

## ORIGINAL ARTICLES

# The influence of nurses job dissatisfaction on adoption of Magnet status within hospitals

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## ABSTRACT

**Background:** Hamad Medical Corporation (HMC) has a goal to achieve Magnet designation. Magnet status is a worldwide international award given to hospitals which demonstrate excellent quality of patient care, innovative professional nursing practices and effective nurse recruitment and retention patterns. To date, only 3 other hospitals in the Middle East have achieved this recognition; two in Saudi Arabia and one in Lebanon. Achieving Magnet status is highly influenced by nurses' job satisfaction and commitment to their organization.

**Purpose:** A literature review was used to identify factors contributing to nurses' job dissatisfaction that may impede the adoption of the Magnet Program at HMC hospitals in Qatar.

**Findings:** Five themes emerged from the review of literature representing the predominant factors that influence nurses' job dissatisfaction. They include: (1) nurse staffing; (2) work and professional practice environments; (3) work relationships; (4) management styles; (5) professional development and career advancement opportunities.

**Conclusions:** Understanding the factors contributing to nurses' job dissatisfaction is essential in order to identify barriers which may impede the achievement of a Magnet hospital designation.

**Key Words:** Magnet hospital, Job dissatisfaction/satisfaction, Barriers, Organizational change

## 1. INTRODUCTION

Research has shown there is a strong correlation between nurses' job satisfaction and the adoption of Magnet status. According to the American Nurses Credentialing Center (ANCC, 2014),<sup>[1]</sup> Magnet status is a worldwide designation given to hospitals which have upheld high standards of nursing care. It is also considered as a gold standard which ensures that nursing practice is excellent, safe and affords the opportunity to address issues that may be associated with nurse's dissatisfaction. Hospitals worldwide aiming to achieve this status need to demonstrate certain stan-

dards. One of the measures used is job satisfaction which is hoped will eventually lead to organizational commitment. Unfortunately, nurses' are prone to job dissatisfaction, which negatively affects their performance.<sup>[2]</sup> This dissatisfaction may revolve around their self-esteem, healthcare, and work environment in the hospital.<sup>[3]</sup> According to Whitman, et al.,<sup>[2]</sup> there is a critical correlation between job satisfaction and performance. Therefore, it is important to understand the effects of nurses' job satisfaction on their performance in order to create strategies to increase job satisfaction and facilitate the process of attaining Magnet status.<sup>[4,5]</sup>

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Nurses' job satisfaction and commitment to their organization can either positively or negatively impact the process of attaining Magnet status. This process should follow a well-organized and smoothly implemented plan, which can only be accomplished with the support of nurses. According to Lake, et al.<sup>[6]</sup> study which used data from the 2004 National data base of nursing quality indicators (NDNQI) found that ninety-five percent of nurses would like to achieve Magnet status. Therefore, it is important to create some useful or helpful strategies in order to increase nurses' job satisfaction and commitment level. The purpose of this literature review was to identify factors contributing to job dissatisfaction which may impede the achievement of a Magnet status designation. Understanding these factors may enable hospitals in the Middle East to create strategies to increase nurses' job satisfaction and their support for achieving Magnet status. This literature review was guided by the following research question: What are the factors (barriers) that may negatively influence (impede) nurses' adoption of Magnet status within hospitals?

### 1.1 Background

Today many hospitals struggle with cost savings and resource shortages. This may lead to lack of quality enhancement for nurses which may further lead to poor quality of nursing care and nurses' lack of job security. Managers and leaders who constantly face challenges in terms of cuts and reorganization may find it is exceedingly difficult to create conditions that provide safe and effective care. These hospitals often have a high turnover of nurses which may create a burden on existing nurses within the institution. However, if hospitals are hoping to achieve Magnet status, they need to come up with an effective model which will enable them to create a change amongst nursing staff in order to work towards and achieve Magnet status.

### 1.2 Magnet status background

Magnet status is a worldwide designation given to hospitals that demonstrate high standards of nursing care, are committed to creating healthy work environments and can recruit and retain excellent nurses.<sup>[3,7]</sup> It is also considered a gold standard for nursing practice environments, as Magnet hospitals report fewer errors, as well as better patient outcomes than non-Magnet hospitals.<sup>[3,8,9]</sup>

The Magnet status designation program was initiated due to an extensive nursing shortage in the 1980s.<sup>[10]</sup> In 1983, research commissioned by the American Academy of Nurses (AAN) was undertaken to identify characteristics of the work environment that attracted and retained excellent nurses. Investigators noted that 41 of the 163 hospitals reviewed exhib-

ited attributes that enabled them to effectively recruit and retain nurses, these attributes were considered necessary to promote job satisfaction of nurses and excellent patient care.<sup>[11]</sup> These attributes included: (a) positive relationships between nurses and doctors; (b) autonomy; (c) patient-focused hospital culture; (d) qualified staff; (e) control over the nursing practice environment; (f) adequate staffing; (g) educational opportunities; and (h) supportive managers.<sup>[11]</sup> Hospitals that used strategies to promote nurses' satisfaction were at the forefront of performance and did not have service delivery problems due to a nursing shortage.<sup>[11]</sup> These 41 organizations were identified as Magnet hospitals, distinguished by 14 characteristics known as Forces of Magnetism.<sup>[11]</sup> Wallace's<sup>[10]</sup> seminal study led the American Nurses Credentialing Center (ANCC) to establish the Magnet Hospital Recognition Program aimed at recognizing excellence in nursing service in 1990. Magnet-designated hospitals did not have recruitment or retention problems, even in an environment of nursing shortages.<sup>[12]</sup> Criteria for Magnet status included excellent patient services, effective nurse recruitment and retention, and supportive work environments for nurses.<sup>[12]</sup>

## 2. METHOD

A literature review was conducted as a method to research supportive work environments. The electronic database search was completed using the following databases: CINAHL, MEDLINE, Academic search complete, Business source complete, and Web of Sciences. The search terms utilized to guide this search included *Magnet hospital Accreditation, job dissatisfaction/satisfaction, Magnet hospital, factor, influence, impact, and Benefit*. Results were limited to scholarly peer reviewed articles published in English. A total of 1,042 articles were identified and retrieved from the database search. After applying inclusion/exclusion criteria there was a total of eight articles remaining (see Figure 1).

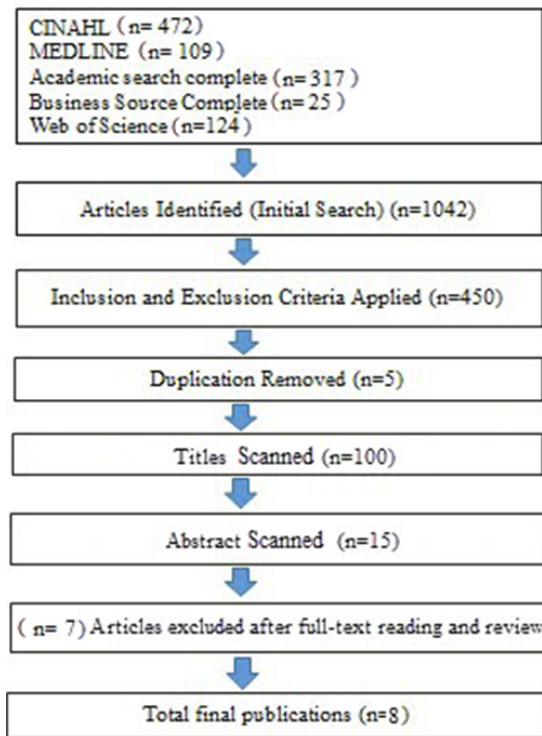
### Analyzing the literature

The studies included in this literature review consisted of seven quantitative studies, as well as one literature review. The Johns Hopkins Nursing Evidence-Based Practice (JH-NEBP) tool was used to appraise the quality of the eight articles included in this literature review (see Appendix). Of the eight articles included in this review, seven articles were level II quality B evidence (quantitative, non-randomized) & one article (literature review) was level III quality C evidence.

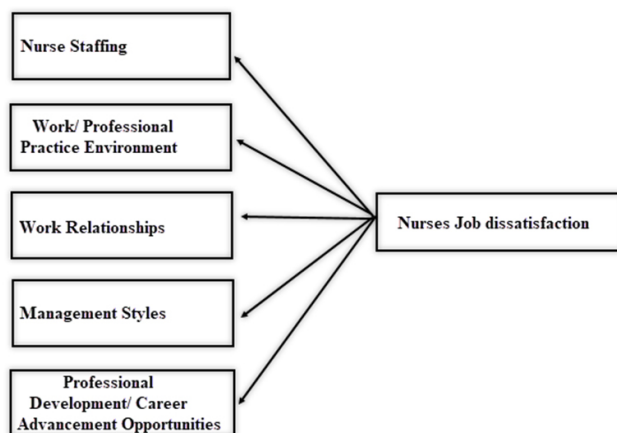
## 3. FINDINGS

Findings from the synthesis of the eight publications included in this literature review have been classified into five

major themes. These include (a) nurse staffing; (b) work and professional practice environment; (c) work relationships; (d) management styles; and (e) professional development and career advancement opportunities (see Figure 2).



**Figure 1.** Study flow diagram depicting search strategy and result



**Figure 2.** Findings from the literature

### 3.1 Nurse staffing

Poor nurse staffing was one of the main themes identified in the literature that contributes to nurses’ dissatisfaction and gaining Magnet status. Research indicates that nurses’ job satisfaction is directly connected to the adequacy of staffing

in their facility.<sup>[3,4,13,14]</sup> Evidence shows inadequate staffing levels have a negative impact on nurses’ job satisfaction and increase costs due to turnover, while decreasing the quality of patient care and outcomes.<sup>[3,4,14]</sup> If front-line nurses perceive that staffing levels are inadequate and negatively affect their ability to provide quality patient care, they are not likely to complete a staff satisfaction survey positively which could be used for the Magnet status recognition.<sup>[3,4,14]</sup>

Unsafe or inadequate staffing and less qualified nurses are also associated with negative patient outcomes. Ritter highlights research<sup>[15]</sup> showing that poorly staffed hospitals had the worst patient outcomes, with mortality rates 60% greater than in hospitals with higher staffing levels and more highly educated nurses. Lacey, et al.<sup>[4]</sup> also point out the failure of hospitals to budget sufficient resources to support quality nursing practice may lead to unsafe care and/or poor patient outcomes. Ensuring adequacy of the number of nurses, as well as an appropriately qualified nursing workforce is considered a “good business decision” (p.204).<sup>[4]</sup>

### 3.2 Work and professional practice environment

An unhealthy work or professional practice environment is the second main theme contributing to nurses’ dissatisfaction and gaining Magnet status.<sup>[3,13]</sup> Work environment includes aspects of the physical layout and features of a hospital unit, such as safety, equipment maintenance, unit design, technical and electronic supports. The professional practice environment includes issues such as nursing standards, patient care policies, input into decision-making, outcomes/performance monitoring and communication systems. Lacey, et al.,<sup>[4]</sup> in comparing nurse perceptions of workplace supports in non-Magnet (NM), Magnet-aspiring (MA) and Magnet hospitals (MH), discovered lower levels of satisfaction with organizations’ responsiveness to nurses’ basic needs in MA and NM hospitals. This implies that neglecting needs of staff or failing to provide appropriate supports are factors leading to nurse dissatisfaction.

Ritter<sup>[3]</sup> identifies that working conditions or professional practice environments that are not healthy (e.g., unsafe unit designs; stressful; high error rates; exposure to harassment or abusive behaviors; and poor communication) are likely to contribute to nurses’ dissatisfaction which in turn may prevent the achievement of Magnet status in hospitals. American data from Brady-Schwartz and Ritter<sup>[3,13]</sup> indicate that if nurses perceive work and/or professional practice environments as unsatisfactory, there is likely to be a negative impact on job satisfaction, efficiency, performance, productivity and motivation to provide excellent care.

In contrast, research from another US study indicates that

nurses working in a hospital where their health status was a priority and the organizational culture was nurturing perceived work as meaningful and felt enabled in their ability to affect quality patient care.<sup>[16]</sup>

### 3.3 Work relationships

Literature examined in this review highlighted three main areas pertaining to workplace relationships that influence satisfaction of nurses when applying for Magnet status. These include: (1) nurse-physician; (2) nurse-nurse; and (3) nurse-manager relationships.

Working in hospitals where staff perceive positive nurse-physician relationships is one of the 8 essentials of Magnetism.<sup>[17]</sup> Ulrich and colleagues<sup>[18]</sup> examined nurses' views of professional relationships in Magnet-in-Progress (MIP), non-Magnet (NM) and Magnet hospitals (MH). They found significantly higher ratings of MH nurses compared to MIP and NM nurse ratings regarding efforts to improve nurse-doctor team relations. Data about nurse-physician relationships was also reported.<sup>[3]</sup> She noted that nurses experience job dissatisfaction when communication and collaboration with doctors is perceived to be poor.

Research reporting nurse-nurse relationships has been published by Egyptian authors.<sup>[19]</sup> They examined nurse perceptions of Magnet characteristics on 5 units in an Alexandria hospital. They observed that nurses with > 40 years' experience had lowest mean scores regarding their views about working with competent peers.

In comparing perceptions of nurse-nurse relationships in MIP, NM and MHs, Ulrich, et al.<sup>[18]</sup> reported statistically significant differences in ratings of nurses working in MHs compared to NM organizations. Whereas 79% of MH nurses rated nurse-nurse relationships as very good or excellent, only 68% of nurses employed in NM hospitals gave this rating. Results showed significantly higher scores for perceptions of peer support from nurses in MHs than from NM or MA hospital respondents.

Evidence pertaining to nurse-manager relationships reported by Lacey, et al.<sup>[4]</sup> identify the problem of lack of access to one's immediate supervisor as contributing to job dissatisfaction. These researchers conducted a large US comparative analysis of MIP, NM and MH nurses (n = 3,337) using the 6-category Individual Workload Perception Scale (IWPS) scale to assess nurses' perceptions of the work environment.<sup>[4]</sup> The IWPS instrument defines nurse manager support as the extent to which a manager/supervisor is perceived as helpful and concerned about staff nurses' needs. Of all the subscales in the IWPS tool, results revealed the lowest scores for nurse-manager support in all three hospital types. Study

participants described the perception that they did not feel supported or did not feel the nurse manager was acting as their advocate or advisor.

### 3.4 Management styles

Ritter<sup>[3]</sup> reported that employees who have problems with their supervisors often identify they are not receiving the respect they deserve. Ritter also highlights that nurses will be dissatisfied if they do not feel valued or secure in their jobs and/or are distrustful of management.

According to Ritter,<sup>[3]</sup> management is key to promoting change, creating healthy work environments and enhancing retention. Data compiled from Ritter's literature review indicate that disrespectful, poor or strained communication between managers and front line nurses is a central factor in nurses' job dissatisfaction and turnover. Ritter identified that managers who lack vision or leadership and who do not meet the needs of staff contribute to nurses' low job satisfaction and intent to leave their current position. As previously noted, data from the national online survey of RNs,<sup>[3,18]</sup> showed the majority of respondents rated respect from their administrator/managers as fair to poor. An explanation for these low ratings was offered by another team of researchers<sup>[3,20]</sup> who reported that 75% of nurse managers were responsible for an average of 71 nursing personnel on one or more hospital units. Ritter<sup>[3]</sup> asserts that nurse managers with heavy workloads due to large spans of control are likely to be too overburdened to be responsive to the needs of staff.

### 3.5 Professional development and career advancement opportunities

Limited opportunities for professional growth and career advancement have been linked to job dissatisfaction among nurses.<sup>[3,19,21]</sup> An Egyptian study was done to assess the perception of essentials of magnetism.<sup>[19]</sup> Results showed statistically significant differences in perceptions about support for education among different age and experience groups. For instance, nurses over 40 years of age and with > 15 years of nursing experience rated support for education lower than nurses 30 years of age or younger with 5 or less years of work experience. They described inconsistent findings from nurses working in different specialty units. For example, staff in intensive care units (ICUs) reporting high levels of satisfaction with education support, while those in hemodialysis rated poor levels of perceived support for education. Access to current knowledge in specialized practice areas such as ICU or dialysis, through conferences, workshops and/or inservice training, is regarded as important in maintaining job competence, security, safety and satisfaction. El-Bialy and Abd Elaal<sup>[19]</sup> speculated that younger nurses may seek

educational opportunities from managers or may be targeted as in need of more training, inservices or conferences than more experienced nurses.

Nemcek and James,<sup>[16]</sup> after demonstrating a positive correlation between self-care and life/job satisfaction, advocate for education programs that promote the health and well-being of nurses. They argue that instruction in self-care (nurturance) and the provision of nurturing work environments may be a means of ending the nursing shortage cycle and improving retention.

## 4. DISCUSSION

This literature review sought to identify the factors that contribute to nurses' job dissatisfaction as they represent potential impediments to the effective adoption of the Magnet program in hospitals in Qatar. Understanding these factors is expected to inform and guide nurse executive decisions at HMC in their endeavour to pursue a Magnet status designation. Results presented in the findings section focused predominantly on dissatisfiers (barriers) as they represent potential impedance factors to a Magnet certification. However, in an attempt to gain staff nurse support for the Magnet Recognition Program, it will also be helpful for senior administrators and middle managers to pay attention to satisfiers (enablers) so that strategies can be developed to reinforce the helping/facilitating factors, while concurrently addressing the hindering/impedance factors.

### 4.1 Nurse staffing

Literature analyzed in this review highlighted various issues related to nurse staffing that may negatively affect nurse motivation, performance, productivity, morale, organizational commitment, quality of care, patient outcomes and satisfaction. There is widespread support in the literature for the premise that adequate and safe nurse staffing is an essential requirement for the provision of quality care and is a common concern globally.<sup>[22]</sup> In discussing the dangers of inadequate staffing,<sup>[22]</sup> cautions that staff shortages and/or limited numbers of qualified nurses make it difficult for managers to align appropriate resources with patients' health conditions (acuity/complexity). It may result in floating staff from one unit to another and the use of temporary staff from different agencies, both of which cause added stress and dissatisfaction for hospital nurses. Yoder-Wise<sup>[22]</sup> further emphasizes that patient injury is directly connected with inadequate staffing and/or incompetent (unqualified) staff. She argues that if nurse managers wish to prevent liability, they have an obligation to provide adequate and competent staff to meet patient care needs.

### 4.2 Work environment

Abundant evidence was uncovered in this literature review about unhealthy work environments and undesirable work conditions that contribute to job dissatisfaction. Data suggest that hospitals with unsatisfactory working conditions have high turnover of nurses which creates a burden on remaining nurses within the institution. Therefore, if hospitals are hoping to achieve Magnet status, they need to come up with effective strategies which will enable them to create healthy work environments characterized by trust and openness that nursing staff perceive as satisfying and respectful.<sup>[23]</sup>

Aiken, et al.<sup>[15]</sup> identify that many organizations ignore the working environment. On the other hand, Aiken and her research peers observed that if employees feel the organization values them, they will double their commitment and sense of affiliation to the organization.<sup>[24]</sup> Armstrong and Laschinger<sup>[25]</sup> noted the challenges faced by hospitals in ensuring a culture of patient safety, while at the same time addressing concerns about work environments that negatively impact staff satisfaction and recruitment/retention. They surveyed 40 nurses working in a community hospital to obtain their perceptions about the presence of Magnet characteristics and structural empowerment (access to resources, information, support, opportunity, formal and informal power). Respondents perceived only moderate access to empowerment structures in their work environment; however, statistically significant positive correlations were found between overall empowerment scores and the professional practice environment (strong leadership, use of a nursing delivery model, collaborative relationships, patient safety culture). Results led Armstrong and Laschinger<sup>[25]</sup> conclude that access to empowering structures leads to positive nurse perceptions about the work environment.

Overall, the work of Laschinger and colleagues provides compelling support for the positive link between empowering work environments and job satisfaction, commitment, trust and reduced burnout.

### 4.3 Work relationships

Nurse-nurse, nurse-physician and nurse-manager relationships were highlighted in this review as vital to nurses' job satisfaction. However, conflict resulting from poor communication, lack of collaboration, mistrust or abuse were found to contribute to dissatisfaction. According to Siedelki and Hickson,<sup>[26]</sup> the quality of care that is offered to the patients can be affected by the relationship between the nurses and the physicians. Rude and disrespectful behavior by the nurses to the physicians or vice versa could lead to the provision of lower quality care to the patients. This is because these two parties are both important in the provision of care. There-

fore, their positive collaboration increases the chances of the provision of quality care.<sup>[26]</sup>

Johnson and King<sup>[27]</sup> note that, historically, the doctor-nurse relationship has evolved around an uneven power dynamic, characterized by doctor dominance and poor treatment of nurses. Disruptive physician behavior impacts negatively on nurse satisfaction and can lead to nursing turnover and shortages. On the other hand, evidence shows that nurses who participate equally with physicians in decision making about patient care showed high satisfaction, and low turnover and low burnout rates.<sup>[27]</sup>

#### 4.4 Discussion related to management styles

This review highlighted that the major challenges for leaders are to ensure adequate and safe staffing levels and to create work environments that promote nurses' job satisfaction, staff retention and the delivery of high-quality patient care. These are the conditions required to become a Magnet hospital. These goals can only be accomplished with the support of nurses.

Hospitals that have been successful in achieving Magnet status in the Middle East<sup>[21,28,29]</sup> used a shared governance model as an initial step in creating a professional culture that decentralized decision-making in order to empower and engage nurses. Mouro, et al.<sup>[21]</sup> note that rigid hierarchical organizational structures, typical in Middle East hospitals, are not compatible with decentralized decision-making or nurse empowerment required in the move towards Magnet status. As such, a shared governance model offers an effective means to counter control-focused, autocratic hierarchies.

Another hospital in Australia (Walker & Aguilera, 2013)<sup>[30]</sup> formally assessed nurses' satisfaction with the work environment using a survey. These strategies reflect an attempt and a willingness by nursing leaders in these organizations to be proactive, inclusive and innovative in undertaking the Magnet initiative. Seeking input from nurses about their practice and their work environments and involving them actively in the transformation process is the approach recommended by those who have made the Magnet journey approach.<sup>[21,28,29]</sup>

The philosophy and strategies used in the Middle East are similar to those advocated in other parts of the world to establish support for the Magnet Recognition Program. According to Heath, et al.,<sup>[23]</sup> specific solutions that focus on improving the work environment in line with Magnet values and characteristics are essential. These include providing a supportive and enabling leadership style, a non-rigid organizational structure and positive role modelling to promote

optimal communication, effective team building, collaborative relationships and staff empowerment. The end result will be nurses who feel they have control over their practice and who experience a sense that they are valued by their managers and their organization.<sup>[23]</sup>

#### 4.5 Professional development/career advancement opportunities

Results showed that job training and career development programs are important determinants of job satisfaction. This finding is consistent with other authors who assert that well trained nurses know the scope, as well as expectations of their jobs, and they will be able to improve their professionalism as they build their nursing career.<sup>[9]</sup> Achieving Magnet status requires not only the support of front-line nurses, but also time, commitment, energy, and sufficient budget to hire qualified human resources that can champion the initiative and use innovative strategies that support Magnet principles.<sup>[31]</sup>

The impact of these factors will have to be assessed by nurse leaders as the preparation for Magnet certification proceeds. Ensuring input from all nurses, as well as equal learning and career opportunities for every employee, regardless of nationality will be an important consideration.

## 5. CONCLUSION

Consistent with other published evidence,<sup>[32]</sup> this literature review provides support for the link between nurses' job satisfaction and the adoption of Magnet status. Because nurses' levels of job satisfaction, performance, morale and commitment to the organization can either positively or negatively impact the process of attaining Magnet status, nursing leaders need to be aware of the factors contributing to dissatisfaction so they can target areas for improvement in the path towards the Magnet goal. Becoming a Magnet organization requires a well-organized and smoothly implemented plan which can only be accomplished with an engaged, supportive, empowered nursing workforce.<sup>[4,21,28]</sup> Multiple authors acknowledge the immense effort required to prepare hospitals for Magnet certification.<sup>[9,13,28]</sup> Understanding and exploring the factors influencing adoption of Magnet status is vital for every hospital seeking this award. This literature review has shown some specific factors that contribute to job dissatisfaction among nurses and has highlighted the negative impact they may have on adopting the Magnet status within hospitals.

## CONFLICTS OF INTEREST DISCLOSURE

The authors declare no conflicts of interest.

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