

Job Satisfaction and Psychological wellbeing among mental Health Nurses

¹Dr Babalola Emmanuel Olatunde, ²Prof Olumuyiwa Odusanya

¹(FWACP, FMCPsych), Consultant Psychiatrist, Neuropsychiatric Hospital, Aro, Abeokuta, Ogun State Nigeria

²(FWACP), Professor of Community and Health, Lagos State University Teaching Hospital, Ikeja, Lagos State, Nigeria

E-Mail: phemmo99@yahoo.com

DOI: <http://dx.doi.org/10.15520/ijnd.2015.vol5.iss8.107.12-18>

Abstract: Most studies on job satisfaction among nurses in Nigeria have focused on general nursing specialities, with relatively little attention paid to mental health nursing. There is a global shortage of mental health nurses; this shortage is further complicated by constant emigration of these nurses from developing countries to more affluent countries. A better understanding of factors contributing to job satisfaction and psychological wellbeing among mental health nurses may help improve their working conditions with resulting benefits for the quality of nursing care. The aimed at assessing the prevalence and correlates of job satisfaction and psychological wellbeing among mental health nurses. The Minnesota Satisfaction Questionnaire (short version) was used to assess job satisfaction among 110 psychiatric nurses in June 2013. A questionnaire was used to elicit socio-demographic variables, while psychological wellbeing was evaluated using the General Health Questionnaire (GHQ- 12). Systematic random sampling technique was used to select the nurses. Mean age of respondents was 36.7 years, with age ranging from 20 to 54 years. There was a female preponderance among these nurses (67.3%). 5.5% reported low job satisfaction, 60% and 34.5% reported average and high level of job satisfaction respectively. Majority of these nurses reported positive psychological wellbeing (84.5%), while 15.5% had psychological distress. Job satisfaction had a positive significant relationship with psychological wellbeing ($X^2=15.13$, $p=0.003$). Job satisfaction was also significantly related to older age of respondents ($X^2=9.59$, $p=0.043$). Majority of the respondents in this study reported that they were satisfied with their work. Many of them also reported positive psychological wellbeing. There was a significantly positive relationship between job satisfaction and psychological wellbeing. Continuous efforts should be made to examine other factors in the work environment that can impact positively on the psychological wellbeing and job satisfaction among mental health nurses.

Job satisfaction has been defined in various different contexts and by various authors. Spector defined it as “the extent to which people like (satisfaction) or dislike (dissatisfaction) their job”. This definition depicts job satisfaction as a general or global affective reaction an individual have about his or her job¹. According to Porter and Lawler, job satisfaction was seen as a one - dimensional construct where one was generally dissatisfied or satisfied with his or her job². Other authors posited that job satisfaction was multi-dimensional. They explained that one

may be more or less satisfied with some aspects of his or her job which may include regular pay, conditions at work, promotion, colleagues etc³. Besides its’ answering the individual’s needs of physiology and security, if a job also affects the person’s feelings and values in a positive way, then it can be said that there is job satisfaction.⁴ Job satisfaction and morale of medical professionals is of concern worldwide.⁵ Workers who are satisfied with their work perform well, they also have reduced level of absenteeism and job changes⁶. Health workers who are satisfied with their work are likely to report high satisfaction in their marriages and fewer psychiatric symptoms.⁷ It has also been reported that health workers’ satisfaction is correlated with general life satisfaction⁴. This correlation is reciprocal as people who are satisfied with life tend to be satisfied with their job and those that are satisfied with their job tend to be satisfied with life. Job satisfaction directly impact on individuals health and wellbeing. Correlations have also been noted between job satisfaction and physical symptoms⁸, emotional states of anxiety⁹ and depression¹⁰. Several studies within and outside Nigeria have focused on job satisfaction among nurses. Some even reporting causal relationship between nurses retention at work and job satisfaction Aiken observed that retention of nurses on the job is crucial because shortage of nurses could lead to burn out, excessive workload and job dissatisfaction among the remaining nurses leading to greater turn-over rates and thereby compromising standards of nursing care.¹¹ Another research revealed that job satisfaction is an important facet of nurses’ lives that can affect patients’ safety, productivity, performance, quality of care and commitment to organization and profession.¹² Molinari opined that interactions with hospital have a strong positive impact on the level of job satisfaction among nurses. Encouraging, supportive, helpful and motivating co-workers were variables that significantly affect the level of satisfaction nurses derived from their work.¹³

The Nigerian Nursing Council in 2012 reported that there are 136,000 registered nurses in Nigeria; that is, 1 nurse to 1176 population.¹⁴ It may be difficult to ascertain the number of mental health nurses in Nigeria as there is frequent migration among them for greener pastures. The WHO in 2006 defined 57 countries as facing a critical shortage of nurses, that is, those having fewer than 2.3 nurses to 1000 population. In Africa, only Ethiopia reported a higher shortage of nurses than Nigeria.¹⁵

Mental health nurses work with people suffering from various psychiatric conditions and their families to offer help and support in ameliorating their conditions. The scope of their work include; caring for patients experiencing acute or chronic mental health conditions, assessing and evaluating patients' challenges and discussing the best ways to solve them. They also ensure correct dosing of medication including injections and monitoring results of treatment and conducting risk assessment.¹⁶ Several studies on stress among nurses have identified a variety of stressors that depend upon the clinical speciality. However, some common stressors across nursing specialities include poor working relationships between nurses and doctors and other health care professionals, demanding communication and relationships with patients and relatives, emergency cases, high workload, understaffing and lack of support or positive feedback from senior nursing staff. Most studies on stress and job satisfaction among nurses have focused on general nursing specialities, and relatively little attention has been paid to nurses working in psychiatric units.

A better understanding of these factors in mental health nursing may allow identification of strategies to improve the working conditions for these nurses with resulting benefits for the quality of nursing care. In view of the above, it is imperative to conduct more researches focusing on the level of job satisfaction and psychological wellbeing among mental health nurses in Nigeria. This will help to formulate policies and interventional strategy that will make the work environment and conditions more conducive and satisfying to these mental health professionals.

The aim of this study was to assess the prevalence and correlates of job satisfaction and psychological wellbeing among mental health nurses at the Neuropsychiatric Hospital, Aro, Abeokuta, Ogun State, Nigeria. It also aimed at exploring the relationship between job satisfaction and psychological wellbeing among these nurses

METHODOLOGY

This study was conducted at the Neuropsychiatric Hospital, Aro Abeokuta, Ogun State, Nigeria. This is a Federal Government owned psychiatric hospital established in 1954. It is a specialist tertiary institution with a nationwide catchment area.¹⁷ The hospital is staffed by psychiatrists, psychiatrists – in – training, mental health nurses, social workers, psychologists and other members of the mental health care team. It provides in-patient, outpatient, and 24-hour emergency services to mentally ill patients and patients with neuropsychiatric conditions. It has a total capacity of 546 beds. On the average, about 150 patients are seen daily at the out-patient clinic.

This was a descriptive cross sectional study of mental health nurses conducted in June 2013. The calculated sample size was 114. The sample size was calculated using the formula: $n = \frac{Z^2 pq}{d^2}$ (where $p=54\%$, prevalence of Job satisfaction among nurses in a similar setting in Northeastern Nigeria). A systematic random sampling method was used to select the nurses to participate in the study. Nurses were enrolled from all services in the hospital (inpatient, outpatients etc). The list of all the nurses in the Hospital was obtained from the Nursing Department (the total number of nurses was

334). The names were arranged in an alphabetical order. This formed the sampling frame for this study. The initial subject (14th) was selected using simple random sampling technique. Subsequently, every 3rd subject, counting from the initial subject was selected by systematic sampling technique from the sampling frame till the required sample size (114) was met. A socio-demographic questionnaire was designed by the researcher to obtain information on the mental health professionals' age, gender, marital status, religion, years of practice, qualification and monthly salary. The Minnesota Satisfaction Questionnaire MSQ (short version) developed by the Vocational Psychological Research unit of the University of Minnesota was used to assess job satisfaction. The 20-item short form of the MSQ is a popular measure that is self-administered and frequently used in job satisfaction research. It has been used in assessing job satisfaction among nurses in Nigeria.

In interpreting the MSQ, raw scores are converted to percentile, subjects who had a score of 75 percentile and above will be termed to have a high level of job satisfaction while those with a score of below 25 percentile will be termed to have low degree of job satisfaction. Those with scores between 25 and 75 percentile will be designated to have average degree of job satisfaction.

The General Health Questionnaire (GHQ) was used to measure current mental health status. The GHQ-12 is brief, simple and easy to complete and its application in research settings as a screening tool is well known in Nigeria.^{18,19} The GHQ-12 was used in this study. A score of 3 and above was taken to indicate psychological distress in the respondent.²⁰ Data Analysis was done using Statistical Package for Social Sciences (SPSS), version 16, and a p-value of less than 0.05 was accepted as the level of statistical significance. Chi square was used to test for association and logistic regression was done to determine variables that independently predicted job satisfaction.

RESULTS

The questionnaires were administered to 114 mental health nurses at the Neuropsychiatric Hospital, Aro, Abeokuta in July 2013. Four of the mental health nurses refused to participate in the study. This yielded 110 questionnaires (96.5%) for analysis.

The mean age of respondents was 36.7 years (± 7.43), the youngest was 20 years while the oldest 54 years. There was a female preponderance among the respondents as 74 (67.3%) were females and 36 (32.7%) were males. Ninety (81.8%) of the mental health nurses were married. Majority of the mental health nurses have between 1 and 3 children (47.3%).

Twenty one (19.1%) has between 4 and 5 children, while 23.4% have no children. Sixty eight (61.8%) nurses belong to junior cadre (Nursing officers I and II), while forty two (38.2%) belong to senior cadre (Senior Nursing Officer, Principal Nursing Officer, Assistant Chief Nursing Officer, and Chief Nursing Officer). Majority of the respondents were Christians (89.1%), while 10.9% were Moslems. Eighty five (77.3%) mental health nurses reported frequent participation in religious activities. The mean year at work is

9.1years (±6.6). Fifty seven (51.8%) had spent between 1 and 8years at work, 41 (37.3%) and 12(10.9%) had spent

between 9 and 18years and greater than 19years respectively. (Table 1).

Table 1. Socio-demographic characteristics and Level of Job satisfaction of Respondents

Characteristics	Frequency n (%)	
	n	%
AGE RANGE(years)		
20 – 39	113(66.5)	
40 – 59	57	(33.5)
MEAN (SD) years	36.7(7.43)	
GENDER		
Male	36	(32.7)
Female	74	(67.3)
MARITAL STATUS		
Single	20	(18.2)
Married	90	(81.8)
NUMBER OF CHILDREN		
None	26	(23.6)
1 – 3	63	(57.3)
4 – 5	21	(19.1)
CURRENT POSITION		
Junior cadre	68	(61.8)
Senior cadre	42	(38.2)
RELIGION		
Christianity	98	(89.1)
Islam	12	(10.1)
RELIGIOUS PARTICIPATION		
Frequently	85	(77.3)
Not frequently	25	(22.7)
LENGTH OF SERVICE		
1 – 8 years	57	(51.8)
9 – 18years	41	(37.3)
>19 years	12	(10.9)
Mean years at work (SD)	9.1 (6.6)	
LEVEL OF JOB SATISFACTION		
Low	6	5.5
Average	66	60.0
High	38	34.5

Table 2: Relationship between socio – demographic characteristics, psychological wellbeing and level of job satisfaction.

CHARACTERISTICS	JOB SATISFACTION			STATISTICS	
	HIGH	AVERAGE	LOW	X ² df	p-value
Age (years)n(%)	n(%)	n(%)			
20 – 39	18(27.7)	5(7.7)	42(64.6)	4.18	20.024
40 – 59	20(44.4)	1(2.2)	24(53.4)		
Gender					
Male	17(47.2)	18(50.0)	1(2.8)	4.08	2 0.130
Female	21(23.4)	48(64.9)	5(11.7)		
Marital Status					
Never Married6(30.0)	13(65.0)	1(5.0)	3.99	20.642	
Married	33(36.6)	52(57.8)	5(5.6)		
Number of Children					
None	6(33.1)	19(73.1)	1(3.8)	5.04	4 0.283
1 – 3	22(34.9)	36(57.1)	5(8.0)		
4 – 5	10(47.6)	0(0)	1(53.4)		
Work Cadre					
Senior	17(40.5)	23(57.8)	2(4.7)	1.06	2 0.588
Junior	21(31.0)	43(63.2)	4(5.8)		
Religion					
Christianity	34(34.7)	58(53.2)	6(6.1)	0.84	2 0.657
Islam	4(33.3)	8(66.7)	0(0)		
Regiousity					
Frequent	29(34.1)	50(59.8)	6(7.1)	2.13	2 0.711
Not frequent	9(36.0)	16(64.0)			
Length of Service(years)					
1 – 10	24(33.4)	45(60.8)	5(5.8)	1.02	2 0.601
>10	14(38.3)	21(58.3)	1(2.8)		
GHQ Score					
0 – 2	36(38.7)	55(59.1)	2(2.2)	15.13	2 0.001
3 – 12	2(11.8)	11(64.7)	4(23.5)		

Table 3 Logistic regression analysis showing predictors of job satisfaction

Variable	Beta	Wald	P - value	Odds Ratio	95% Confidence interval
GHQ Score	-1.281	10.14	0.006	0.278	0.058 – 0.824
Age range	1.368	6.582	0.468	0.345	0.784 – 1.465

The minimum score on the Minnesota Satisfactory Questionnaire (short version) was 36, the maximum score was 91. The mean value was 67.6 with a standard deviation of ± 1.14 . The median value was 68.5 and the mode was 70. The scores of job satisfaction were categorized into low, average and high levels of job satisfaction, using the 25th, 50th and 70th percentiles in the studied population. The cut off scores were 60, 68.5 and 76 respectively. There were six respondents who had low level of job satisfaction which is 5.5% of the respondents. Sixty six (60.0%) reported average level of job satisfaction. Participants with high level of job satisfaction were 38 (34.5%) (Table 1).

Ninety three (84.5%) mental health nurses had GHQ – 12 score of between 0 and 2, indicating no psychological distress, while 17 (15.5%) had GHQ – 12 score of between 3 and 12 indicating psychological distress. The mean GHQ – 12 score was 0.98 (± 1.55). (fig 1)

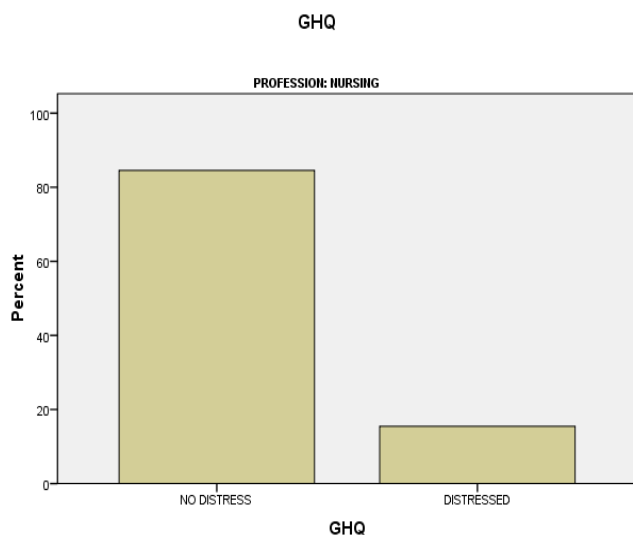


Figure 1. General Health Questionnaire (GHQ-12) Score of Respondents

NB

GHQ Score 0 – 2 = No distress, 3 – 12 distressed

Two (33.3%) nurses who reported low level of job satisfaction did not experience psychological distress, 55 (83.3%) nurses who reported average level of job satisfaction did not experience psychological distress while 36 (94.7%) nurses who reported high level of job satisfaction did not experience psychological distress in their care giving role. These differences were statistically significant ($X^2 = 15.13$, $df=2$, $p=0.001$), with higher proportion of those who reported low and average level of job satisfaction experiencing psychological distress. More respondents in the older age ranges reported higher levels of job satisfaction. While 27.7% of respondents aged 20 to 39 years reported high level of job satisfaction, 44.4% of those between 40 and 59 years reported high level of job satisfaction respectively. These differences were statistically significant ($X^2 = 9.59$, $p = 0.024$).

More males than females reported high level of job satisfaction (47.2% VS 23.4%). This difference was not statistically significant ($X^2 = 4.08$, $p= 0.130$) Socio-demographic characteristics such as marital status, number of children, work cadre, religion, and length of years in service were not significantly associated with level of job satisfaction. The result of logistic regression analysis showed that only psychological wellbeing (GHQ Score) made unique contribution to job satisfaction.

DISCUSSION

It was observed that 60% of the respondents had average level of job satisfaction, while those with high levels of job satisfaction were 34.5% of the respondents; in addition 6 respondents had low level of job satisfaction which is equivalent to 5.5% of the respondents. This is in contrast to the level of job satisfaction that was discovered among nurses in South Africa²¹ in which 42% of the South African nurses had low levels job satisfaction. Furthermore, different levels of job satisfaction have also been identified among other occupations. In Nigeria, studies among doctors in University of Benin Teaching hospital, 54% of the doctors had low level of job satisfaction²². In addition, 23.6% of psychiatrists have also been reported to manifest burnout (i.e. emotional exhaustions, depersonalisation and low personal accomplishment) in relation with their work²³. In contrast, Sehlen found nurses to have more low levels of job satisfaction compared with the physicians, radiographers and the physicists²⁴. The different levels of job satisfaction obtained in the different occupational group may be due to the different way people perceive their job and the different work environment that they have found themselves^{25,26,27}

The concept of job satisfaction among nurses has been researched in various parts of the world. Aiken and Clark in 2002, reported that more than 40% of the nurses working in United States of America were dissatisfied with their jobs²⁷. In another study in the United States, 67% of advance practice nurses were satisfied with their jobs and did not plan to seek new employment. They reported that the most significant predictors of job dissatisfaction were salary, monetary bonuses, reward distribution and compensation for activities beyond duties²⁸. In a survey conducted in 12 European countries, including 2900 nurses based in 40 hospitals in the United Kingdom the researchers found 42% of England's nurses suffer from burn out syndrome, while 44% were dissatisfied with their job. They reported that England's nurses were working in highly pressurised environment resulting in low level of job satisfaction.²⁹ Selebi and Minnaar describe levels of job satisfaction using the Minnesota Satisfaction questionnaire among nurses in Gauteng, South Africa, and reported that generally nurses experienced low satisfaction (42%) with the aspects of their job such as motivation, opportunity for creativity, innovation and responsibility. They also found very low levels of job satisfaction (22%) with aspects of their job

such as supervision, working conditions, work policies, job security and salaries.^{21,30}

Studies done in Nigeria have also reported varying levels of job satisfaction among nurses. A cross sectional survey among 128 nurses in Kaduna reported that 66.4% were satisfied generally with their job while 33.6% were not satisfied. 83.6% were not satisfied with remuneration while 53.9% with management of their hospital. The authors found a significant relationship between remuneration and job satisfaction.³¹ Another study among nurses in Ekiti state explored the relationship between job satisfaction and work environment. The authors found that a majority (67.1%) of the nurses had low degree of job satisfaction. They reported that provision of modern equipment for work and prompt salary were the most important factors suggested as capable of increasing their job satisfaction.³² These differences while highlighting the complex nature of job satisfaction, may also reflect the different criteria used for assessing job satisfaction. Differences in methodology, instruments used, socio cultural characteristics of the various respondents may have contributed to the observed variation in job satisfaction among these nurses.

In this study, older age of respondents was significantly associated with high levels of job satisfaction. Other socio-demographic characteristics such as gender, marital status, religion and length of service were not significantly associated with levels of job satisfaction. This finding is similar to a study in China that reported that increasing age among nurses has a positive effect on level of job satisfaction.³³ The reasons for this may be that older nurses enjoy increasing responsibilities and are treated fairly by hospital management. It may also be that for older nurses their expectations may have been modified by their own experiences and may have diminished gradually. Another reason may be that they have good job security and salary. Majority (84.5%) of the mental health nurses in this study did not have psychological distress, while only 15.5% had a GHQ 12 score of 3 and above, indicating psychological distress. Psychological distress among mental health nurses can lead to problems in health and safety. Mood and sleep disturbances, stomach upset, headaches, and disrupted familial relationships are common early manifestations of stress. In addition, rapidly accumulating evidence suggests that stress at work plays an important role in high blood pressure and elevated cholesterol level, cardiovascular diseases, infectious and autoimmune diseases, anxiety and depression, and accidents and injuries.³⁴⁻³⁶ Many studies on stress among nurses have reported the effects of such stress on nurses' health and well-being. There appears to be general agreement that the experience of work-related stress generally detracts from the quality of nurses' working lives, increases minor psychiatric morbidity, and may contribute to some forms of physical illness, with particular reference to musculoskeletal problems, anxiety and depression.³⁷

In this study, there is a significant positive relationship between job satisfaction and psychological wellbeing. Respondents with psychological distress also reported low levels of job satisfaction. It cannot be ascertained from this study if the low level of job satisfaction was producing the psychological distress or the fact that these respondents

already had psychological distress which is bringing about their dissatisfaction with their job. Several studies have reported relationship between job satisfaction and psychological wellbeing among health professionals. A study on job satisfaction among physicians indicated that prolonged dissatisfaction may result in poor psychological wellbeing for health care giver and those employees who are satisfied with their work likely report high satisfaction in their marriages and fewer psychiatric symptoms. Reported correlated of physicians' satisfaction with general life satisfaction was also observed to be reciprocal, as people who are satisfied with life were reportedly better satisfied with their job and those that are satisfied with their job tend to be satisfied with life.³⁸ Respondents with psychological distress will likely visit their health care provider more frequently, which will lead to increase absenteeism from their job. Also employees who are not satisfied with their job will not look forward to attending to their duties on a regular basis and will not derive joy and satisfaction from caring for their patients.

Studies comparing mental health nurses with other group of nurses have found that mental health nurses were less stressed than other specialities. However, most stressors identified are common to both mental health and general nurses, and stress seems to arise from the overall complexity of nurses' work, rather than specific tasks required within hospital settings. Dolan identified significantly lower levels of burnout in psychiatric nurses compared with general nurses. She suggests that this is so because psychiatric nurses have the opportunity to express their opinion in a multidisciplinary team whereas general nurses have fewer opportunities to do this. Thus, this aspect of their work appears to protect mental health nurses from the levels of stress and burnout experienced by their general nursing counterparts.³⁹⁻⁴⁰

Dawkins *et al* developed the Psychiatric Nurses Occupational Stress Scale (PNOSS) to identify sources of stress specifically in psychiatric nurses. In a telephone survey of 43 psychiatric nurses randomly selected from the workforce of a large psychiatric hospital they found that negative patient characteristics accounted for 9% of stressors and physical threats from patients were also very stressful for nurses, 21% of the stressors that psychiatric nurses (n= 43) reported were related to staff conflicts. The highest stressors were 'working with poorly motivated staff', 'working with persons who resent new ideas' and 'having a doctor who fails to notify staff of changes in patient's order' as well as 'convincing doctors to order adequate medication'. In addition, some of the items that the authors included in the subscale of 'staff performance' can be considered also to relate with professional relationships. For instance, 'dealing with a hassle that occurs when you try to take action against incompetent staff' was rated highly as a stressor by psychiatric nurses. This study is valuable because it highlights some sources of stress encountered by nurses who work in a public mental hospital. However, its results should be accepted cautiously because of the small and heterogeneous sample. Most subjects were in supervisory roles and thus were involved more with administration rather than directly with patient care.⁴¹

Few of the respondents reported low levels of job satisfaction. Older mental health nurses were more satisfied with their work than the younger nurses. Psychological wellbeing was significantly related to the level of job satisfaction. With higher prevalence of psychological distress among respondents dissatisfied with their work. Curiously, none of the socio-demographic characteristics was significantly related to psychological wellbeing in this study.

These findings suggest that there is a need to focus on knowledge the development of preventive strategies against psychological ill health and providing treatment as well as rehabilitation for nurses with psychological distress in the work place. It is expected that improvement in the level of job satisfaction, as well as mental health should ensure high quality job performance. Efforts should be made to provide more formalised training for nurses. More facilities should also be provided for the nurses to ease the rigor of their work. Easy access to recreational activities can help with stress management.

REFERENCES

- [1]. Spector P. Job satisfaction: Application, assessment, causes and consequences.1997 Thousand Oaks. John Wiley & Sons
- [2]. Lawler E, Porter L. Managerial Attitudes and Performance. Dorsey- Irwin Journal. 1968. 56: 234 – 38.
- [3]. Smith P, Hulin C. An empirical investigation of the two factor theory of job satisfaction.Journal of Applied Psychology. 1997. 51(5) 396-407.
- [4]. Erdogan O. Job satisfaction status of primary school teachers. Human Resources for Health. 1994. 67: 345 -56
- [5]. Huby G, Gerry M, Porter M, Shaw J, Wrate R. Morale among general Practitioners: qualitative study and personal style and workload. BMJ 2002 325: 140
- [6]. Robbins S. (1998): Organizational behaviour concepts controversies and application. Prentice Journal 31(2) 22-26.
- [7]. Lewis J, Barhart F, Howard B, Nace E. Work satisfaction in the lives of physicians. Tex. Med. 1993 89: 54-61.
- [8]. Begley P, Czajka M. Relationship between Job satisfaction and Organizational Commitment. Journal of American Science 1993 3: 45 – 60.
- [9]. Jex R, Gudanowski T. Job satisfaction among Nurses in general practice. British Nurs. J. 2010; 23(4): 567-75
- [10]. Barlings T, Burns U. Factors affecting retention and turn over among Nurses in America. American Journal of Nursing 2009: 43(4): 345 - 54
- [11]. Aiken L. United States Nurse Labour market: dynamics are key to global nurse sufficiency. Health Service Research 2007. 42(3): 1299 – 1320.
- [12]. Murrellis T, Robinson S, Griffiths P. Job Satisfaction trends during nurses early career. Biomed Jour. 2008.34: 37 – 45
- [13]. Molinari D, Monserud M . Rural nurse job satisfaction.Rural and Remote Health. 2008. 8(4): 1055- 59.
- [14]. Konsiantinos N, Christina O. Factors influencing stress and job satisfaction of nurses working in psychiatric unit. Health Science Journal. 2008. 2(4): 183 – 195.
- [15]. The Nigerian Nurses Council 2012 Report.....www.nursingworldnigeria.comassessed 10/06/2013
- [16]. World Health Organization. The global shortage of health workers and its impact.World HealthOrganization 2011 Report.
- [17]. Jones, J. G., Janman, K., Payne, L. R and Rick, T. Some determinants of stress in psychiatric nurses.International Journal of Nursing Studies 1987, 24 (2), 129-144.
- [18]. Sullivan, J. P. Occupational stress in psychiatric nursing. Journal of Advanced Nursing 1993, 18, 591-601.
- [19]. Mcleod T. Work Stress Among Community Psychiatric Nurses. Br J Nursing 1997 6 (10) 596 -74
- [20]. United States Department of Health and Human Services, Health Resources and Service administration2010. The Registered Nurse Population: Initial findings from the 2008 National Sample Survey of RegisteredNurses.
- [21]. Selebi C, Minnaar A. Job Satisfaction among Nurses in a Public Hospital in Gauteng. Curationis 2007.30(3): 1 - 9.
- [22]. Ofili, A. Asuzu, M, Isah, E and Ogbeide, O. Job satisfaction and psychological health of doctors atUniversity of Benin Teaching Hospital. Occupational Medicine, 2004 54: 400-403.
- [23]. Coker, A. and Omoluabi, P Burnout and stress reaction among psychiatrist working in Lagos, Nigeria. Ife Psychologia 2010 18(1):2-5
- [24]. Sehlen, S., Vordermark, D., Christof, S., Herschbach, P., Baye. Job stress and job satisfaction of physicians, radiographers, nurses and physicists working in radiotherapy: a multicenter analysis by the DEGRO Quality of Life Work Group. Radiation Oncology, 2009 4(6): 1-9.
- [25]. Mercer D. Job Satisfaction and the Secondary Head teacher: The creation of a model of job satisfaction School Leadership & Management, 1997 17(1): 57- 68.
- [26]. Hean, F, Sarah K and Garrett, R. 'Sources of Job Satisfaction in Science Secondary School Teachers inChile', Compare: A Journal of Comparative and International Education, 2001 31(3):363 – 379.
- [27]. Oplaka, K Izhar G and Mimonrivka F. 'Women principals' conceptions of job satisfaction anddissatisfaction: an alternative view? International Journal of Leadership in Education 2008 11(2): 135-153.
- [28]. Aiken L, H Clark S, P, SloareD , M. Hospital Staffing, organization and quality of care: Cross – national findings. Nursing Outlook. 2002 50: 187 – 194
- [29]. Darcie G, Joyce F, McNulty R, Nurse Practitioners Job Satisfaction and intent to leave current positions, nursing profession and the nurse practitioners role as a direct care provider. American Academy of Nurse Practitioners 2010 2: 1745 – 75
- [30]. Leon Watson. Nurses in England feel worse about their jobs than most of Europe. British Nursing Journal 2012. 3: 456 – 62.

- [31]. Rubin Pillay. Work Satisfaction of Professional nurses in South Africa: A comparative analysis of the public and private sectors. *Human Resources for Health*. 2009. 2: 7 - 15
- [32]. Nabirye R. Occupational stress, Job satisfaction and Job Performance among nurses in Kampala Uganda. 2012. *Proquest* 3: 1 – 38.
- [33]. Achema G, Afoi B. Job Satisfaction among Nurses in Kaduna state, Nigeria. *West African Journal of Nursing*. 2012.. 23(2): 32 – 36
- [34]. Ayanlowo J, Irinoye O, Oladoyin A, Job Satisfaction and Work Environment of Primary Health care Nurses in Ekiti State Nigeria: an Exploratory study. 2013. *International Journal of Sciences* 6(3): 531- 43.
- [35]. Haijuan W. Main Factors influencing nurse job satisfaction: A cross country study. Dissertation submitted to Kristianstad University College. 2006. Department of Business Administration and Economics
- [36]. Cox K. Inpatient Nurses and their work Environment. *Nursing Leadership forum* 2002; 7(1):34 – 37
- [37]. Birch L. Stress in Midwifery Practice: an empirical study. *British Journal of Midwifery*. 2001; 9(12):730 –4
- [38]. Healy C, Mckay M. Nursing stress, the effects of coping strategies and job satisfaction in a sample of Australian nurses. *J. Adv. Nursing*. 2000; 31(3): 681-8
- [39]. Jackson S. The human face of Nursing. *Nursing Mirror*. 1984; 2: 156-9
- [40]. Omolase. C, Seidu, M, Omolase, B., Agborubere, D. Job satisfaction amongst Nigerian ophthalmologists: an exploratory study. *Libyan J Med* 2010; 5: 4629 -35
- [41]. Muscroft, J. and Hicks, C. A comparison of psychiatric nurses' and general nurses' reported stress and counselling needs: a case study approach. *Journal of Advanced Nursing* 1998, 27, 1317-1325.
- [42]. Mansfield, K. P., Yu, C. L., McColl, W., Vicary, R. J., and Packard, S. J. The job context index: a guide for improving the “fit” between nurses and their work environment. *Journal of Advanced Nursing* 1989, 14, 501-508.
- [43]. Trygstad, L. N. Stress and coping in psychiatric nursing. *Journal of Psychosocial Nursing* 1986, 24 (10),23-27.