



**Relationship between Organizational Climate and Nurses' Job Satisfaction
in Bangladesh**

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**A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of
Master of Nursing Science (International Program)**

Prince of Songkla University

2010

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Thesis Title Relationship between Organizational Climate and Nurses' Job
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ABSTRACT

This study aimed to examine the relationship between organizational climate and nurses' job satisfaction within the context of the government hospitals in Bangladesh. It was hypothesized that organizational climate would be significantly correlated with the nurses' job satisfaction. Data were collected by using self-administered questionnaires from the random sample of 126 nurses at two medical college hospitals. The organizational climate was measured by the modified Stringer's Organizational Climate Questionnaire and nurses' job satisfaction was measured by the modified Stamp's Index of Work Satisfaction. The results showed that overall nurses perceived a moderate level of organizational climate and job satisfaction. The relationship between organizational climate and nurses' job satisfaction was found to be significantly positive ($r = .53, p < .01$). In conclusion, though, the causal effect of organizational climate on job satisfaction was not examined in this study, the significant relationship between organizational climate and nurses' job satisfaction is still important for determining the dimensions of organizational climate contributing to nurses' job satisfaction. Health care policy makers and nurse administrators should

emphasize on creating and maintaining a positive and favorable organizational climate that will contribute in increasing the nurses' job satisfaction in Bangladesh.

ACKNOWLEDGEMENT

By the name of Allah, the most compassionate, most merciful, sympathetic to his creation, at the beginning of my writing, I would like to thank Allah who always empowers me to conduct this study within scheduled time and I would like to give blessing to the last Prophet Hajrat Muhammad (S.A.W).

First of all, I am very happy to address my sincere acknowledgement to the Faculty of Nursing, Prince of Songkla University, Thailand for allowing me to study in this University. Then, I would like to express my great appreciation and deepest sense of gratitude to my Major Advisor, Dr. Pratyanan Thiangchanya for her great support and intelligent input on my paper. At the same time, I would like to extend my appreciation to my Co-advisor Asst. Prof. Dr. Tasanee Nasae and my Ex-advisor Asst. Prof. Dr. Nongnut Boonyoung for their enormous contributions, suggestions, and encouragement to progress my study.

Next, it might be impossible to complete my study without helps, ideas, efforts, and good wishes of my most respected teacher, Asst. Prof. Dr. Wongchan Petpetchian. I would like to express my profound gratitude, special appreciation and wholehearted respect for her unrest contributions and efforts for all Bangladeshi students including me. I am really grateful for her valuable contributions, inspiring guidelines, suggestions, and constructive feedback that helped me to gain new knowledge and to clear and clarify my thinking.

Also, I would like to extend my thankful gratitude for all the subjects participated in this study for their kind co-operations in the data collection process. Thanks to the directors of the hospitals, Dhaka Medical College Hospital and Mymensingh Medical College Hospital for allowing me to conduct the study. Special thanks go to the Government of the People's Republic of Bangladesh, Ministry of Health and Family Welfare, and the Director of the Directorate of Nursing Services of Bangladesh for giving me the scholarship, financial support and for an initiation to improve the nursing profession in Bangladesh.

Special thanks to my very adjacent and younger sister, Jahura Khatun, for her continuous cordial supports and accompanies in several crises and for providing a lot of efforts in many aspects in my study process. Finally, great respect to my loving mother, who sacrificed her life for my abroad study at the very beginning of my course. I pray to Allah for her peaceful life in the "Kobor" in after world. At last, but not least, I am very very happy to acknowledge my wife "Zismin Akter" and all of my children; Riad, Rafid, and Tanvin for their unbelievable sacrifice and support throughout my study. I also wish to give thanks to all the people, who are mentioned or unmentioned here, that gave me support to finish the study.

Abdul Latif (Latif)

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CHAPTER 1

INTRODUCTION

Background and Significance of the Problem

Nursing is widely recognized as a noble profession that combines with the medical proficiency and a sense of consideration to serve mankind. Nurses require enthusiasm and compassionate love, caring attitude, and alarming concern to fulfill the needs of their patients (Henry & Henry, 2004). Changes in health care sectors including restructuring, redesigning, intensifying the roles of health care professionals are the causes of nurses to extend their responsibilities. They have to face many difficulties in providing care to the patients with their rapid changing roles and diverging environment (Mok & Au-Yeung, 2002). Moreover, worldwide nursing is dealing with a huge shortage of work force that creates a significant threat to society's most vulnerable populations and has adverse implications for the quality of health care (Buchan & Aiken, 2008). Dealing with these situations, nurses' job satisfaction has been emerged as a major concern for the health care administrators globally (Bradley & Cartwright, 2004).

In Bangladesh, nurses' job satisfaction has emerged as a burning issue for the health care sectors, particularly in the government hospitals. Nurses are carrying out their responsibilities in a very poor working environment and with an enormous discrepancy between the supplies and demands of workforce and resources (Aminuzzaman, 2007; Rahman, 2008; World Health Organization (WHO), 2003). They have faced a variety of challenges in several ways; such as poor health care

delivery system, under staffing, poor distribution of responsibility and high workload, low salary structure, and less opportunity for personal and professional developmental (Hossain, 2008; Rahman, 2008). In addition, there is a lack of effective nursing leadership. Therefore, many professional demands are often unmet, because nurses have less opportunity to speak out in the policy level.

Moreover, huge shortages of nurses were found in most of the hospitals. Bangladesh Health Watch (2007) reported that approximately 280,000 nurses were needed to serve the total population of 140 millions in Bangladesh to reach the international standards. According to WHO (2007), the existing nurse-population ratio is only 0.14: 1000; nurse-doctor ratio is nearly 1:2, and the nurse-patient ratio is only 1:15-20 (as cited in Fardaus, 2008). This situation indicates that there was a serious shortage of nurses in Bangladesh. Many people believed that existing nursing shortage with poor working environment highly affects the standard of nursing care and job satisfaction among health care providers, particularly nurses (Hossain, 2008; Nursing Taskforce, 1994; Uddin, Islam & Ullah, 2006).

Beside the above situations, the demands of public health care are rapidly increasing due to the change in the country's economic condition, evolving disease complexity, and increasing public health care expectations. With these changes, the incomes of many health care professionals have increased. However, nursing salary and other facilities in Bangladesh have been considered to be very low compared to other professionals (Fardaus, 2008; WHO, 2006). This might be another potential source that can contribute to job satisfaction among nurses in Bangladesh.

Nurses' job satisfaction is an important issue for health care organizations. It has long been recognized as a crucial indicator of nurses' performance, cost savings,

and quality of patient care (Zaghloul, Al-Hussaini, & Al-Bassam, 2008). Nurses' job satisfaction and dissatisfaction had an impact on their practice that directly or indirectly can affect the patients' satisfaction (Blegen, 1993; Zangaro & Soeken, 2007). It is assumed that satisfied nurses were tended to be more productive, creative and committed towards the profession and the organization (Al-Hassami, 2008). Conversely, dissatisfaction with work can cause poor job performance, lower productivity, and staff turnover (Zaghloul et al., 2008).

Even though job satisfaction among nurses is a major concern in Bangladesh, no research evidence has existed about the factors associated to nurses' job satisfaction in the country. In this regards, some surveys reported that job satisfaction among nurses in Bangladesh was very low (Hossain, 2008; WHO, 2003). According to WHO (2003), 90% of nurses in Bangladesh were dissatisfied with their job. Another study conducted by Hossain (2008) among the nurses in one public hospital and one private hospital which found that 63% of nurses were dissatisfied with their job.

Several researches on nursing in different countries showed that nurses' job satisfaction and dissatisfaction were correlated with nurses' personal or individual factors, types of work involvement and workload, job stress, and various organization related factors (Coomber & Barriball, 2007; Lu, While, & Barriball, 2005; 2007). Blegen (1993), Lue et al. (2005), Yin and Yang (2002), and Zangaro and Soeken (2007) conducted four meta-analysis and systematic reviews regarding nurses' job satisfaction studies. According to Zangaro and Soeken, nurses' job satisfaction was repeatedly correlated with autonomy, job stress and nurse-physician collaboration. Based on the meta-analysis of Zangaro and Soeken, correlation between autonomy

and job satisfaction was ranging from .18 to .86; between job stress and job satisfaction was ranging from -.28 to -.65, and between nurse-physician collaboration and job satisfaction was ranging from .28 to .47. In Lu et al. (2005) and Yin and Yang studies, working condition, task requirements, payment, praise and recognition, workload, organizational policies, promotional chance, group cohesion, job opportunities, and control and responsibility were found to be the most important factors for nurses' job satisfaction. Blegen revealed that the nurses' job satisfaction was correlated with age, education, and length of service.

For better understanding, the above factors can be broadly categorized into two groups: individual factors and organization related factors (Kangas, Kee, & McKee-Waddle, 1999). According to Mullins (2002), individual factors have greater impact on job satisfaction. These factors include individual values, interests, needs and expectations which influenced by their level of education, age, sex, and experiences. In order to minimize the individual variables, intrinsic reward and recognition were found to be the most important aspects for nurses' job satisfaction (Gieter et al., 2006). For organizational factors, these include a number of sub-group variables such as leadership, organizational climate, organizational culture, workplace autonomy, opportunity, and others that collectively influences the nurses' job satisfaction (Kangas et al, 1999; Lu et al., 2007; Vijayakumar, 2007).

Among various organizational factors, organizational climate was of most concern contributing to nurses' job satisfaction in several studies (Lee & Lee, 2008; Mrayyan, 2008; Ponmafuang, 2005). Organizational climate is the quality of working environment that includes a number of measurable aspects and collectively influence the job satisfaction and working behavior (Litwin & Stringer, 1968). According to

Payne and Pugh (1976), organizational climate is a conception that enables the organization's employees to identify how the organization is an expressively meaningful environment for individual organization members. It represents the individual member's perceptions of conditions, factors, and events that occur in the organization (Ekvall, 1987). A favorable organizational climate ensures the employees' satisfaction in which they will perform their duties (French, 1994). Therefore, it can be assumed that organizational climate is linked with psychological well-being of nurses while performing their duties at workplace.

Finally, based on the review of above related literatures, it was assumed that existing working climate might be the major concern in Bangladesh health care context that would contribute to nurses' job satisfaction (Hossain, 2008; Nursing Taskforce, 1994; Zaman, 2004). The researcher values that if nurses are not satisfied with their job, there will be a serious negative effect on the entire health care service of the country in the future. People will be less willing to serve in the nursing profession thus shortage of nurses will be a long-standing problem for Bangladesh. In addition, it may largely affect the quality of patient care and thus decreases the public acceptance towards the current standard of care in the hospital.

Therefore, it is imperative to investigate the factors contributing to nurses' job satisfaction in the context of the health care organization in Bangladesh. With this regard, the present study was designed to explore the relationship between organizational climate and nurses' job satisfaction.

Objectives of the Study

1. To examine the levels of organizational climate and nurses' job satisfaction.
2. To determine the relationship between organizational climate and nurses' job satisfaction.

Research Questions

1. What were the levels of organizational climate and nurses' job satisfaction?
2. Was there any relationship between organizational climate and nurses' job satisfaction?

Conceptual Framework of the Study

To investigate the nurses' perception about the organizational climate and job satisfaction, the conceptual framework of this study was constructed based on literature reviews of nurses' job satisfaction and its related factors. Two conceptual domains were used in this study: nurses' job satisfaction and organizational climate.

For nurses' job satisfaction, Stamps's (1997) conceptualization regarding nurses' and health care professionals work satisfaction was used in this study. Stamps delineated the work satisfaction based on Herzberg's two-factor theory of satisfaction and dissatisfaction. Stamps combined these two factors together due to the nature of this construct; one's satisfaction and one's dissatisfaction as a continuum construct that cannot be separated. Stamps defined job satisfaction as the extent to which people like their job and views it as a complex, multidimensional construct that captures

individual's reactions to specific components of their work (as cited in Boyle, Miller, Gajewski, & Hart, 2006).

Based on an extensive literature review and conversations with nurses, nurse administrators, and hospital administrators; Stamps identified several components contributing to nurses and health care professionals' work satisfaction. A factor analysis using principal component technique, seven factors were identified; including salary, professional status, interaction, task requirements, administration, doctor-nurse relationships, and autonomy and accounted for 59% of the variance (Stamps, Piedmont, Slavitt, & Haase, 1978). Stamps et al. in 1972 examined this constructs among 246 nurses and in 1974, among 42 physicians to develop a model and a tool to measure work satisfaction for health care professionals including nurses (Stamps et al. 1978; Taunton et al., 2004). After revising several aspects, six important components were selected and first published in 1986 as an Index of Work Satisfaction to measure nurses' job satisfaction. These are autonomy, payment, task requirements, organizational policies, interactions and professional status (Stamps, 1997).

The second domain was organizational climate. Stringer's (2002) organizational climate dimensions were selected to measure the nurses' perception regarding their work environment in the present study. This concept was primarily developed by Litwin and Stringer at Harvard Graduate School in 1968. The researchers had found that employees' job satisfaction and work-motivations were influenced by organizational climate which can be measured by a set of considerable properties. Researchers had identified the organizational climate dimensions as follows: structure, responsibility, risk, reward and recognition, warmth and support, and conflict (Litwin & Stringer, 1968). Over the past several years, many studies

widely used these dimensions to measure the organizational climate in many professions including nursing (Mok & Au-Yeung, 2002; Snow, 2002; Ponmafuang, 2005; Ying, Kunaviktikul & Tonmukayakal, 2007).

Based on findings of several studies, in 2002, Stringer revised these dimensions and found that certain aspects of climate were better expressed and easy to describe, if people were asked to comment on these aspects (Stringer, 2002; p. 65). The revised dimensions are structure, responsibility, standards, reward and recognition, support and commitments. After an extensive review of related literature and analyzing the study context, the researcher hypothesized that these two variables; the organizational climate and nurse's job satisfaction are interrelated (Figure 1).

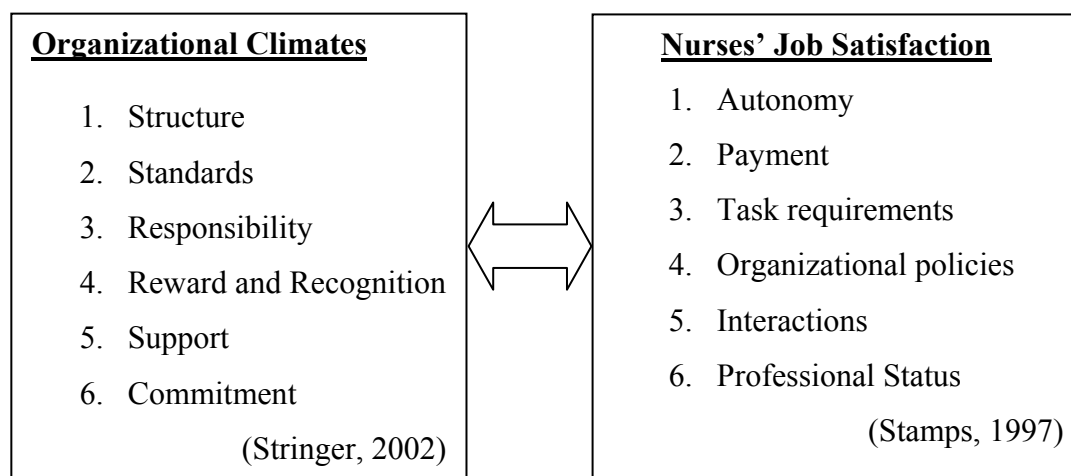


Figure 1

Conceptual Relationship between Organizational Climate and Nurses' Job Satisfaction

Hypothesis of the Study

There is a positive relationship between organizational climate and nurses' job satisfaction.

Definition of Terms

Nurses' job satisfaction refers to nurses' pleasurable and emotional feelings resulting from the appraisals of their current job position and job experience. It was measured by using the Index of Work Satisfaction (IWS) questionnaire developed by Stamps (1997) and modified by the researcher to make it relevant with the present study context. This is a 7-point Likert-type scale, which measured autonomy, task requirements, payment, organizational policies, interactions and professional status. The higher scores indicated the higher level of nurses' job satisfaction.

The definitions of each component of nurses' job satisfaction are as follows:

Autonomy refers to nurses' perceptions of freedom to practice independently including decision making, implementing change, providing care and controlling over work.

Payment represents nurses' monthly salary and fringe benefits received as compensations after an accomplishment of a job.

Task requirements refer to nurses' perceptions about their tasks or activities that must be done as a part of their routine work in the job.

Organizational policies refer to nurses' perceptions of administrative and management policies and procedures that regulate nurses' professional and hospital activities and put forward the hospital and nursing profession.

Interactions refer to nurses' feelings about the opportunities presented in their job for both formal and informal social and professional contact with other nurses, doctors and health care providers those are indirectly involved in patients care during nurses' work.

Professional status refers to nurses' perceptions of overall importance or significance feeling about the job at the personal level, to the organization, and in the view of others.

Organizational climate refers to nurses' perceptions or feelings about the particular work environment in the job within the organization. It was measured by using the Organizational Climate Questionnaire developed by Stinger (2002) and modified by the researcher to fit with the study context. It was a 4-point Likert-type scale which measured six dimensions including structure, standards, responsibility, reward and recognition, support, and commitment. The higher scores indicated a high level of organizational climate. That describes a highly favorable or positive internal environment of an organization.

The definitions of each dimension of the organizational climate are as follows:

Structure refers to the nurses' perceptions about the clarity of organizational visions and values, clarity of communication and the line of command in the organization.

Standards refer to the nurses' perceptions or feelings of pressure to improve performance and a degree of pride that nurses have for doing a good job.

Responsibility refers to the nurses' perceptions about the amount of self-sufficiency extended to assign them by the organization and the feelings of being their own boss not having to be double-checked on their decisions.

Reward and recognition refers to the nurses' feelings of being rewarded or praised for one's job values and for a well-done job.

Support refers to the nurses' feelings of general good fellowship and helpfulness of their superiors that prevails in the organization within the work group.

Commitment refers to nurses' senses of pride in belonging to the organization and their degree of commitment to the organization's goals.

Scope of the Study

The study was conducted at two tertiary level, government hospitals in Bangladesh: Dhaka Medical College Hospital and Mymensingh Medical College Hospital. The subjects were nurses, who had been working at the clinical nursing areas in these two hospitals during November to December, 2009.

Significance of the Study

It was expected that the result of this study would provide a better understanding to identify the specific organizational factors that related to nurses' job satisfaction and job performance. Based on this result, the health care policy makers and nurse administrators will be able to consider about the redesigning and restructuring of the organizational system that will bring a positive work attitude among the nurses and other employees.

The researcher valued that satisfied nurses would be more willing and committed to improve the quality of patient care and improve the profession. In nursing education, this study would provide the curriculum guidelines for future nurses and nurse leaders about the various aspects of organizational climates and its importance. In nursing research, it might be helpful to provide baseline information for further study in relation to nursing issues. Moreover, it would be helpful to identify the important dimensions of the organizational climate and to improve those dimensions for achieving the organizational success.

CHAPTER 2

LITERATURE REVIEW

In this chapter, the following related literatures are presented:

1. Job satisfaction
 - 1.1 Definition of job satisfaction
 - 1.2 Importance of job satisfaction
 - 1.3 Theories related to job satisfaction
 - 1.3.1 Content theory
 - 1.3.2 Process theory
 - 1.4 Job satisfaction in nursing
 - 1.5 Components of job satisfaction
 - 1.6 Factors related to job satisfaction
 - 1.6.1 Individual factors
 - 1.6.2 Organizational factors
 - 1.7 Measurement of job satisfaction
2. Organizational climate
 - 2.1 Definition of organizational climate
 - 2.2 Characteristics of healthy organizational climate
 - 2.3 Dimensions of organizational climate
 - 2.4 Measurements of organizational climate
3. Relationship between organizational climate and nurses' job satisfaction

Job Satisfaction

Attempting to understand the nature of job satisfaction and its effects on work performance is a complex process that is considered as multidimensional and enduring constructs (Mullins, 2002; Stamps, 1997). According to Mullins, job satisfaction is a complex and multifaceted concept, which can represent different things to different people. Job satisfaction is usually linked with motivation that affects the human behavior in the organization (Robbins, 1996). Hall (as cited in Pietersen, 2005) stated that there is a lack of consensus as to what job satisfaction is and how the job satisfaction of employees should be assessed. Bradley and Brian (2003) explained that job satisfaction essentially represents the attitude of an individual in relation to their works and is influenced by individual's motivation to the work.

Definition of Job Satisfaction

Job satisfaction is in regard to one's feelings or state-of-mind regarding the nature of their work. It was found as one of the most frequently measured of organizational variable in both research and in organizational settings. French (1994) viewed job satisfaction as a person's emotional response to aspects of work or to the work itself. According to Robbins (1996), job satisfaction refers to an individual's general attitude towards his or her job. Spector (1997) defined it as "the extent to which people like or dislike their job". This definition suggests that job satisfaction is a general or global affective reaction that individuals hold about their job. According to Buss (1998), job satisfaction is an employee's perception that his or her job allows the fulfillment of important values and needs.

The widely acceptable definition given by Locke (as cited in Elizabeth & Adams, 2001) is that job satisfaction is “a pleasurable or positive emotional state resulting from the appraisal of one’s job or job experiences”. Cranny, Smith, and Stone (as cited in Brown & Lent, 2004) defined job satisfaction as “an affective reaction to a job, that are desired”.

Hulin and Judge (2003) stated that job satisfaction is a psychological response to one’s job that individual captures from his or her work experiences and from its related attributes. According to Bradley & Brain (2003), job satisfaction is a pleasurable emotional state of the employees that the individual derives from his or her job content and experiences.

In summary, job satisfaction can be explained as one’s perceived congruence or discrepancy among desire and its outcomes and the importance of what the employee expects from his or her job. Job satisfaction may occur when an individual feels that he or she has accomplished an important task and it will be valued or recognized.

Importance of Job Satisfaction

One view is that job satisfaction is necessary in order to achieve a high level of motivation and performance. According to Mullins (2002), persons with high level of job satisfaction hold positive attitudes towards their works. Conversely, persons who are dissatisfied with their job, hold negative attitudes towards their works. In addition, Mullins also agreed that to make the best use of the people and resources of the organization, job satisfaction play an important role to increase the loyalty of the employees towards the organization and its effectiveness. According to Robbins

(1996), job satisfaction was highly correlated with the organizational productivity. Wright & Cropanzano (2000) also found job satisfaction as the most important variable for employees' psychological well-being and happiness.

Theories Related to Job Satisfaction

Several theories of job satisfaction have been constructed to explain what makes people satisfy with their works. A review of job satisfaction literature indicates that job satisfaction is a multi-dimensional construct and there is no single general agreement on the definition or determinants of job satisfaction. Therefore, several authors explained various theories related to employees' job satisfaction in different ways. Although job satisfaction is not synonymous with motivation, but theory of motivation are often formed the basis of models and measures of job satisfaction (Armstrong, 2007; Mullins, 2002). Motivation is the process which may lead to job satisfaction. According to Mullins, the usual approach to the study of motivation is a thorough understanding of internal cognitive processes that is what people feel and how they think. Mullins divided these different cognitive processes or theories of motivation into two contrasting approaches: content theory and process theory.

Content Theory: Content Theory assumes that all individuals possess same set of needs for their motivations. These theories are highly concerned with identifying people's needs and their relative strengths and the goals they pursue in order to satisfy these needs (Mullins, 2002). It prescribes common characteristics for employees working environments that must be present in a particular job (Armstrong, 2007). The

major content theories include: i) Maslow's hierarchy of needs, ii) Herzberg's motivation-hygiene theory, and iii) McClelland's acquired needs theory.

Maslow's Hierarchy of Needs

According to Maslow's hierarchy of human needs, human motivation is organized by the arrangement of needs in a hierarchy of less or greater priority or potency (as cited in Foley, Lee, Wilson, Cureton & Canham, 2004). Maslow identified five major groups of needs arranged with the lower-level needs in the bottom which must be satisfied first, before the higher level needs come into play. The five general levels of needs are as follows: 1) psychological needs-food, shelter etc; 2) safety needs- protection against threat, danger and deprivation; 3) social needs-love and affection; 4) ego needs-need for achievement and recognition; and 5) self-actualization-realization of one's potentialities for self development (as cited in French, 1994). From Maslow's need of hierarchy, two major postulates can be derived as follows: i) a person's level of aspiration is closely related to the hierarchy of needs, ii) attitudes will determine the individual route which the person takes for the satisfaction of his or her needs (Pardee, 1990).

Herzberg's Motivation-Hygiene Theory

Herzberg's Motivation-Hygiene Theory is often called the two-factor theory. It is focused on those sources of the motivation of employee, which are important for successful accomplishment of work (Syptak, Marsland & Ulmer, 1999). Based on this study, Herzberg (1959) concluded that job satisfaction and dissatisfaction were the products of two separate factors: motivation factors called satisfiers and hygiene factors called dissatisfiers (as cited in Pardee, 1990).

According to Herzberg, motivation factors increases the job satisfaction but its absence does not lead to dissatisfaction and it includes achievement, recognition, work itself, responsibility, advancement and growth. On the other hand, the hygiene factors are company policy and administration, supervision, salary, interpersonal relationship, and working condition; in the absence of which dissatisfaction can occur (as cited in Armstrong, 2007). Locke (1968) stated that two-factor theory of motivation and hygiene provides a better understanding about the external and internal factors of job satisfaction and dissatisfaction. Additionally, Locke argued that although hygiene and motivation factors are separable but they are interdependent and both may be the cause of job satisfaction and dissatisfaction (as cited in Manisera, Dusseldorp, & Vander-Kooij, 2005).

McClelland Acquired Needs Theory

McClelland (1961) explained that an individual's specific needs are acquired over time and are shaped by one's life experiences (as cited in Armstrong, 2007). He acknowledged that a person's motivation and effectiveness to a certain job functions are influenced by three needs. First, need for achievement includes the desire to accomplish something difficult, attaining a high standard of success, mastering complex tasks and having an equally intense fear of failure. Second, need for affiliation includes the desire to form close personal relationships, avoid conflicts and establish warm friendships to seek acceptance by others. Third, need for power is the unconscious desire for seeking opportunities to influence others and position of authority. McClelland (2008) suggested that individuals with a strong need for power possess a trait for dominance, and tend to be self-confidence with high energy. In

addition, power-achieved people will try to control others and enjoy competitiveness when they can by having a higher level of performance.

Process Theory: Process theories attempt to identify the relationships among the dynamic variables that affect the motivation and actions that influence the employee behavior (Mullins, 2002). Many authors have explained several process theories. In this chapter, two major approaches will be discussed. These are: i) Vroom's expectancy theory, and ii) Locke's Range of Affect Theory.

Vroom's Expectancy Theory

Vroom's expectancy theory suggested that the strength of tendency to act comes from a conscious choice among the alternatives and the purpose of this choice is to maximize the satisfaction of work and minimize dissatisfaction (Emery & Petrel, 2006). This model expectancy was developed based on three key variables. The first variable valence is the alternative or preference for a particular outcome to the individual from his or her work. The second variable instrumentally means that the expectation of rewards will be related to performance. The third variable is the expectation that the reward or desire outcomes are available in the organization (Mullins, 2002). People believed that they can achieve certain levels of performance and if they perform well, they expect to be rewarded. Expectancy theory stated that the greater a person's expectancy that effort expenditure will lead to various rewards, the greater the person's motivation to work hard (as cited Swansburg & Swanburg, 2002). In conclusion, according to this theory, adequate reward and pay are the most powerful motivators of performance.

Locke's Range of Affect Theory

Locke's Range of Affect theory (1976) is one of the most well known process theory of job satisfaction. The main foundation of this theory was that people's goals or intentions play an important part for determining their behaviors (as cited in Harer, 2008). Locke hypothesized that satisfaction can be determined by a discrepancy between one's wants in a job and what he or she achieves from the job (Locke, 1968). Locke's affect theory reflects three important aspects of job satisfaction. First, job satisfaction is a function of value defined as what a person consciously or unconsciously desires to obtain. Second, each individual's values are different. Third, perception of one's present situation is related to one's values about the matters or situations (Noe, Hollenbeck, Gerhart, & Wright, 1994).

In summary, despite the different approaches suggested by the content and process theories, it was generally found that satisfaction is influence by both the individual or personal factors and the external or environmental factors. According to Herzberg, external factors refer to hygiene factors necessary to prevent job dissatisfaction by providing supportive work environment. On the other hand, the individual factors are the intrinsic motivational factors essential to produce job satisfaction; such as reward, achievement, and recognition. The popular concept of process theory, according to Vrooms expectancy theory; strength of tendency to job commitment and performance comes from job preference or the nature of work and reward. After reviewing both theories, the conceptual framework of this study was designed with the combination of various factors discussed under the content and process theories and literatures related to nurses' job satisfaction and organizational climate, which discussed in the next part of this chapter.

Job Satisfaction in Nursing

Nurses hold a majority of positions in most health care organization and are considered to be vital for ensuring the quality of patient care and costs minimization (O'Brien-Pallas, Thomson, Alksnis, & Bruce, 2001). Many studies about job satisfaction confirmed that quality of care and nurses' job satisfaction are interrelated (Mrayyan, 2006; Adams & Bond, 2000). Therefore, job satisfaction among nurses should be a great concern for any health care organizations. Molinari and Monserud (2008) defined that nurses' job satisfaction as the extent to which the difference between the amount of rewards received by nurses and the amount they believed that they should receive. Stamps (as cited in Taunton et al., 2004) viewed nurses' job satisfaction as a complex construct that captures individual nurses' reactions to the specific components of their job.

Nurses' job satisfaction and their commitments have always been important issues for health care administrators. In addition, studies about nurses' job satisfaction and its impact on health care organization revealed that nurses' job satisfaction and dissatisfaction were correlated with turnover, job retention, quality of care, and intention to leave (Buchan & Calman, 2005; Larrabee, Jenny, & Ostrow, 2003; Mrayyan, 2006). Moreover, a number of studies had identified the association between nurses' job satisfaction and patient satisfaction (Allen, 2005; Kangas et al., 1999).

Thus, it can be concluded that nurses' job satisfaction has a greater outcome for health care organization and its failure or success, particularly in terms of the quality of care, patient satisfaction, which in turn increases the nurses' job performance, job retention, and reduces turnover and absenteeism.

Components of Job Satisfaction

There is an uncertainty whether the job satisfaction consists of a single component or a number of separate components. For many years, several studies about job satisfaction and its related theories have identified various components of job satisfaction in general (Mullins, 2002). According to Byars and Rue (1997) there are five major components of job satisfaction in organizational management. These include; work group attitudes, general working conditions, attitude towards the organization, monetary benefits and attitude towards the management. On the other hand, Topolosky (2000) identified three major components of job satisfaction including personal development, promotion practices, and worker involvement or the nature of work.

The international literatures emphasized on many components of job satisfaction that are relatively important including relationship with co-workers, payment and benefits, working conditions, and physical surroundings (Murrells, Robinson, & Griffiths, 2009; Sengin, 2003). Murrells et al. (2009) stated seven components of nurses' job satisfaction which are important for nurses' happiness in the job. These are proper staffing, staff development, relationships, education, work-life interface, resources, and payment. The most widely used and recognized components of nurses' job satisfaction, identified by Stamps (1997) are: autonomy, payment, task requirements, organizational policies, interactions, and professional status. In this study, Stamps identified that these six components were used to measure the nurses' job satisfaction in Bangladesh health care context.

The details of each component which selected to measure the nurses' job satisfaction are as follows:

Autonomy refers to the independence or personal freedom of one's practice or action which provides a substantial self-government, independency and direction to the individual in scheduling the work and determining the procedures to be used as best from the judgments of employees' viewpoint (French, 1994). Stamps defined the autonomy as the amount of job-related independence, initiative and freedom either permitted or required in daily work activities (as cited in Taunton et al., 2004). Professional autonomy is ranked as one of the most important factors contributing to nurses' job satisfaction and it is considered as an essential component for professional development in nursing (Finn, 2001).

Payment is consistently included as a job satisfaction attributes that affects individual level of satisfaction and job performance (Sengin, 2003). It is the financial or non-financial benefits received by the employees for their job. However, the payment may not enhance job satisfaction as a single attributes but every employee wants to be paid fairly. It was assumed that employees would become dissatisfied if they know that similar employees in a different place were getting more rewards and benefits (Seoa, Kob & Price, 2004). Studies about job satisfaction among nurses showed a significant relationship between nurses' payment aspects and job satisfaction (Best & Thurston, 2004; Blegen, 1993; Ingersoll, Olsan, Drew-Cates, DeVinney, & Davies, 2002; Wang, Sermsri, Sirisook, & Sawangdee, 2003; Willem, Buelens, & Jonghe, 2006).

Task requirements are one of the significant aspects for nurses in providing the quality of care. Task requirements are one's necessities or job demands that an

individual requires for accomplishing a job or task in a good manner (Robbins, 1996). It related to the quality of work life balance of the employees. Stamps (1997) defined the task requirements as the activities or tasks that are needed to be accomplished as the parts of one's daily routine activities. Lueke (2004) explained four important aspects to understand and determine the employee's task requirements. These are: (1) primary responsibilities and tasks involved in the job; (2) education, experiences and trainings needed to perform the job; (3) personal characteristics required and degree of teamwork and the existing rewarding system; and (4) degree of managerial style and cooperation from the organization. Study about the nurses' job satisfaction identified the relationship between nurses' job satisfaction and tasks requirements ($r = -.712, p < .05$) (Ernst, Messmer, Franco, & Gonzalez, 2004).

Organizational policies are the administrative and management policies that guide the rules and regulations of the organizational activities and their employees (Mullins, 2002). According to Gilbert (2003), it is a method of action selected by an organization from among alternatives to guide and determine the present and future decisions and positions for the organization. According to Williams (2004), it provides the employees psychological status that characterizes the employee's relationships with the organization and the decision to continue membership of the organization. Organizational and management practices have been consistently reported as the factors which influence nurses' job satisfaction (AL-Hussami, 2008; Ingersoll et al., 2002). A study showed that nurses were more satisfied with decentralization and participatory management style. Conversely, nurses were least satisfied with the centralized authoritative organizational management style (Willem, Buelens, & Jonghe, 2006).

Interactions reflect the relationship and communication among group members within an organization that contributes to organizational performance (Torrington, Hall, & Taylor, 2005). According to French (1994), high quality communication and cooperation can enhance organizational outcomes, whereas conflicts among the team members can have severe dampening consequences. People enjoy regular interaction that comes with group membership. For many people, on-the-job interactions are their primary source for fulfilling their needs for affiliation (Robbins, 1996). Herzberg (1959) recommended that interpersonal relationship with co-workers brings a positive psychological feeling to the job environment that enhances the employee work motivation in organization (as cited in French, 1994). Studies have shown a significant higher relationship between nurses' job satisfaction and workplace interaction (Ellenbecker, 2004; Ingersoll et al., 2002).

Professional status provides values and identities for the employees in the organization (Sengin, 2003). It forms an important part of the compensation strategy and determines the level of job position. Stamps defined professional status as the identity of employee that he or she feels about both in view of employee's and views of others (as cited in Taunton et al., 2004). Many people think that professional status is related to quality of working life, job satisfaction, and social value. It gives employee a feeling of authority and autonomy that brings positive satisfaction to the job (Saifuddin, Hongkraitert, & Sermsri, 2008). The research evidenced that professional job status and opportunities to move in higher position have direct effects on nurses' job satisfaction (Ingersoll et al., 2002; Oshagbemi, 1997).

Factors Related to Job Satisfaction

According to Mullins (2002), wide range of variables affected the employees' job satisfaction which is connected with the individual level, organizational level and the environment where the employees carried out their responsibilities or jobs.

Individual Factors

It refers to the individual variations or dissimilarities within their user characteristics. Many studies have specifically analyzed the various individual factors and its relationship with organization and job satisfaction. These are age, gender, level of education, and year of experiences (Blegen, 1993; Whitley, Benson, Allison, & Revicki, 2005). Each of these variables and their relationships with the job satisfaction are discussed as below:

Age is the determinant of a person, about how old is he or she. People with different ages show different tendency towards their job. The relationship between the age and job satisfaction is likely to be an issue of increasing importance during the recent years (Kumar & Giri, 2009). Older workers differ from their younger counterparts in a variety of physical/biological, psychological/mental, and social dimensions. In some cases, these reflect normative changes of aging; in others, they represent age-dependent increases in the likelihood of developing various abnormal conditions. These age-related differences are unfavorable to the older employees because their work performances are diminished in relation to that of younger employees that affect their level of job satisfaction (Metle, 2005; Robbins, 1996).

Gender is the social dimension of being male or female. Several studies showed that job satisfaction was gender based and it differed between men and women. Men were normally more satisfied in terms of their salary and women in

terms of security (Mora & Ferrer-i-Carbonell, 2009; Moyes, Williams, & Koch, 2006).

Level of education has an influence on employees' job satisfaction and job performance. People with different educational level have different knowledge and abilities, which lead to the variables of cognitive, affective and psychomotor, tend to their job expectations and affect the level of satisfaction (Al-Enezi, Chowdhury, Shah, & Al-Otabi, 2009; Ganzach, 2003).

Experience is a relative factor for individual job competencies or skills that can influence individual's job satisfaction and expectation (Dyer, Cope, Monson, & Van Drimmelen, 1972). The evidence indicated that job experience and satisfaction are positively related (Bedeian, Ferris, & Kacmar, 1992). Job satisfaction of health care providers was analyzed in relation to specific background and work environment characteristics in a multicultural setting in Kuwait. In bivariate analysis, the nationality, education, age, and total experience were found to be a significant determinant of job satisfaction. The relationship between job satisfaction and experience was found at $F = 6.68, p < .01$ (Al-Enezi, et al., 2009).

Organizational Factors

Certain contextual variables that are related to an organization have influences on the employees' working attitudes and job satisfaction including organizational character or social function, environment, structuring of activities, concentration of authority, line of control of workflow, adequacy of resources, job opportunities, organizational climate and culture. These organizational factors can be discussed as follows:

Leadership is the process of influencing other's behaviors in the direction of goals and visions of an organization. Effective nursing leadership is one of the most important factors influencing the nurses' retention rate and the maintenance of quality care (Anthony et al., 2005; Kowalski, Bradley & Pappas, 2006). A constructive participative leadership style is important, it provides nurses' psychological positive work environment and improves nurses' job performance, job satisfaction and organizational commitment (Ingela & Elisabeth, 2006; Santos, Koch, Morais, & Sardo, 2006).

Risk and safety workplaces contribute to the patient safety issue and job satisfaction of care providers. There is a growing body of evidence that ethical and safety climate were positively influenced the nurses' job satisfaction (Browne, 2009; Jaynelle, 2009). Studies have identified that workplace's safety and organizational risk management policies were linked to the nurses' job stress and job burnout and job satisfaction (Gershon et al., 2007; Girgis, Hansen, & Goldstein, 2009).

Resource adequacy is the most important aspect of employee's job satisfaction in any working places. It is a procurement process to ensure adequate resources to serve all customers in real time which includes a number of skilled workforces, workloads, and support service systems (California ISO, 2004). It is essential to ensure the quality of care and better job performance. Several studies regarding nurses' job satisfaction have found that resource adequacy is a strong predictor of nurses' job satisfaction and better management practice (Pamela & Malik, 2005; Wade et al., 2008).

Growth and development policies are the most important aspects for employee's motivation and job satisfaction that reflect the culture of an organization

(French, 1994). According to Herzberg's, people reported that job satisfaction is achieved when they are promoted (as cited in Syptak et al., 1999). If the organization fails to give the promotion to their employees, employees become frustrated and show lower level of job performance and less satisfaction (Appelbaum & Finestone, 1994). Studies showed a meaningful positive relationship between nurses' job satisfaction and opportunities for growth and development in their career paths, scope of advancement and promotion policies (Fusilero, Lini, Prohaska, Szweda, & Mion, 2008; Khowaja, 2005; Lannon, 2007).

Organizational culture is a system of knowledge and standards for perceiving, believing, evaluating and acting that serve to relate human communities to their environmental settings (Allaire & Firsirotu 1984). Organizational culture which develops overtime and responds to a complex set of factors are the history, primary function and technology, goals and objectives of the organization and managing the environments in the organization (Mullins, 2002). A precise definition of organizational culture given by Mclean and Marshall (as cited in Mullins, 2002) is a collection of traditions, values, policies, beliefs and attitudes that constitute a pervasive context for everything to do and think in an organization. Several studies had showed a strong relationship between nurses' job satisfaction and organizational culture (Park & Kim, 2009; Tzeng, Ketefin, & Redman, 2002). According to Cooper, (2009) increasing of nurses' retention and satisfaction by creating a culture of professional development in health care institutions is one way to solve the nursing shortage.

Organizational climate is another big concept in organizational management, which has a greater effect on employee's behavior, performance and job satisfaction.

Details of the organizational climates are discussed in another part of this paper. The current study was designed to explore the relationship between organizational climate and job satisfaction.

Measurement of Nurse's Job Satisfaction

The job satisfaction literature identified a number of instruments that have been used to measure the job satisfaction in different professions. This review explains only the instruments that are most frequently used to measure the nurses' job satisfaction.

Job Satisfaction Survey (JSS). The JSS is a 36-item multidimensional job satisfaction-measuring questionnaire originally developed for the social service sector by Spector in 1985 (as cited in Saane, Sluiter, Verbeek, & Frings-Dresen, 2003). This instrument measures the employees' attitudes towards the job and its various aspects with nine subscales including pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, coworkers, nature of work and communication. Each facet is assessed with four items using a Likert-type rating scale format with six ordered response options ranging from strongly disagree to strongly agree (as cited in Watson, Thompson, & Meade, 2007). Despite the development of JSS for human service organization, in nursing research it has some applications to measure the nurses' job satisfaction (Li & Lambert, 2008).

Job Descriptive Index (JDI). Smith, Kendall, and Hulin first introduced the JDI to measure five major factors associated with job satisfaction: nature of the work, compensation and benefits, attitudes towards supervisors, relations with co-workers and opportunities for promotion (as cited in Kinicki, 2002). Since its development,

many organizations and sectors used this tool. It has some strength and weaknesses. The strength is that it is extremely easy to use with all types of respondents, but the limitations are that it was design to measure only five factors and the score should not sum across the factors (Doran, 2003). Though, it is developed to measure the job satisfaction in general organizational management, in nursing it has some applicabilities (Foley et al., 2004; Ndiwane, 2000).

Minnesota Satisfaction Questionnaire (MSQ). The MSQ is a measure of job satisfaction designed to measure the employee's satisfaction with their particular job aspects. It is a 100-item self-report instrument to measure job satisfaction across 20 dimensions with five questions for each dimension. These dimensions are: ability of utilization, achievement, activity, advancement, authority, company, compensation, co-workers, creativity, independence, moral values, recognition, responsibility, security, social service, social status, supervision (Human Resource), supervision (technical), variety and working conditions (as cited in Evans, 2003). Although MSQ accurately measures the job satisfaction and research associated tool, but in practice, it has some limitations for matching the 20 variables for predicting the job satisfaction (Scarpello & Vandenberg, 2006).

Index of Work Satisfaction (IWS). Stamps in 1972 developed the original IWS with an extensive review and conversations with many health care professional including nurses, nurse educators, nurse administrators and other health care administrators to develop a tool of work satisfaction among health care professionals including nurses. It was first administered in 1972 through three years research project in the United States among 246 nurses (as cited in Taunton et al., 2004). Again, in 1974, it was applied to 42 physicians and 450 nurses in another setting

(Stamps et al., 1978). The aims of this project were to investigate the components and defining of job satisfaction among health care professional and to establish the developed IWS scale. For testing the construct validity of the instruments, a factor analysis of principal components was produced and primarily seven factors were accounted for 59% of variance among the 60 items. Moreover, internal consistency, reliability of the instrument was determined by using Cronbach coefficient alpha, ranged from .696 to .846 and overall reliability for original 72-item was .912 (Stamps et al, 1978). Finally, six components were selected as the Index of Work Satisfaction for nurses.

The Index of Work Satisfaction contains two parts: part A and part B, which measures six components including professional status, task requirements, autonomy, interactions with other nurses and physicians, organizational policies and payment. Part A measures the relative importance of the various aspects or components of job satisfaction to the respondent using of the paired comparisons technique which is the un-weighted score. Part B measures the respondent's current level of satisfaction with these six job components through a Likert-type attitude scale of which half are worded positively and half are negatively worded (Stamps et al., 1978). Since its development, several items of this index (part B) have been modified and first published with 48 items as a textbook by Stamps & Piedmont (1986). Based on research findings and relative importance of the items, in 1997, Stamps revised this index and reduced it into 44 items (Stamps, 1997).

Currently, the Index of Work Satisfaction (part B) is widely being used as conceptual framework for measuring the nurses' job satisfaction (AL-Hussami, 2008; Foley et al., 2004; Ingersoll et al., 2002). According to Stamps, more than 80 studies

used the IWS tool to measure job satisfaction among nurses in different settings including South East Asian countries. Many studies modified the IWS to fit with their study context (Doran, 2003; Foley et al., 2004; Taunton et al., 2004).

To measure the nurses' job satisfaction in the present study, the IWS (Part B) was used based on the following reasons; (1) the Index of Work Satisfaction scale is a widely recognized used instrument to measure the job satisfaction among nurses, (2) it had sound psychometric properties; the Cronbach's alpha was from .77 to .91 found in many previous studies (Stamps, 1997; Zangaro & Soeken, 2005), (3) It was originally designed to measure the job satisfaction among nurses working in hospital and health care setting (Foley et al., 2004).

Organizational Climate

Definition of Organizational Climate

Organizational climate, manifested in a variety of human resource practices, is an important predictor of organizational success. An early definition of organizational climate is Forehand and Gilmer's definition who suggested that the organizational climate is a set of descriptive characteristics of an organization that are relatively enduring over a period of time. These characteristics distinguish one organization from other organizations and influence the behavior of people that belong to it (as cited in Smith, 1994).

According to Litwin and Stringer (1968), organizational climate is "a set of measurable properties of work environment, perceived directly or indirectly by the people who live and work in this environment and assumed to influence their motivations and behaviors."

Tagiuri and Litwin (as cited in Mullins, 2002) defined the organizational climate as a relatively enduring quality of the internal environment of an organization that is experienced by its member, influence their behaviors and can be described in terms of values of a particular set of characteristics or attributes of the organization.

George et al. was given a directional definition of organizational climate as a measurable and collective perception of organizational members about those aspects of their working lives that affect their motivations and behaviors in particular, the culture of the organization, the prevailing leadership style, the degree of structure, and the personnel policies and practices (as cited in French, 1994).

Hong & Kaur (2008) defined the organizational climate as a global feeling of one's organization and personal impact of the working environment that influences the individual's work behaviors and job-related attitudes.

Characteristics of a Positive Organizational Climate

Organizational climate reflects the personality of the organization and it affects the employees' performance and attitude. Swansburg and Swansburg (2002) described six important characteristics for a supportive organizational climate. These are: (1). Clarity in specifying certification of the organization's goals and policies which facilitated smooth flow of information and management support of employees. (2). Commitment to goal achievement through employee involvement. (3). Standards of performance which is challenging, promoting pride and improving individual performance. (4). Responsibility for one's own work fostered and supported by managers. (5). Recognition for doing good works, and (6). Teamwork; it represents a set of values, of belongingness, mutual trust and respect that encourage listening and

responding constructively to views expressed by others, giving others the benefit of the doubt, providing support, and recognizing the interests and achievements of others. Such values help teams perform, and they also promote individual performance as well as the performance of an entire organization (Katzenbach & Smith, 1993).

According to Mrayyan (2008), a positive organizational climate is the most favorable conception for the nurses those are less likely to leave their work. It can enhance a sense of empowerment of the nursing personnel that may influence their job performance and work motivation thus increases job satisfaction.

Dimensions of Organizational Climate

Organizational climate is a construct that is developed in social psychology and organizational management to describe the perceived patterns of psychological and social experiences of organization's employees (Fouts, 2004). Several authors explained and identified the various dimensions so as to measure the different aspects of organizational climates that influence employee's behavioral activities in the organization (Litwin & Stringer, 1968; Robbins, 1996; Mullins, 2002).

From previous literatures specifically in nursing, it was found that dimensions of the organizational climate varied from study to study. However some dimensions were very common and repetitive measurement aspects in relation to nurse's working climate include organizational structure, support, reward and recognition, leadership, safety, growth and developments, relationship with supervisor, resource adequacy, technology and nurse's empowerments and so on (AL-Hussami, 2008; Hall & Doran,

2007; Mok & Au- Yeung, 2002; Mrayyan, 2008). Based on the above review, it was found that many organizational climate aspects can be measured.

The present study will be conducted for a developing country health care context and each of the above climate dimensions is important. For the current study, the researcher has selected only the six important climate aspects, which are more relevant to the current study context. Stringer's (2002) six organizational climate dimensions have been selected for this study to measure nurse's perception about their organization. Litwin and Stringer developed these dimensions through conducting a research at Harvard Business School in 1968. Hay groups (1995) found that these six dimensions consistently affected the individual and organizational performance and behaviors (as cited in Ponmafuang, 2005).

In addition, for several years Stringer's climate dimensions have recognized as more validated aspects for organizational climates measurement in business organization and health care organizations including nursing (Mok & Au-Yeung, 2002; Perry, LeMay, Rodway, Tracy, & Galer, 2005; Ponmafuang, 2005). These dimensions are structure, responsibility, standards, reward and recognition, warmth, support and commitment. The researcher expected that the selected dimensions are the most important for current health care context in Bangladesh. Therefore, it will be worthwhile and more feasible to study in order to improve the existing health care climate in Bangladesh. In order to make it more relevant with study context, the researcher will modify the questionnaires in some dimensions. The details of these six dimensions are discussed as below:

Structure is the set up or design of an organization that allows expressed allocation of responsibilities for different functions and processes to the different

entities and represents how information flows between the levels of management within the organization (French, 1994). Organizational structure reflects employee's sense of being well organized and having a clear definition of their roles and responsibilities (Stringer, 2002). According to Litwin and Stringer (1968), organizational structure is the feeling that employees have about the constraints in the group, rules, regulations, and procedures in the organization. A clearly structured organization is important because it prevents the role ambiguity and miscommunication among the employee of the organization. Structure reflects the pattern of relationship among the positions in the organization and members of the organization (Mullins, 2002). Studies about the nurses' organizational climate showed a relationship between nurses' job satisfaction and a decision-making structure of the organization. Nurses were least satisfied with horizontal decision-making and were more satisfied with vertical decision-making process (Campbell, Fowles, & Weber, 2004).

Standards are the feeling of pressure to improve performance and degree of pride employees have in doing a good job (Stringer, 2002). Standards have become such an integral part of the organization existence that the average individual gives a little or no thought to everyday products and services and how they work in the organization. According to British Standards Institution, a standard is a published specification that establishes a common language and contains a technical specification or other precise criteria and is designed to be used consistently, as a rule, guideline, or definition (as cited in International Organization for Standardization, 2008). A well-set standard provides a guideline for the employee and increase the self responsibility to maintain the quality of services. Conversely, it also creates a

responsibility for the organization to develop the services by qualified personnel (Calvert, 2008). Therefore, development of the human resource becomes a routine part of the organization like continuous training, higher education that facilitated employees' personal development and increases the satisfaction.

Responsibility involves accepting the obligation by the subordinate to perform certain duties or make certain decisions and to accept possible reprimand for unsatisfactory performance (Mullins, 2002). Holding responsibility for performing job gives the employee a sense of trust and satisfaction. When responsibility is recognized, the employee becomes a part of the whole organization rather than just a part in the unit (Doll, 2007). People with high needs for achievement prefer job, which allow them to hold more responsibility for their action and its consequences (Litwin & Stringer, 1968). Empirical studies showed that assigning responsibility and empowerment increased nurses' feelings of job satisfaction (Bartram, Joiner, & Stanton, 2004; Larrabee et al., 2003).

Reward and recognition are the desirable outcome of the employee from the organization for their good performance (Mullins, 2002). The philosophy of reward and recognition was based on the quality of beliefs and guiding principles that were consistent with the values of organization and willingness to enact them. According to Armstrong (2007), recognition consists of policies that provide guidelines of financial or non-financial appreciation procedures, performance evaluation and maintenance of flexible system for the employees. Intrinsic rewards are derived from the individuals themselves including a sense of achievement, a feeling of responsibility and praise. Extrinsic rewards are derived from the organization and the action of others including salary, working condition and supervision (Mullins, 2002).

A number of study showed that nurses' perceived rewarding and recognition systems of the organization consistently influence their job satisfaction (Al-Enezi et al., 2009; Lu et al., 2005).

Support reflects the feeling of trust and mutual support or good fellowship that prevails in the work group atmosphere (Litwin & Stringer, 1968). According to Rhoades and Eisenberger (2002), research on perceived organizational support began with an observation that if managers are concerned with the commitment that employees committed to the organization, employees will be focused on the commitment that the organization had committed to them. Lawler and Worley (2006) stated that supportive appraisal by the organization provides an indication that employee's increased efforts will be noted and rewarded. Employees therefore take an active interest to increase the productivity of the organization. According to Mullins (2002), perceived positive organizational support increases the affectionate relationship between employee and organization that enhances the work motivation, high performance and job satisfaction. Organizational support was found as an important factor contributing to nurse's job satisfaction (Lee & Lee, 2008). AL-Hussami (2008) investigated the relationship between nurse's job satisfaction and perceived organizational support along with other variables. Pearson product-moment correlation statistics were used to examine the relationship among the variables. The results revealed that organizational support was a major factor related to nurses' job satisfaction ($r = .93, p < .001$).

Commitment reflects the employee's sense of pride in belongingness to the organization and their degree of dedication to the organizational goals (Litwin & Stringer, 1968). Employees are one of the most important determinants and leading

factors that determine the success of an organization. According to Johns and Saks (2001), organizational commitment refers to an attitude that reflects the strength of the linkage between an employee and an organization and the level of commitment has implications as to whether a person would stay with an organization.

In health care organization, nurses are considered as the largest group of personnel and play an important role for determining the quality of service and cost. Therefore, nurses' job satisfaction is an important factor for increasing their commitments towards organization, because it contributes to the quality of patient care. Research evidenced that nurses' job satisfaction and commitment are positively interrelated ($r = .59, p < .01$) (AL-Hussami, 2008). Similarly, Al-Aameri (2000) also found a positive relationship between nurses' job satisfaction and commitment ($r = .93, p < .01$).

Measurement of Organizational Climate

Selection of instrument is an important issue in the assessment of organizational climate. A number of dimensional organizational climate measures were found in the previous nursing literature. Among them, most frequently used measurement instruments are Nursing Practice Environment Scale developed by Farly and Nyberg (1990); Nurse Assessment Survey Scale developed by Braskamp and Maehr (1985); Organizational Climate Questionnaire developed by Litwin & Stringer (1968), and Stringer (2002) (as cited in Hall, 2005). Most of these measurement instruments were developed through conducting researches and covers many important organizational climate aspects that influence employee's work behavior in the organization (Stone, Pastor, & Harrison, 2006).

Regardless of the number of available tools for measuring the organizational climate for nurse's working environment; many of them have a range of limitations in terms of scope, ease of use or scientific properties (Stone et al., 2006). Based on the review, it was found that among several organizational climate measurements, Stringer's Organizational Climate Measurement Questionnaires (2002) is widely used in many studies including health care organization (Farag, Tullai-McGuinness, & Anthony, 2009; Mok & Au-Yeung; Ponmafuang, 2005; Snow, 2002; Wiegmann, Zhang, & Thaden, 2001).

Litwin and Stringer developed this tool to measure the organizational climate in 1968 through conducting a research at Harvard School. The original tool is 50-item of statements designed to tap a prioritized scales that are suggested to measure the separate dimensions that constitute organizational climate (Wiegmann et al., 2001). The initial development of this tool was nine scales which are defined as structure, responsibility, warmth, support, reward, conflict, standards, identity, and conflict (Litwin & Stringer, 1968).

In 2002, Stringer revised this instrument based on the findings of previous studies and factor analysis reports, particularly for aspects of measurements and the number of items for each aspect (Hersen, 2004; Stringer, 2002). Stringer acknowledged that specific dimensions of climate have a predictable impact on motivated behavior and can be measured and managed by those accountable for organizational performance. Stringer found that climate can best be described and measured in terms of six distinct dimensions which include structure, standards, responsibility, reward and recognition, support, and commitment (Stringer, 2002). The revised version of Stringer (2002) organizational climate questionnaire was used

in this study to measure the organizational climate. The researcher modified the items of the questionnaire to make it more relevant with the present study context. Previously, many nursing studies have used this tool with modifications (Mok & Au-Yeung, 2002; Ying et al., 2007).

In summary, several instruments were used in previous studies to measure the organizational climate in nursing. Some of these were self-developed and some were modified. Among them, Stringer (2002) instruments are widely used measures for both nursing and non-nursing professions and it is well validated by many researchers over the past several years.

Relationship between Organizational Climate and Nurses' Job Satisfaction

Empirical evidences have examined the relationship between organizational climates and nursing outcome achievements including turnover, professionalism and empowerment, quality of care, organizational commitments, patients' satisfaction and nurses' job satisfaction. Several studies examined the direct relationship between organizational climate and nurses' job satisfaction and found a significant association between these two concepts (Hall & Doran, 2007; Keuter, Byrne, Voell, & Larson, 2000; Mok & Au-Yeung, 2002; Mrayyan, 2008; Tzeng & Ketefian, 2002).

Keuter et al. (2000) found a relationship between organizational climate and nurses' job satisfaction. The organizational climate was measured by using the motivational and organizational climate survey scale developed by Litwin and Stringer's (1968) and the index of work satisfaction developed by Stamps (1997) was used to measure the nurses' job satisfaction. The results of this study revealed a significant, positive relationship ($r = .61, p < .001$) between the overall measure of

organizational climate and job satisfaction. Study conducted by Ulrich et al., (2007) to describe how nurses in the United State viewed the ethical climate in which they work. The researcher has examined the relationship between nurses' perceived ethical organizational climate and job satisfaction among 420 nurses. The result showed a positive relationship between ethical organizational climate and nurses' job satisfaction ($r = .43, p < .0001$). A negative relationship was found between nurses' job satisfaction and ethical stress ($r = -.44, p < .001$).

Lee & Lee (2008) examined how the organizational climate influenced on nurses' job satisfaction using organizational climate scale developed by Nystrom, Ramamurthy, & Wilson's which was included with four subscales; interpersonal relations, task involved, self-realization and advancement. The researcher used Weiss's developed measurement tools to measure nurses' job satisfaction in Taiwan. A total of 254 nurses from different teaching hospitals were included in the study and the relationship between organizational climate and nurse's job satisfaction was assessed. The result of this study found that overall organizational climate was significantly positive related with job satisfaction ($\beta = .27, p < .001$). Tzeng and Ketefian (2002) also found the similar findings as identified above. They found that nurses' job satisfaction was positively correlated with the strength of hospital climate ($r = .76, p < .001$).

In summary, one the most important feature from the above review is that verities of studies were conducted in many countries using a variety of tools to measure the relationship between organizational climate and nurses' job satisfaction. Each study found the relationship between these two concepts. Therefore, it can be concluded that organizational climate is the most important and favorable issue for the

nurses that influences their job satisfaction. Positive and healthy organizational climate affects the nurses' job performance and work motivation.

Summary of Literature Review

In the review of literatures, two major areas of job satisfaction and organizational climate were reviewed based on previous related studies and different textbooks. For job satisfaction, the contents were; the concept of job satisfaction, job satisfaction in nursing, components and factors related to nurses' job satisfaction, theories of motivation in job satisfaction and the measurement of job satisfaction. Two major types of theories of motivation and job satisfaction were included in this study: content theory and process theory. For organizational climate, contents that were reviewed and included were; the concepts of organizational climate containing definitions, dimensions of organizational climate and the instruments used to measure the organizational climate in health care organizations.

Based on the review of existing literatures related to nurses' job satisfaction and organizational climate, a large number of factors were found to be related to nurses' job satisfaction. These factors include: personal or individual factors, work characteristics or nature of work, supervision and leadership, work environment and cultural practice in the organization, payment, reward and recognitions, organization policies, autonomy, work loads and co-work relationship, and opportunity for growth and development. They were found to be most frequently related factors for nurses' job satisfaction. These identified factors related to nurses' job satisfaction supported the concept of both theories: content theory and process theory.

Since, nurses' job satisfaction is a major concern in Bangladesh, thus it was necessary to investigate the factors contributing to nurses' job satisfaction. Moreover, in Bangladesh, no research evidence was existed or found about the factors contributing to nurses' job satisfaction. In this regards, most of the factors that were identified from the reviews are important. For present study context, organizational climate were considered as the most important contributing factors for nurses' job satisfaction. In this study, Stringer's (2002) conceptualized six important organizational climate dimensions relevant to Bangladesh health care context were selected to measure the nurses' working environments. To measure the nurses' job satisfaction, Stamps (1997) identified six components of nurse and health care professionals work satisfaction were selected (Figure 1).

Finally, based on previous findings regarding organizational climate and nurses' job satisfaction, the researcher assumed that these two concepts would be interrelated. Therefore, the aim of this study was to explore the relationship between organizational climate and nurses' job satisfaction within the health care context in Bangladesh.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter describes the methodology used in this study which included research design, setting, population and sample including sample size estimation and sampling, instrumentation, validity; reliability and translation of the instruments, ethical consideration, data collection procedures and data analysis.

Research Design

A descriptive correlation research design was used to examine the relationship between organizational climate and nurses' job satisfaction within the context of the government hospitals in Bangladesh.

Setting

There are thirteen government medical college hospitals in Bangladesh. Among them, this study was carried out at two government medical college hospitals in Bangladesh: Dhaka Medical College Hospital (DMCH) and Mymensingh Medical College Hospital (MMCH). Both of them are referral and teaching hospitals. The researcher conveniently selected these two hospitals based on the following reasons: The DMCH is one of the largest tertiary level central government hospital which is located in Dhaka, the capital city of Bangladesh. This is a 1200-bed hospital which provides multidisciplinary comprehensive health care services towards the population in the country. Another hospital, MMCH had similar characteristics as the DMCH and is situated in a suburban old city out of Dhaka. This is an 800-bed hospital which

covers the health care service for the population of 6-7 districts in middle part of the country.

Even though the locations of these two hospitals were in different places, the structure and function of both hospitals were quite similar. In addition, these two selected hospitals had shared the same characteristics with other medical college hospitals in Bangladesh. Therefore, the researcher expected that nurses of these two hospitals would be good representatives for nurses of other medical college hospitals in Bangladesh.

Population and Sample

The population and sample for the present study was nurses working at different units of the DMCH and MMCH. The total number of nurses in these two hospitals was approximately 900. The number of nurses at DMCH was about 600 and at MMCH were about 300. Since the characteristics of both hospitals were quite similar, the homogeneity of the subjects was ascertained.

Sample Size Estimation

The number of subjects was estimated in this study by using power analysis technique. Two previous similar studies were selected to determine the estimated effect sample size for this study (Keuter et al., 2000; Lee & Lee, 2008). Lee and Lee (2008) examined the relationship among emotional intelligence, organizational climate and nurse's job satisfaction and found that the relationship between the organizational climate and nurse's job satisfaction was .27. Another study by Keuter et al., (2000) examined the relationship between organizational climate and nurses'

job satisfaction and found that the relationship between organizational climate and job satisfaction was, $r = .61$ and $p < .001$.

Since the current study was designed to examine the relationship between organizational climate and nurses' job satisfaction for new population in a different setting with modified instruments, the moderate effect size (ρ) at .25 based on the study of Lee and Lee (2008) was used to determine the sample size. With this regard, the researcher considered an acceptable level of significance (α) .05, an expected power ($1 - \beta$) of .80 and the estimated effect size (γ) at .25, yielding the sample size of 126 subjects (Polit & Beck, 2008). Twenty percent of samples were added more to avoid any missing data. Therefore, subjects involved in this study were 150.

Sampling

A systematic random sampling technique was used to select the required number of subjects ($N = 150$) for this study based on the following inclusion criteria: nurses who; (1) were clinically involved in direct patients care, (2) had at least six months working experiences in the selected hospitals, and (3) held at least diploma degree in nursing. First, a name list of nurses who met the inclusion criteria was prepared. From this list, the first person was randomly selected and then every 6th number were drawn. There were 100 subjects from DMCH and 50 subjects from MMCH.

Instrumentation

There were three sections of the instruments: Section I Nurses' Demographic Data Form, Section II Organizational Climate Questionnaire, and Section III Nurses' Job Satisfaction Questionnaire (Appendix B).

Section I: Nurses' Demographic Data Form: This section consists of 8 items developed by the researcher in order to get information about the nurses' age, gender, religion, marital status, level of nursing education, year of experience, monthly salary, and the current position.

Section II: Organizational Climate Questionnaire: Organizational Climate was measured by a 42-item, 6-dimension Organizational Climate Questionnaire modified from Stringer's questionnaire (2002). These six dimensions are structure (7 items), responsibility (7 items), reward and recognition (6 items), standards (6 items), support (10 items), and commitment (6 items). Each item was rated using a 4-point rating scale, ranging from 1 = strongly disagree to 4 = strongly agree. The score of negative items were reversed and the raw score was transformed into percentage.

A standardized scoring system of Stringer (2002) was used to explain the level of overall organization climate and each dimension and divided into three levels: low, moderate, and high. The level of overall organizational climate and the dimensions of structure, responsibility and commitment were categorized by using the mean score percentage cutoff points as follows: <35% = low, 35-70% = moderate, and >70% = high. For standards and support, the cutoff points were < 35% = low, 35-75% = moderate, and >75% = high. For reward and recognition, the cutoff points were <40% = low, 40-65% = moderate, and > 65% = high.

Section III: Nurses' Job Satisfaction Questionnaire: Nurses' Job Satisfaction was measured by a 47-item Nurses' Job Satisfaction Questionnaire modified from the Index of Work Satisfaction (part-B) (Stamps, 1997). This questionnaire was composed of six components including interactions (10 items), payment (8 items),

task requirements (5 items), organizational policies (8 items), autonomy (6 items), and professional status (10 items). Nurses rated each item using a 7-point rating scale, ranging from 1 = strongly disagree to 7 = strongly agree. The scores of negative worded statements were reversed. The possible scores of nurses' job satisfaction ranged from 47 to 329. To compute the total scores, each item was summed together and categorized into three levels: low, moderate, and high.

Based on standardized scoring of Stamps (1997), the level of overall nurses' job satisfaction and each component were categorized as follows: for overall job satisfaction, the scores from 47-141 = low, 142-189 = moderate and 190-329 = high. For interactions and professional status, the scores from 10-30 = low, 31-50 = moderate, and 51-70 = high. For payment and organizational policies, the scores from 8-24 = low, 25-40 = moderate, and 41-56 = high. For task requirements, the scores from 5-15 = low, 16-25 = moderate, and 26-35 = high. For autonomy, the scores from 6-18 = low, 19-30 = moderate, and 31-42 = high.

Validity of the Instruments

The content was validated by a panel of four experts in the field of nursing administration for determining the appropriateness, relevancy, and accuracy of the instruments. Two Thai experts in nursing administration and two Bangladeshi experts were served on this panel. Based on an expert's opinions and recommendations, some areas of the demographic instruments were modified (Appendix F).

Translation of the Instruments

The original instruments were developed in English language. They were translated from English to Bengali language by using back translation method. Three bilingual Bangladeshi translators were involved. The first translator translated the

original English version into Bengali version. The second translator back translated this Bengali version into an English version. The third translator compared the two English versions (original and back translated English) to see any discrepancies. There was no significant discrepancy between the two English versions. The Bengali version questionnaire was applied for final data collection.

Reliability of the Instruments

The internal consistency reliability was tested by conducting a pilot study with 30 nurses who had the same characteristics as the actual samples. The Cronbach's alpha coefficient of Organizational Climate Questionnaire was .95 and the Nurses' Job Satisfaction Questionnaire was .92.

Ethical Considerations

A written approval letter for data collection was obtained from the Institutional Review Board (IRB) of the Faculty of Nursing, Prince of Songkla University, Thailand. Permission from the directors and nursing superintendents of both hospitals were also granted. Eligible subjects were informed about the purposes and methods of the study by providing a letter of explanation and invitation. Confidentiality and anonymity were strictly maintained. A written informed consent was obtained. For subjects who did not return the consent form, the returned questionnaire was taken as a consent of their participation.

Data Collection Procedures

Data were collected from the nurses of two selected medical college hospitals using a self-administered questionnaire during November to December, 2009. The

steps of data collection consist of two phases; preparatory phase and implementation phase.

Preparation Phase

1. Submitted the final proposal and the questionnaire to the Institutional Review Board (IRB), Prince of Songkla University, Thailand.
2. Obtained an authorization letter for data collection by the Dean of Faculty of Nursing, Prince of Songkla University, Thailand.
3. Acquired administrative permission from the directors of the settings and permission from the Nursing Superintendents of both hospitals.
4. Prepared a list of the nurses based on inclusion criteria and selected eligible subjects by using the systematic random sampling technique.

Implementation phase

1. Explained the purposes of the study to the selected subjects by providing a letter of explanation with the questionnaire.
2. Distributed the questionnaire among the selected subjects by the researcher and by the help of Nursing Superintendents.
3. Requested the subjects to send back the filled questionnaire directly to the researcher or nursing superintendent within two weeks of distribution.
4. Collected the filled questionnaire by the researcher himself with the cooperation of nursing superintendent of the hospitals.

Data Analysis

Primarily, 150 questionnaires were distributed to the eligible subjects and 135 filled questionnaires (90%) were returned. Only nine questionnaires were incomplete information. Therefore, 126 questionnaires were used for analysis. Data were entered, screened, and cleaned in the computer software. The statistical assumptions of correlations were tested by checking for normality and linearity. The assumptions were met (Appendix- E).

Data were analyzed by using descriptive and inferential statistics. Descriptive statistics were used for explaining the demographic data of the subjects and the level of organizational climate and nurse's job satisfaction. Inferential statistics, Pearson product moment correlation coefficient was used to test the relationship between organizational climate and nurses' job satisfaction.

CHAPTER 4

RESULTS AND DISCUSSION

This chapter presents and discusses the findings of the study. The first section presents the demographic information of the subjects. The second section demonstrates the level of organizational climate and nurses' job satisfaction. The third section illustrates the relationship between organizational climate and nurses' job satisfaction.

Results

Subjects' Demographic Characteristics

The demographic information of 126 subjects was summarized in Table 1. The findings showed that two-thirds of the subjects aged between 35-45 years (65.1%), with the mean age of 41 years (SD = 5.12). The largest portion of the subjects was female (85.7%) and the majority of them (94.4%) were married. In respect to the religions, it was found that more than three-fourths of the subjects (75.4%) were Muslim. More than half of them had diploma in nursing degree (57.9%), and 36.5% had bachelor degree. With regard to years of working experience, more than one-third of the subjects had 21-30 years (37.3%), and two-fifth of the subjects (40%) had 11-20 years. Almost 40% of subjects had monthly salary between 10,001-13,000 Taka (1 US\$ = 70 Tk.) and more than one-third (37.3%) had monthly salary higher than 16,001 Tk. Most of the subjects' current position was either staff nurse or senior staff nurse (80.2%). Whereas, close to 20% of them were working as nurse in-charge of different units and wards.

Table 1

Frequency, Percentage, Mean and Standard Deviation of Subjects' Demographic Characteristics (N = 126)

Demographic Characteristics	n	%
1. Age (years) M = 40.42, SD = 5.12, Min-Max = 30-54		
< 35	21	16.6
35-45	82	65.1
> 45	23	18.3
2. Gender		
Female	108	85.7
Male	18	14.3
3. Marital status		
Single	6	4.8
Married	119	94.4
Divorced	1	0.8
4. Religion		
Muslim	95	75.4
Hinduism	29	23.0
Christianity	2	1.6
5. Level of Education in Nursing		
Diploma	73	57.9
Bachelor	46	36.5
Master	7	5.6
6. Year of Working Experience in Nursing		
5 – 10 years	29	23.0
11- 20 years	50	39.7
21-30 years	47	37.3
7. Current Position		
Nurse in-charge	25	19.8
Staff nurse or senior staff nurse	101	80.2

Table 1 (Continued)

Demographic Characteristics	n	%
8. Monthly Salary (Taka: Tk.)		
7,000-10,000	10	7.9
10,001-13,000	50	39.7
13,001-16,000	19	15.1
16,001 or above	47	37.3

Note: M= Mean, SD = Standard Deviation, Min = Minimum, and Max = Maximum.

Organizational Climate

Table 2 shows the frequency, percentage, mean, standard deviation, and level of overall organizational climate perceived by the nurses. The result showed that nearly all subjects (99.2%) rated the overall organizational climate at a moderate level, with a mean score of 56.39% (SD = 5.88). Only 0.8% of the subjects rated the overall organizational climate at a high level.

Table 2

Frequency, Percentage, Mean, Standard Deviation, and Level of Overall Organizational Climate (N = 126)

Overall organizational climate	Mean range (%)	n	%
Low	< 35%	0	0
Moderate	35-70%	125	99.2
High	>70%	1	0.8

Mean = 56.39 %, SD = 5.88, Min – max = 45-71.

Table 3 shows the level of nurses' perceived organizational climate by each dimension. The result showed that subjects in this study perceived organizational climate for each dimension including structure, responsibility, standards, support, and reward and recognition at a moderate level, with the mean scores ranged from 45.8% to 61.6%. Exceptionally, one dimension, commitment, had the majority of subjects (90.5%) rated at a high level with a mean score of 79.60% and SD was 0.36.

Table 3

Mean, SD, and Nurses' Perceived Level of Organizational Climate for Each Dimension (N = 126)

Dimensions	Mean (%)	SD	Level
Structure	45.86	9.80	Moderate
Responsibility	61.65	8.35	Moderate
Standards	53.04	13.56	Moderate
Support	53.21	10.11	Moderate
Reward and recognition	47.98	9.24	Moderate
Commitment	79.60	0.36	High

Nurses' Job Satisfaction

Table 4 shows the frequency, percentage, mean, standard deviation, and level of overall job satisfaction perceived by the nurses. The result showed that overall nurses' job satisfaction was at a moderate level, the mean satisfaction score was 149.77 and standard deviation was 19.14. Moreover, the findings also showed that

nearly 43% of the subjects reported their level of job satisfaction at a low level and only 1.6 % of subjects had high level of job satisfaction.

Table 4

Range, Frequency, Percentage, Mean, Standard Deviation and Level of Nurses' Job Satisfaction (N = 126)

Overall nurses' job satisfaction	Mean range	n	%
Low	47-141	54	43.9
Moderate	142-189	70	55.5
High	190-329	2	1.6

Mean = 149.77, SD = 19.14, Min-max = 105-192

Table 5 shows the level of nurses' job satisfaction which composed of six components. The result showed that subjects in this study had the mean scores of each component of job satisfaction including payment, autonomy, task requirements, and organizational policies at a low level, with the mean scores ranged from 14.09 to 17.94. Remarkably, for job satisfaction components such as professional status and interactions, nurses perceived at a moderate level, with the mean scores of 46.65 (SD=5.51) and 38.45 (SD=7.45), respectively.

Table 5

Mean, SD, and Nurses' Perceived Level of Job Satisfaction for Each Component
(*N* = 126)

Components	Score ranged	Mean	SD	Level
Payment	8-56	17.76	6.38	Low
Interactions	10-70	38.45	7.54	Moderate
Autonomy	6-42	14.83	5.43	Low
Task requirements	5-35	14.09	2.60	Low
Organizational policies	8-56	17.94	5.35	Low
Professional status	10-70	46.65	5.51	Moderate

Relationship of Organizational Climate and Nurses' Job Satisfaction

Table 6 shows the correlation between organizational climate and nurses' job satisfaction. The results revealed that there was a significantly positive relationship between overall organizational climate and nurses' job satisfaction ($r = .53$, $p < .01$). Moreover, relationships between specific organizational climate dimension and overall nurses' job satisfaction which composed of six components were examined. The results confirmed that job satisfaction had significantly moderate relationships with the dimensions of organizational climate including support, standards, commitment, and structure ($r = .49$, $.45$, $.42$, $p < .01$ and $r = .20$, $p < .05$ respectively). Relationships between nurses' job satisfaction, responsibility, reward and recognition were not statistically significant. Among the dimensions of organizational climate, the highest positive correlation was between job satisfaction and support ($r = .49$, $p < .01$).

Furthermore, overall organizational climate had statically significantly correlated with job satisfaction components including payment, interactions, autonomy, task requirements, and organizational policies ($r = .27, .44, .35, .26,$ and $.32, p < .01,$ respectively). Exceptionally, perceived professional status had no relationship with the overall organizational climate.

Table 6

Correlations between Organizational Climate and Nurses' Job Satisfaction (N = 126)

	JS1	JS2	JS3	JS4	JS5	JS6	OJS
OC1	.00	.20	.15	.08	.19	.04	.20*
OC2	.13	.04	.02	.10	.02	-.11	.06
OC3	.19*	-.06	.01	.03	.06	-.11	.04
OC4	.19*	.38**	.37**	.15	.28**	.11	.45**
OC5	.20*	.40**	.31**	.21*	.32**	.19*	.49**
OC6	.18*	.39**	.17	.26*	.12	.31**	.42**
OOC	.27**	.44**	.35**	.26**	.32**	.15	.53**

* $p < .05,$ ** $p < .01$

Note: (OC1 = structure, OC2 = responsibility, OC3 = reward & recognition, OC4 = standards, OC5 = support, OC6 = commitment, OOC = overall organizational climate, JS1= payment, JS2 = interactions, JS3 = autonomy, JS4 = task requirements, JS5 = organizational policies, JS6 = professional status and OJS = overall job satisfaction).

Additional Analysis

To determine subjects' perceptions towards some important items of organizational climate, item analyses were conducted. The results revealed that more than 90% of the subjects were disagreed to strongly disagreed with the statement that their organizational vision, mission, values and goals did not influence the good performance in the work. Nearly the entire subjects (92.8%) reported that in their organization, communication structure was not clearly defined. The majority of the subjects (85%) reported that they had very limited independency on their decisions in the organization (Appendix D, Table 7).

One unexpected finding was that more than half (54%) of the subjects strongly reported that in their organization, people were not rewarded in relation to their performances. Nearly 80% of the subjects reported that they received insufficient support from the organization and the standard of the organizational was not at the good level. Interestingly, it was found that nearly all the subjects (97.6%) were agreed to strongly agreed that they would accept almost all kinds of responsibilities that the organization assign to them (Appendix D, Table 7).

Correspondingly, explaining the subjects' attitudes towards job, some specific item analyses were made based on the collected data about their job satisfaction. The data revealed that the majority of the subjects (78.6%) were dissatisfied with the co-operation they received from the staffs of other departments, directly or indirectly involved in patient care. The majority of the subjects reported that they were not satisfied with the current salary (81%) and payment policy for their extra work (88.8%). The majority of the subjects (> 90 %) reported that they had high workload and more paperwork in their daily routines. Nearly all of the subjects (95.3%)

expressed their opinion that nurses' promotion policy should be developed based on education, expertise, and experience. Although, the majority of the subjects (86.5%) reported that they barely had the opportunity to speak out in the decision making process, professionally being a nurse, the majority of them were satisfied. The majority of the subjects (70%) showed a positive commitment that if they had the decision to make all over again, they would still go into nursing (Appendix D, Table 8). Therefore, it can be considered as favorable attitudes among nurses towards their own profession and reflects their satisfaction being a nurse.

Discussion

This section presents the discussion of the findings corresponding to the study objectives and research questions. The study examined the relationship between organizational climate and nurses' job satisfaction in the health care context of Bangladesh. Based on the findings, various important features were discussed as follows: (1) subjects' demographics, (2) perceived organizational climate, (3) perceived job satisfaction, and (4) relationship between organizational climate and job satisfaction.

Subjects' Demographic Profiles

Subjects' demographics are summarized in Table 1. The findings revealed that two-thirds of the subjects aged between 35-45 years with the mean age of 41 years. The majority of them were female because in Bangladesh, nursing is commonly considered as a woman's profession as similar to many other countries. For the nurses' educational level, more than half of them (58%) had diploma in nursing

degree and others had bachelor and master degree. Although, the percentage of bachelor and master degree in nursing was higher (42%) in the present study than the percentage (17%) of the previous study (Hossain, 2008), the number of diploma nurses was still higher than other advanced degrees in nursing (Table 1).

The low percentage of bachelor and master degree nurses in Bangladesh is a challenge for providing the quality of patient care in the hospitals. There may be some reasons for high percentage of diploma nurses in the profession in Bangladesh. For example; since 2008, in Bangladesh, there was only one nursing college for bachelor degree courses and allowed only 120 students including 5% of foreign students. Each student required to fulfill many limitations for taking admission in the college: such as; three years government service, work experience as a charge nurse, and reduction of students admission from selected seat. Moreover, there is still no master of nursing science program as the education is taking higher. At the beginning of 2003, a significant improvement was that a private university started having a bachelor degree of nursing throughout the country by Open University (a private university). A large number of nurses completed their bachelor degree in 2008. Beside this, by the year of 2008, the government extended four nursing colleges for direct student admission in bachelor degree of nursing course. Thus, the gradually increasing number of high educational personnel in the profession can contribute in the development of nursing in Bangladesh and for quality of patient care.

More than three-fourths of the subjects' working experiences were ranged 11 to 30 years, where 37% of them had 21-30 years of experience being a staff nurse (Table 1). This finding reflected that nurses in Bangladesh were posting the same position for a long time and that indicates slow-moving of nurses' promotion system

in the country (Hossain, 2008; Nursing Taskforce, 1994; WHO, 2003). It was unexpected that nurses' promotion criteria in Bangladesh was based on years of service, rather than educational level and clinical or administrative competencies, because many developed and developing countries including Thailand, Indonesia and India emphasized on competency based performance appraisals. In this aspect, result revealed that 95.2% of nurses were agreed to strongly agreed that nurses' promotion criteria should based on their level of education, expertise and experiences (Appendix D, Table 8).

Organizational Climate

The moderate level of overall organizational climate reflected that nurses perceived an average level of quality of internal working environments in their organization. This result was congruent with several previous studies in other countries (Ponmafuang, 2005; Ying et al., 2007; Virasombat, Sudto, & Laohapoonrangsri, 2007). Ponmafuang's study examined the relationship among health hazards, organizational climate and nurses' intention to turnover in a Thai Red Cross hospital and found a moderate level of organizational climate (M=66.67%, SD=7.04). Ying et al. examined the relationship between nursing competency and organizational climate in a Chinese hospital and also found the same result as the present study. Even though, in Virasombat et al. study of two dimensions of organizational climate were different from the present study, this study also found overall moderate level of organizational climate as perceived by Thai nurses in a community hospital.

Considering each dimension of organizational climate, nurses' perceived commitment was at a high level which was congruent with the studies of Ponmafuang (2005) and Ying et al. (2007). On the other hand, nurses' high commitment in present study was incongruent with the study of Virasombat et al., (2007). The researcher found that responsibility and standards were at a high level while reward and commitment were at a moderate level. Other five dimensions of organizational climate in present study include structure, responsibility, reward & recognition, standards, and supports that nurses perceived at a moderate level.

Even though in present study nurses rated the overall organizational climate at a moderate level, it is the fact that overall organizational climate at government hospitals in Bangladesh is still extremely low compare to many others developing country including Thailand and China (Siddiqui & Khandaker, 2007). A reasonable explanation for nurses' perceived moderate level of organizational climate might be related to many factors including personal factors and organizational factors. The organizational factors are; the standards and value statements of the hospital, and the roles and effectiveness of organizational leadership. The personal factors are; nurses routine work experience in poor environment, and perceived self performance abilities.

For the first factor, the standards and value statements of the hospital, each organization should produce a clear statement of the management philosophy. It should include concise compliance standards that are consistent with management's ethics, policies and relevant to operational levels (Mahadeo, 2006). Organizational standards are the key influence on employees' behaviors and outcomes in the organizations (Calvert, 2008; Susskind, Kacmar & Borchgrevink, 2007). Standards

determine the requirements for improving the quality, and ensure the needs of employees' development and process development that contributes to the quality of service and employees' job satisfaction. Similarly, organization's values are important to guide the employees' behavior in the organization. According to Mallak et al., (2003) value reflects the quality of cultural practice of the organization and helps to create the working environment that reinforces employees' dedication to the organizational missions and goals (Dunbsr, 2003). Strong organizational value standards are extremely held, and widely shared and instrumental in prescribing and proscribing the behaviors expected in the organization (Manz, Anand, Joshi & Manz, 2008).

Despite the recent developments of healthcare sector in Bangladesh, the quality of healthcare service is still a great concern (Siddiqui & Khandaker, 2007). Many government organizations including health care facilities, there is an absence of observable vision, mission, goals or value statements and less voice of accountability and regulatory quality approaches (Fardaus, 2008). Therefore, the majority of the staffs including nurses were not much familiar and responsive to the needs of maintaining the standard of quality of services. In addition, since most participants finished at least a diploma degree, they have less experience in quality care which may influence on less expectation and anticipation about the standards of their organizational climate. In this study, more than 90% of nurses reported that their organization did not have clearly defined objectives, vision, goal and values that can encourage them to do a good job (Appendix D, Table 7). Moreover, inadequate hospital supplies and supports may also be responsible for nurses' perceived moderate level of organizational climate (Hossain, 2008; Nursing Taskforce, 1994). Hossain

(2008) reported that logistic support was an independent factor that affects nurses' work environment and job satisfaction. In respect to availability of supplies, present data alarmingly shows that 82% of nurses had perceived a very low level of support and supplies from the organization for providing patients care (Appendix D, Table 7).

Finally, it can be seen that organizational standard, goals and values in turn drives the organizational culture which determines the type of leadership, organizational communication, and group dynamics within the organization. The workers perceive this as the quality of working life which directs their degree of motivation and satisfaction. Therefore, the above stated issues might be influential factors for nurses to perceived moderate organizational climate.

For the second factor, role of organizational leadership and degree of policy implementation or effectiveness might be explained as another reason for nurses' perceived moderate level of organizational climate. From the organization's point of view, leadership plays an important role in all phases of an organization's life in instilling organizational values and goals (Manz et al., 2008). If an individual's respect is seen to endorse a particular set of norms and values, the individual is more likely to internalize those norms and try to practice these values (Meissner, 1981). Kelly Heidenthal stated that the leader's way of problem solving could powerfully influence the individuals and group behaviors. Additionally, it could direct individual's goal to be harmonized and turn to match with the organizational goals (as cited in Ying et al., 2007). A leader helps to define and shape work context that contribute to organizational innovation. The effective roles of leaders are important for encouraging the followers to engage them with the organizational effectiveness and its success (Manz et al., 2008).

In Bangladesh, the organizational structure of the public health care system is highly centralized and organized under the overall supervision of the Ministry of Health and Family Welfare (Fardaus, 2008). The local authority has less power and less facility for financial and decisions implications that limit the fulfillment of local needs and control of quality of service. As a result, employees' problems within the organization and their work received less priority due to less authority of direct management. In this regards, the result of the present study showed that nearly two-thirds (65%) of the nurses reported that sometimes they are unclear about who is in the position to make certain decisions (Appendix D, Table 7). This result was imitating an ambiguous and unclear organizational leadership. Furthermore, the majority of nurses (88%) reported that organization had a lot of excuses when someone makes mistake, reflecting a less organizational accountability (Appendix D, Table 7). Finally, it can assume that the centralized management policy, ambiguous responsibility, and perceived less accountability inhibit the service quality and effectiveness of the organization which may influence nurses to perceive moderate organizational climate.

For the third factor, nurses' long working experience in a similar work environment can be a cause of their perceived moderate level of organizational climate. In this perspective, there may be two reasons; first, comparing primary and secondary level to tertiary level health facilities, tertiary level health facilities are a bit better in terms of supplies and other facilities related to staffs and patients. So, when nurses are in tertiary level health facilities, they feel better. Result revealed that, more than 80% of nurses reported that in their organization, they had received insufficient support from the management system and less reward and recognition for good

performance than it should be. Conversely, more than 90% of nurses reported that they felt proud to tell others that they were the part of the organization. Nearly 70% of them reported that their current organization was the best working place for them (Appendix D, Table 7). These results reflected that nurses place preference ahead of quality of facilities. So, it may be worthwhile to explain that nurses' perceived adaptation with such climate may be the reason of moderate organizational climate perception.

Lastly, it was assumed that nurses perceived self performance abilities could influence their perceived level of organizational climate. In this regards, demographic data showed that the majority of nurses (58%) had diploma level of education and they have less advanced knowledge and skilled to perform a high standard nursing care. In addition, there is a huge discrepancy of supplies and demands of resources in the hospital, which may be a reason for moderate climate perception. According to Webster (1969), individual who has high performance ability they may have a high expectation and the root of predictive expectation is based on the comparison of standard for perceived performance. Therefore, it can be concluded that nurses' level of performance abilities may have an influence on perceived moderate level of organizational climate.

One exceptional finding in the present study was the nurses' perceived high level of commitment that might be connected to nurses' perceived job needs as well as the loyalty and belongingness towards the organization. According to Stringer (2002), perceived high commitment indicates employees' high dedication and belongingness to the organization. In this study, almost all of the subjects (97.6%) were agreed to strongly agreed that they would accept any kind of jobs which their

organization assigned to them, which reflected a high motivation and commitment towards the organization (Appendix D, Table 7).

Previous studies in other countries showed that effective organizational and professional leadership, high organizational support and standards, harmonious work environments, and performance-based reward and recognition were found as the most influential factors for nurses to perceived moderate to high level of organizational climate (Cummings et al., 2008; Mok & Au-Yeung, 2002; Ying's et al., 2007; Virasombat et al, 2007).

In conclusion, the results about the nurses' perceived organizational climate evidenced that they had showed the high commitment towards the organization and to the profession. Therefore, it is important to hold this commitment by improving the aspects of organizational dimensions that they perceived lower than commitments. Particularly, the findings ensured that organizational structure, standard, and support were the most important dimensions necessary to improve for increasing nurses' dedication and enthusiasm to the organizational goal and success.

Job Satisfaction

The overall job satisfaction among nurses in the present study was at a moderate level (M=149.77, SD=19.14). However, the results demonstrate clearly that nearly 43 % of nurses had low level of job satisfaction. The percentage of nurses' low job satisfaction was not surprising and it was almost consistent with previous study in Bangladesh (Hossain, 2008). In Hossain study, 63 % of nurses reported the low level of job satisfaction at one government and one non-government hospital. However, the present result was highly inconsistent with WHO (2003) reports, where

WHO reported that 90% of nurses in Bangladesh were dissatisfied with their jobs. It can be assumed that since 2003 to 2009, through the change of time, the management system had been improved. Thus, this may also be the cause of improving nurses' job satisfaction and decreasing their dissatisfaction.

With regards to each component of job satisfaction, nurses' perceived interactions and professional status at a moderate level, while payment, autonomy, task requirements, and organizational policies were at a low level of job satisfaction. In the present study, nurses' overall moderate level of job satisfaction can be considered a good starting point at this moment in contrast to previous studies (Hossain, 2008; WHO, 2003).

There are several reasons that may be associated with overall moderate level of job satisfaction among nurses in this study. Particularly, Bangladesh government has taken some initiatives for improving the nursing profession in the country. Such initiatives include expansions of the scope for higher education in nursing including studying abroad, government's recent declaration for improving the level of nursing profession, increasing the number of staff nurses in hospitals, and improving nursing admission criteria. In addition, some socio-cultural issues may also be playing an important role for nurses' moderate level of job satisfaction, such as low social image towards nursing profession, domination by other professionals, and deprivation of gender discrimination as female profession (Hadley et al, 2007; Hossain, 2008; Prince, 2005).

In Bangladesh, nurses' image is still suffering with a social stigma and in the public society is not well-respected job (Hadley et al., 2007; Hossain, 2008). Culturally, Bangladesh is a male and family oriented society. Any initiatives to

promote nursing as women's profession, must involve the men first, which keep women away from many professional rights (Prince, 2005). Socially, in some aspects there is a reluctance to allow daughters to enter the nursing profession because the necessity of touching men as they felt restricted by their religious belief (Hadley et al., 2007). In addition, nursing pay is poor, compounded by shift work and a top down organizational structure which results in little opportunity for professional development (Prince, 2005). All of these above mentioned factors may influence the nurses to perceive moderate level of job satisfaction.

Among all components of job satisfaction, nurses' perceived payment received at lowest mean score ($M = 17.76$, $SD = 6.38$), indicating that nurses (84%) were least satisfied with their salary. This finding was consistent with Hossain (2008), who found that 75 % of nurses were very much unsatisfied with their fringe benefits including salary and other benefits. This finding was expected because in Bangladesh, nurses in public hospitals received very low salary. As a result, many of them tried to find another part time job in private clinics (Fardaus, 2008). A newly appointed diploma nurse receives only a basic monthly salary of 6400 Taka. The single item analyses revealed that 81% of nurses in this study were dissatisfied with their present salary and almost ninety percent of nurses were dissatisfied with the benefits and other facilities that they received for their extra works (Appendix D, Table 8).

In regard to the job satisfaction component of organizational policies, nurses had perceived low level of job satisfaction. This might related to poor organizational policies and regulation system in the hospitals (Fardaus, 2008) such as less practice of performance management system, nurses' less power and empowerment in organizational level. The present results revealed that 90% of nurses were disagreed

to strongly disagreed that the existing performance appraisal policy did not inspire their self and professional development (Appendix D, Table 7). Eighty-six point five percent of the subjects reported that the existing policy did not allow them to participate in the administrative decision making process, indicating nurses less empowerment and authority (Appendix D, Table 8). Accordingly, a higher percentage of them (86.5%) reported that there is a big gap between the hospital administration and the daily problems of the nursing service, indicating less organizational leadership implication (Appendix D, Table 8). All of these factors may highly contribute to low level of satisfaction towards organizational policies among nurses.

Nurses' low level of job satisfaction towards autonomy might have a relationship with their perceived inadequate independence or span of professional practice. Nurses in Bangladesh received less freedom and authority to share their knowledge and skills in administrative decisions and clinical decisions (Hossian, 2008). The result discovered that nurses have much responsibility but less authority (Appendix D, Table 8). Hadley et al. (2007) and Hossain (2008) reported that nurses' in Bangladesh are more likely performed the task-oriented work and followed the physicians instructions almost blindly without raising any questions even when it was important to ask. These would contribute to their perception of low job satisfaction regarding job autonomy. In this respect, studies also revealed that more than 70% of nurses reported that they had limited freedom and control over their works. More than half (56%) of the nurses expressed that sometimes they required to do things on their job that were against their better professional judgment (Appendix D, Table 8).

Matching of responsibilities or tasks with required knowledge and skills are prerequisites for providing the quality of care and it is a major concern for any health

care organization. Nurses unquestionably play a vital role in the successful delivery of health care services and minimizing the cost of services. In Bangladesh, there is a serious scarcity of skilled nurses for providing quality care. Inadequate trainings and skills result in poor service delivery. This definitely has an impact on the level of customer fulfillment (Lamagna, 2006). Therefore, the possible explanation for low job satisfaction to the component of task requirements can be explained as the reasons of nurses' high workload, less facility and little opportunity of required in-service education and training. In this regards, evidence showed that more than 85% of nurses reported that they could not provide satisfactory care due to limited time in relation to workload (Appendix D, Table 8). Because there is an unusual and probably the lowest ratio in the world for nurses to patients (1:15-20) and doctors to nurses is nearly (2:1) which may contribute to nurses' low satisfaction on task requirements (Fardaus, 2008).

Even though, most of the job satisfaction components nurses perceived at low level of satisfaction, they rated the interactions and professional status at moderate. The moderate job satisfaction towards these two components may be due to nurses' high professional satisfaction, good relationship with co-workers, particularly nurse-to-nurse relationships. In response to professional status, data evidenced that the majority of nurses (87%) expressed their opinions that if they had the decision to make over again, they would still go into nursing (Appendix D, Table 8). This data is indicating nurses' high professional motivation. For interactions, nearly 90% of nurses were reported that they always help each other whenever they needed and almost everyone (97%) reported that they had a good deal of teamwork and cooperation among the nurses on their unit. However, they were comparatively least

satisfied with the co-operation of physicians (68%) and others staff (79%) involved in direct or indirect patients care (Appendix D, Table 8). The result of nurses' satisfaction with the physician was a little bit inconsistency with Hossain's (2008) study, who found that 26% of nurses were dissatisfied with physicians' behaviors. This difference might be related to the study context, because Hossain studied at one government and one non government hospital. In non government hospital the duration of nurses-physician interaction is less than government hospital that might be a cause of different result.

In conclusion, even though overall nurses' job satisfaction was moderate, but the level of satisfaction was almost close to low level. Because four components of nurses' job satisfaction was at low level and only two components were at moderate level. Thus, the result indicated that at least four components of nurses' job satisfaction are needed to be improved by proper payment, providing required job training and balance of task distribution, improving organizational policies and empowering of nurses. In doing so will improve the nurses' job satisfaction, job enjoyment and professional status.

Relationship between Organizational Climate and Job Satisfaction

The results showed that overall organizational climate had a significantly positive relationship with nurses' job satisfaction ($r = .53, p < .01$). In respect to the components of job satisfaction, overall organizational climate was highest correlation with job satisfaction component of interactions ($r = .44, p < .01$) and was lowest significant correlation with payment ($r = .27, p < .01$). In considered to organizational climate dimensions of structure, standards, support and commitment, the results

showed a significantly positive relationship with job satisfaction ($r = .20$ to $.49$, $p < .01$ to $< .05$) (Table 4).

The significant relationship between the overall organizational climate and nurses' job satisfaction in this study is reflecting a linkage of two domains. However, it does not mean that organizational climate has a causal effect on job satisfaction (Urden, 1999). A variety of reasons may involve in the relationship between the two concepts: organizational climate and nurses' job satisfaction. The reasons of the relationship could be due to the nurses' perceived external and internal expectations that they expected from their job and perceived work environments where they performed their job.

The relationship between organizational climate and employees' job satisfaction are identified in many studies (Hall & Doran, 2007; Keuter et al, 2000; Mok & Au-Yeung, 2002; Mrayyan, 2008; Tzeng & Ketefian, 2002). According to Litwin and Stringer (1968), organizational climate influenced the employees' motivations and behaviors in organization and results the job satisfaction or dissatisfaction. Similarly, Herzberg stated that job satisfaction and dissatisfaction are the products of intrinsic and extrinsic factors. The extrinsic factors are the hygiene factors that related to the external environment of the organization (as cited in Pardee, 1990). According to Herzberg's theory, organizational climate may be considered as the external factors of job satisfaction, which can be divided in to two subsets: inside the organization and outside the organization. In relation to the present study, dimensions of organizational climate including structure, standards and support may be considered as external hygiene factors. Conversely, reward and recognition are internal hygiene factors which may be the financial or nonfinancial and the upper line

managers and administrators can create these environments through the effective leaderships.

Even though responsibility and commitment are the personal factors, but it would be influenced by perceived reward and recognition that the employees expect for their high performance (Mullins, 2002). According to Swansburg and Swansburg (2002) people can achieve a certain level of performance, if they performed well and rewarded proportionately.

Finally, from above discussion it can be concluded that organizational climate is a favorable concept for the nurses, which influenced the nurses' job satisfaction. Thus, their significant relationships between the concepts are justified and it is interrelated. However, in this study, the relationship between organizational climate and job satisfaction was moderate because job satisfaction was not the only product of organizational climate, but other factors such as individual, contextual, and some unknown causes were also associated. The moderate relationship ($r = .53$, $p < .01$) indicated that organizational climate is a big part of nurses' job satisfaction.

The findings of the overall relationship between organizational climate and nurses' job satisfaction supported the study hypothesis and were congruent with previous studies (Keuter et al., 2000; Urden, 1999). Keuter et al. studied in the USA and examined the relationship between organizational climate and nurses' job satisfaction using the similar instruments as present study. The researcher found a significant positive correlation between overall organizational climate and nurse' job satisfaction ($r = .61$, $p < .01$). Additionally, in Keuter et al's study, four dimensions of organizational climate including structure, support, standards, and professional status were reported to be significantly correlated with overall job satisfaction. Urden's

study also found statistically significant relationship between organizational climate and nurses' job satisfaction among the pediatric nurses in California.

The possible causes of nurses' strong relationship between interactions and organizational climate might be related to the nurses' perceived reflection of expected organizational support and favorable working environment. Previous study showed that organizational support was a strong dimension for enjoyable working environment which was highly correlated with nurses' job satisfaction ($r = .90, p < .01$) (AL-Hussami, 2008). To increase a good interactive nurses' work environment, organizational climate plays an important role. Results of items analysis showed that the majority of the nurses conveyed a sign of good interaction among nurses; (50.1 to 66%) in terms of co-operations and among nurses and doctors; (34.1 to 54 %) in terms of valuing and team works. These can be the causes of higher relationship between nurses' perceived job satisfaction for interactions and organizational climate (Appendix D, Table 8).

Even though nurses' job satisfaction about payment was low, there was a slight relationship between overall organizational climate and payment. As discussed before that payment enhances the internal motivation, but it is not related to the responsibility ($r = .13, p > .05$). Therefore, the low level of relationship between overall organizational climate and payment might be related to the nurses' own perception about being a nurse. That is how they felt and accepted the nursing profession rather than the pay they received. This might reflected the nurses' professionalism rather than other factors of organizational climate. Although, Mrayyan (2008) explained that nurses' professionalism is an important factor which is influenced by organizational climate.

Similarly, in this study, one interesting result was a non-statistical relationship between overall nurses' job satisfaction organizational climate dimensions including responsibilities and reward and recognition. These might be the reason that the nurses have been socialized with such kinds of climate for a long time, which influenced them to adapt with the environment. Although, nurses had perceived a moderate level of responsibilities and reward and recognition, their perceived job needs might be a related factor for non-significant relationship between job satisfaction and reward and recognition.

Support had the highest correlation with job satisfaction ($r = .49$, $p < .01$) and was congruent with the findings of Keuter et al. (2000). The high relationship between organizational climate dimension of support and nurses' job satisfaction might be due to nurses' evaluated needs for increasing organizational support to them. According to Eisenberger, Armeli, Rexwinkel, Lynch, & Rhoades (2001), within the context of organizational support theory, greater levels of perceived organizational support encourages employees to improve their productivity through participation in both role and extra-role behaviors as they feel obligated to assist the organization in reaching its objectives. It is expected that, in this study, nurse' perceived organizational support may be an influential factor to increase nurses' job satisfaction. The result of a previous study also showed that organizational support has the highest correlation with nurses' job satisfaction, $r = .90$ and $p < .01$ (AL-Hussami, 2008).

In conclusion, the study evidenced that overall organizational climate including its various dimensions were correlated with nurses' overall job satisfaction. Three dimensions of organizational climate including standards, support, and commitment were comparatively higher correlated with nurses' job satisfaction.

Although, this study did not examine the casual effect of organizational climate on job satisfaction, but the significant relationship, particularly between the job satisfaction and perceived standards and support, are important to create positive environments that will carry out high commitment among nurses towards organization and bring out job satisfaction.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

This descriptive correlational study was designed to describe and examine the relationship between organizational climate and nurses' job satisfaction within the health care context in Bangladesh. The study was conducted at two largest tertiary levels Government Medical College Hospitals in Bangladesh. Subjects were selected using a systematic random sampling of 150 nurses working at these two hospitals with at least 6 months of working experiences and involved with direct patient care. A proportional sample size of nurses was 100 from DMCH and 50 from MMCH. After discarding the missing and error data, 126 subjects' completed data were used to analyze the results of the study. Data were collected by using the self-administered questionnaire during November to December, 2009.

Subjects were asked to respond a set of questionnaire consisting of three sections: Section I Demographic Data Form, Section II Organizational Climate Questionnaire, and Section III Nurses Job Satisfaction Questionnaire. The content validity of the questionnaires was tested by four experts and the reliability of Organizational Climate Questionnaire was .95 and Nurses Job Satisfaction Questionnaire was .92. Data were analyzed by using frequency, percentage, mean, and standard deviation. Pearson's product moment correlation statistics were employed to examine the relationship between organizational climate and nurses' job satisfaction.

A brief summary of the study findings, strengths, limitations, implications and recommendations are described as follows:

Summary of the Study Findings

There were 126 subjects' completed data used for analyzing the findings of the study. The mean age of the subjects was 41 years with the standard deviation of 5.11. Eighty-five point seven percent of the subjects were female ninety-four point four percent were married and seventy-five point four percent were Muslim. More than half of them had diploma in nursing (58%) and more than one-third had bachelor degree (36.5%). Almost one-third of subjects' working experienced were within the range of 11-15 years (31.7%) and 21-25 years (27.8%). Majority of the subjects' monthly income range was 10,001-13,000 Taka (40%) and 16,001- higher than 16,001 Taka (37.3%).

The subjects in this study perceived overall organizational climate at a moderate level, with the mean of 56.39% and the standard deviation of 5.88. Considering each dimension of organizational climate, only perceived commitment was at a high level ($M = 79.60\%$, $SD = 0.36$). For each dimension of organizational climate including structure, responsibility, standards, support, and reward and recognition which nurses perceived at a moderate level, the mean were from 45.86% to 61.65%.

Similarly, the overall nurses' job satisfaction was found at a moderate level, the mean was 149.77 and standard deviation was 19.14. For the four components of job satisfaction including payment, autonomy, task requirements, and organizational policies, nurses perceived at a low level of satisfaction with the mean score ranged from 14.09 to 17.94. For job satisfaction components such as professional status and interactions, nurses perceived at a moderate level of satisfaction with the mean scores of 46.65 ($SD=5.51$) and 38.45 ($SD=7.45$) respectively. Statistically, there was no

significant relationship found between the nurses' job satisfaction and the demographic characteristics of the nurses.

The relationship between organizational climate and nurses' job satisfaction was examined by using Pearson's product moment correlation coefficients statistics. The results revealed that there was a significantly positive relationship between nurses' job satisfaction and organizational climate ($r = .53$, $p < .01$). In addition, job satisfaction had significantly moderate relationships with the dimensions of organizational climate including support, standards, commitment and structure ($r = .49$, $.45$, $.42$, $p < .01$ and $r = .20$, $p < .05$, respectively). Relationships between nurses' job satisfaction and responsibility, reward and recognition were not statistically significant. Among the dimensions of organizational climate, the highest positive correlation was between job satisfaction and support ($r = .49$, $p < .01$).

The relationships between overall organizational climate and components of job satisfaction were also examined. The results of the overall organizational climate showed a significantly positive relationship with many job satisfaction components including payment, interactions, autonomy, task requirements, and organizational policies ($r = .27$, $.44$, $.35$, $.26$, and $.32$, $p < .01$, respectively). There was only one job satisfaction component, professional status, which had no statistical correlation with overall organizational climate.

Strengths of the Study

The strengths of the present study are as follows:

1. Two instruments were used in this study, the Organizational Climate Questionnaire which was modified from Stringer (2002) and Nurses' Job Satisfaction Questionnaire, which was modified from the Index of Work satisfaction (Stamps, 1997). Psychometric properties of both instruments were established by many previous studies and there were highly reliable coefficients which documented the high validity of the instruments and increased the possibility for generalizability of the findings.

2. Moreover, some items of both instruments were modified to make it more relevant to the study context and their construct and content validity was ascertained by four experts. Additionally, the instruments were translated into Bengali version that facilitated the subjects to understand clearly and answer accurately.

3. High internal consistency reliability coefficients alpha ($>.91$) of both scales indicating the high strength of the instruments to measure the objectives of the study.

4. Since, the required subjects of the study were determined by power analysis and a systematic random sampling technique used to recruit the eligible subjects, the result can be generalized in other similar study settings. The power analysis method is an advanced technique for determine the sample size.

Limitations of the Study

There are three limitations noted in this study:

1. Subject's perception towards the organizational climate and job satisfaction was voluntary and it was conducted only at two tertiary government hospitals in Bangladesh. They may not represent the nurses' full views about organizational climate and job satisfaction for those who are working at different levels and in the other settings of the country.

2. The instruments used in this study were first employed in a new context in Bangladesh. Even though both instruments had examined the content validity and reliability tested, their conceptual structures were not yet been determined.

3. The third limitation was the length of the questionnaire. There were nearly 100 items. The questionnaires required a lot of time for the subjects to complete with full concentration which might affect the subjects to answer the questionnaire frankly and truthfully.

Implications of the Study Findings

The results of this study supported that nurses' job satisfaction and organizational climate are interrelated. The major implications of this study are that the nurses those were participated in the study, reported moderate level of job satisfaction and organizational climate. The health care policy makers and hospital administrators need further actions to improve such condition. Various factors and features which could promote their job satisfaction, such as standards, support, proper rewarding and improving organizational communication system etc., were identified by the nurses. The findings evidenced that, in order to hold the nurses high

commitment, job satisfaction is important. Nurses are likely to be more committed to the organization when they are provided with a proportionate amount of job autonomy, reasonable workloads and adequate payment.

The relationship between perceived organizational climate and nurses' job satisfaction has another implication. The health care policy makers should stay abreast of the current trends and factors that are contributed to job satisfaction and improve such dimensions that were found to be highly correlated with job satisfaction. Issues related to job satisfaction and organizational climate, such as poor structure, inadequate payment, lack of employee support and low level of policies should be addressed promptly and objectively.

Finally, these findings can be generalized to the nurses who work in other medical college hospitals of Bangladesh. Health policy makers and nurse administrators can use these findings to take necessary steps to increase nurses' job satisfaction in the future. In conclusion, within healthcare organizations, these two constructs; organizational climate and nurses' job satisfaction may have important effects on health services-related outcomes, including patient quality of care. Therefore, valid and reliable measures of these constructs are necessary not only for researchers but also for healthcare managers and administrators with the responsibilities for health services outcomes.

Recommendations of the Study

Recommendations for future research are as follows:

1. A replication study in other settings is worth investigating. The purpose of such a study would be to determine how job satisfaction and organizational climate are viewed by nurses in other settings compared to the nurses in this study.

2. It would be worthwhile to conduct further study with the nurses using some open-ended questionnaire, in-depth interviews or focus group interviews to determine the real perceptions or opinions about the organizational climate and job satisfaction. Subjects' opinions about the actual strength and weakness of the organization may also be investigated to identify the other factors related to nurses' job satisfaction.

3. For next study, it also recommended to investigation whether the improvement of specific identified organizational climate dimension which has a high correlation with job satisfaction can really promote the nurses' job satisfaction.

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APPENDICES

Appendix A

Informed Consent Form

Study Title: Relationship between Organizational Climate and Nurses' Job Satisfaction in Bangladesh.

Investigator: Md. Abdul Latif

Dear participants,

My name is Md. Abdul Latif. I am a Master student at Faculty of Nursing, Prince of Songkla University, Thailand. I am also a senior staff nurse of Mymensingh Medical College Hospital, Bangladesh. As the requirement of my master degree program, I am going to conduct a nursing research on "Organizational Climate and Nurses' Job Satisfaction in Bangladesh."

According to study inclusion criteria, you are eligible to participate in this study. Therefore, I would like to request you to participate in my research and provide your valuable information based on the developed study questionnaire. Your participation in this research is completely voluntary. Your involvement in this study will not be cause of any harm or risk for yourself and organization. If you want, you can withdraw yourself from the study at any time before your data have been processed. The information you have provided will only be used to write this research report and it will be presented as a whole. Yours provided data no body will eligible to access except the researcher and the major advisor. I would like to assure you that confidentiality and anonymity will be maintained throughout the process.

Finally, if you agree to participate in this study, please sign in and answer all the items of questionnaire you are provided with correctly and return it to your nursing superintendent within 2 weeks. Please answer all the items carefully otherwise, your data may not be useful for the study. If you do not want to sign, but respond and return the questionnaire, it will indicate your willingness to participate in this study.

If you have any questions, please contact any of the address provided below.

Thank you in advance for your willingness to participate in this study.

.....
Participant's name	Signature/date	Researcher's name	Signature /Date
Major Advisor:		Researcher Address.	
Dr. Pratyanan Thiangchanya, RN, PhD		Md. Abdul Latif, RN, MMCH.	
Department of Nursing Administration,		Mymensingh Medical College Hospital,	
Faculty of Nursing, Prince of Songkla		Mymensingh, Bangladesh.	
University, Thailand.		Email: ablatif15@yahoo.com	
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:

Appendix B

Instruments for Data Collection

Sample of the Questionnaire for Examining the Relationship between Organizational Climate
and Nurses' Job Satisfaction in Bangladesh

Subjects Code..... Hospital..... Date.....

Introduction: This instrument is divided into three sections. Section I is related to your personal information. Section II is related to your feelings and perception about your organizational climate. Section III is related to your feelings of job satisfaction.

General Instruction: Please follow the instructions to answer the questionnaire:

1. Please **Do Not** write your name on any part of the questionnaire.
2. Answer all the items of the questionnaire honestly and don't leave out any items to answer otherwise your data may not be useful for this study.
3. Answer the items as you prefer and there is no right or wrong answer.

Section I: Demographic Data Form

Instruction: Please answer the questionnaire about yourself by selecting only one answer for each item by placing a tick (√) mark on appropriate responses. If you do not understand or are not clear about any items, you can ask the researcher.

1. Age.....years old.

2. Gender:

1. Male 2. Female

3. Marital status:

1. Single 2. Married 3. Divorced 4. Widowed

4. Religions:

1. Muslim 2. Hinduism 3. Christianity

4. Buddhism 5. Other

5. Level of education in nursing:

1. Diploma in Nursing 2. Bachelor of Nursing

3. Master of Nursing

6. Years of working experience:

1. 5-10 years 2. 11- 20 years

3. 21- 30 years

8. Current position hold:

1. Nurse in Charge 2. Staff Nurse (General)

Section II: Organizational Climate Questionnaire

Introduction: Your answer to the Organizational climate questionnaire will reflect your opinion, feelings, or judgment about the extent to which you think with the existing organizational working environment.

Direction: Please read each statement carefully and then give a tick (√) mark in the section that you agree based upon how you feel or perceive to the statement. The levels of agreement of your answer towards the statement are:

1 = strongly disagree (absolutely not relevant to your opinion)

2 = disagree (not relevant to your opinion)

3 = agree (relevant to your opinion), and

4 = strongly agree (absolutely relevant to your opinion).

Statements of the Organizational Climate Questionnaire:

Items	1	2	3	4
<i>Structure</i>				
1. Organizational vision, mission, values, goals, and objectives are clearly defined that influence me for better performance.				
5. In this organization, it is some times unclear who has assigned				

Items	1	2	3	4
position to make decision.				
<i>Responsibility</i>				
8. We do not rely too heavily on individual judgment in this organization; the most judgment is depended on group or committee.				
14. One of the problem in this organization is that individual won't take responsibility.				
<i>Reward and Recognition</i>				
15. We have a promotion system here that helps the best man /woman to rise to the top.				
19. There is not enough reward and recognition given in this organization for doing good work.				
<i>Standards</i>				
21. In this organization, we set a very high standard for performance.				
26. The management style of the organization relies on more on development of staff than on rules.				
<i>Support</i>				
27. A friendly atmosphere prevails among the people in this organization.				
33. Management makes an effort to talk with you about career apparitions within the organization.				
<i>Commitment</i>				
37. I always speak favorably about my organization to my friends and others.				
42. I would accept almost any types of job assignment to continue working in the organization.				

Section III: Nurses' Job Satisfaction Questionnaire

(Modified from the "Index of Work Satisfaction" Stamps, 1997)

Introduction: The Index of Work Satisfaction represents the statements about your current feeling of your job satisfaction.

Direction: Please tick (√) the number that most closely indicates how you feel about each statement. Please respond to each item as:

1 = strongly disagree

2 = disagree

3 = somewhat disagree

4 = undecided

5 = mildly agree

6 = somewhat, and

7 = strongly agree.

Statements of the Nurses' Job Satisfaction Questionnaire:

Items	1	2	3	4	5	6	7
<i>Interactions</i>							
1. The nursing personnel in my unit always help one another when things get in a rush.							
9. Physicians in my unit always appreciate and value the nurses' performance.							
<i>Payment</i>							
14. The amount of pay I get is reasonable for my qualification, skills, and experiences.							
16. I am not satisfied with the benefits I receive from my extra work.							
<i>Task Requirements</i>							
19. I feel I could do a better job if I didn't have so much to do all the time.							
23. There is too much clerical and "paper works" nurses required of nursing personnel in this hospital.							
<i>Organizational Policies</i>							
24. There is ample opportunity for nursing staff to participate in the administrative Decision Making process.							
30. The policy for promoting the nurses in higher position is not satisfactory.							

<i>Items</i>	1	2	3	4	5	6	7
<i>Autonomy</i>							
33. I have too much responsibility and not enough authority.							
37. I have considerable opportunity for independence and freedom in how I do my job.							
<i>Professional Status</i>							
38. Nursing is not widely recognized as being an important profession.							
42. I am pleased towards the attitude or views of general public and care receivers about nursing profession.							
47. I feel proud with the others' comments regarding nursing profession.							

Appendix C

Additional Tables

Table 7

Frequency and Percentage of Nurses' Response towards Some Items of Organizational Climate Questionnaire (N=126)

Statement of organizational climate	Strongly disagree	Disagree	Agree	Strongly agree
	n (%)			
1. Organizational vision, mission, values, goals, and objectives are clearly defined that influence me for better performance.	74 (58.7)	42 (33.3)	8 (6.3)	2 (1.6)
2. Overall communication structure seen in the organization is well planned and clearly defined.	59 (46.8)	58 (46.0)	9 (7.1)	00
3. It is some times unclear in the organization, who has assigned position to make decision.	14 (11.1)	30 (23.8)	52 (41.3)	30 (13.8)
4. We do not rely too heavily on individual judgment in this organization; the most judgment is depended on group or committee.	8 (6.3)	11 (8.7)	67 (53.2)	40 (31.7)
5. There is a awful lot excuses around here when some body make mistake.	5 (4.0)	9 (7.1)	59 (46.8)	53 (42.1)
6. The performance appraisal policies inspire me for self and professional development.	48(38.1)	64(50.8)	12(9.5)	2(1.6)
7. In this organization, people are rewarded in proportion to the excellence of their job performance	68 (54.0)	41 (32.5)	11 (8.7)	6 (4.8)

Table 7 (Continued)

Statement of organizational climate	Strongly disagree	Disagree	Agree	Strongly agree
	n (%)			
8. In this organization, we set a very high standard for performance.	46 (36.5)	50 (39.7)	16 (12.7)	14 (11.1)
9. I can receive sufficient support from the upper management that encourages my creativity.	52 (41.3)	51 (40.5)	21 (16.7)	2 (1.6)
10. I would accept almost any types of job assignment to continue working in the organization.	--	3 (2.4)	59 (46.8)	64 (50.8)

Table 8

Frequency and Percentage of Nurses' Response towards Some Items of Job Satisfaction Questionnaire (N-126)

Statement of Job Satisfaction	Disagree. n (%)				Undecided n (%)	Agree. n (%)			
	Strongly disagree	Disagree	Somewhat disagree	Strongly agree		Agree	Strongly agree		
1. The nursing personnel in my unit always help one another when things get in a rush.	--	2 (1.6)	7 (5.6)	2 (1.6)	32 (25.4)	44 (34.9)	39 (31.0)		

Table 8 (Continued)

Statement of Job Satisfaction	Disagree. n (%)				Undecided n (%)	Agree. n (%)		
	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree		Agree	Strongly agree	
2. Physicians in my unit always appreciate and value the nurses' performance.	12 (9.5)	23 (18.3)	38 (30.2)	10 (7.9)	29 (23.0)	9 (7.1)	5 (4.0)	
3. Nurses' are not satisfied with the cooperation from other departments and health staffs involved in patient care.	5 (4.0)	7 (5.6)	7 (5.6)	8 (6.3)	16 (12.7)	34 (27.0)	49 (38.9)	
4. My present salary is satisfactory.	34 (27.0)	33 (26.2)	35 (27.8)	3 (2.4)	8 (6.3)	7 (5.6)	6 (4.8)	
5. I am not satisfied with the benefits I receive from my extra work.	9 (7.1)	4 (3.2)	--	1 (.8)	10 (7.9)	40 (31.7)	62 (49.2)	
6. I feel I could do a better job if I did not have so much to do all the time.	1 (.8)	4 (3.2)	1 (.8)	1 (.8)	5 (4.0)	18 (14.3)	96 (76.2)	
7. There is too much clerical and "paper works" nurses required of nursing personnel in this hospital.	--	3 (2.4)	3 (2.4)	--	15 (11.9)	47 (37.3)	58 (46.0)	
8. There is ample opportunity for nursing staff to participate	48 (38.1)	40 (31.7)	21 (16.7)	9 (7.1)	3 (2.4)	2 (1.6)	3 (2.4)	

Table 8 (Continued)

Statement of Job Satisfaction	Disagree. n (%)					Agree. n (%)				
	Strongly disagree	Disagree	Somewhat disagree	Undecided	Somewhat agree	Agree	Strongly agree			
in the administrative Decision Making process.										
9. Nurses in my unit have enough freedom and control over their work.	74 (58.7)	27 (21.4)	9 (7.1)	3 (2.4)	9 (7.1)	2 (1.6)	2 (1.6)			
10. There is a great gap between the administration of this hospital and the daily problems of the nursing services.	5 (4.0)	3 (2.4)	8 (6.3)	4 (3.2)	28 (22.2)	57 (45.2)	21 (16.7)			
11. Nurses' promotion policy should be designed based on their education, expertise, and experience.	93 (73.8)	20 (15.9)	7 (5.6)	--	3 (2.4)	2 (1.6)	1 (.8)			
12. I am sometimes frustrated because all of my activities seem programmed for me.	--	3 (2.4)	9 (7.1)	1 (.8)	22 (17.5)	51 (40.5)	40 (31.7)			
13. I have too much responsibility and not enough authority.	1 (.8)	5 (4.0)	4 (3.2)	4 (3.2)	31 (24.6)	39 (31.0)	42 (33.3)			
14. I am sometimes required	30	40	30	7	6	7	6			

Table 8 (Continued)

Statement of Job Satisfaction	Disagree. n (%)					Undecided n (%)	Agree. n (%)		
	Strongly disagree	Disagree	Somewhat disagree	Somewhat agree	Agree		Strongly agree		
to do things on my job that are against my better professional nursing judgment.	(23.8)	(31.7)	(23.8)	(5.6)	(4.8)	(5.6)	(4.8)		
15. It makes me proud to talk to other people about what I do on my job.	--	1 (.8)	1 (.8)	3 (2.4)	12 (9.5)	48 (38.1)	61 (48.4)		
16. I am pleased towards the attitude or views of general public and care receivers about nursing profession.	14 (11.1)	40 (31.7)	33 (26.2)	2 (1.6)	16 (12.7)	11 (8.7)	10 (7.9)		
17. If I had the decision to make all over again, I would still go into nursing.	3 (2.4)	1 (.8)	13 (10.3)	23 (18.3)	20 (15.9)	18 (14.3)	48 (38.1)		

Table 9

Differences of Mean Score in Organizational Climate and Nurses' Job Satisfaction Classified by Subjects' Age Categories (N= 126)

Age (years)	N=126 n (%)	Organizational climate				Job satisfaction			
		Mean (%)	SD	F	p	Mean	SD	F	p
<35	21 (16.6)	57.43	5.19	3.63	.029	150.81	18.99	.42	.66
35-45	82 (65.1)	56.94	6.13			150.43	19.87		
> 45	23 (18.3)	53.49	4.72			146.48	16.88		

* p < .05

Table 10

Differences of Mean Score in Organizational Climate and Nurses' Job Satisfaction Classified by Subjects' Gender (N= 126)

Gender	N=126 n (%)	Organizational climate				Job satisfaction			
		Mean (%)	SD	t	p	Mean	SD	t	p
Male	18 (14.3)	56.12	6.35	-.21	.83	145.61	19.21	-.996	.32
Female	108 (85.7)	56.44	5.82			150.46	19.12		

* p < .05

Table 11

Differences of Mean Score in Organizational Climate and Nurses' Job Satisfaction Classified by Subjects' Religion (N= 126)

Religions	N=126 n (%)	Organizational climate				Job satisfaction			
		Mean (%)	SD	F	p	Mean	SD	F	p
Muslim	95 (75.4)	57.13	5.76	3.27	.06	149.31	19.60	.127	.88
Hinduism	29 (23.0)	54.00	5.89			151.03	18.17		
Christianity	02 (1.6)	55.95	2.53			153.50	19.09		

* p < .05

Table 12

Differences of Mean Score in Organizational Climate and Nurses' Job Satisfaction by Subjects' Level of Nursing Education (N = 126)

Education	N=126 n (%)	Organizational climate				Job satisfaction			
		Mean (%)	SD	F	p	Mean	SD	F	p
Diploma	73 (57.9)	56.96	5.56	1.57	.21	149.12	19.28	.89	.41
Bachelor	46 (36.5)	55.23	6.42			149.37	19.54		
Masters	07 (5.6)	58.16	4.58			159.14	14.03		

* p < .05

Table 13

Differences of Mean Score in Organizational Climate and Nurses' Job Satisfaction Classified by Subjects' Year of Experiences (N = 126)

Experience	N=126	Organizational climate				Job satisfaction			
(years)	n	Mean	SD	F	p	Mean	SD	F	p
		(%)							
<10	29	57.25	4.81	8.74	.00	151.76	20.39	2.59	.08
11-20	50	58.36	6.36			153.24	20.95		
> 20	47	53.77	4.99			144.85	15.36		

* p < .05

Table 14

Differences of Mean Score in Organizational Climate and Nurses' Job Satisfaction Classified by Subjects' Current Job Position (N= 126)

Position	N=126	Organizational climate				Job satisfaction			
	n	Mean	SD	t	p	Mean	SD	t	p
	(%)	(%)							
Staff	101	56.63	5.86	.915	.36	149.16	19.43	-.719	.47
Nurse	(80.2)								
Nurse in-charge	25	55.43	5.94			152.24	18.07		
	(19.8)								

* p < .05

Table 15

Cronbach's Alpha Coefficients of Organizational Climate and Job Satisfaction Questionnaire including Subscales (N=30)

Instruments	Items	Cronbach's alpha (α)
<i>Overall Organizational Climates Questionnaire</i>	42	.95
<i>Subscales:</i>		
1. Structure	7	.75
2. Responsibility	7	.80
3. Reward and recognition	6	.73
4. Standards	7	.80
5. Support	10	.84
6. Commitment	6	.66
<i>Overall Nurses' Job Satisfaction Questionnaire</i>	47	.92
<i>Subscales:</i>		
1. Interactions	10	.67
2. Payment	8	.84
3. Task requirements	5	.81
4. Organizational policies	8	.74
5. Autonomy	6	.77
6. Professional status	10	.75

Appendix D

Statistical Assumptions Test

Figure 2

Histogram for Scores of Organizational Climate (N= 126)

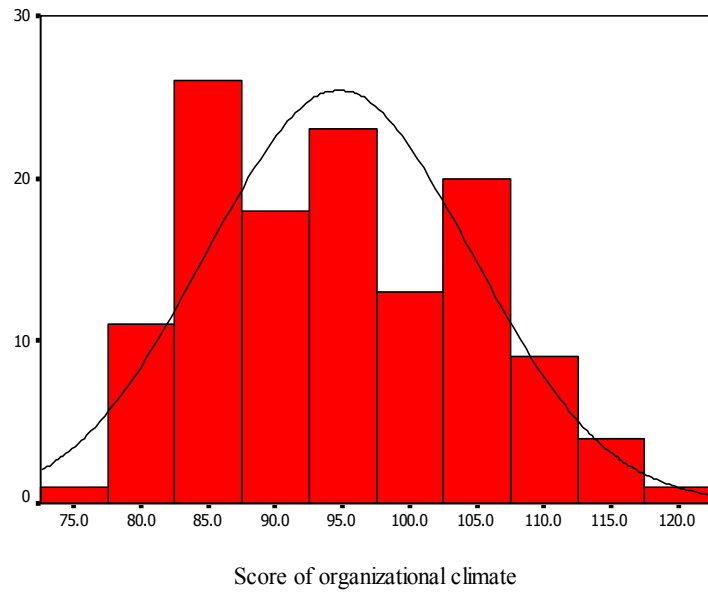


Figure 3

Histogram for Scores of Nurses' Job Satisfaction (N=126)

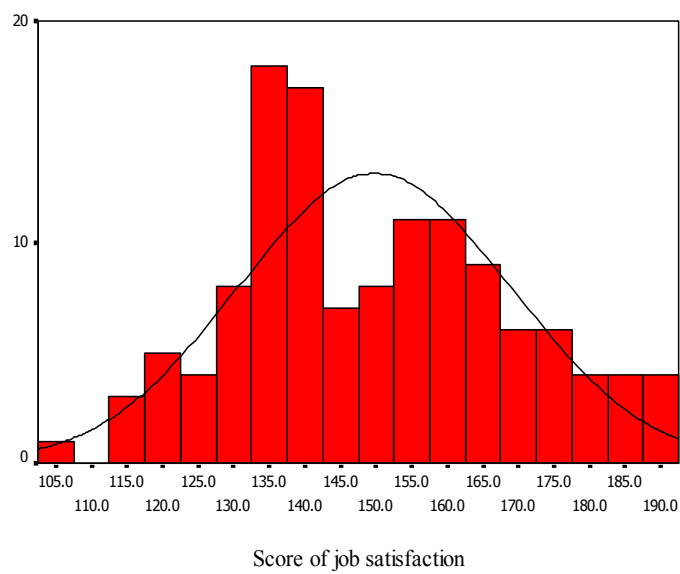


Figure 4

Normal P-P plot of Total Score of Organizational Climate

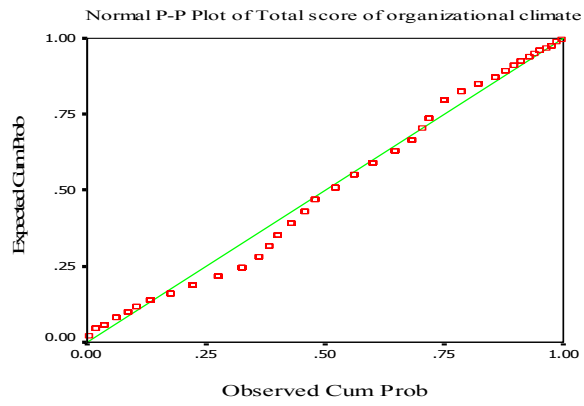


Figure 5

Normal P-P plot of Total Score of Nurses' Job Satisfaction

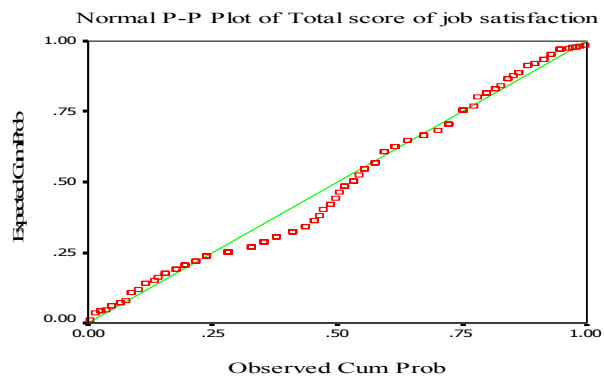
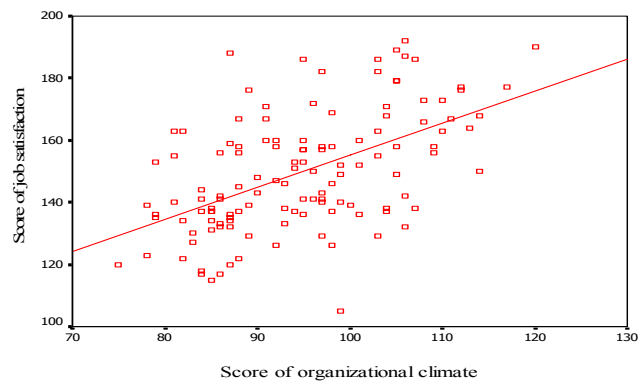


Figure 6

Graph for Linearity Relationship between Job Satisfaction and Organizational Climate



Appendix E

List of Experts for Content Validity Test

The names of the experts are:

Name and Designation	Departments
Dr. Nongnut Boonyung RN, PhD Assistant Professor.	Department of Nursing Administration, Faculty of Nursing, Prince of Songkla University, Thailand
Dr. Somsamai Sutherasan RN, PhD. Nursing Director	Department of Nursing Songkla Nagarind Hospital, Prince of Songkla University, Thailand
Mrs. Ira Dibra RN, MSN. Principal, College of Nursing	Mymensingh Medical College Hospital, Mymensingh, Bangladesh.
Mrs. Rahima Jamal Akter RN, MSN Nursing Officer	Directorate of Nursing Services, 14/15 Motijeel C/A, Dhaka, Bangladesh

Appendix F

List of the Experts for Translating the Instruments

Three bilingual experts in English and Bengali were used in the translation process of the instruments of Organizational Climate Questionnaire and Nurses' Job Satisfaction Questionnaire. Two experts were involved in the process of translation and back translation and third expert checked the consistency of the meaning and appropriateness of the word used.

The experts are:

Name and Designation	Departments
Mr. Abdul Aziz, (En. Honors)	Assist. Professor, Teachers Training College Mymensingh, Bangladesh
Mr. Shohag Ahmmed (En. Honors)	Professional Translator, Arafah Translation Centre, Motijee C/A, Dhaka, Bangladesh.
Mr. Hasimuzzaman Chawdhury (En. Honors)	Professional Translator, Bangladesh Translation Centre, Motijee C/A, Dhaka, Bangladesh.

Appendix G

Permission Letter for Using the Index of Work Satisfaction



UNIVERSITY OF MASSACHUSETTS
AMHERST

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School of Public Health and
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Department of Public Health

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August 22, 2009

Dr. Pratyanan Thiangchanya
Faculty of Nursing Administration
Post Box 90112
Prince Songkla University
Hatyai, thailand

Dear Dr. Thiangchanya:

I appreciate receiving the request for permission to use the Index of Work Satisfaction (IWS) from your graduate student Abdul Latif. The second edition of my book *Nurses and Work Satisfaction: An Index of Measurement, 2nd Edition* (1997) gives the most recent version of the IWS, along with the statistical description of the scale itself. Also included in this volume are results from over 80 studies that have used the IWS. Several investigators write about their experiences using this measurement tool. The book may be ordered by you or your school's library from Health Administration Press (US \$43.00) by mail, telephone or fax:

Health Administration Press
P.O. Box 401
Annapolis Junction, MD 20701-0401

Phone orders: 301-362-6905
FAX # 301-206-9789

I would very much appreciate hearing about your results, as I am keeping a file of the types of research for which people are using the IWS. Good luck with your study and feel free to contact me for any additional information.

Sincerely,

Paula Stamps, Ph.D.
University of Massachusetts
Phone: (413) 545-6880
Fax: (413) 545-6536
Email: stamps@schoolph.umass.edu

Appendix H

Permission Letter for Data Collection

FACULTY
OF **NURSING**



PRINCE OF SONGKLA UNIVERSITY

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66-74-286459

MOE 0521.1.05/3377

October 21, 2009

Director of Nursing Services
Bangladesh

Dear Sir,

This letter is to inform you that Mr. MD Abdul Latif, a master student of the Faculty of Nursing, Prince of Songkla University, Thailand, is taking a thesis in his last semester. As passed of the requirement of the course, he has to conduct a research study in Bangladesh. His thesis entitled: "Organizational Climate and Nurses' Job Satisfaction in Bangladesh." Under the supervision of Dr. Pratyanan Tiengchanya. The thesis proposal has been approved on 25 September 2009. Therefore, he will try-out research instruments and collect data from patients at the Mymensingh Medical College hospital associated S.K hospital, Bangladesh and Dhaka Medical College hospital. During 1 month (November – December, 2009)

I will be greatly appreciated if you communicate to Mymensingh Medical College hospital associated S.K hospital and Dhaka Medical College hospital, Bangladesh for help any situations that are related with his study during the data collection, as it will be easy for collecting data.

If you need any further information regarding her study, please do not hesitate to contact us at the above address or e-mail us at: pratyanan.t@psu.ac.th. as his advisor.

Sincerely Yours,

Assistant Professor Sang-arun Isaramalai, PhD., RN
Acting Dean,
Faculty of Nursing
Prince of Songkla University
Hat Yai, Songkhla 90110
THAILAND

VITAE

Name Md. Abdul Latif

Student ID 5110420072

Educational Attainment

Degree	Name of Institution	Year of Graduation
Diploma in Nursing	Nursing Institute, Mymensingh	1992
Diploma in Orthopedic Nursing	Nursing Institute, Mymensingh	1993
Bachelor in Public Health Nursing	College of Nursing, Dhaka	2004
Master of Nursing Science	Prince of Songkla University	2010

Scholarship Awards during Enrolment

Master of Nursing Degree Scholarship, Funded by the Directorate of Nursing Services, Ministry of Health and Family Welfare (MOHFW), Government of the People's Republic of Bangladesh.

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