Nurses' Job Satisfaction within the Context of Asian Cultures: A Concept Analysis

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Abstract: There is a nursing shortage throughout the world. Part of this shortage appears to be due to nurses' low job satisfaction, low retention and high turnover. Within Western countries, a nurse's salary has been recognized as the most important job satisfaction attribute. However, nurses, throughout Asia, resign their jobs despite receiving an increase in salary. In addition, the concept of job satisfaction has not been examined extensively among nurses in Asian countries. Therefore, the aim of this concept analysis was to examine, using Walker and Avant's approach to analysis, the concept, job satisfaction within the context of Asian cultures. A literature search of articles, published between 2000 and 2010, was performed using CINAHL, Ebosohost, Sciencedirect, Medline, PsyINFO, Pubmed and Cocrane Library. The key words used, in the search, were job satisfaction, nurse retention and psychometric assessment.

Seven defining attributes for job satisfaction, within the context of Asian cultures, were revealed, including: social support/relationships, workload, incentives, professional status, work environment, administration, and autonomy. Social support/relationships, workload, and incentives were found to be the most influential attributes of job satisfaction within the context of Asian cultures, followed by professional status, work environment, administration, and autonomy. Antecedents of the concept were found to include being: a professional nurse; gainfully employed; and, employed within a health care setting in an Asian culture. Consequences of the concept were identified as: likelihood of increased work productivity; decreased levels of workplace stress; increased nurse retention within the workplace; increased quality of patient care; decreased organizational expenditures on nurse recruitment and retention efforts; increased quality of national health care; and, increased co-worker/employer satisfaction. Cases (model, borderline and contrary) are presented for the purpose of demonstrating the presence and/or absence of the concept's defining attributes. Finally, empirical referents for assessing the presence of the concept are presented and discussed.

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Background and Significance

A shortage of nurses exists on all continents, including Asia.[1] There appears to be two major factors related to the shortage of nurses: a high turnover rate, especially in the private sector, regardless of salary; and, a decline in the percentage of nurses staying in the profession.[2] As a result, nurses who remain in the profession have increased workloads,

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resulting in many of them being exhausted, stressed out, unhappy, unmotivated, dissatisfied with their jobs and discouraged.[3,4] All of these issues can contribute to nurse resignations.[3,4]

A Nurse Early Exit study (NEXT), involving 77,000 nurses from ten countries, was performed for the purpose of obtaining information on: learning life-styles; reasons for leaving the nursing profession; working environments; and, factors influencing nurses' early resignations.[5] The NEXT results revealed the primary factors contributing to nurses leaving the profession early were: health problems; stress in the workplace; and, job dissatisfaction. In addition, low job satisfaction has been found to result in nurses becoming burned out and having a high rate of turnover.[6]

Health care administrators are challenged to improve the nurses' work environment in order to enhance nurses' job satisfaction, as well as their retention. Otherwise, they risk experiencing: poor quality patient care; poor work performance on the part of nurses; institutional financial instability from recruitment and training;[7] and, inability to meet minimum national hospital accreditation standards.[8] Even though job satisfaction extensively has been researched among nurses in Western countries, limited study of the topic has been undertaken in Asia. Asian nursing literature has pointed out that, although nurses in general perceive job satisfaction to be of moderate importance, it tends to be of little importance among young members of the profession.[9-13] In addition, while salary, promotion, administration, autonomy and workload are known to be contributing factors to Western nurses' job satisfaction,[9,14,15] they may not be important to the job satisfaction of nurses in Asia. For example, salary has been found to be a strongest indicator of nurse retention in Western countries,[16-18] yet nurses in Asia resign from their jobs despite having been offered a higher salary.[2] Thus, one has to wonder what factors influence job satisfaction among nurses in Asian countries.

The aim of this concept analysis, therefore, was to examine, using Walker and Avant's approach,[19] job satisfaction within the context of Asian cultures. Knowledge gained from this analysis may prove helpful in development of job satisfaction measurements that are culturally sensitive to nurses in Asia.

Method

Concept analysis, according to Walker and Avant,[19] is a process that allows for examination of a concept in regards to its definitions, defining attributes, antecedents, consequences and empirical referents, as well as its application through the use of model, borderline and contrary cases. In preparation for the analysis, relevant literature was reviewed. Criteria for the literature to be examined on the concept, job satisfaction within the context of Asian cultures, included articles that: appeared in English and Thai peer-reviewed publications; were published between 2000 and 2010 (since job satisfaction is a time-sensitive subject); and, addressed job satisfaction within the context of Asian cultures. A manual search of the literature, in Thai and English language nursing journals, using specific key words (job satisfaction, nurse retention and psychometric assessment) was conducted, as well as an online search via CINAHL, Ebscohost, Sciencedirect, Medline, PsyINFO, Pubmed and the Cochrane Library.

A total of 1,337 published articles regarding job satisfaction, nurse retention and psychometric assessment were located. However, 1,323 of the located articles were determined to be irrelevant because they were not within the context of Asian cultures or lacked scholarship.

Thus, a total of 14 articles were deemed appropriate for this concept analysis (see **Table 1**). In addition to the published articles reviewed, four English language dictionaries were used for the purpose of identifying existing definitions for job satisfaction.

Table 1 Summary of Studies Related to Nurses' Job Satisfaction within the Context of Asian Cultures

Authors	Countries	Samples	Findings
Tzeng[29]	Taiwan	648 hospital nurses	Direct work environment, salary, promotion and challenge at work were found to be the strongest job satisfaction predictors of intention to quit ones' job.
Lee, Holzemer, Faucett[28]	Taiwan	770 hospital nurses	The Nurses Stress Scale, after being translated into Chinese, was found to be a valid and reliable instrument for measuring work stress (death/dying, workload, conflict with physicians, inadequate preparation, lack of support, conflict with other nurses and uncertainty concerning patient treatment) in Taiwanese nurses.
Lin, Wang, Li, Huang[12]	Taiwan	360 hospital nurses	Two instruments, the Nurses' Job Satisfaction Scale (NJSS) and the Nurses' Professional Commitment Scale (NPCS), were examined for use with nurses in Taiwan and found to demonstrate acceptable psychometric properties. Regarding the JNSS, four factors (human relationships, benefits/promotions, job environment and workload) were found to significantly influence job satisfaction. For the NPCS, three factors (professional compliance, involvement in the profession and retention of nurses) were found to significantly influence professional commitment.
Chen, Chu, Wang, Lin[26]	Taiwan	308 hospital nurses	Involvement, positive and negative affectivity, resource inadequacy, autonomy, routinization and peer support were found to have main effects on job satisfaction.
Pongruengphant, Tyson[14]	Thailand	200 hospital nurses	Workload, the primary source of occupational stress, was found to be significantly and directly related to crying when nurses were intrinsically satisfied with their job. Nurses with low intrinsic job satisfaction were found to benefit from emotional crying, whereas dissatisfied nurses, who infrequently cried, had the highest level of stress. The findings suggest that crying among nurses with low intrinsic satisfaction may buffer stress by attracting support from colleagues.

Table 1 Summary of Studies Related to Nurses' Job Satisfaction within the Context of Asian Cultures (Cont.)

Authors	Countries	Samples	Findings
Charuluxananan, Kyokong, Tamdee[9]	Thailand	290 nurse anesthetists	Lack of sufficient anesthesiologists in the hospital, being of male gender and conflict with surgeons were found to be negative factors associated with job satisfaction of nurse anesthetists, while family support and chances for promotion/high salary were found to be positively associated with job satisfaction.
Tyson, Pongruengphant[15]	Thailand	347 hospital nurses	Over a five year period, nurses in the same hospital (public and private) were found to experience significant increases in workload that required more shifting of priorities, involvement with life and death situations, and pressure from being required to perform tasks beyond their competency. Although nurses from the public hospitals reported more stress than those from private hospitals, they experienced more job satisfaction which was attributed to age, improvement in monetary compensation, and organizational support. Intrinsic job satisfaction was found to be higher than extrinsic job satisfaction among nurses. When job satisfaction was examined in terms of intrinsic factors, nurses became increasingly satisfied with their social status (social support/relationships) within the workplace, professional independence (autonomy), and feelings of accomplishment and opportunities to make use of abilities (professional status).
Wacharobol[8]	Thailand	318 hospital nurses	Factors found to be positively correlated with job satisfaction were educational level, financial status, age and duration of work. Factors found to be negatively correlated with job satisfaction were the number of members in the family and the location of the nurses' homes in reference to the place of employment.

Table 1 Summary of Studies Related to Nurses' Job Satisfaction within the Context of Asian Cultures (Cont.)

Authors	Countries	Samples	Findings
Sui[27]	Hong Kong	Two groups of hospital nurses (Group1:144 nurses & Group 2: 114 nurses)	In Group 1, occupational type (psychiatric/general nurse), environment (physical conditions in work area) and psychological distress were found to be predictors of job satisfaction. In Group 2, well-being (social relations, welfare and health issues) was found to be a predictor of job satisfaction. In Group 1, age, involvement (degree of commitment displayed toward employees by organization), psychological distress, and job satisfaction were predictors of absenteeism. In Group 2, occupational type, organization (interaction between workers and organization) and involvement were found to be predictors of absenteeism.
Seo, Ko, Price[21]	Korea	353 hospital nurses	Four structural variables (workload, supervising support, routinization and pay), two psychological variables (positive and negative affectivity), and one situational variable (job opportunity) were found to have a significant net effect on hospital nurses' job satisfaction
Saifuddin, Hongkrailert, Sermsri1	Indonesia	215 health center nurses	Educational level, travel time to work (which can affect relationships with family members), professional training, amount of professional training attended in the past two years, recognition, salary/benefits and working conditions were found to have a significant association with job satisfaction.
Lu, While, Barribal.[33]	China	512 hospital nurses working on medical and surgical units	The majority of nurses (53.7%) were found to be satisfied or very satisfied with their jobs, with only 15% feeling moderate to severe occupational stress. The vast majority reported high levels of organizational commitment (63.7%) and professional commitment (85.9%), with only 5.9% and 10%, respectively, indicating role conflict and role ambiguity often or very often. Nurses with a diploma or associate degree reported greater professional commitment and lower role conflict than those with a baccalaureate degree However, based upon educational level, no significant differences were found regarding job satisfaction, organizational commitment, occupational stress and role ambiguity. The major workplace stressors were found to be workload, time pressures and deadlines, difficult patients, staff shortages, and involvement with life and death situations.

Table 1 Summary of Studies Related to Nurses' Job Satisfaction within the Context of Asian Cultures (Cont.)

Authors	Countries	Samples	Findings
Li, Lambert.[25]	China	102 intensive care nurses	The best predictors of job satisfaction were found to be the workplace stressors of workload and uncertainty about patients' treatment; the demographic characteristic of years of nursing experience; and the coping methods of behavioral disengagement and positive reframing.
Li, Lambert.[32]	China	102 intensive care nurses	The most frequently cited workplace stressor was workload, while the most commonly used coping strategy was planning. The demographic characteristics of age, years of experience in nursing and years of experience on the current clinical unit were found to be positively correlated with the job satisfaction factor of salary. Workload and lack of support from others was found to be negatively correlated with the job satisfaction factor of salary. Salary was found to be positively correlated with job promotion. Negative correlations were found among basic nursing education and the job satisfaction factors of supervision, co-workers, nature of work and communication. The job satisfaction factors of salary, promotions and fringe benefits were found to be associated with age. Years of experience and the job satisfaction factors of pay, promotion, fringe benefits and contingent rewards were found to be positively associated. Negative correlations were found between workload and all of the job satisfaction factors (salary, promotion, supervision, fringe benefits, contingent rewards, operating procedures, co-workers, nature of work and communication). Negative correlations were found among various workplace stressors (workload, uncertainty about treatment, conflict with other nurses, conflict with physicians, inadequate preparation, death/dying and lack of support) and each of the job satisfaction factors.

Analysis of Nurses' Job Satisfactio within the Context of Asian Cultures

Definitions of Nurses' Job Satisfaction: Although a number of definitions of job satisfaction were found, it was noted that, in general, the concept was described as the affective orientation an employee has towards his/her occupation.[20] In other words, a pleasurable or positive emotional status resulting from the evaluation of one's job or job experience.[6] In short, job satisfaction was seen as the degree to which employees like their work experience.[21]

Similarly, a compilation of definitions of "job" and "satisfaction" from the Online Oxford Dictionary,[22] Online Merriam-Webster Dictionary[23] and Encarta World English Dictionary (North American Edition),[24] suggest a: pleasurable, emotional state; happy feeling; good attitude; positive belief; and, fulfillment of needs that one has towards a paid occupation, assignment or role in function. Thus, all of these definitions reflect a sense of emotional pleasure and fulfillment one has about the job/occupation activities in which a person engages.

Defining Attributes of Nurses' Job Satisfaction within the Context of Asian Cultures: The task of determining the defining attributes of a concept involves examining as many of the different instances of the concept as possible, noting the particular characteristics of the concept that repeatedly appear. This list of characteristics is referred to as the defining attributes.[19] The appearance of each attribute, in articles reviewed, is counted so as to determine its level of importance in defining the concept under examination. The defining attributes of nurses' job satisfaction within the context of Asian cultures were found to be, in descending order of importance: social support/relationships [11 articles]; workload [11 articles]; incentives [8 articles]; professional status [6 articles]; work environment [6 articles]; administration [3 articles]; and, autonomy [2 articles]. The attributes are individually discussed in the following paragraphs.

Table 2 Defining Attributes of Nurses' Job Satisfaction within the Context of Asian Cultures

Defining Attributes	Sources
Social Support/ Relationships 11	Charuluxananan, Kyokong, Tamdee;[9] Chen, Chu,Wang, Lin;[26] Lee, Holzemer, Haung;[28] Li, Lambert;[32] Lin, Wang, Li, Huang;[12] Pongruengphant, Tyson;[14] Saifuddin, Hongkrailert, Sermsri;[1] Sui;27 Soe, Ko, Price;[21] Tyson, Pongruengphant;15 and, Wacharobol.[8]
Workload 11	Chen, Chu, Wang, Lin;[26] Lee, Holzemer, Faucett;[28] Li, Lambert;[25] Lin, Wang, Li, Huang;[12] Lu, While, Barriball;[33] Pongruengphant, Tyson;[14] Soe, Ko, Price;[21] Sui;[27] Tzeng;[29]Tyson, Pongruengphant;[15] and, Charuluxananan, Kyokong, Tamdee.[9]
Incentives 8	Lin, Wang, Li, Huang;[12] Saifuddin, Hongkrailert, Sermsri;[1] Soe, Ko, Price;[21] Tyson, Pongruengphant;[15] Li, Lambert;[32] Wacharobol;[8] Charuluxananan, Kyoking, Tamdee;[9] and, Tzeng.[29]
Professional Status 6	Chen, Chu, Wang, Ling;[26] Pongruengphant, Tyson;[14] Tyson, Pongruengphant;[15] Charuluxananan, Kyokong, Tamdee;[9] Saifuddin, Hongkrailert, Sermsri;[1] Lu, While, Barribal.[33]
Work Environment 6	Charuluxananan, Kyokong, Tamdee;[9] Saifuddin, Hongkrailert, Sermsri;[1] Chen, Chu, Wang, Huang;[26] Lee, Holzemer, Faucett;[28] Lin, Wang, Li, Huang;[12] and, Sui.[27]
Administration 3	Li, Lambert;[32] Tyson, Pongruengphant;[15] and, Sui.[27]
Autonomy 2	Chen, Chu, Wang, Ling;[26] and, Tyson, Pongruengphant.[15]

The presence of *social support/relationships* has been found to be a major attribute of nurses' job satisfaction within the context of Asian cultures.[12,25,26] Research has noted that, for some Asian nurses, a positive social relationship with nurse managers is one of the best predictors of job satisfaction.[27] However, conflict with other nurses and lack of support can lead to work stress.[28] In the past, nurses working in Asian countries have failed to have significant support from or relationships with fellow nurses or administrators in the workplace. However, more recently this has changed and nurses are receiving increased positive support from fellow nurses and administrators which, subsequently, has lead to a decrease in their level of workplace stress.[14,15] In fact, research has noted when positive social support/relationships exist within a health organization, the nurse turnover rate is reduced.[15,29] However, for some young Asian nurses, support from co-workers shows an insignificant effect on job satisfaction. This may be due to the influence individualism (more commonly a Western concept) has played in the development of their belief systems.[21]

In addition, support from and positive relationships with family members has been found to play an important role in job satisfaction because it tends to increase, by 3.2 times, the nurses' work role satisfaction.[9] In the Thai culture, it is likely that nurses who are able to obtain support from family members are able to vent their feelings about workplace stressors when they come home from their places of employment. The number of family members living in the nurses' household, as well as travel time to work, have been found to be related to job satisfaction.[1,8] As the number of family members in a household increase, so do domestic responsibilities. As travel time to work increases, a decrease in available time to meet the domestic demands of a household can occur. However, when spouses share childcare and household duties, nurses' stress levels have been found to decrease.[30] When burdens at home decrease, as a result of family social support/relationships, nurses are better able to engage in positive relationships at work which, in turn, are likely to foster job satisfaction.

Between 1999 and 2003, an increase in the aged population and changes in the cost/demands for health care have affected the functioning of hospitals in developing countries.[31] Thus, financial constraints have lead health care organizations to decrease the number of paid employees.[9] This, in turn, has significantly increased the workload of nurses. As a result, when their *workload* has increased, nurses' level of job satisfaction has decreased. Thus, workload has been found to be the number one predictor of how satisfied nurses, in Asian countries, are with their jobs.[12,14,15,21,25-28,32, 33]

Difficulties at work, such as having to shift patient care priorities, being involved in life and death situations and being expected to perform at a level beyond one's professional competency, have been found to contribute to higher workloads for nurses.[15] Not surprisingly, dealing with life and death situations has been found to impact nurses' job satisfaction.[14,15,28] The circumstances surrounding death and dying require more time and professional skills on the part of nurses, which, subsequently, increases their workload. Since advanced directives for dealing with dying patients do not fully function in many Asian countries, nurses have had to rely solely on physicians' orders. However, if a code status exists for each patient, nurses are better able to efficiently and effectively carry out the needed treatment plan, which, in turn, can facilitate fewer demands on their workloads.

Incentives, another major attribute of nurses' job satisfaction within the context of Asian cultures, refers to something that motivates a person to perform.[34] Salary, opportunities for continued education and promotions have been found to be

significant factors influencing job satisfaction.[1,12,21] In addition, the more years of experience a nurse has, the greater the salary, benefits and number of promotions they receive.[8,25,32] In recent years, nurses' salaries, chances for professional advancement and job promotions have increased.[9,15,29] As a result, for some Asian nurses: social status has increased; the number of work hours has decreased slightly; and, retention has increased. Nevertheless, other nurses have not experienced professional growth though incentives and, therefore, have experienced low expectations in their roles.[21] It is likely these experiences have had a direct effect on the nurses' perceived level of job satisfaction.

Professional status, another defining attribute of nurses' job satisfaction within the context of Asian cultures, includes one's opportunity to make use of his/her educational preparation and skills, assist others in need and be involved in healthcare decisions. Being able to make these types of contributions, regardless of stress level, has been found to contribute to nurses' sense of status and commitment within an organization.[14,15,26,33] Being involved in important healthcare decisions, as well as being recognized for jobs well done, can serve as major motivators for nurses' future performance and, subsequent, job satisfaction.[1,9]

Work environment, another defining attribute of the concept, refers to the natural and physical environment of one's workplace.[34] The physical condition of the workplace has been found to be a significant predictor of job satisfaction.[27] Inadequate space, unavailable supplies and lack of resources are known to make it difficult for nurses' to adequately perform their jobs.[1,9] Not being able to adequately perform one's job has been found to contribute to lowering one's level of job satisfaction.[12,26,28]

Administration (i.e. managers and organizational policies and system) was found to be another defining attribute of nurses' job satisfaction within

the context of Asian cultures.[15,27,32] For example, managerial decision-making, without input from nurses, has been noted to produce low job satisfaction,[29] while involving nurses in the decision-making process has been found to greatly improve job satisfaction.[15] No doubt, when nurses are not involved in managerial decision-making, managers tend to be perceived as misunderstanding their needs.[9,15]

Autonomy (i.e. self-directed freedom), another defining attribute of the concept, has been found to serve as a strong predictor of nurses' psychological well-being.[26] Although, in the public sector, nurses' autonomy in decision-making has increased, decision-making autonomy appears to be decreasing slightly in the private sector.[15] Unfortunately, because of cultural practices, nurses in Asian countries have been expected to avoid confrontations and not to question physicians about patient care.[25] These expectations have been found to contribute to nurses not being able to practice autonomously. Prior research revealed that, among nurses working in Asian countries, autonomy failed to have a significant influence on job satisfaction because physicians had the power to decide the nurses' scope of practice.[21] As a result, nurses did not place value on having professional autonomy.

Conclusions about the rank order of attributes: The fact that social support/relationships has been found to be one of the primary attributes of job satisfaction may lie within the embedded sense of collectivism that exists in Asian countries. Collectivism has been recognized as the means, actions and situations or feelings shared by the members of a group.[34] Countries that espouse collectivism express, to group members, a sense of belonging and emphasize the importance of social support/relationships among people which, in turn, shapes the organizational culture. Nurses, in Asian countries, have been found to try to avoid conflict and often believe they should agree with, gain the approval of, and be liked by

others.[35] In many of the Asian countries, living harmoniously with others is considered a virtue.[32]

The fact that workload was one of the most influential defining attributes of nurses' job satisfaction within the context of Asian cultures most likely was due to the fact that, in recent years, Asian countries have offered increased access to health care even though there is a shortage of nurses.[36,37] In addition, some Asian countries are considered "large power distance countries" (i.e. where people accept an unequal distribution of power and privilege within a hierarchical organizational system).[38] Such a cultural perspective allows health care organizations to be conservative, traditional, non-participative and bureaucratically controlled, which leads to more centralized administration.[35] Centralized administrations are often slow to act and, thus, may fail to work expediently to provide resources to decrease nurses' workloads.

The fact that incentives was found to be one of the top three attributes of job satisfaction may be related to work incentives being markedly improved, in recent years, in some Asian work settings.[9,15,29] It is possible that nurses within these Asian countries are coming to terms with the value of improved incentives, such as salary increases, even though some may continue to resign from their jobs regardless of salary increases.[2] Such dynamics point out that incentives alone are not the only important attribute to job satisfaction.

Less important to Asian nurses were the defining attributes of administration, work environment, autonomy and professional status. Administration, work environment, autonomy and professional status, in Asian cultures, are influenced by the fact that people tend to accept an unequal distribution of power and privilege within a hierarchical organizational system (large distance countries). Therefore, centralized administrative health care organizations provide for large power distances between physicians and nurses which, in turn, may lead to nurses' low expectations regarding professional autonomy. When there is a lack of complete autonomy it is difficult to foster a sound sense of professional status. Thus, nurses receive professional status satisfaction from accomplishments, professionalism, helping others and utilization of their capabilities.[14,15]

Cases

Presentation of exemplary cases (model, borderline and contrary) can be beneficial in providing clarity regarding what constitutes and does not constitute the presence of the concept under examination.[19] A model case is an example of the use of the concept that demonstrates <u>all</u> of the defining attributes of the concept, while a borderline case-contains <u>most</u> of the defining attributes. A contrary case is an example of something that is "not the concept." Examples of model, borderline and contrary cases are presented below:

Model Case: Mrs. P. is a Thai professional nurse who has worked in an intensive care unit for 11 years. She can comfortably handle her normal patient case load because of her experience and support from other nurses. Mrs. P. can make nursing decisions independently and confidently. Furthermore, her ward is clean, quiet and equipped with adequate and appropriate resources to perform quality nursing care. Since Mrs. P. is a very responsible person and has earned a Masters Degree in Nursing, she is valued by her colleagues, ward manager and members of other disciplines. Her hospital supports continuing education for staff members; therefore, she attends classes to update her knowledge for the purpose of improving her nursing care. Mrs. P. also participates in the Hospital's Accreditation Board and other management committees which led to her being recognized and well respected by other professionals. With her busy schedule, her husband

and two children provide her support (i.e. emotional and household duties). Mrs. P.'s salary was increased due to a promotion. Her overtime working hours have decreased; thus, she does not have to work as much as before. She is pleased with her work situation and her employer is very satisfied with her performance.

This case is a model case because it contains all the concept's defining attributes (social support/relationships, workload, incentives, professional status, work environment, administration, and autonomy). Social support/relationships were manifested by the support Mrs. P. received from her family, as well as from other nurses. Her patient care workload was manageable and her overtime hours were decreased. Incentives for Mrs. P. included continuing education and an increase in salary. She participated on the hospital's accreditation board which reflected her involvement in the administrative decision-making process. Mrs. P.'s work environment was clean and all necessary patient care resources were readily available. Regarding autonomy, Mrs. P. was able to make independent patient care decisions as a result of her experience and advanced degree in nursing. Finally, Mrs. P. was highly respected by her nursing colleagues, administration and other health care professionals.

Borderline Case: Miss W. is a 27 year old Chinese nurse with 6 years of experience in the operating room. Her operating room team mates are experienced and work well together; thus, Miss W. is well accepted by the nurses and physicians. However, the operating room has numerous cases each day and needed supplies, on occasion, are not readily available. Miss. W.'s salary is low and not congruent with her professional responsibilities and educational preparation. This situation makes it difficult for her to meet her personal economic responsibilities. Since, Miss W. has new knowledge from her recently completed nursing program, she is

listened to by her nurse manager who trusts her ideas. Miss W. is young and active, and takes very good care of her patients by independently making correct nursing care decisions. However, she does not serve on any of the hospital or operating room committees. Miss W. is moderately pleased with her work situation, but is very proud to be a member of the nursing profession.

This case is a borderline case because not all of the attributes of the concept are present. Miss W. has good social support/relationships with her operating room team mates, as well as with nursing administration. However, the work environment is not always up to standard, since supplies are not always readily available. Miss W. is not involved in any administrative decision-making. She, however, is able to demonstrate her autonomy by being able to independently make patient care decisions. Her workload is intense and her pay (incentive) is below her educational preparation and professional responsibilities.

Contrary Case: Mr. L. is a Korean nurse who recently graduated from a baccalaureate program. He works in an emergency room at a veteran's hospital. Although he works in a highly stressful situation (emergency room) with a heavy workload, his pay is not commensurate with this educational preparation or his fast paced work environment. Since he is a new graduate, Mr. L. is viewed, by many of the emergency room staff, as being inexperienced and unable to carry a normal workload. As a result, many of his co-workers do not like working with him. Like many emergency rooms, the work environment often lacks readily available supplies when the workload is intense and staffing is low. Because Mr. L. is new he is not allowed to make patient care decision on his own, nor is he allowed to serve on any of the emergency room decision making committees. Mr. L. has expressed his strong dislike for and unhappiness with his work situation.

This case does not demonstrate any of the defining attributes of the concept. Mr. L. has very poor social support/relationships with his co-workers because, due to his lack of professional experience, they distrust his patient care judgment. As a result, Mr. L. is lacking autonomy and professional status. Even though he works in a fast paced environment and has good nursing educational preparation, his salary (incentive) is very low. Mr. L. is in a work environment that has an excessive and stressful workload, and at times is lacking in necessary patient care resources. Because of his lack of experience and low professional status, Mr. L. does not serve on any decision-making emergency room committees.

Antecedents and Consequences

According to Walker and Avant,[19] antecedents are those events or incidents that happen before the concept occurs and, thus, cannot also be a defining attribute for the concept. In addition, antecedents can prove helpful in identifying underlying assumptions about the concept being examined. As a result of the analysis, antecedents for the concept, nurses' job satisfaction within the context of Asian cultures, were found to include being: a professional nurse; gainfully employed; and, employed within a health care setting in an Asian culture. All of these events are necessary prior to the occurrence of the concept, nurses' job satisfaction within the context of Asian cultures (See **Figure 1**).

Consequences are events that occur as a result of the concept.[19] In other words, consequences are the outcomes of the concept. The analysis identified the consequences for the concept to be: likelihood of increased work productivity; decreased levels of workplace stress; increased nurse retention within the workplace; increased quality of patient care; decreased organizational expenditures on nurse recruitment and retention efforts; increased quality of national health care; and, increased co-workers' and employers' satisfaction (See **Figure 1**).
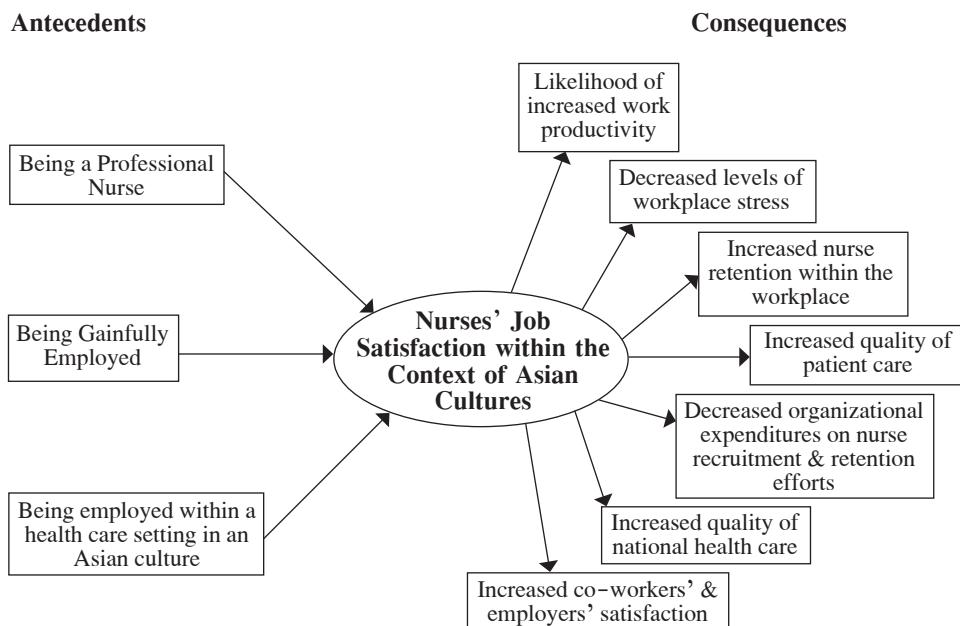
Antecedents   **Consequences**

Figure 1   Nurses' Job Satisfaction within the Context of Asian Cultures

Empirical Referents

Since the attributes of the concept (job satisfaction within the context of Asian cultures) are highly abstract, empirical referents are essential and useful for demonstrating the actual occurrence of the concept itself. Determining a concept's empirical referents is the final step in concept analysis. Empirical referents are useful in that they are linked to the theoretical base of the concept.[19]

Most empirical referents used to measure the concept, job satisfaction within the context of Asia cultures, have been developed within Western countries, and have required modification and/or translation/back-translation prior to use.[14,15] Unfortunately, researchers who translated/back-translated instruments for use often failed to provide sufficient information regarding the actual translation/back-translation process used. Thus, it remains unclear as to the actual validity of the contents of these instruments. In addition, some researchers, within Asia cultures, constructed their own measurement devices, but failed to provide adequate information on the validity and reliability of the developed instruments.[8,9] Obtaining sound validity and reliability is based upon the purpose of the instrument[39] and requires the use of more than one psychometric approach.[40] As a result of these facts, it tends to be difficult to locate, in Asian cultures, job satisfaction instruments that have standard psychometric properties.

Although a number of job satisfaction instruments have been developed, particularly for use in Western cultures, it was not the purpose of this analysis to present every available job satisfaction instrument in use. Therefore, this analysis directed attention to only six existing job satisfaction instruments.[12,16,41-44] When examining the six selected job satisfaction instruments developed for use in both Western cultures[16,41-44] and Asian cultures,[12] a number of similarities were found (See Table 3). It is of interest to note the level of importance of the defining attributes identified among the various instruments were, in descending order: incentives, social support/relationships, professional status, administration, workload and autonomy. The defining attributes of work environment and administration were not found among the various job satisfaction instruments.

Only one instrument (The Nurse Job Satisfaction Scale) was located that was developed within the context of an Asian culture.[12] One problem with this scale is that only face validity, and not content validity, has been performed. Thus, there is insufficient evidence to support whether this instrument actually measures what it purports to measure.[39] Given that only one job satisfaction instrument, that was developed within the context of a Asian culture, could be located and the instrument lacks tested content validity, constructing a job satisfaction scale for use with nurses in Asian cultures appears to be in order.

Conclusions and Limitations

The findings from this concept analysis indicate there were seven job satisfaction attributes that could be experienced by nurses in Asia. These included, but are not limited to: social support/relationships, workload, incentives, professional status, work environment, administration, and autonomy. Through the use of model, borderline and contrary cases, the presence/absence of the defining attributes of the concept, job satisfaction within the context of Asian cultures, was demonstrated. Finally, although a number of job satisfaction instruments were found, the vast majority have been developed within the context of Western cultures. Only one job satisfaction instrument was located that assessed the concept, job satisfaction within the context of Asian cultures, and that instrument has psychometric limitations.

Table 3 Defining Attributes and their Respective Components in Select Job Satisfaction Instruments

	MJS[41]	HHNJS[16]	OJSS[42]	NJSS[12]	MNPJSS[43]	MMSS[44]
Attributes						
Incentives	a. Salary b. Growth c. Security	a. Salary b. Benefits	a. Salary b. Rewards	a. Benefits b. Promotions	a. Professional growth b. Benefits	a. Salary b. Professional opportunities
Social support/ relationships	a. Social aspects	a. Relationship with patient b. Group cohesion with peers c. Relationships with physicians	a. Interaction/ cohesion	a. Human relation-ships	a. Intra-practice partnership/ collegiality b. Social/ community interactions	a. Co-worker interactions b. Family/work balance
Professional status		a. Professional pride	a. Professional status		a. Professional interactions	a. Praise/ recognition
Workload		a. Work stress b. Workload		a. Workload		
Autonomy		a. Autonomy in work			a. Challenge/ autonomy	a. Control

Note: **MJS:** The Measure of Job Satisfaction
   HHNJS: Home Healthcare Nurse Job Satisfaction Scale
   OJSS: Organization Job Satisfaction Scale
   NJSS: Nurses' Job Satisfaction Scale
   MNPJSS: Misener Nurse Practitioner Job Satisfaction Scale
   MMSS: McClosky/Mueller Satisfaction Scale

The primary limitation of this concept analysis was the fact that it was not possible to obtain published articles on job satisfaction from all Asian countries. This was due to language differences and access difficulties. Thus, some Asian countries may not be adequately represented in this review. However, the findings of the analysis may prove useful in the future development of a job satisfaction instrument within the Asian context.

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ความพึงพอใจในการทำงานของพยาบาลในบริบทวัฒนธรรมเอเชีย : บทวิเคราะห์แนวคิด

จารุรัตน์ ศรีรัตนประภาส, ประณีต ส่งวัฒนา

บทคัดย่อ: การขาดแคลนพยาบาลวิชาชีพมีอยู่ทั่วไปในโลก ส่วนหนึ่งเป็นเพราะการมีความพึงพอใจในการทำงานที่ต่ำ การมีอัตราการคงอยู่ในงานที่ต่ำและอัตราการผลัดเปลี่ยนงานที่สูงของพยาบาล จากการศึกษาวรรณกรรมในประเทศทางตะวันตก พบว่า เงินค่าตอบแทนของพยาบาลเป็นคุณลักษณะที่สำคัญที่สุดของการมีความพึงพอใจในการทำงาน ในขณะที่พยาบาลในเอเชียก็ยังลาออกถึงแม้ว่ามีการเพิ่มค่าตอบแทนในการทำงานที่สูงขึ้น เมื่อวิเคราะห์แนวคิดเกี่ยวกับความพึงพอใจในการทำงานของพยาบาลในประเทศแถบเอเชียพบว่ายังไม่ได้รับการศึกษาอย่างจริงจัง ดังนั้น บทความนี้จึงมีจุดมุ่งหมายเพื่อตรวจสอบแนวคิดรวบยอดเกี่ยวกับความพึงพอใจในการทำงานในบริบทวัฒนธรรมเอเชียโดยใช้หลักวิธีการวิเคราะห์ของวอร์คเกอร์และเอแวนท์ ซึ่งค้นหาวรรณกรรมจากบทความและเอกสารระหว่างปี 2543-2553 จากฐานข้อมูล CINAHL, Ebscohost, Sciencedirect, Medline, PsyINFO, Pubmed, and Cochrane Library และคำสำคัญในการค้นหาคือ ความพึงพอใจในการทำงาน การคงอยู่ในงานของพยาบาลวิชาชีพ และการประเมินคุณสมบัติเครื่องมือวิจัย

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