | 94 | 12 |
| | Safety climate | | | | | | |
| 7. | I would feel safe being treated here as a patient | 39 | 56 | 78 | 99 | 20 | 8 |
| 8. | Medical errors are handled appropriately in this clinical area | 54 | 29 | 96 | 85 | 30 | 6 |
| 9. | I know the proper channels to direct questions regarding patient safety in this clinical area | 45 | 49 | 76 | 73 | 50 | 7 |
| 10. | I receive appropriate feedback about my performance | 56 | 53 | 64 | 74 | 49 | 4 |
| 11. | In this clinical area, it is difficult to discuss errors | 43 | 46 | 67 | 86 | 56 | 2 |
| 12. | I am encouraged by my colleagues to report any patient safety concerns I may have | 49 | 39 | 46 | 52 | 69 | 45 |
| 13. | The culture in this clinical area makes it easy to learn from the errors of others | 21 | 49 | 64 | 67 | 54 | 45 |
| | Job satisfaction | | | | | | |
| 14. | I like my job | 37 | 67 | 69 | 78 | 30 | 19 |
| 15. | Working in this hospital is like being part of a large family | 43 | 59 | 64 | 68 | 38 | 28 |
| 16. | This clinical area is a good place to work | 39 | 49 | 63 | 61 | 67 | 21 |
| 17. | I am proud to work in this clinical area | 28 | 38 | 92 | 67 | 64 | 11 |
| 18. | Morale in this clinical area is high | 96 | 105 | 29 | 27 | 29 | 14 |
| | Stress recognition | | | | | | |
| 19. | When my workload becomes excessive, my performance is impaired | 43 | 59 | 64 | 68 | 38 | 28 |
| | I am less effective at work when fatigued | 24 | 29 | 67 | 69 | 97 | 14 |
| 21. | I am more likely to make errors in tense or hostile situations | 39 | 49 | 63 | 61 | 67 | 21 |
| 22. | Fatigue impairs my performance during emergency situations (eg, emergency resuscitation, seizure) | 96 | 105 | 29 | 27 | 29 | 14 |
| | Perception of unit management | | | | | | |
| 23. | Management supports my daily efforts | 46 | 43 | 94 | 104 | 11 | 3 |
| 24. | Management does not knowingly compromise the safety of patients | 73 | 72 | 56 | 64 | 30 | 5 |
| 25. | Management is doing a good job | 96 | 97 | 65 | 35 | 4 | 3 |
| 26. | Problem personnel in this clinical area are dealt with constructively by our management | 49 | 56 | 78 | 103 | 9 | 5 |
| 27. | I get adequate, timely information about events in the hospital that might affect my work from the unit management | 54 | 59 | 64 | 59 | 60 | 4 |
| 28. | The staffing levels in this clinical area are sufficient to handle the number of patients | 63 | 61 | 74 | 54 | 37 | 11 |
| | Working conditions | | | | | | |
| 29. | This hospital does a good job of training new personnel | 96 | 94 | 59 | 63 | 8 | 4 |
| 30. | All the necessary information for diagnostic and therapeutic decisions is routinely available to me | 59 | 56 | 94 | 39 | 49 | 3 |
| 31. | Trainees in my discipline are adequately supervised | 96 | 65 | 58 | 34 | 37 | 10 |

Table-4: Mean Score of the components of job satisfaction level among nurses (n=300)

| S. No | Questions | Mean Scores |
|-------|--------------|-------------|
| 1. | Coworkers | 4.5 |
| 2. | Work Demands | 5.1 |
| 3. | Work Content | 4.7 |
| 4. | Work Load | 4.8 |
| 5. | Work Skills | 4.7 |
| 6. | Rewards | 3.9 |

Table-5: Mean Score of the components of patient safety attitudes among nurses (n=300)

| S. No | Questions | Mean Scores |
|-------|-------------------------------|-------------|
| 1. | Team work Climate | 3.8 |
| 2. | Safety climate | 3.1 |
| 3. | Job satisfaction | 3.4 |
| 4. | Stress recognition | 3.7 |
| 5. | Perception of unit management | 2.8 |
| 6. | Working conditions | 2.5 |

Table-6: ANOVA Test between the Demographics Job Satisfaction and Patient Safety Attitudes

| S. No | Variable | Job Satisfaction | Patient Safety Attitudes |
|-------|---------------------|------------------|--------------------------|
| 1 | Marital Status | 0.04 | 0.4 |
| 2 | Educational status | 0.01 | 0.002 |
| 3 | Years of Experience | 0.03 | 0.001 |

*0.05 is the significance

Table 7: Correlation between Job Satisfaction and Patient Safety Attitudes

| S. No | Variable | Patient Safety Attitudes | r | p |
|-------|------------------|--------------------------|-----|------|
| 1 | Job Satisfaction | | 0.8 | 0.04 |

*0.05 is the significance

DISCUSSION

The purpose of the study is to examine the association between job satisfaction and patient safety attitudes among nurses of Faisalabad, Pakistan. The demographics of the participants is very unique as all the participants of the study were females hence low levels of job satisfaction can be related to the gender related issues e.g., age and female attributes of professionalism or the image of profession in Pakistan (Bui, 2017; Shanafelt, 2016). Participants had responded that the work load management in the ward is poor. Many nurses shared that there were not many training opportunities in the ward. This finding is similar to that of the stud conducted in Iran where nurses reported that there were very less opportunities in the clinical areas for the clinical staff (Mamaghani *et al.*, 2018). The mean score of job satisfaction was low among nurses. This finding was consistent with the study conducted in Saudia Arabia where the public health nurses have low levels of job satisfaction (Ibrahim, *et al.*, 2016). In this study, the mean score of the patient safety attitudes among nurses were also low. In another study conducted in the Saudia Arabia the doctors and nurses shared that because of the workload and emergency center crisis.

In his study, educational status and years of experience has significant relationship with job satisfaction. This finding is also reported in another

study conducted on nurses' educators where they reported that with seniority the participants were more satisfied and were more concerned regarding the patient related issues. In this study the patient safety is associated to that of the job satisfaction among practicing nurses. This finding is consistent with that of the study conducted in Taiwan, where nurses reported that job satisfaction is directly and strongly associated with that of the patient safety practices.

The research has little limitation. This study was conducted in the public hospitals only. Moreover, convenient sampling strategy was opted. In the strengths, the sample size was fairly enough to generalize the concept on the general nursing population. Additionally, the sample size of the research was fairly enough to generalize the concept on the general nursing population. Based on the findings of the study there are few of the recommendations. Senior clinical nursing personals can significantly improve the patient safety implementation of nurses hence, it is suggested that they should take active part in the implementation of the patient safety protocols. Poor team work was the biggest issue in the low levels of job satisfaction. It is necessary to take steps in reducing the absenteeism and uplifting the image of nurses in the team work.

REFERENCES

- AlAzzam, M., AbuAlRub, R. F., & Nazzal, A. H. (2017, October). The relationship between work–family conflict and job satisfaction among hospital nurses. In *Nursing forum* (Vol. 52, No. 4, pp. 278-288).
- Alzahrani, N., Jones, R., & Abdel-Latif, M. E. (2018). Attitudes of doctors and nurses toward patient safety within emergency departments of two Saudi Arabian hospitals. *BMC health services research*, 18(1), 1-7.
- Barton, G., Bruce, A., & Schreiber, R. (2018). Teaching nurses teamwork: Integrative review of competency-based team training in nursing education. *Nurse education in practice*, 32, 129-137.
- Bates, D. W., & Singh, H. (2018). Two decades since to err is human: an assessment of progress and emerging priorities in patient safety. *Health Affairs*, 37(11), 1736-1743.
- Bui, H. T. (2017). Big Five personality traits and job satisfaction: Evidence from a national sample. *Journal of General Management*, 42(3), 21-30.
- Castle, N. G. (2006). An instrument to measure job satisfaction of nursing home administrators. *BMC medical research methodology*, 6(1), 1-11.
- Finn, K. M., Metlay, J. P., Chang, Y., Nagarur, A., Yang, S., Landrigan, C. P., & Iyasere, C. (2018). Effect of increased inpatient attending physician supervision on medical errors, patient safety, and resident education: a randomized clinical trial. *JAMA internal medicine*, 178(7), 952-959.
- Hall, L. H., Johnson, J., Watt, I., Tsipa, A., & O'Connor, D. B. (2016). Healthcare staff wellbeing, burnout, and patient safety: a systematic review. *PloS one*, 11(7), e0159015.
- Ibrahim, N. K., Alzahrani, N. A., Batwie, A. A., Abushal, R. A., Almogati, G. G., Sattam, M. A., & Hussin, B. K. (2016). Quality of life, job satisfaction and their related factors among nurses working in king Abdulaziz University Hospital, Jeddah, Saudi Arabia. *Contemporary nurse*, 52(4), 486-498.
- Kim, Y., & Lee, E. (2020). The relationship between the perception of open disclosure of patient safety incidents, perception of patient safety culture, and ethical awareness in nurses. *BMC Medical Ethics*, 21(1), 1-9.
- Kristensen, S., Sabroe, S., Bartels, P., Mainz, J., & Christensen, K. B. (2015). Adaption and validation of the Safety Attitudes Questionnaire for the Danish hospital setting. *Clinical epidemiology*, 7, 149.
- Lee, E., & Kim, Y. (2020). The relationship of moral sensitivity and patient safety attitudes with nursing students' perceptions of disclosure of patient safety incidents: A cross-sectional study. *Plos one*, 15(1), e0227585.
- Mamaghani, E. A., Rahmani, A., Hassankhani, H., Zamanzadeh, V., Campbell, S., Fast, O., & Irajpour, A. (2018). Experiences of Iranian nursing students regarding their clinical learning environment. *Asian nursing research*, 12(3), 216-222.
- Murray, E. (2017). *Nursing leadership and management: for patient safety and quality care*. FA Davis.
- Panagioti, M., Geraghty, K., Johnson, J., Zhou, A., Panagopoulou, E., Chew-Graham, C., ... & Esmail, A. (2018). Association between physician burnout and patient safety, professionalism, and patient satisfaction: a systematic review and meta-analysis. *JAMA internal medicine*, 178(10), 1317-1331.
- Schwendimann, R., Blatter, C., Dhaini, S., Simon, M., & Ausserhofer, D. (2018). The occurrence, types, consequences and preventability of in-hospital adverse events—a scoping review. *BMC health services research*, 18(1), 1-13.
- Shanafelt, T. D., Mungo, M., Schmitgen, J., Storz, K. A., Reeves, D., Hayes, S. N., ... & Buskirk, S. J. (2016, April). Longitudinal study evaluating the association between physician burnout and changes in professional work effort. In *Mayo Clinic Proceedings* (Vol. 91, No. 4, pp. 422-431). Elsevier.
- Welp, A., & Manser, T. (2016). Integrating teamwork, clinician occupational well-being and patient safety—development of a conceptual framework based on a systematic review. *BMC health services research*, 16(1), 1-44.