

COMPARISON OF FACTORS AFFECTING THE LEVEL OF JOB
SATISFACTION OF CERTIFICATED AND NON-CERTIFICATED NURSES

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Comparison of Factors Affecting the Level of Job Satisfaction of Certificated and
Non-Certificated Nurses

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ABSTRACT

Fatma KANTAŞ YILMAZ, Comparison of factors affecting the level of job satisfaction of certificated and non-certificated nurses

This study aims to determine and compare the factors that affect job satisfaction level of certificated and non-certificated nurses in public hospitals, private hospitals, and teaching and research hospitals which belong to the Ministry of Health in Istanbul. Six hundred and sixty nurses ($F=579$, $M=81$) aged between 18 and 58 were chosen by convenience sampling. As a framework to guide the design of the study Herzberg's Motivational-Hygiene Theory (1982) was used, and as an instrument Spector's (1985) Job Satisfaction Survey was administered. In addition to the questionnaire, nurses were also asked four open-ended questions about their work motivations and demotivations, the reasons for their career choice, and if they have ever considered leaving their jobs. Results indicate that nurses who work at private hospitals have a higher level of job satisfaction than the nurses working at teaching and research hospitals and public hospitals. There is no significant difference between the level of job satisfaction of certificated and non-certificated nurses in general. However, there is a significant difference between the means of hospital types and sub-dimensions of Job Satisfaction Survey (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, co-workers, nature of work, communication). In addition, according to the relationship between the job satisfaction level of nurses and their demographic characteristics; there is a relationship between sub-dimensions of job satisfaction and age/gender. Also, there is no relationship job satisfaction and marital status/having children. It is indicated that while patient satisfaction, altruistics reasons, economic reasons, relations with

colleagues and administration and working conditions are motivating factors; economic reasons, working conditions, problems with patients, relations with colleagues and administration, conflict between nurses and doctors, personal reasons and social status are demotivating factors. The reasons for leaving nursing categorized under unpleasant working conditions, personal reasons, economics reasons, social status, administration and others. The most important reasons for choosing nursing as a job were economic reasons, family reasons, altruistic reasons, task identity, task significance, wrong university choice.

ÖZET

Fatma KANTAŞ YILMAZ, Sertifika programına katılan hemşirelerle katılmayan hemşirelerin iş doyum düzeylerine etki eden faktörlerin karşılaştırılması

Bu çalışma, İstanbul bölgesinde devlet hastaneleri, eğitim ve araştırma hastaneleri ve özel hastanelerde; sertifika programına katılan hemşirelerle katılmayan hemşirelerin iş doyum düzeylerine etki eden faktörleri belirlemek ve karşılaştırmak amacıyla yapılmıştır. 18 ve 58 yaş aralığında, altı yüz altmış hemşire ($K=579$, $E=81$) uygun örneklem yöntemiyle seçilmiştir. Bu çalışmada, teori olarak Herzberg's Motivational-Hygiene Kuramı, ölçek olarak da Spector tarafından geliştirilen İş Doyum Ölçeği (Job Jatisfaction Survey) kullanıldı. Ölçeğe ek olarak, hemşirelere güdülenme, şevk kırılması, hemşireliği meslek olarak seçme nedenleri ve işi bırakmayı düşünme nedenleri hakkında dört açık uçlu soru soruldu. Araştırma sonunda, özel hastanelerde çalışan hemşirelerin iş doyum düzeylerinin, eğitim ve araştırma hastanesi ile devlet hastanesindeki hemşirelerin iş doyum düzeylerinden fazla olduğu bulunmuştur. Sertifika programına katılan hemşirelerle katılmayan hemşirelerin iş doyum düzeyleri arasında önemli bir fark bulunamamıştır. Buna rağmen, iş doyum ölçeğinin alt boyutlarına (ücret, yükselme/gelişme olanakları, amirle ilişkiler, iş güvencesiyle ilgili maddi/manevi kazançlar, performansa dayalı ödüller, çalışma koşulları, çalışma arkadaşları ile ilişkiler, yapılan işin özelliği ve iletişim) göre hastane tiplerinin ortalamaları arasında anlamlı bir farklılık bulunmuştur. Ek olarak, hemşirelerin iş doyum düzeyleri ile demografik özelliklerine bakıldığında; yaş ve cinsiyet ile iş doyum düzeyi arasında anlamlı ilişki bulunmuştur. Ayrıca, medeni durum ve çocuk sahibi olma ile iş doyum düzeyi arasında ilişki bulunamamıştır. Araştırma sonucunda, hasta memnuniyeti, içsel

nedenler, ekonomik nedenler, çalışma arkadaşları ile yöneticiler ile ilişkiler, ve çalışma koşulları güdülendirici faktörler; ekonomik nedenler, çalışma koşulları, hastalarla problemler, çalışma arkadaşları ile yöneticiler ile ilişkiler, hemşire ve doktor arasındaki çatışmalar, kişisel nedenler ve sosyal statü şevk kırıcı faktörlerdir. Hemşirelikten ayrılma nedenleri ise şöyledir: Uygun olmayan çalışma koşulları, kişisel nedenler, ekonomik nedenler, sosyal statü ve yöneticiler. Ekonomik nedenler, ailevi nedenler, içsel nedenler, işin özelliği, işin önemi ve yanlış üniversite tercihi, hemşireliği seçme nedenleri olarak bulunmuştur.

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CONTENTS

Approval.....	ii
Abstract.....	iii
Özet.....	v
Acknowledgement.....	vii
Contents.....	ix
CHAPTER I.....	1
INTRODUCTION.....	1
Research Questions.....	3
Definition of Terms.....	3
Significance of the Study.....	5
CHAPTER II.....	6
LITERATURE REVIEW.....	6
Herzberg’s Motivational-Hygiene Theory.....	6
Continuing Education in Nursing.....	8
Nursing Certification Programs in The World.....	10
Nursing Certification Programs in Turkey.....	11
Benefits of Certification.....	16
CHAPTER III.....	22
METHODOLOGY.....	22
Population and Sample Selection.....	23
Instrument.....	25
The Field Study.....	28
Data Collection.....	28
Analysis of Data.....	29
CHAPTER IV.....	31
RESULTS.....	31
CHAPTER V.....	61
DISCUSSION.....	61
Limitations of The Study.....	74
Recommendations of Further Research.....	75
REFERENCES.....	76
APPENDIX.....	87
Appendix I.....	87
Appendix II.....	89

CHAPTER I
INTRODUCTION

“Were there none who were discontented with what they have, the world would never reach anything better.”

Florence Nightingale

Nursing is an increasingly important and rapidly changing component of today’s health care system. Nurses deal closely with the welfare of large numbers of people with immense patience and hard work.

It is a fact that the practices of nursing in societies are influenced by the change in the requirements despite stable general objectives of nursing for centuries. Together with the shift in social and cultural dynamics, nursing has turned out to be a modern profession. That’s why the traditional role of nursing in orientation towards the expanding role must be structured (Erdemir, 1998).

Technological advances, economical constraint, and increasing consumer expectations over the past few years have created an unusual change in the history of our health care. Emphasizing cost containment, improved efficiency, and increasing quality, hospitals have been reevaluated, restructured, and downsized. Nursing has a significant influence on the costs, efficiencies, and quality of care delivery.

According to the hospital managers, nursing care comes as the most important factor in providing high quality patient care. In fact, nursing care is one of the key factors, which determines the classifications of hospitals (Jennings, 2000).

In this era of increased technology and specialization, continuing education is essential for nurses to maintain and increase their expertise. Advanced technology

has resulted in the need for new skills and knowledge in all aspects of nursing practice. Similarly, Milloning (1985, p. 79) claims that “basic professional preparation needs to be updated to maintain competency and to improve standards of nursing practice. The current half-life of nursing knowledge is five years. Half of everything the student learns in the classroom today is outdated in five years”. She further states that continuing education needs to be recognized by nurses as a means to maintain, update knowledge, and to continue to be current with changes in practice. Therefore, it can be said that one of the signs of being an expert nurse goes through participating in life-long learning to enhance and update his/her knowledge.

The need of nurses to participate in continuing education can be attributed to a number of factors: professional improvement and development, professional service, collegial learning and interaction, personal benefits and job security, and professional commitment and reflection (Aucoin, 1997). Motivational orientation of professional knowledge, professional advancement, and compliance with authority, improvement in social welfare skills, relief from routine, and improvement in social relations are other reasons for participation in continuing education activities (Wai, 1993).

Certification programs for nurses have become more popular in recent years. Large numbers of nurses have participated in these programs to choose career advancement. In Turkey, The Ministry of Health and Istanbul Health Directorate have been conducting different kinds of nursing certification programs since 2002. In Istanbul, the number of certified nurses is 2314, which shows that there is a great interest in nursing certification programs (Akçakaya, Topçu & Aybey, 2008). Although numerous research studies have been conducted on the job satisfaction of nurses, there is little research about nursing certificate programs.

The present study attempts to describe the comparison of factors affecting the levels of job satisfaction of certified and non-certified nurses. It seems important that nurses should be equipped to render the best possible service, which depends not only upon the acquisition of the necessary knowledge and technical skills but also upon interest in the work itself and the satisfaction derived from it. Nurses' job satisfaction ought to be of great importance to any organization. The emerging new applications and demands as a result of health care approaches and organizational changes in health work environment can be listed as work load, relationship problems, requiring intensive care of the dying patient, and intense stress (Tel & Karadağ & Aydın, 2003).

Research Questions

There are three main research questions in this study:

1. What is the overall job satisfaction level of nurses working in public hospitals, teaching and research hospitals and private hospitals?
2. Is there a significant difference between the level of job satisfaction of certificated and non-certificated nurses working in public hospitals, teaching and research hospitals and private hospitals?
3. What is the relationship between the job satisfaction level of nurses and their demographic characteristics such as age, gender, marital status and number of children?

Definition of Terms

The following terms in the research question, namely certification and job satisfaction, are defined theoretically and operationally.

Certification

Theoretically, “certification is the process by which a non-governmental agency or association validates, based on predetermined standards, an individual registered nurse's qualifications and knowledge for practice in a defined functional or clinical area of nursing” (Board of Certification For Emergency Nursing, 1993, p.2)

On the other hand, DeSilets cited that The American Board of Nursing Specialties defines certification as; “formal recognition of specialized knowledge, skills, and expertise demonstrated by the achievement of standards identified by a nursing specialty to promote optimum health outcomes” (1995, p.202).

However, operationally, in Turkey, it is the successful completion of the written examination given together by The Ministry of Health and Istanbul Health Directorate for a certain period of time, which differs according to the selected program. In some certification programs, it is suggested that candidates should have two or more years of experience. Upon successful completion, the program is deemed certified for a period of four or more years (Akçakaya, Topçu & Aybey, 2008).

Job Satisfaction

Herzberg, (1959) defines job satisfaction as: An individual’s perception of his/her employment experience with factors known to promote an increase in employee performance such as recognition, increased responsibility, continuing education or potential for growth, and flexibility. It is a key focus of attention across a variety of employment setting because of its impact on work-related behavior (Knoop, 1995). However, it is theoretically “a state of mind determined by the extent to which the individual perceives her/his job related needs being met” (Evans,

1997, p. 832–833), and operationally, it is certificated and non-certificated nurses' scores on the Job Satisfaction Survey (JSS).

Significance of the Study

Continuing education is very important for nurses because of improving their practice and professional development. Certification programs provide nurses with expertise in certain areas. Moreover, certificated nurses are denoted to have perfection in practice and they should be committed to deliver a quality service in patient care. Promoting continued learning, certification encourages individual nurses for proficiency and achievement.

If the data collected from nurses reveal that certificated nurses will report greater job satisfaction than non-certified nurses, this will encourage other nurses to participate in similar programs. Also, this study seems to be the first study in Turkey that deals with comparing the factors affecting the level of job satisfaction of certificated and non-certificated nurses. It is possible for this study to inform nurse managers about the valuable job satisfiers according to their nursing staff and to help them provide job stability and persistence more effectively. The ways to protect yourself from burnout and even increase your job satisfaction in today's demanding health care environment is going to be mentioned as well.

This study will be useful to emphasize the importance of certificate programs of nurses, who want to improve themselves in their fields, to encourage the others who may not be interested in such programs, and to attract the attention of administrators and/or managers to enable their employees to upgrade themselves with such programs.

CHAPTER II

LITERATURE REVIEW

Herzberg's Motivational-Hygiene Theory

Herzberg's Motivational-Hygiene Theory (1959), used as a framework to guide the design of the study, deals mainly with some basic adult learning concepts such as the ability, potential, and opportunity of people. Herzberg's views conflicted with other modern management theorists' views as he placed responsibility on both the person and the individual's superior for the performance of the individual. To put it differently, it is regarded as the responsibility of both the administrators and the personnel to enhance the professional performance.

Developed in the late 1950s, Herzberg's theory of motivation puts forth two dimensions of job satisfaction: motivation and hygiene. Hygiene is used as another name for external and extrinsic motivation in sources other than individual and organizational environment such as salary, company policy, work conditions, and relations with supervisors and peers. In addition, Herzberg's *motivational* factors are internal or intrinsic to the individual and are related to work, recognition, advancement and achievement (Herzberg, 1982).

Miner (2005) studied essential theories of motivation and leadership in *Organizational Behavior* book. In the following quotation, Miner provides a detailed explanation of Motivational-Hygiene Theory:

Herzberg was a self-confused humanist, as became increasingly evident as his thinking progressed. The factors leading to job satisfaction and to job dissatisfaction were specified and thus became part of the Motivational-Hygiene Theory. Job satisfaction is viewed as an outgrowth of achievement, recognition (verbal), the work itself (challenging), responsibility, and advancement (promotion). These five factors are considered to be closely related both conceptually and empirically. When they are present in a job, the individual's basic needs will be satisfied and positive feelings as well as improved performance will result. In contrast, job dissatisfaction results from a different set of factors, all of which characterize the context in which the work is performed. These are company policy and administrative practices, supervision (technical quality), interpersonal relations (especially with

supervision), physical working conditions, job security, benefits and salary. These dissatisfiers, or hygiene factors, when appropriately provided, can serve to remove dissatisfaction and improve performance up to a point, but they cannot be relied upon to generate really positive job feelings or high levels of performance that are potentially possible. To accomplish these outcomes, management must shift gears and move into motivation (p.62-63).

Herzberg separates basic motivation needs from the stronger self-actualizing drives of personal fulfillment, pointing out that employees struggle to obtain hygiene or their external/extrinsic needs with the hope of happiness. Once they are satisfied with those needs having been met, the effect wears off. He also concludes that adding extrinsic elements to a job is the most beneficial when these elements are combined with internal/ intrinsic ones to make the job more satisfying. Besides, Herzberg thinks that it is not extrinsic factors that motivate employees by themselves without intrinsic factors as the basis of satisfaction, but without the elements of hygiene, employees would be dissatisfied with their job. Without even changing anything in the hygiene levels, it could be possible to decrease job dissatisfaction. Achievement turned out to be the greatest motivator in Herzberg's study, and he suggested employers to provide job enrichment for the greatest employee satisfaction (Herzberg, 1982).

The Motivation-Hygiene Theory can be used to describe the motivation to participate in learning as it involves both the teacher and the learner. "Motivation is a function of ability over potential, opportunity over ability, and what is reinforced" (Aucoin, 1997, p.13). That's why the key elements of motivation can be seen as the role of management, the opportunity of the employee and abilities; as it is not and cannot be the potential or the ability by itself only that could lead to high performance.

As an example of a study identifying the connection between extrinsic and intrinsic factors in the nursing profession, Hegney, Plank and Parker (2006) noticed that intrinsic and extrinsic work values directly have essential factors on nurses' job satisfaction and therefore their intention to leave a job. Furthermore, according to Herzberg's theory, it is no good focusing on extrinsic rewards in recruitment and retention of nurses as long as efforts to improve the five motivating factors of job satisfaction are not enhanced at the same time because it is the motivating factors that actually create job satisfaction. Herzberg's theory supports an organizational culture for nurses to serve excellently for patients. There is a strong resemblance between the feeling that nurses have as they helped a patient to overcome a certain illness and the feeling employees would have at the end of a project when they get the final report including the reflections about the product. This is strongly related to Herzberg's claim that the greatest motivator is the achievement. The literature shows that nurses tend to express satisfaction for patient related works while they feel the otherwise for non-patient related issues.

Continuing Education in Nursing

The nursing education in Europe and America resembles that of Turkey. Private and Public Colleges have associate degree programs on nursing. Also there are Public and Private Universities with Bachelor and Master degree programs. For example, California State University provides graduate nursing programs and the tuition is 2000 dollars annually. Due to the requirement on more nurses and the increased amounts of salaries paid for them, the demand for nursing and nursing schools increased. For this reason, it is necessary to wait for several years for state schools to get enrolled in their programs. Those students who do not want to wait for them apply for universities like USC with an annual tuition of USD 30000.

A student in the USA has a legal permission to work for 20 hours a week and the university administration provides opportunities for students to work part time in various areas such as sports facilities, libraries, and so on. As they possess the associate graduate degrees, nursing school students may also work in the university hospital (20 hours) or any different health institution without causing any disturbances with their school programs. Every student who completed the pre-enrollment procedures has to register Student Nursing Association (Özdağ, 2002).

The definition of continuing professional education relevant to nursing is “Planned education activities intended to build upon the education and experiential bases of the professional nurse for the enhancement of practice, education, administration, and research or theory development to the end of improving the health of the public” (Curtis, 1996, p.3).

Cooper & Hornback (1973, p. 3) defines continuing professional education in nursing as: “Learning activities primarily designed to keep registered nurses abreast of their particular field of interest and which do not lead to any formal advanced standing in their profession”.

Recent evidence suggests that one of the factors increasing the effectiveness of nursing care can be education. The implementation of evidence-based clinical approaches involving nursing and physician education and collaboration may well have a positive effect on the effectiveness of nursing work, and it may help improve patient outcomes. (Kane et al, 2007)

Similarly, Turner’s (1992) research on the advantages and costs of continuing nursing education revealed that nurses rated personal satisfaction as the highest benefit gained from continuing nursing education participation. While the joy of

learning was the second highest, increased knowledge of new techniques was the third highest rated benefit. The lowest rated benefit was higher salary for others.

Castiglia, Hunter, and McCausland (1986) found that nurses who were offered updated continuing education programs were significantly more satisfied with their jobs than others who did not. Nurses who reported satisfaction with their in-service education indicated an increase in their feelings of accomplishment, and greater ability to maintain professional standards.

It can be claimed that continuing education provides nurses with higher job satisfaction. This claim can be supported by an important study performed by Lengacher et al. (1994) who tried to identify the effects of a nursing practice model on the outcome of job satisfaction. The results of the study indicated that job satisfaction was significantly higher with nurses who were performing tasks they were educated to perform.

Nursing Certification Programs in The World

In societies with a tendency to be interested more in-depth knowledge and experience in the subject area, nurses with certifications are able to find positions in the field, and for this reason, nursing certificate programs in more than half a century has been bringing about the legal basis. United States, Australia and Canada can be given as examples to these countries. International Council of Nurses (ICN) and European Federation of Nursing Associations (EFN) accepted nursing certificate programs as a requirement and put this rather important issue in the agenda. ICN specializes on a specific area of nursing in which nursing application is considered as a tool for deepening acceptance. EFN was connected to a regulation of the certificate program in case of dispersion in countries affiliated to the European Union.

Nursing Certification Programs in Turkey

In Turkey, nursing education started in the early years of the Republic in a single school with the acceptance of literate people. In 1990 a number of nursing and health colleges were conducted at the university level and in 1930 the number of nurses has reached 85,000 from 202. After the opening of Master's and doctoral programs in nursing between 1968 and 1972 the number of nurses who received Master's and doctoral degrees increased in academic environment. In addition to academic studies, several projects have been realized in the field of nursing; national and international congresses have been regulated and the number of domestic and international publications has increased. Turkish Nurses Association (TNA) as well as some other professional organizations contributed to the development of the nursing profession by their publications (Erdil, 2001).

The first certification programs were organized in 1990; however, in these 20 years, there have been serious problems regarding the preparation, content, and validity of carrying out nursing certification programs but they are becoming increasingly common. TNA, universities with nursing departments, and the related units of Ministry of Health have meetings in different times to discuss these matters and apply solutions for various problems (Karadağ, 2009).

In Turkey, certification programs in nursing have been conducted by The Ministry of Health and Istanbul Health Directorate since 2002. Certificate programs are organized periodically by General Directorate of Curative Services, connected to the Ministry of Health. They aim to increase the quality of health care coverage, to provide services related to the adaptation of the nurses and midwives to the units they served in, to increase efficiency and reliability of the unit care services. Education announcements are made separately for each course by Istanbul Health

Directorate via official correspondences, and applications are considered separately for each course. Information about the attendance conditions to the course are declared by the Ministry of Health on its web-site. Required documentation about the course is sent to the Health Directorate attached to the application form. Applicants who meet the criteria are reviewed and submitted to the Ministry of Health. Application could not be cancelled after the submission to the Ministry. Intensive Care Nursing Course is determined as 3.584 TL for the year 2008 and Infection Control Nursing training course fee is decided as 1.420 TL in the same year for those serving in the private hospitals. All the staff of the institution can receive the certificate for the cost of the certificate that is announced by the Ministry of Health. The dates of certification programs are announced through official channels by the directorate. Five hundred and eighteen nurses took their certificates from institutions that were affiliated to The Ministry of Health (see table 1).

Table 1

Number of Nurses in the Certification Programs Organized by The Ministry of Health

<u>Certification</u>	<u>Registered Nurses</u>	<u>Certified Nurses</u>	<u>Non-certified Nurses</u>
Intensive Care Nursing	553	332	221
Infection Control Nursing	74	44	30
Emergency Care Nursing	730	110	620
Chemotherapy Nursing	114	18	96
Stoma Nursing	15	14	1
Total	1476	518	968

Nursing education programs after graduation are planned in the following ways: nurses who start working recently are included in one-week orientation program (see table 2). Later, nurses receive training in The Basic Nursing Module-1

created by The Department of Education. The Basic Nursing Module-1 within in-service education program in hospitals includes basic professional issues. After that, same nurses participate in the second year The Basic Nursing Module-2. The Basic Nursing Module-2 consists of issues of internal medicine (Akçakaya, Topçu & Aybey, 2008).

Table 2

Nursing Education Programs after Graduation

Year 1	<ul style="list-style-type: none"> • Orientation Training Program • The Basic Nursing Module-1 • In-service training in clinics • In-service training in institutions • Officer candidate training
Year 2	<ul style="list-style-type: none"> • The Basic Nursing Module-2 • In-service training in clinics
Year 3	<ul style="list-style-type: none"> • Certificate Programs
Year 4	<ul style="list-style-type: none"> • In-service training in clinics • Renewal education
Year 5	<ul style="list-style-type: none"> • In-service training in clinics • Renewal education

In the third year, they are included in certification programs. At the end of the certificate program, certificates are given for nurses who were successful. There is a period of validity of these programs. However, certified nurses in every three years take the same exam, the nurses who fail the exam participate in a renewal program

(Akçakaya, Topçu & Aybey, 2008).In Istanbul, Office of Nursing Services established within the organization of Istanbul Health Directorate in 2006, have performed nursing education programs after graduation in order to adapt nurses with medical technology innovation, to ensure efficiency in patient care, to provide increased reliability (see table 3).

Table 3

Certification Programs Organized by Istanbul Health Directorate

<u>Certification</u>	<u>Registered Nurses</u>	<u>Certified Nurses</u>	<u>Non-certified Nurses</u>
Neonatal Nursing	285	259	26
Medical Surgical Nursing	778	122	656
Cardiac Rehabilitation Nursing	246	92	154
Director of nursing staff development	117	92	25
Diabetes Management Nursing	65	51	14
Acute Psychiatric Nursing	213	20	193
Uro-Dinamy Nursing	14	14	...
Infertility Nursing	6	6	...
Children Emergency and Children Intensive Care Nur.	125	32	93
Perinatal Nursing	13	13	...
Public Health Nursing	3080

Certification programs in 2010 on Internal Medicine Clinical Nursing, Surgical Clinical Nursing, Gynecology Clinic Nursing, Children's Clinic Nursing, Sterilization Nursing are planned by Istanbul Health Directorate (Akçakaya, Topçu & Aybey, 2008).

Turkish Nursing Association (2007) has undertaken a focused certification program in nursing aimed at observing the situation of certificate program in Turkey.

These six basic results are as the following:

- Existing certificate program has different characteristics such as time, teacher, field of application from various aspects.
- Hospitals that run certification programs organized by The Ministry of Health is not suitable for training. Certification programs should be organized by Turkish Nursing Association, Nursing Specialization Association and Ministry of Health.
- Advisory board should be set up within Turkish Nursing Association.
- Regulations involving basic characteristics of certification programs should be developed.
- Certified nurses should have different personal rights than non-certified nurses.
- Certification Supreme Council consisting Turkish Nursing Association and Representative of Nursing Specialization Association should be developed

Badır (2004) gave some recommendations in the following quotation about critical care nursing education in Turkey:

Critical care nurses must complete specialized education programs in order to meet the specific needs of patients and to adjust themselves to rapidly changing technology and therapies. There are many differences in post

basic specialization programs for critical care nursing in the European countries. The recommendations about nursing specialization programs include the following: These programs should be given on a postgraduate basis,, which should also be recognized and.... (p.83)

Benefits of Certification

Professional Knowledge and Satisfaction

According to Fredrickson et al (1994), certification may have many benefits for nurses such as Fredrickson et al investigated emergency nurses' levels of preparation and education regarding pediatric patients. Findings in their study stated that certified emergency nurses reported the greatest comfort and knowledge with pediatric patients.

The purpose of another study (Coleman et al., 2009) was to compare certified nurses with noncertified nurses for knowledge and clinical behaviors related to symptom management of pain and chemotherapy induced nausea and vomiting (CINV), patient satisfaction, and nurse satisfaction. The hypothesis put forward was that, “compared to noncertified nurses, certified nurses would have greater knowledge of the principles of pain and CINV management and outcomes in symptom management of pain and CINV, higher patient satisfaction, and better job satisfaction”(p.13).

Wai surveyed (1993) what motivates nurses to participate in continuing education. Findings indicated that the majority of certified respondents had Master's degrees. There were certified respondents with baccalaureate degrees. The higher the education level is, the greater the number of individuals with a certification. These

individuals may have been internally motivated to achieve a Master's education certification. Another finding of the same study was that certified respondents had attended more continuing education than non-certified nurses. This may have been due to the fact that most certifications require a certain number of continuing credits. Therefore, this may have been an external motivating factor for these individuals to attend continuing education to maintain their certification. Another finding was that the majority of certified nurses were staff nurses. This indicated that those directly involved with patient care were certified in their specialty. Keeping this in mind, it should be noted that certificated nurses prefer to participate in continuing education activities.

Leak and Spruill (2008) surveyed nurses at an academic medical center asking why they sought oncology nursing certification gathering responses including increased sense of pride, self-esteem, professional growth, and peer recognition.

Payment and Autonomy

According to The American Board of Nursing Specialties (ABNS), factors that certification promotes are the recognition by others, marketability, payment, and increased consumer confidence (Value of Certification Survey Executive Summary, 2006).

Along the same line, Wilhoit (1995) found that certified nurses were significantly more satisfied according to pay, autonomy and job satisfaction than non-certified nurses. However, contrary to the findings reported by Wilhoit (1995), these results were not supported in the replication study conducted by Hirsch (2000). Emergency nurses who obtained a certification show an increase in autonomy during

their practice. Sixty nine of the 100 certified nurses in the study reported receiving a salary increase as a result of the certification. Another noteworthy finding from the study is that 94 of the certified nurses experienced job satisfaction because of the certification. Similarly, 94 will renew their certification and 87 would recommend it to their friends. “The most frequently cited reason for being certified was a sense of professional responsibility (81) which signifies a commitment to the profession” (p.66).

Accountability and Accomplishment

Formed in 1991 to create uniformity in nursing certification and to increase public awareness of the value of certification, The American Board of Nursing Specialties (ABNS) tried to measure the perceived value of certification among certified nurses, noncertified nurses, and nurse managers in various nursing specialties. Proved to be valued regardless of status or work role, certification is accepted to be affecting accountability, accomplishment, growth, and specialized knowledge, as well as a level of recognition among other individuals. According to these results, participants think certification to result in higher levels of intrinsic rewards than extrinsic rewards. Intrinsic Factors that certification enhances are feeling of personal accomplishment, satisfaction, professional challenge, credibility and commitment, Extrinsic

According to Stromborg et al. (p.839-849, 2005), “earning specialty certification is a personal achievement that is positively associated with greater nurse job satisfaction, a higher degree of accountability, and increased confidence in decision making.” In the survey by the American Board of Nursing Specialties, 86 of nurse managers stated that they would hire certified nurses, when everything else

was equal, rather than noncertified nurses. It is a common belief that the nurse managers possess that certified nurses have a validated knowledge in their specialty areas and they are more committed to learning professionally. Informal and formal leadership were seen as features of certified nurses and they were believed to be precepting and mentoring for others, thus more likely to have roles in committees on the different units- and/or hospitalwide basis. Certification, increasing one's marketability and helping one to move toward his or her professional goals, is a desired characteristic for many employers.

Butlin (2005) commented on reasons to participate in the certification process. The respondents' most important reasons were to learn from the interaction with other professionals. The other highly rated reasons, in rank order, included: (a) to be challenged by the thinking of one's professional colleagues, (b) to enhance the image of one's profession, (c) to sharpen the perspective of one's professional role or practice, (d) to help one keep abreast of new developments in my field.

As cited in Graham (2000), Weisman, Alexander and Chase (1981) studied 1,259 staff nurses in two large university hospitals to ascertain organizational determinants of staff nurse turnover by interviewing over a 12-month period. The intent of the 12-month period were to examine whether each nurse voluntarily resigned and to permit comparison of resigning and remaining nurses at the end of the year. It was found that autonomy was the most significant reagent of staff nurses' job satisfaction. Therefore, they offered that hospitals might investigate system to structure work conditions so that nurses would have more control over the content and programme of their work.

However, there are studies reporting that autonomy is one of the most commonly included variables in job satisfaction studies. As Graham (2000) cited,

Stamps (1997) indicated that all research that includes autonomy showed some effect on nurse satisfaction but it was found to be not the most fundamental determinant. She suggested that respondents have become so given to the restricted autonomy in nursing that their expectations are limited. Also, she reported that findings related to the relationship between autonomy and satisfaction are more appropriate.

Durmuş and Günay (2007) surveyed the participants of which including all 837 nurses working at various institutions, excluding those in military hospitals, in the provincial centre of Kayseri in 2004. It was found that the level of job satisfaction of nurses was low in general. Nurses working at private hospitals showed a higher level of job satisfaction and thus they worked more willingly than the others. On the other hand, working for longer hours in a week, working during weekends and poor health perception were characteristics of nurses with low job satisfaction levels.

Patient Care

Recent evidence suggests that the quality of patient care may well be improved by the specialty nurse education and certification. It may also improve the job satisfaction and sense of empowerment, influencing collaboration with other health care team members in a positive manner. Despite intrinsic rewards for specialty certification, the lack of extrinsic value to nurses causes it to lose its attraction as long as administrators of health care open up new chances for recognition and greater compensation. There was only one out of 10 studies that found no positive relation between certification and perceived intrinsic value. It can also be said that a positive correlation between certification and patient outcomes was found in one study, though such results are limited. This review of the literature

shows that nurses take certification as providing a professional acknowledgement of special knowledge and skill level along with a higher autonomy level in the work environment and greater job satisfaction. Nurses also think that certification will enable them to be recognized and provide opportunities that were unavailable formerly (Kane et al, 2007).

According to a study Pillay (2009) conducted that private-sector nurses expressed greatest satisfaction with the gratification they acquired from patient care, their relations with their colleagues, their sense of belonging in the communities in which they work, their work place safety and their relations with doctors. The only dissatisfaction was about their payments and career development opportunities. Though being generally dissatisfied, public-sector nurses expressed satisfaction with the gratification they got from patient care, their relations with their colleagues and doctors and their sense of belonging in the communities in which they work. Most of their dissatisfaction was about their salaries and workload, followed by the available resources, career development opportunities and workplace safety. According to the analysis of variance, there were significant differences between the satisfaction levels of nurses with different bio-demographic characteristics, from various provinces, with different experience levels, in different sectors, as well as those having intended to change sectors or had other work plans in the next five years.

CHAPTER III

METHODOLOGY

This study took place in public hospitals, teaching and research hospitals, and private hospitals in Istanbul. The mixed method was used in this study by convenience sampling. Creswell defines mixed method as : “Mixed methods research is a research design (or methodology) in which the researcher collects, analyzes, and mixes (integrates or connects) both quantitative and qualitative data in a single study or a multiphase program of inquiry” (Creswell et al., 2007, p.119)

Similarly, in this study, the mixed method was used because data were acquired using both qualitative and quantitative methods. This perspective was mentioned by Creswell and Tashakkor (2007) as the first of four different perspectives while considering a method perspective. They have identified four different perspectives how scholars define and conceptualize mixed method. The second is a methodology perspective, writers express aspect of the process of research such as world view, questions, methods and inferences and outcomes. The third is a paradigm perspective in which researchers express on overarching worldview or several worldviews that provide a philosophical foundation for mixed methods research. The final and fourth perspective is the practice perspective, in which scholars view mixed methods research as a means or set of procedures to use as they conduct their research designs, whether these designs are survey research, ethnography, or others.

Firstly, a field study was done to determine whether survey questions were clear or not with nurses working in Istanbul Health Directorate. According to feedback from the field study, some corrections were made on the questionnaire.

The instrument of this study had three parts. Demographic data such as age, gender, marital status, having children, and education was collected by means of the first part of instrument. In the first part in addition to the questions above mentioned, nurses were asked two open ended questions such as “Why did you think to quit your job?” and “What is the most important reason for you to choose nursing?”. Data measuring the level of job satisfaction of certificated and non-certified nurses was collected with the instrument Job Satisfaction Survey (Spector, 1994). The third part is made up of two open-ended questions as such: “What motivates you as a nurse?”, “What demotivates you as a nurse?”. Content analysis was applied, which is a widely used method in social sciences (Weber, 1990; Roberts, 1995). This method also has become an efficient alternative to public opinion research (Krippendorff, 2004).

To analyze the answers, descriptive statistical methods (frequency, percentage, average, and standard deviation), t test, the two way Anova Test, the Scheffe Test and the Pearson Correlation Analysis were used. The findings are evaluated in 95% confidence interval and $p < 0,05$ significance level. The different sample sizes are on account of missing answers.

Population and Sample Selection

The total number of nurses is reported to be 11.947 in Istanbul according to The İstanbul Health Directorate Personnel Department Statistics (2008) (see table 4). Using a non-probability, convenience sampling, the research was conducted with 660 nurses in seven public hospitals, seven teaching and research hospitals and four private hospitals located in Istanbul (see table 5). Military hospital and university hospitals and other private institutions were not included in this study. The size of the hospitals ranged from 300 to 1000 licensed resident beds. These hospitals will be

called A, B, C, D group hospitals. In the 2010, Ministry of Health will classify hospitals according to case mix, service quality and bearing capacity with the total score as A, B, C, D class. The payments will be made in accordance with this new classification to the private hospitals by the Ministry of Health (Akdoğan, 2009). Public hospital and teaching and research hospitals work depending on The Ministry of Health. A Public hospital is where the patients are diagnosed and treated by specialist physicians. A teaching and research hospital is a hospital with a training staff while serving in all branches of expertise, and where medical students study for their internship.

According to position status of nurses; three groups were included in this study; nurses employed by Law 657 for Government Officials, nurses employed in 4B contracted statute according to Law 657 for Government Officials, and nurses with contracted statute in private hospitals.

Table 4

The Number of Nurses in Istanbul

<u>Hospital Type</u>	<u>Hospital</u>	<u>Selected hospital</u>	<u>Nurse</u>	<u>Participants</u>
Public Hospital	24	7	1448	211
Teaching/research Hospital	25	7	5942	270
Private Hospital	150	4	4557	179
Total	199	18	11.947	660

Note. Istanbul Health Directorate Personnel Department, Statistics, 2008.

Table 5

The Number of Participants

<u>Hospitals</u>	<u>Nurses</u>	<u>Participants</u>	<u>Responsible Nurse</u>	<u>Participants Responsible Nurses</u>
TRH 1	323	55	22	10
TRH 2	352	49	20	6
TRH 3	450	26	23	5
TRH 4	497	43	23	1
TRH 5	311	36	40	8
TRH 6	132	25	12	5
TRH 7	115	37	10	6
PH 1	218	42	12	5
PH 2	161	48	17	4
PH 3	112	19	7	3
PH 4	69	42	10	10
PH 5	73	28	7	1
PH 6	71	29	6	4
PH 7	55	3	10	1
PRI 1	-	40	-	7
PRI 2	100	43	-	5
PRI 3	304	54	27	11
PRI 4	109	42	15	5

Note. Teaching / Research Hospital (TRH), Public Hospital (PH), Private Hospital (PRH)

Instrument

The instrument is composed of three parts. Part one (see Appendix 2) is devised to collect the demographic data, personal history, and certification information. By way of collecting demographic items that provide information about the participants of the survey, we critically understand human behavior and know how opinions and behavior vary among different characteristics of people, such as

gender, race and ethnicity, age, income, education, and profession (Nardi, 2003). Part one also composed of two open-ended questions “Why did you think to quit your job?” and “What is the most important reason you choose nursing?”

Part two is the Job Satisfaction Survey (see Appendix 1) developed by Spector in 1994. The JSS also assesses overall job satisfaction. It consists of thirty six items and nine-subscale measures of employee job satisfaction applicable specifically to human service, public and non-profit sector organizations. The reliability and validity of JSS were conducted by Aslan in 2002 in Turkey with a Cronbach's alpha of 0.85 in comparison to Spector's study with a Cronbach's alpha of 0.91 (Aslan & Akbayrak, 2002). The sub-scales and sub-scales' internal consistency reliabilities (coefficient alpha) are pay (.75), promotion (.73), supervision (.82), fringe benefits (.73), contingent rewards (performance-based rewards) (.78), operating conditions (required rules and procedures) (.62), co-workers (.60), nature of work (.78), and communication (.71) (Gipson-Jones, 2005).

In the JSS, Pay items are 1 (I feel I am being paid a fair amount for the work I do), 10 (Raises are too few and far between), 19 (I feel unappreciated by the organization when I think about what they pay me), 28 (I feel satisfied with my changes for salary increases). Promotion items are 2 (There is really too little chance for promotion on my job), 11 (Those who do well on the job stand a fair change of being promoted), 20 (People get ahead as fast here as they do in other places), 33 (I am satisfied with my changes for promotion). Supervision satisfaction was analyzed using the following items: 3 (My supervisor is quite competent in doing his/her job), 12 (My supervisor is unfair to me), 21 (My supervisor shows too little interest in the feelings of subordinates), 30 (I like my supervisor). Fringe benefits items are 4 (I am not satisfied with the benefits I receive), 13 (The benefits we receive are as good as

most other organizations offer), 22 (The benefit package we have is equitable), 29 (There are benefits we do not have which we should have). Contingent rewards items are 5 (When I do a good job, I receive the recognition for it that I should receive), 14 (I do not feel that the work I do is appreciated), 23 (There are few rewards for those who work here), 32 (I don't feel my efforts are rewarded the way they should be). Operating conditions items are 6 (Many of our rules and procedures make doing a good job difficult), 15 (My efforts to do a good job are seldom blocked by red tape), 24 (I have too much to do at work), 31 (I have too much paperwork). Co-workers items are 7 (I like the people I work with), 16 (I find I have to work harder at my job because of the incompetence people I work with), 25 (I enjoy my coworkers), and 34 (There is too much bickering and fighting at work). Nature of work items are 8 (I sometimes feel my job is meaningless), 17 (I like doing the things I do at work), 27 (I feel a sense of pride in doing my job), 35 (My job is enjoyable). And, communication items are 9 (Communications seem good within this organization), 18 (The goals of this organization are not clear to me), 26 (I often feel that I do not know what is going on with the organization), and 36 (Work assignments are not fully explained). A five point Likert scale was used to measure the level of job satisfaction in which responses ranged from: 1- not unsuitable to 5- very suitable for to mark they best choices.

Finally, the third part of the instrument is composed of two open-ended questions including: "What motivates you as a nurse?", "What demotivates you as a nurse.

In this study, sub dimensions of The Job Satisfaction Survey consists of extrinsic and intrinsic factors based on Herzberg's theory. The sub dimensions used in this study for understanding the relationships among nurses, job satisfaction and

other levels are; pay policy, promotion, boss relations, performance, work procedures, job enjoying, communication, financial benefits.

The Field Study

Firstly, The Istanbul Health Directorate nurses working in groups of 10 were given a draft of the survey. Some corrections were made on the questionnaire based on the feedback gathered from the field study. For instance, in the beginning of the first part, the meaning of “nursing certificate program” was changed to highlight the difference between certification and participation document. In the demographic data, the question “Which organizations have you received your certificate from?” was added two answer items; association and university in addition to other items; Ministry of Health and The Istanbul Health Directorate. In addition to this, the answer of “duration in your hospital unit” was re-organized in an open-ended form owing to the difficulty of limiting the options. Also, in the JSS, some of the participants didn’t understand what is meant by the ‘chief’. Therefore, the researcher explained that “the chief refers to the head nurse” in the survey.

Data Collection

Data were collected between 15 June to 19 September 2009. As for the protection of the subjects, full approval from The Istanbul Health Institution, and Director of Nursing Service in Private Hospitals were sought by means of permission letters. The Istanbul Health Institution usually allows researchers to collect data from up the five hospitals. However, in this study seven hospitals were allowed, because a meaningful number of certified nurses could only be reached through such a number of hospitals. Permission letters were sent to public and teaching and research

hospitals' management departments by Department of Strategy of Istanbul Health Directorate. However, permissions from private hospitals were taken personally with the requested documents. Copies of the questionnaire were hand-delivered by the researcher to participants in the individual nursing units. The subjects did not have to identify themselves neither in the demographic data form nor in the JSS. The subjects were not coerced in any manner to participate in the study. It was made sure to the participants that responses to the JSS will be strictly confidential, and will be reported collectively; therefore this study involves no risks or benefits to them.

Analysis of Data

In this study, the SPSS (Statistical Package for Social Sciences) for Windows 16.0 is used for evaluating the findings. During the evaluation process, besides the descriptive statistical methods (frequency, percentage, average, and standard deviation) the independent samples t test was used for comparing the quantitative data. While comparing the quantitative data, if there were more than two groups, the one way Anova Test was used for comparing the parameters among the groups and for determining the group that causes the difference was determined by the Scheffe Test. During the evaluation process, the Pearson Correlation Analysis was used for comparing two quantitative data which had normal distribution. For evaluating the two independent variables effect to the scale of lower dimensions the two ways Anova Test was used. The findings were evaluated in 95% confidence interval and $p < 0,05$ significance level.

Finally, content analysis was applied to the two open-ended questions in part one and the two open-ended questions in part three. These questions are: "Why did you think to quit your job?", "What is the most important reason you choose

nursing?, “What motivates you as a nurse?” and “What demotivates you as a nurse?”, Content analysis consists of screening any kind of oral or written document and counting the frequency of occurrence of key words or concepts, which can be categorized according to similarity in meaning (Weber 1990; Roberts 1995). In this study, the concepts that were mentioned as the most motivating and demotivating were coded into manageable categories inasmuch as their content, and coded under some general headings. Later their second choices were scanned in the same manner and similarly their third. After the categories were set, the frequencies were calculated. In the meantime, being sure about the data as well as on how reliable those categories, two professional colleagues were asked independently to revise the data and come up with a set of categorizations. Agreement between coders was at the 90 percent level. For the disputed 10%, revisions were made, and the categories were tightened up to the point that maximized mutual exclusivity. As for the validity of the study, classifications were studied with the above mentioned colleagues. In this way, coding errors were minimized. Finally, it should be mentioned that all factors mentioned by the subjects were coded under one of the categories without leaving out any of them.

CHAPTER IV

RESULTS

The presentation of study results begins with a description of the sample characteristic; namely, demographic characteristics, job characteristics, certification program characteristics, and other characteristics. Analysis of data follows in three sections that correspond to the research questions. There are also some other findings found meaningful for the study. The result section concludes with content analysis of four open-ended questions on motivation and demotivation. Statistical analysis was performed using the Statistical Package for the Social Sciences.

Demographic Characteristics

The summary of the demographic characteristics of the sample are displayed in this section. The characteristics of gender, age, marital status, having children education level provided a profile of subjects in the sample.

According to the findings the 87.7% of the nurses are female and 12.3% are male; 36.9% of the nurses are graduates of high school. The percentages of the nurses who have associate degree are 26.5 and the percentages of the nurses who have bachelor degree are 31.2. As it can be seen from the table the nurses who have Master degree have the lowest percentage. Their percentage is 5.3%. According to the table the minimum age of the nurses that are attended to the research is 18 and the maximum age of the nurses that are attended to the research is 58. As it can be mentioned from the table 6, the highest percentage belongs to the married nurses. Nurses who are married have 59%. The single nurses are the 39.5 of the whole and the nurses who are not single nor do married, having a different marital status, have

1.5%. According to the findings the 46.5% of the nurses have children and the rest of the nurses, 53.5%, have no children (see table 7).

Table 7

Demographic Characteristics

	<u>Frequency</u>	<u>Percent</u>
Gender		
Female	579	87.7
Male	81	12.3
Total	660	
Education		
Vocational Health Sch.	243	36,9
Bachelor	206	31,3
Associate Degree	175	26,6
Master	35	5,3
Total	659	
Age 18-58 (Mean 30.07)		
20 or less	13	2
21-25	154	23.6
26-30	252	38.6
31-35	134	20.4
36-40	53	8
40 or Older	49	7.7
Total	655	
Marital Status		
Married	389	59
Single	260	39,5

(table continues)

Table 7 (Continued)

	<u>Frequency</u>	<u>Percent</u>
Other	10	1,5
Total	659	
Children		
No	343	53,5
Yes	299	46,5
Total	642	

Job Characteristics

This section contains a description of the job characteristics of the sample such as the staff status, title, work type and self choice of department.

During the research, for finding out the status of nurses that are attending the research, the question; what your staff status is asked to the participants. And the awaited answers are subject to 657, 4B contract and private hospital contract. 36.8% of nurses that are attended to the research are 4B contract nurses. 35.9% of nurses are subject to 657 and the rest of the nurses, 27.4%, have private hospital contract.

The highest percentages of the participants are staff nurses. Their percentage is 61.5. 23% of the participants are out- patient nurse. The lowest percentage of the supervisors is 0.2 %.

As it can be mentioned from the table 7 most of the participants are working night and day time shifts. According to findings the departments that nurses are working are their own choices. Number of nurses that are working in their self choice

department is 56.9%. The rest of the nurses are not working in the department they choose (see table 8).

Table 8

Job Characteristics

	<u>Frequency</u>	<u>Percent</u>
The Staff Status		
4B Contract Nurses	242	36,8
657	236	35,9
Contract Nurses in Private Hospitals	180	27,4
Total	658	
Title		
Staff Nurse	404	61,5
Out- patient nurse	151	23
Charge Nurse	98	14,9
Assistant Head Nurse	3	0,5
Supervisor	1	0,2
Total	657	
Work Type		
Day Shift	248	37,6
Day Shift/Night Shift	400	60,6
Night Shift	8	1,2
Total	656	
Self Choice of Department		
Yes	371	56,9
No	281	43,1
Total	652	

Certification Program Characteristics

Certification program characteristics section contains participation to certification, certification institute, unit and certification program relation and attending a renewal program.

As it can be seen from the table 8, the 66.5% of the nurses do not participate in a certificate program. Only 33.5% of the nurses participate in a certificate program. Most of the nurses take their certificates from the institutions that are affiliated to health directorate. Their percentage is 39.6%. 32.2% of the nurses take their certificates from ministry of health and the 9.4% of the nurses take their certificates from universities. Only 4.0% of the nurses take their certificates from other institutions.

According to the research findings most of the nurses are working in a unit which is related to the certification program. But on the other hand, 32.7% of the nurses do not work in a unit that is related to the certification program. The table below is showing the results. It can be mentioned that most of the nurses do not attend a renewal program (see table 9).

Table 9

Certification Program Characteristics

	<u>Frequency</u>	<u>Percent</u>
Participation to Certification		
Yes	217	33,5
No	431	66,5

(table continues)

Table 9 (continued)

	<u>Frequency</u>	<u>Percent</u>
Total	648	
Certification Institute		
Health Directorate	80	39,6
Ministry of Health	65	32,2
Other	30	14,9
University	19	9,4
Nursing Associations	8	4
Total	202	
Unit and Certification Program Relation		
Yes	138	67,3
No	67	32,7
Total	205	
Attending a Renewal Program		
Yes	20	9,9
No	182	90,1
Total	202	

Other Characteristics

As it can be mentioned in the table 10 most of the nurses that are attended to the research think, the duty hours are excess. The percentage of the nurses that are thinking the duty hours are excess is 67.9%. Rests of the nurses think that the duty hours are not too many.

Unfortunately, 63.1% of the nurses want to work in another occupation. The rest of the nurses, 36.9% do not want to work in a different occupation. As it can be

table 9, 80.3% of nurses think that they are adequate in their occupations. In other words most of the nurses think that they have professional competence.

According to the finding most of the participants do not want to quit their jobs. But a close percentage to the no answers, the 35.4% of the nurses sometimes think to quit their jobs. 27% of nurses think to quit their job. Nurses who are thinking that they do some kind of works which are not under their job description have 83.7%. The other nurses, 16.3%, are thinking that they do not do any extra works that are not described under their job description.

Unfortunately only 39.7% of the nurses would prefer nursing again if they have the chance of choosing their occupation again. Rest of the nurses, 60.3%, would not prefer nursing again.

Table 10

Other Characteristics

	<u>Frequency</u>	<u>Percent</u>
Excess in Duty		
Yes	326	67,9
No	154	32,1
Total	480	
Other Professional Working Request		
Yes	395	63,1
No	231	36,9
Total	626	
Professional Competence		

(table continues)

Table 10 (continued)

	<u>Frequency</u>	<u>Percent</u>
Yes	511	80,3
No	125	19,7
Total	636	
Quitting job		
Yes	175	27
No	244	37,6
Sometimes	230	35,4
Total	649	
Doing Extra Work		
Other Characteristics		
	<u>Frequency</u>	<u>Percent</u>
Yes	533	83,7
No	104	16,3
Total	637	
Preferring nursing again		
Yes	242	39,7
No	368	60,3
Total	610	

The Reasons of Participating in Certification Programs

Most of the nurses attended a certification program to improve one's own abilities while 19.2% of the nurses participated in the certification program because of the unit they worked for, 16.9% of the nurses participate to be informed about their work, 15.3% of the nurses participate to specialize in a specific working area. To keep new technology and to be productive in work, personal preference and compulsory, for in-service training program, to increase experience and for quality service are the other reasons of Participating in Certification Programs. The

percentage of this reason is 15.3. Moving away from hospital, interesting topic, to be useful to the patients and for deficiency have the same percentage, 0.6%.

Table 11

The Reasons of Participating in Certification Programs

<u>Reasons</u>	<u>Frequency</u>	<u>Percent</u>
To improve one's own abilities	38	21,5
Based on the unit they work for	34	19,2
To get informed	30	16,9
To specialize in a specific working area	27	15,3
To keep new technology	9	5,1
For being productive in work	9	5,1
Personal preference	7	4
Compulsory	6	3,4
For in-service training program	5	2,8
To increase experience	5	2,8
For quality service	3	1,7
To move away from hospital	1	0,6
Interesting topic	1	0,6
To be useful to the patients	1	0,6
Due to the feeling of deficiency	1	0,6
Total	177	

Research Question I

What is the overall job satisfaction level of nurses working in public hospitals, teaching and research hospitals and private hospitals?

Mean values and standard deviations are calculated for each nine sub-dimensions of JSS in public hospitals, teaching and research hospitals and private

hospitals. First of all, the mean of the sub-dimensions; pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, nature of work, communication; of the private hospitals are significantly higher than those of the teaching and research hospitals and public hospitals. Another finding is about the co-workers sub-dimension; the mean of the items belonging to the public hospitals of this sub-dimension is significantly higher than those of the teaching and research hospitals and private hospitals. In other words, nurses working in public hospitals have higher job satisfaction level by means of relationships with colleagues than nurses working in teaching/research hospitals and private hospitals (see table 12).

Table 12

Job Satisfaction Level of Nurses in Public Hospitals, Teaching/Research Hospitals and Private Hospitals According to Sub-dimensions.

<u>Sub-dimensions</u>	<u>Hospital Type</u>	<u>N</u>	<u>M</u>	<u>Sd</u>
Pay	TRH	250	1,86	0,77
	PH	198	1,89	0,75
	PRH	162	2,35	0,87
Promotion	TRH	240	2,14	0,68
	PH	198	2,21	0,67
	PRH	157	2,78	0,65
Supervision	TRH	245	3,33	0,85
	PH	189	3,43	0,88
	PRH	163	3,93	0,73
Contingent Rewards	TRH	249	2,19	0,83
	PH	193	2,3	0,86
	PRH	161	2,92	0,84

(table continues)

Table 12 (continued)

<u>Sub-dimensions</u>	<u>Hospital Type</u>	<u>N</u>	<u>M</u>	<u>Sd</u>
Operating Conditions	TRH	249	2,39	0,7
	PH	192	2,46	0,63
	PRH	158	2,66	0,61
Co-workers	TRH	252	3,58	0,74
	PH	196	3,8	0,67
	PRH	169	3,7	0,69
Nature of Work	TRH	256	3,59	0,76
	PH	199	3,69	0,71
	PRH	165	4,03	0,66
Communication	TRH	251	2,88	0,75
	PH	188	2,92	0,78
	PRH	165	3,45	0,74
Fringe Benefits	TRH	253	2,14	0,81
	PH	196	2,3	0,74
	PRH	168	2,85	0,73
Overall Job Satisfaction	TRH	174	2,64	0,45
	PH	144	2,76	0,43
	PRH	116	3,18	0,47

Note. Teaching / Research Hospital (TRH), Public Hospital (PH), Private Hospital (PRH)

Research Question II

Is there a significant difference between the level of job satisfaction of certificated and non-certificated nurses working in public hospitals, teaching and research hospitals and private hospitals?

There is no significance difference between the level of job satisfaction of certificated and non-certificated nurses working in public hospitals, teaching and research hospitals and private hospitals. It was found that the mean of the job

satisfaction of private hospitals was significantly higher than those of teaching and research hospitals and public hospitals (see table 13).

Table 13

Means and Standard Deviations of The Participation in Certification Program
According to Hospital Type

<u>Hospital Type</u>	<u>M</u>		<u>SD</u>		<u>n</u>	
	Participants	Non-Participants	Participants	Non-Participants	Participants	Non-Participants
Public Hospital	2,73	2,77	0,39	0,44	45	98
Teaching/ research Hospital	2,69	2,61	0,45	0,44	59	113
Private Hospital	3,14	3,2	0,49	0,45	43	69
Total	2,83	2,81	0,48	0,5	147	280

Secondly, according to two-way ANOVA analysis, participating in the certification programs does not affect both the overall job satisfaction level and the nine sub-dimensions of JSS. However, there is a significance difference between hospital types and the overall job satisfaction level of the nine sub-dimensions of JSS (see table 14). The mean of the items belonging to pay sub-dimension ($\underline{M}=2.35$) in private hospitals is significantly higher than those of teaching and research hospitals ($\underline{M}=1.85$) and public hospitals ($\underline{M}=1.89$). Similarly, according to promotion, private hospitals have the highest mean ($\underline{M}=2.78$) than teaching and research hospitals ($\underline{M}=2.14$) and public hospitals ($\underline{M}=2.21$). Also, the mean of the items belonging to supervision sub-dimension ($\underline{M}=3.94$) in private hospitals is significantly higher than

those of teaching and research hospitals (\underline{M} =3.32) and public hospitals (\underline{M} =3.42). According to contingent rewards, private hospitals have the highest mean (\underline{M} =2.84) than teaching and research hospitals (\underline{M} =2.15) and public hospitals (\underline{M} =2.30). Also, the mean of the items belonging to fringe benefit sub-dimension (\underline{M} =2.91) in private hospitals is significantly higher than those of teaching and research hospitals (\underline{M} =2.18) and public hospitals (\underline{M} =2.30). According to operating conditions, private hospitals have the highest mean (\underline{M} =2.66) than teaching and research hospitals (\underline{M} =2.39) and public hospitals (\underline{M} =2.45). In addition, the mean of the items belonging to nature of work sub-dimension (\underline{M} =4.04) in private hospitals is significantly higher than those of teaching and research hospitals (\underline{M} =3.58) and public hospitals (\underline{M} =3.69). Finally, according to communication, private hospitals have the highest mean (\underline{M} =3.45) than teaching and research hospitals (\underline{M} =2.87) and public hospitals (\underline{M} =2.92).

Table 14

Two-Way Analysis of Variance: Hospital Types and Participation in Certification Program (independent variable) According to Sub-dimensions of JSS (dependent variable)

Dependent Variable: Overall Job Satisfaction				
<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Hospital Type	18,219	2	9,109	45,07*
Participation	0,002	1	0,002	0,01
Interaction	0,401	2	0,2	0,991

(table continues)

Table 14 (continued)

Source	SS	df	MS	F
Within	85,094	421	0,202	
Total	106,305	426		
Dependent Variable: Communication				
<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Hospital Type	28,010	2	14,005	24,60*
Participation	,071	1	,071	,124
Interaction	3,115	2	1,557	2,732
Within	334,604	587	,570	
Total	374,044	592		
Dependent Variable: Nature of Work				
<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Hospital Type	18,695	2	9,347	18,098*
Participation	,147	1	,147	,285
Interaction	,161	2	,080	,156
Within	312,473	605	,516	
Total	333,892	610		
Dependent Variable: Co-workers relations				
<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Hospital Type	3,868	2	1,934	3,880*
Participation	,093	1	,093	,187
Interaction	,832	2	,416	,835

(table continues)

Table 14 (continued)

<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Within	299,041	600	,498	
Total	305,377	605		
Dependent Variable: Operating Conditions				
<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Hospital Type	5,401	2	2,700	6,309*
Participation	1,152	1	1,152	2,692
Interaction	1,677	2	,838	1,958
Within	249,540	583	,428	
Total	259,151	588		
Dependent Variable: Contingent Rewards				
<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Hospital Type	49,267	2	24,634	34,354*
Participation	,192	1	,192	,268
Interaction	,002	2	,001	,002
Within	420,904	587	,717	
Total	473,908	592		
Dependent Variable: Fringe Benefits				
<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Hospital Type	43,372	2	21,686	36,573*
Participation	,040	1	,040	,068
Interaction	,536	2	,268	,452

(table continues)

Table 14 (continued)

<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Within	355,765	600	,593	
Total	405,647	605		
Dependent Variable: Supervision				
<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Hospital Type	37,969	2	18,984	27,311*
Participation	,009	1	,009	,013
Interaction	,555	2	,277	,399
Within	404,564	582	,695	
Total	444,912	587		
Dependent Variable: Promotion				
<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Hospital Type	36,681	2	18,340	40,448*
Participation	,028	1	,028	,062
Interaction	,664	2	,332	,732
Within	262,536	579	,453	
Total	305,598	584		
Dependent Variable: Pay				
<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Hospital Type	23,389	2	11,695	18,441*
Participation	,011	1	,011	,017
Interaction	,886	2	,443	,698

(table continues)

Table 14 (continued)

<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Within	376,690	594	,634	
Total	404,490	599		

Note. * p<.05

Research Question III

What is the relationship between the job satisfaction level of nurses and their demographic characteristics such as age, gender, marital status and number of children?

Gender

To see mean differences in males and females for sub-dimensions of JSS, t tests were carried out. According to the findings, the mean of the job satisfaction of males is significantly higher than that of the females (p<0.05). Also the mean of pay and the contingent rewards of males is significantly higher than that of the females. Similarly, the fringe benefits and job satisfaction sub-dimension's mean of male participants are significantly higher than women's (see table 15).

Table 15

Comparison of Sub-dimensions of Job Satisfaction Survey by gender

<u>Sub-dimensions</u>	<u>M</u>		<u>SD</u>		<u>n</u>		<u>t</u>
	Male	Female	Male	Female	Male	Female	
Pay	2,24	1,96	0,83	0,81	77	533	2,84*

Table 15 (continued)

Sub-dimensions	<u>M</u>		<u>SD</u>		<u>n</u>		<u>t</u>
	Male	Female	Male	Female	Male	Female	
Promotion	2,41	2,32	0,74	0,72	74	521	1,04
Supervision	3,52	3,53	0,78	0,88	73	524	-0,05
Contingent Rewards	2,67	2,38	0,94	0,88	73	530	2,55*
Operating Conditions	2,61	2,47	0,68	0,66	74	525	1,71
Co-workers	3,76	3,67	0,73	0,71	75	542	1,03
Nature of Work	3,86	3,72	0,80	0,73	75	545	1,54
Communication	3,21	3,03	0,75	0,80	75	529	1,89
Fringe Benefits	2,57	2,36	0,94	0,80	75	542	2,12*
Overall Job Satisfaction	3,00	2,80	0,52	0,49	56	378	2,80*

Note. * $p < .05$

Age

Another finding that can be handled under this research questions is the relationship between age and job satisfaction sub dimensions. Pearson correlations was used to reflect the degree to which age and sub-dimensions of JSS are related. As it is mentioned before, there is a negative significant relationship between the boss relations and age ($p < 0.05$). The level of the negative significant relationship is 13.6%. When age is increased, supervision decreased. Another finding that can be seen from the above table is the negative relationship between fringe benefits and age ($p < 0.05$). In other words when age increased, fringe benefits decreased. The level of this relationship is 10.2%.

Age is negatively correlated with total job satisfaction in the sample, but the correlation is not significant ($p < .005$) (see table 16).

Table 16

Pearson Correlations Coefficients for Age by Job Satisfaction Survey Sub-dimensions

<u>Sub-dimensions of JSS</u>	<u>Age</u>		<u>N</u>
	<u>Pearson Correlation</u>	<u>Sig. (2-tailed)</u>	
Pay	-0,00	0,97	605
Promotion	-0,03	0,45	590
Supervision	-,14**	0,00	592
Contingent Rewards	-0,06	0,12	598
Operating Conditions	-0,07	0,07	595
Co-workers	0,04	0,34	612
Nature of Work	-0,04	0,37	615
Communication	-0,08	0,05	599
Fringe Benefits	-,102*	0,01	612
Overall Job satisfaction	-0,092	0,06	430

Note. ** $p < .01$

* $p < .05$

Marital Status

According to finding of this research, there were no significance difference between the level of job satisfaction and marital status. Only single and married nurses were included in this analysis by using t-test, because of insufficient number of others.

Having Children

As it can be mentioned from table 17, there were no significant difference between the level of job satisfaction and having children by using t-test.

Other Findings

It is seen that there is a significant difference between position status and job satisfaction ($\text{sig} < 0.05$) by using one-way ANOVA (see table 18). Also it can be mentioned that, by post hoc testes, the nurses subject to 657 and 4b contract nurses have nearly the same means, but, the nurses in the private hospitals have different mean than nurses subject to 657 and 4B contracted and have a higher job satisfaction (see table 17).

Table 17

Means and Standard Deviations of position status and job satisfaction

<u>Position Status</u>	<u>Mean</u>	<u>Sd</u>	<u>N</u>
657	2,703	,44439	157
4B contracted nurses	2,6853	,44588	160
Contracted nurses in private hospitals	3,1765	,46730	116
Total	2,8233	,49843	433

Table 18

One-Way Analysis of Variance: Position Status and Job satisfaction

Table 18 (continued)

Dependent Variable: Position Status				
<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>
Interaction	19,790	2	9,895	,698
Within	87,531	430	,204	
Total	107,321	432		

Note. * $p < .05$

In this section, t-test was used to compare the means of two samples. There is a significant difference between the job satisfaction and the situation of loading extra jobs. It is seen that the nurses who do not load extra works are more satisfied than the nurses who load extra jobs (see table 19).

Table 19

The Difference between Job Satisfaction and Loading Extra Works

	<u>Extra works</u>	<u>N</u>	<u>M</u>	<u>Sd</u>	<u>t</u>	<u>p</u>
Job Satisfaction	Yes	353	2,75	0,47	6,315	0,001
	No	68	3,15	0,50		

It is mentioned that the nurses who work in units that are related to their certification have more job satisfaction than the nurses who works in units that are not related to their certification (see table 20).

Table 20

The Difference between Job Satisfaction and Working in The Department that is related to The Certification

	<u>Relating to Certification Unit</u>	<u>N</u>	<u>M</u>	<u>Sd</u>	<u>t</u>	<u>p</u>
Job Satisfaction	Yes	95	2,88	0,41	2,197	0,03
	No	45	2,70	0,51		

There is a significant difference between the job satisfaction and the self choice of department. Nurses who chose the department in which s/he will work are more satisfied than the nurses who do not have the chance of choosing the department in which s/he will work (see table 21).

Table 21

The Difference between the Job Satisfaction and Choosing the Department that will be worked in

	<u>Self Choice Of Department</u>	<u>N</u>	<u>M</u>	<u>Sd</u>	<u>t</u>	<u>P</u>
Job Satisfaction	Yes	253	2,917	0,49612	4,74	0
	No	176	2,6903	0,47429		

As it can be mentioned from the above table, there is a significant difference between the work types of the nurses and job satisfaction. The job satisfaction of the who work in the day shift is more than the nurses who work both in the day shift/night shift (see table 22).

Table 22

The Difference between the Job Satisfaction and the Type of Work

	<u>Work type</u>	<u>N</u>	<u>M</u>	<u>Sd</u>	<u>t</u>	<u>P</u>
Job Satisfaction	Day Shift	171	2,9086	0,43617	2,92	0,004
	Day Shift/Night Shift	259	2,7663	0,52969		

The relationship among the sub-dimensions of job satisfaction, according to the Pearson Correlation Matrix, we can say that all of the relationships among the sub-dimensions are positive. If sig (two-tailed) value is under 0.05 ($p < 0.05$), the relationship is significant. For example, pay policy and promotion has a positive significant relationship in a level of 49.2% ($p < 0.05$). In other words, when the pay policy increases, the promotion increases (see table 23).

Table 23

Correlation Matrix - The relationship among the sub-dimensions of job satisfaction

Sub-dimensions	1	2	3	4	5	6	7	8	9
1. Pay	1								
2. Promotion	,49**	1							
3. Boss relations	.17**	.33**	1						
4. Performance	.60**	.59**	.34**	1					
5. Work procedures Coworker	.42**	.35**	.11**	.42**	1				
6. relations	.09**	.10**	.31**	.20**	.05**	1			
7. Job enjoying	.18**	.17**	.24**	.18**	.09**	.26**	1		

(table continues)

Table 23 (continued)

Sub-dimensions	1	2	3	4	5	6	7	8	9
8. Communication	.37**	.38**	.43**	.51**	.31**	.34**	.33**	1	
9. Financial benefits	.58**	.58**	.25**	.48**	.42**	.12**	.27**	.36**	1

Responses to Open Ended Questions

The First Open-ended Question: What Motivates You as a Nurse??

Using content analysis techniques data were coded in order to categorize in different categories. Nurses were asked “What motivates you as a nurse?” as a first open-ended question.

Third-one different ways of expressing the motivating aspects/factors were found, which were compressed and categorized under seven different categories. These categories are patient satisfaction, altruistic reasons, economics, relations with colleagues and administration, working conditions, social status and others. Examples of quotes from the nursing underlining the above groupings are as follows:

1. Patient Satisfaction

- Healing of patients

2. Altruistic Reasons

- Human Emotions
- Emotional satisfaction
- Respect

3. Economic reasons

- Salary

- Revolving Fund
 - Social Security
 - Having a job
4. Relations with colleagues and administration
- Appreciation from Administration
 - Good nurse manager/leader
5. Working Conditions
- Working Conditions and Equipment
 - Working Hour
6. Social Status
- Respect

The most frequently and highly rated motivation factor was Patient Satisfaction (23%) (see table 24).

Table 24

Frequency of motivating factors

	1st choice			2nd choice			3rd choice		
	TRH	PH	PRH	TRH	PH	PRH	TRH	PH	PRH
	149	121	126	95	89	97	38	43	58
Patient Satisfaction	22,2%	22,1%	23,0%	13,7%	10,3%	9,4%	5,3%	2,3%	6,9%
Altruistic Reasons	5,1%	8,1%	7,3%	8,2	7,1%	11,5%	8,2%	8,4%	13,3%
Economic reasons	9,1%	6,7%	2,8%	7,4%	7,4%	6,8%	10,5%	18,6%	11,2%
Relations with Colleagues and Administration	9,1%	6,7%	7,1%	12,6%	9,1%	13,5%	15,8%	8,1%	-
Working Conditions	3,7%	3,8%	7,5%	4,7%	12,0%	7,8%	6,6%	9,3%	10,3%
Social Status	0,7%	2,6%	2,4%	3,8%	3,6%	0,5%	4,1%	3,6%	2,7%
Others	0,3%	0,8%	0,0%	0,0%	1,7%	1,0%	0,0%	0,0%	-

Note. Teaching / Research Hospital (TRH), Public Hospital (PH), Private Hospital (PRH)

The Second Open-ended Question: What Demotivates You as a Nurse?"

The second open-ended questions posed was: What demotivates you as a nurse?", The majority of respondents indicated that working conditions and Poor Relations with colleagues/administration demotivates them.

Forty-three different ways of expressing the de-motivating aspects/factors were found, which were compressed and categorized under eight different categories. These categories are economical reasons, working conditions, problems with patients, relations with colleagues and administration, conflict between doctors and nurses, personal reasons, social status and others (see table 25). Examples of quotes from the nursing underlining the above groupings are as follows:

1. Economical Reasons

- Low income
- Economic difficulties
- Distrubition of Revolding Fund

2. Working conditions

- Workload
- Working Hour
- Lack of personnel
- Lack of clear job descriptions
- Tasks to do outside work
- Be assigned to other units
- Not time to spare for family

3. Problems with patients

- Disputes with patients
 - Negative attitude of the relatives of patients
4. Relations with colleagues and Administration
- Unfair company policies
 - Not to be appreciated by the management
 - Hierarchy
 - Defects in the system
 - Too much bureaucratic processes
5. Conflict between doctors and nurses
6. Personal reasons
- Insufficiency in job
 - Health problems and stress
 - Afraid to make mistakes
 - Injustice
7. Social Status
- The low value placed on the job of nursing

Table 25

Frequency of De-motivating Factors

	1st choice			2nd choice			3rd choice		
	TRH	PH	PRH	TRH	PH	PRH	TRH	PH	PRH
	220	180	153	167	126	75	117	87	59
Working conditions	13,0%	12,2%	14,7%	14,7%	12,7%	13,3%	13,7%	10,3%	8,5%

Table 25 (continued)

Relations with colleagues/ administration	12,8%	10,1%	9,5%	12,9%	8,4%	12,8%	13,9%	10,5%	13,0%
Economical reasons	9,1%	9,4%	3,6%	9,9%	15,1%	10,0%	14,2%	16,1%	13,7%
Problems with patients	6,2%	8,3%	10,1%	4,2%	6,0%	4,7%	1,3%	3,4%	4,3%
Social Status	6,4%	5,6%	5,2%	5,7%	6,0%	3,3%	3,9%	5,2%	-
Personal reasons	1,8%	3,6%	6,9%	2,7%	1,2%	4,7%	2,1%	3,4%	4,3%
Conflict between doctors and nurses	0,7%	0,8%	0,0%	0,0%	0,8%	1,4%	1,4%	0,9%	1,2%
Others	0,2%	0,0%	0,0%	0,0%	0,0%	0,0%	0,4%	0,0%	-

Note. Teaching / Research Hospital (TRH), Public Hospital (PH), Private Hospital (PRH)

The Third Open-ended Question: Why Did You Think to Quit Your Job??

The reasons for leaving nursing categorized under six different categories. Eighty-six different ways of expressing the reasons for leaving nursing were found, which were compressed and categorized under seven different categories. These categories are unpleasant working conditions, personal reasons, economics reasons, social status, administration and others (see table 26). Examples of quotes from the nursing underlining the above groupings are as follows:

1. Unpleasant working conditions

- Working Hour (duty shifts)
- Workload
- Lack of personnel

2. Personal Reasons

- Emotional dissatisfaction
- Lack of abilities regarding the job
- Family Reasons
- Health problems
- Disappointment
- Less time for family
- Being emotional

3. Administration

- Lack of clear job descriptions
- Wrong corporate policies
- Lack of opportunities in career, promotion

Table 26

Frequency of the Reasons for Leaving Nursing

Reasons	TRH	PH	PRH
Unpleasant working conditions	41,4%	38,1%	34,0%
Personal reasons	16,0%	26,2%	27,7%
Economics Reasons	14,2%	9,5%	10,6%
Social status	13,0%	9,5%	4,3%
Administration	13,0%	14,3%	14,9%
Others	2,5%	2,4%	8,5%

Note: N = 293: Teaching / Research Hospital (TRH) n=162; Public Hospital (PH) n=84; Private Hospital (PRH) n=47

The Fourth Open-ended Question: What is the most important reason you choose nursing?”

The most important reason for choosing nursing as a job were compressed and categorized under seven different categories. These categories are; economic reasons, family reasons, altruistic reasons, task identity, task significance, wrong university choice and the other reasons cannot be classified under the previous six reasons (see table 27).

Table 27

Frequency of the Most Important Reasons for Choosing Nursing as a Job

Reasons	TRH	PH	PRH
Economic Reasons	33,0%	37,7%	8,1%
Family Reasons	18,4%	14,4%	12,1%
Altruistic Reasons	15,5%	18,6%	33,1%
Task Identity	10,2%	9,6%	20,2%
Task Significance	10,2%	9,6%	17,7%
Wrong University Choice	8,7%	5,4%	7,3%
Others	3,9%	4,8%	1,6%

Note: N = 497: Teaching / Research Hospital (TRH) n=206; Public Hospital (PH) n=167; Private Hospital (PRH) n=124

CHAPTER V

DISCUSSION

In the discussion part the findings of this study will be compared with the previous studies. The reason for these comparisons is to find out the differences between the studies and analyze the reasons.

The reasons of Participation in Certification Program

In this study, most of the nurses indicated that improving their abilities, the necessity of their unit, getting information, specializing in specific working area, keeping new technology and being productive in work as the major reasons for participating in certification program. These findings are supported by Grotelueschen (1985). He maintained that professional development and improvement as well as to the quality of professional service mainly give rise to participation in certification program. Other reasons are related that to personal benefits and job security, collegial learning and interaction, and reflection on and commitment to the state of one's profession and one's relationship.

According to other supportive results, as cited in Butlin (2005), many researchers such as Cervero and Vickers have attempted to examine the phenomenon of participation and explain the underlying reasons that motivate nurses to participate in educational activities. Participation Reasons Scale (PRS) was used to assess evaluators' reasons for participation in nursing accreditation. Cervero (1981) administered research in four Chicago-area hospitals. Nurses indicated that maintaining and improving professional competence and service to patients, enhancing personal and professional position, understanding oneself as a

professional, interact with colleagues were the major reasons for participating in educational activities. In addition to, Vickers (1981) examined the personal and professional characteristics of 784 registered nurses and their reasons for participation in continuing education; namely; to enhance personal and professional position, to maintain and improve professional competence, and service to patients, professional improvement and development, collegial learning and interaction.

Apgar (2001), as also supported by this study, reported that Pennsylvania's trauma care nurses perceived that much of nurses participated in enhanced their clinical knowledge, skills, and abilities and, in addition, benefited their patients and colleagues.

Hospital Type and Job Satisfaction

This study showed that job satisfaction level is higher in private hospital nurses than the educational and research hospitals and public hospitals. Also, according to the sub-dimensions; promotion, supervision, fringe benefits, contingent rewards, operating conditions, nature of work, communication, mean of the private hospitals are significantly higher than the educational and research hospitals and public hospitals. Another finding according to the hospital type and job satisfactions sub-dimensions analyzes, according to the coworkers sub-dimension, mean of the public hospital is significantly higher than the teaching and research hospitals and private hospitals.

Durmuş and Günay (2007) in a study with 837 working at various institutions nurses found that the type of the institution affected job satisfaction levels. Authors reported that nurses working at private hospitals showed a higher level of job

satisfaction and thus they worked more willingly than nurses working in public hospitals. This finding was supported by our study.

Mrayyan (2005), as also supported by this study, reported that nurses working in private hospitals revealed the higher level of job satisfaction than nurses in public hospitals.

Ciğerci (2004) administered the research with 136 nurses working in five public hospitals, one social security insurance hospital, and one university hospital in located Afyon, by using JSS as a measurement. Before 2005, teaching and research hospital was named “social security insurance hospital”. In our study, university hospitals were not included. Ciğerci reported that social security insurance hospital (teaching and research hospital) nurses had the highest job satisfaction level than public hospitals and university hospital. This finding do not support our findings. Because, in our study, the level of job satisfaction in public hospitals is higher than the level of job satisfaction in teaching and research hospitals.

Ciğerci also found that the highest job satisfaction level in public hospital depended on nature of work subscale from JSS. However, in our study, public hospitals had the highest level of job satisfaction in co-workers sub-scales of JSS.

Walker (1999) tested the satisfaction level of 235 certified nursing assistants in a profit versus nonprofit skilled nursing home. Nonprofit nursing home indicated a higher level of job satisfaction among certified nursing assistants. These findings were not consistent with findings of our research.

In another study supported by this study, Pillay (2009) surveyed that nurses in the public sector were generally dissatisfied, while nurses in the private sector were

satisfied. Public-sector nurses were most dissatisfied with their pay, workload and the resources available to them, while private-sector nurses were moderately dissatisfied with pay and workload and marginally dissatisfied with their career opportunities.

Difference between the level of job satisfaction of certificated and non-certificated nurses in public hospitals, teaching and research hospitals and private hospitals

It was found that participating in the certification programs does not affect both the overall job satisfaction level and the nine sub-dimensions of JSS. However, there is significance difference between hospital types and the overall job satisfaction level of the nine sub-dimensions of JSS (see table 13).

The job satisfaction level does not differentiate whether the nursery staff participated to a certification program or not. it can be said that the sub-dimension pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, co-workers, nature of work, communication differentiates significantly according to hospital types.

This finding was supported by Hirsch (2000). He presents data on exploring the relationship of certification in emergency nursing to job satisfaction, pay and autonomy was measured by Index of Work Satisfaction. Certified nurses were not significantly more satisfied. The level of job satisfaction was 13.2 for certified nurses and 12.90 for the non-certified nurses. This show that the job satisfaction level was minimally higher for certified nurses, but the difference was not statistically significant. Other important finding from certified nurses was 94% of the certified nurses experienced personal satisfaction owing to becoming certified. The original

study of Hirsch's study was conducted by Wilhoit (1995) by using a sample of Oklahoma emergency nurses. Wilhoit demonstrated that certified nurses were significantly more satisfied with job satisfaction, pay and autonomy than non-certified nurses. Therefore, the result of this study is not supportive of our study.

Coleman et al. (2009) compared certified nurses with noncertified nurses for nurse satisfaction to determine the effect of certification in oncology nursing. Study was conducted among 93 nurses in the southern United States. This study demonstrated that job satisfaction fairly high for oncology nurses.

Job Satisfaction and Demographic Characteristics

Age

Another finding that can be handled under this research questions is the relationship between age and job satisfaction sub dimensions. As it is mentioned before there is a negative significant relationship between the supervision and age. When age is increased, supervision decreased. Another finding that can be seen from the above table is the negative relationship between fringe benefits and age. In other words when age increased, fringe benefits decreased. Age is negatively correlated with total job satisfaction in the sample, but the correlation is not significant.

According to Aydın and Kutlu (2001), there is a positive relationship between age and job satisfaction. As a result of their studies they found out that the job satisfaction of the nurses over 35 ages are better than the nurses who are between 19 and 24. These findings do not support our findings. Because, as it is mentioned, there is a negative significant relationship between the sub-dimensions of job satisfaction and age. Although Aydın and Kutlu's study do not support our findings, there are

studies that are advocating our study. For example, according to Özbayır et al. (1999) cannot find a positive significant relationship between age and job satisfaction.

Mitori (2001) reported that there were significant differences between the nurses ages 50-64 and the other age groups. Using The Index of Work Satisfaction scale, the score of the nurses ages 50-64 was the highest, concluded they were more satisfied with their jobs than others. In addition to, Blegen (1993) concluded that age to be correlated with job satisfaction, but the correlations were very small. Nurses who were older were more satisfied with their work. These finding do not support our finding. Along the same line, Aslan and Akbayrak (2002) found that age increases, it is observed an increase in job satisfaction scores.

Gender

This study showed that the mean of the male's pay is significantly higher than the women's. Also the promotion mean of male's are significantly higher than the women's. As it can be mentioned also the contingent rewards and job satisfaction sub-dimension's mean of male participants are significantly higher than women's.

King and colleagues' (1982) study, on the differences gender and job satisfaction, suggested that gender does not show a direct effect with satisfaction although demographic factor may moderate the association between job satisfaction and other variables. Graham (2000) maintained that gender did not show a significant relationship to any variables in the study. In addition to, Mitori (2001) indicated that there were no significance differences between job satisfaction and gender.

Marital Status and Having Children

In this study, it was found that there were no significance differences between job satisfaction and marital status / having children.

Durmuş and Günay (2007), as also supported by this study, nurses working at different institutions in Kayseri showed that marital status and having children did not affect significantly job satisfaction level.

Mitori (2001) reported that married nurses were significantly more satisfied with their jobs than the nurses who were not married. These findings were consistent with findings of our research.

Other Findings

Relationship Between The Job Satisfaction and Position Status

In this study, there is a significant difference between position status and job satisfaction. The nurses subject to 657 and 4b contract nurses have nearly the same means, but, the nurses in the private hospitals have different mean than nurses subject to 657 and 4B contracted and have a higher job satisfaction. In the literature review, the research that related to this finding could not come across.

The Relationship Between Job Satisfaction and Loading Extra Works

In this study it is found out that there is a significant difference between the job satisfaction and the situation of loading extra jobs. It is seen that the nurses who do not load extra works are more satisfied than the nurses who load extra jobs.

According to Ciğerci (2004) nurses who have extra jobs that are not related to their job description have less level of job satisfaction than the nurses who do not do extra jobs that are not related to their job description. The study of Ciğerci is the supportive study that we can found out the relationship of job satisfaction and loading of extra jobs. Another study that is advocating our findings is made by Doğan. Doğan (2005) found out that, there is a negative correlation between job satisfaction and complexity of work. In other words if the complexity of work increased the level of job satisfaction decreased. If these findings are compared with ours, it can be said that if the complexity of work increased, in other words, if the nursery staff are loaded by extra jobs, the level of job satisfaction decreased. Because, the more loaded extra works means that the job becomes more complex.

The Relationship Between Job Satisfaction and Working in The Department that is Related to The Certification

It is mentioned that the nurses who work in units that are related to their certification have more job satisfaction than the nurses who works in units that are not related to their certification. In the literature review, the research that related to this finding could not come across.

The Relationship Between The Job Satisfaction and The Self Choice of Department.

There is a significant difference between the job satisfaction and the self choice of department. Nurses who chose the department in which s/he will work are more satisfied than the nurses who do not have the chance of choosing the department in which s/he will work.

According to Aslan and Akbayrak (2002), there is no significant relationship between job satisfaction and nurses working in the self choice department. These findings are contrary to ours. But if we glance at Dinçsever's study (1997), we can see that according to Dinçsever, there is significant relationship between the level of job satisfaction and working in self choice department. Another study which also supports our findings is made by Oflaslı (2002). Oflaslı (2002) found out that the nursery staffs are satisfied more if they have the chance of choosing the department they will work in.

According to Ciğerci (2004) the nurses who chose the department they work in by him/her have a 67.6% and the nurses who do not chose the department they work in by him/her have a 32.4%. When compared to this study, as same, the percentage of the nurses who chose the department they work in by him/her is higher than the nurses who do not chose the department they work in by him/her.

The Relationship Between The Job Satisfaction and The Type of Work

As it is mentioned before, there is a significant difference between the study types of the nurses and job satisfaction. The nurses' job satisfactions who work day shift are more than the nurses who work day/night shift. This finding supported previous studies in which nurses greatly preferred the day shift over night shift.

According to Aydın and Kutlu (2001) nurses who have standard working hours in day time have a higher level of job satisfaction than the nurses who work day and night time shifts. According to Bingöl (2006) the working hours have a significant effect on the level of job satisfaction. According to Bingöl (2006) the night shifts load extra workload to nursing staff and causes dissatisfaction of job.

Graham (2000) reported that significance difference was found among nurses on job satisfaction and shift differences. Nurses on the day shift indicated the greatest satisfaction than the others.

The relationship among the sub-dimensions of job satisfaction

Based on above data, all of the relationships among the sub-dimensions are positive. So, this means that the relationships are significant. Pay policy and promotion has a positive significant relationship in a level of 49.2%. In other words when the pay policy increases, the promotion increases. In the literature review, the research that related to this finding could not come across.

Open-ended Questions

Motivating factors

In this study, motivating factors were categorized under seven different categories. These categories are patient satisfaction, altruistic reasons, economic reasons, relations with colleagues and administration, working conditions, social status and others.

This study generally supported the findings by Egle and Vilma (2007). They, studied 237 nurses working in private health care sector regard to improving motivation, reported that “motivation increases when the nurses collaborate with physicians by parity; nursing profession is respected and recognized as autonomous and valued by themselves and other health care specialists; the interpersonal communication is effective and conflicts are solved constructively (p.213)”.

In addition, Ereke et al (1982) reported different kinds of reasons as a motivating factors. Being proud of nursing, lack of job monotony, be satisfied task identifies, the thinking of less educated people not to do their job played important roles in nurses' motivation.

Demotivating Factors

The second open-ended questions posed was: "What demotivates you as a nurse?", The majority of respondents indicated that working conditions and relations with colleagues/administration demotivates them. Other reasons are economical reasons, problems with patients, personal reasons, social status and other reasons.

Ereke et al (1982) reported that lack of pay, the lack of equipment, inability to participate in decisions were the de-motivator factors for nurses.

As cited by Dikmen (1987), Wondelt et. al (1981) found that lack of pay, extra jobs, insufficient support from management, the failure of their child care, impossibility of in-service training, nursing shortage give rise to demotivation and dissatisfaction. In addition to, family problems, working hours, little support for the environment, the conflict between doctors and nurses.

Egle and Vilma reported the various factors associated with decreasing in motivation. Motivation decreases "when nurses are not empowered not autonomous in activity; nurses' competencies (specific professional and general) are not applied in full value, e.g. managerial, educational, social-psychological, clinical/expertise; decisions are not made collectively; in organization does not exist mechanism of information-sharing; meetings of personnel are not prepared methodically" (p.213).

The Reasons for Leaving Nursing

In this study, unpleasant working conditions, personal reasons, economics reasons, social status, administration and others were maintained as the reasons for leaving nursing.

The study by conducted by Ferguson (1986) supported to our finding. He maintained that person reasons, health concerns, family problems, transfer, relocation, and parenthood are some of the many factors which influence an employee's decision to leave their job. Murray and Smith (1988) explained that specific working conditions contributed to the formulation of an intention to leave.

Young (1991) indicated that nurses have many reasons for leaving their jobs including the possibility of a better job elsewhere, relocation, birth of children, return to school, family responsibilities and other personal reasons.

Ball et. all reported that low job satisfaction, family problem, change of work, the need of rest and health problems were the main reasons for leaving nursing.

Reasons for Choosing Nursing

The most important reason for choosing nursing as a job were compressed and categorized under seven different categories. These categories are; economic reasons, family reasons, altruistic reasons, task identity, task significance, wrong university choice and the other reasons.

Aydın (2007) indicated that ease of finding a job, emotional satisfaction, family reasons, unconsciously, and suggestion of others were the most important reasons for choosing nursing as a job.

The Relationship Between Theory and Results

In this study, it was observed that there is no significant difference between the level of job satisfaction of certificated and non-certificated nurses in general. However, there is a significant difference between the means of hospital types and sub-dimensions of Job Satisfaction Survey (pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, co-workers, nature of work, communication). This study was supported by the theoretical perspective of Herzberg. In Herzberg's theory of motivation which he developed in the late 1950s, there are two dimensions of job satisfaction: motivation and hygiene. Another name for hygiene is external or extrinsic motivation, which comes from sources outside of an individual and related to the organizational environment such as salary, company policy, work conditions, and relationships with supervisors and peers. By contrast, Herzberg's motivational factors are internal or intrinsic to the individual and are related to the work itself, recognition, advancement and achievement (Sammons, 1997:10). The job satisfaction sub dimensions used during the research and analyzes are based on Herzberg's theory. The sub dimensions used in this study for understanding the relationships among nurses, job satisfaction and other levels are; pay, promotion, supervision, fringe benefits, contingent rewards, operating conditions, co-workers, nature of work, communication. Briefly, Herzberg's motivational and hygiene factors deals with same factors in Job Satisfaction Survey. The study findings revealed that there is a significant difference between the means of hospital types and sub-dimensions of Job Satisfaction Survey.

In addition, It was found that patient satisfaction, altruistic reasons, economic reasons, relations with colleagues and administration and working

conditions are motivating factors; , economic reasons, working conditions, problems with patients, relations with colleagues and administration, conflict between nurses and doctors, personal reasons and social status are demotivating factors in this study. These factors was supported by Herzberg's motivational and hygiene factors such as salary, company policy, work conditions, and relationships with supervisors and peers.

Limitations of the Study

The following sections were considered as limitations to this study. The first limitation is the inability to generalize the results to nursing working in other health care settings. Although the sample size was sufficient, a larger sample or better response rate would have possibility provided a greater representation of the different kind of institutions.

Another limitation of the study was that, field study was conducted instead of pilot study in this study. A pilot study should be done to uncover some problems that may arise.

Other limitation was that questionnaire length of four pages and 67 questions may have been a barrier to survey completion.

The number of females contained in this study was higher than the number of males which was another limitation in this study.

Lastly, job satisfaction level of nurses may be influenced by other factors that were not included in this study, for instance management style, nurse experiences and other factor.

Recommendations for Future Research

This study should be replicated with a greater sample that is not limited geographically. Future replications with the use of a larger sample enhance the power of the results. Also, if the study should be replicated in five or more years, it can be seen that development job satisfaction has changed, particularly as a result of health care system reforms.

Other recommendation would be to use JSS in other health institutions such as university hospitals, military hospitals and nursing homes.

Although job satisfaction has been widely studied, further research should be completed that examine more variables to determine job satisfaction. Because, there are different kind of variables influence job satisfaction such as management style and nurses experiences.

Finally, management style, nurse experiences and other factors, which influence job satisfaction level of nurses, were not included in this study.

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APPENDIX

Appendix I

HEMŞİRE İŞ DOYUMU DÜZEYİNİ BELİRLEME ANKETİ						
Soru No	Lütfen aşağıdaki ifadelerde, görüşünüzü en iyi yansıtan seçeneği işaretleyin.	Hiç Uygun Değil	Uygun Değil	Biraz Uygun	Uygun	Çok Uygun
1	Yaptığım iş için bana tatmin edici miktarda para ödendiğini düşünüyorum.	1	2	3	4	5
2	İşimde yükselmek için çok az imkan var.	1	2	3	4	5
3	Amirim işimde oldukça beceriklidir.	1	2	3	4	5
4	İşimin sağladığı imkanlardan doyum almıyorum.	1	2	3	4	5
5	İyi bir iş yaptığımda, gereken takdiri görüyorum.	1	2	3	4	5
6	İşimde kural ve prosedürlerin çoğu, işimi iyi yapmamı zorlaştırıyor.	1	2	3	4	5
7	Birlikte çalıştığım insanları seviyorum.	1	2	3	4	5
8	Bazen yaptığım işin anlamsız olduğunu düşünüyorum.	1	2	3	4	5
9	Bu kurumda, insanlar arasında iletişim iyidir.	1	2	3	4	5
10	Maaş artışları çok yetersiz ve geç yapılıyor.	1	2	3	4	5
11	Bu kurumda işi iyi yapanların yükselme imkanı çoktur.	1	2	3	4	5
12	Amirim (Birinci sicil amirim) bana karşı adil değil.	1	2	3	4	5
13	İşte elde ettiğimiz maddi ve manevi imkanlar, diğer birçok kurumun sağladıkları kadar iyidir.	1	2	3	4	5
14	Yaptığım işin takdir edildiği düşüncesinde değilim.	1	2	3	4	5
15	İşimi iyi yapma çabalarım, bürokrasi tarafından nadiren engellenmektedir.	1	2	3	4	5
16	Beraber çalıştığım insanların beceriksizliği yüzünden işimde daha fazla çalışmak zorundayım.	1	2	3	4	5
17	İşimde yaptığım şeyleri seviyorum.	1	2	3	4	5

HEMŞİRE İŞ DOYUMU DÜZEYİNİ BELİRLEME ANKETİ						
Soru No	Lütfen aşağıdaki ifadelerde, görüşünüzü en iyi yansıtan seçeneği işaretleyin.	Hiç Uygun Değil	Uygun Değil	Biraz Uygun	Uygun	Çok Uygun
18	Bu kurumun amaçları benim için açık değil.	1	2	3	4	5
19	Bana ödedikleri parayı düşündüğümde, kurumum tarafından takdir edilmediğimi hissediyorum.	1	2	3	4	5
20	İnsanlar burada, başka yerlerde olduğu kadar hızlı terfi ederler.	1	2	3	4	5
21	Amirim, astlarımın duygularına çok az ilgi gösterir.	1	2	3	4	5
22	Yaptığımız işin karşılığı olarak bize sağlanan kazanç ve diğer imkanlar, harcadığımız emeğe karşılık gelmektedir.	1	2	3	4	5
23	Burada çalışanlar, çok az ödüllendiriliyor.	1	2	3	4	5
24	İşyerinde yapmam gereken işlerin miktarı çok fazla.	1	2	3	4	5
25	Birlikte çalıştığım meslektaşlarımdan hoşlanıyorum.	1	2	3	4	5
26	Genellikle, kurumumda neler olup bittiğini bilmediğim kanaatindeyim.	1	2	3	4	5
27	İşimi yapmaktan gurur duyuyorum.	1	2	3	4	5
28	Ücret artışları için sunulan imkanlardan doyum aldığımı hissediyorum.	1	2	3	4	5
29	Sahip olmamız gereken fakat sahip olamadığımız imkanlar var.	1	2	3	4	5
30	Amirimi seviyorum.	1	2	3	4	5
31	Çok fazla sekreterlik işim var.	1	2	3	4	5
32	Gösterdiğim çabaların hak ettiğim biçimde ödüllendirildiğini sanmıyorum.	1	2	3	4	5
33	Terfi imkanlarından memnunum.	1	2	3	4	5
34	İşimde, çok fazla sürtüşme ve kavga var.	1	2	3	4	5
35	İşim zevk alınabilir özelliktedir.	1	2	3	4	5
36	Verilen görevin ne olduğu tam olarak açıklanmıyor.	1	2	3	4	5

Appendix II

Hemşire İş Doyumu Düzeyini Belirleme Anketi

Değerli Katılımcı,

Bu çalışma, farklı hastanelerde çalışıp sertifika programına katılan hemşireler ile katılmayan hemşirelerin iş doyumu düzeylerine etki eden faktörlerin karşılaştırılması amacıyla hazırlanmıştır. Doldurmanızı istediğimiz ankete isminizi yazmanızı istemiyoruz. Paylaşacağınız tüm bilgiler sadece araştırmacılar tarafından, bilimsel amaçlar için kullanılacaktır. Cevaplarınızın doğru olması çalışmamızın güvenilirliği için büyük önem taşımaktadır.

Hemşirelik Sertifika Programı: Hemşirelikte belli bir alanda (ameliyathane, acil, diyaliz, yoğun bakım vb.) yetkin olmak; bilgi, beceri ve verimliliği arttırmak veya güncel tutmak amacıyla resmi olan/olmayan kurumlar tarafından düzenlenen eğitimler sonucu başarı durumuna göre verilen belgelerdir.

Katkılarınızdan dolayı teşekkür ederiz.

Fatma K. YILMAZ

1) Çalıştığınız kurum : _____.

2) Şu an çalışmakta olduğunuz birim: _____

3) Yaşınız : _____.

4) Cinsiyet : a) Kadın b) Erkek

5) Hemşirelik alanındaki eğitim durumunuz?

a) Lise mezunu b)Ön lisans programı c)Lisans programı d) Yüksek lisans

e) Doktora

6) (Varsa) Başka bir alandaki eğitim durumunuz? (Birden fazla seçeneği işaretleyebilirsiniz)

a) Başka bir alanda ön lisans programı b) Başka bir alanda lisans programı

c) Başka bir alanda yüksek lisans d) Başka bir alanda doktor

7) Medeni durumunuz? a) Bekar b) Evli c) Diğer (Belirtiniz)

8) Çocuğunuz var mı? a) Evet b) Hayır

9) Kaç çocuğunuz var? a) 1 b) 2 c) 3 d) 4 ve fazlası

10) Meslekte çalışma süreniz ? _____.

11) Hastanedeki kadro durumunuz nedir?

a)657 b)4B Sözleşmeli c)Özel hastane sözleşmeli

12) Mesleki ünvan/pozisyonunuz nedir?

a) Başhemşire b) Başhemşire Yard.c) Süpervizör d) Sorumlu Hemşire

e) Poliklinik Hemşiresi f) Servis Hemşiresi g) Diğer (Belirtiniz) _____

13) Çalışma şekliniz nedir?

a) Sürekli gündüz b) Sürekli Gece c) Gece ve gündüz değişen vardiya sistemi

14) Şu anda çalışmakta olduğunuz birimde çalışma süreniz (Ay olarak belirtiniz)? ____

15) Çalıştığınız birimi kendiniz mi tercih ettiniz? a) Evet b) Hayır

16) Hemşirelikte sertifika programına katıldınız mı? a) Evet b) Hayır

17) (Evetse) : Hangi sertifika programını bitirdiniz? _____

18)Niçin bir sertifika programına katıldınız? _____

19) Sertifikanızı hangi kurumdan aldınız ?

a) Sağlık Bakanlığı b) Sağlık Müdürlüğü c) Üniversite d) Dernek

e) Diğer(Belirtiniz)_____

20)Sertifika programı ne kadar sürdü (Toplam Saat)? _____.

21)Sertifika yenileme programına katıldınız mı? a)Evet b) Hayır

22)Sertifika programınızla ilgili bir bölümde mi çalışıyorsunuz? a) Evet b) Hayır

23) Başka bir meslekte çalışmak ister miydiniz? a) Evet b) Hayır

24) Kendinizi mesleğinizde yeterli buluyor musunuz? a) Evet b) Hayır

25) Hiç mesleğinizi bırakmayı düşündünüz mü? a) Evet b)Hayır

c)Bazen

26)(Evetse) Neden bırakmayı düşündünüz?_____.

27) Göreviniz olmadığını düşündüğünüz şeyleri yapıyor musunuz?

a) Evet b) Hayır

28) Hemşireliği bir meslek olarak seçmenizin en önemli nedeni nedir?

29) Eğer seçme şansınız olsaydı tekrar hemşireliği seçer miydiniz? a) Evet b)

Hayır

30) İşiniz/mesleğiniz ile ilgili olarak sizi en çok motive eden şey nedir? (Öncelik sırasına göre belirtiniz)

a.

b.

c.

31) İşiniz/mesleğiniz ile ilgili olarak en çok moralinizi bozan şey nedir? (Öncelik sırasına göre belirtiniz)

a.

b.

c.