



Factors Related to Job Satisfaction among Nurses in General Hospitals, Yangon, The Republic of the Union of Myanmar

ปัจจัยที่เกี่ยวข้องกับความพึงพอใจในงานของพยาบาลในโรงพยาบาลทั่วไป กรุงย่างกุ้ง ประเทศสาธารณรัฐแห่งสหภาพเมียนมาร์

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บทคัดย่อ

ความพึงพอใจในงานของพยาบาลเป็นองค์ประกอบสำคัญในการส่งเสริมการปฏิบัติงานขององค์กร เช่นเดียวกับการลดปัญหาการขาดแคลนพยาบาล การวิจัยครั้งนี้เป็นการวิจัยเชิงสหสัมพันธ์ มีวัตถุประสงค์เพื่อศึกษาระดับการรับรู้ในการสนับสนุนขององค์กร ความเครียดในบทบาทหน้าที่และความพึงพอใจในงานและเพื่อศึกษาความสัมพันธ์ระหว่างความพึงพอใจในงานและปัจจัยที่เกี่ยวข้องได้แก่การรับรู้ในการสนับสนุนขององค์กรและความเครียดในบทบาทหน้าที่ของพยาบาลในโรงพยาบาลทั่วไปในย่างกุ้ง สาธารณรัฐแห่งสหภาพเมียนมาร์กลุ่มตัวอย่างเป็นพยาบาลที่ทำงานในสี่ โรงพยาบาลทั่วไปในย่างกุ้ง สาธารณรัฐแห่งสหภาพเมียนมาร์ จำนวน 302 คน เครื่องมือที่ใช้ในการวิจัยประกอบด้วย แบบสอบถามข้อมูลส่วนบุคคล แบบสำรวจการรับรู้การสนับสนุนจากองค์กร แบบสอบถามความขัดแย้งในบทบาทหน้าที่และความคลุมเครือในบทบาทหน้าที่แบบสอบถามความพึงพอใจในการทำงานโดยมีค่าความเชื่อมั่นของการรับรู้การสนับสนุนจากองค์กรความขัดแย้งในบทบาทหน้าที่และความคลุมเครือในบทบาทหน้าที่และความพึงพอใจในงานเท่ากับ 0.87, 0.74, 0.75 และ 0.94 ตามลำดับ วิเคราะห์ข้อมูลโดยใช้สถิติเชิงพรรณนาและสัมประสิทธิ์สหสัมพันธ์แบบสเปียร์แมน

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3. ความพึงพอใจในงานของพยาบาลอยู่ในระดับปานกลาง
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5. ความขัดแย้งในบทบาทหน้าที่และความคลุมเครือในบทบาทหน้าที่มีความสัมพันธ์เชิงลบในระดับปานกลางกับความพึงพอใจในงาน

ผลจากการศึกษาครั้งนี้ผู้บริหารทางการแพทย์สามารถนำไปใช้ได้กับในการออกแบบ กลยุทธ์ เพื่อพัฒนาการรับรู้การสนับสนุนจากองค์กร และการลดความขัดแย้งในบทบาทหน้าที่ของพยาบาลที่สามารถนำไปสู่การเพิ่มความพึงพอใจในงานของพยาบาล ในโรงพยาบาลทั่วไปอย่างกว้าง สาธารณรัฐแห่งสหภาพเมียนมาร์

คำสำคัญ: การรับรู้ในการสนับสนุนขององค์กร ความขัดแย้งในบทบาทหน้าที่ ความคลุมเครือในบทบาทหน้าที่ ความพึงพอใจในงาน

Abstract

Job satisfaction among nurses is an essential component for improving organizational performance as well as reducing the nursing shortage. This descriptive correlational study aimed to examine the level of perceived organizational support, role stress and job satisfaction, and to examine the relationship between job satisfaction and related factors such as perceived organizational support and role stress among nurses in general hospitals in Yangon in the Republic of the Union of Myanmar. The sample included 302 nurses working in four general hospitals in Yangon. Research instruments used in this study were a demographic data form, a Survey of Perceived Organizational Support (SPOS), a role conflict and role ambiguity questionnaire, and a Measure of Job Satisfaction questionnaire (MJS). The reliabilities of SPOS, role conflict, role ambiguity, and MJS were 0.87, 0.74, 0.75, and 0.94, respectively. Data were analyzed using descriptive statistics and Spearman's rank-order correlation coefficient.

The results of study

1. Perceived organizational support among nurses was at a moderate level.
2. Role conflict among nurses was at a moderate level, whereas role ambiguity was at a low level.
3. Job satisfaction among nurses was at a moderate level.
4. There was a moderate positive relationship between perceived organizational support and job satisfaction.



5. There were moderate negative relationships between job satisfaction and role conflict and role ambiguity.

The findings of this study could be used by nurse administrators to design strategies to improve perceived organizational support and reduce role conflict. This could increase job satisfaction among nurses in general hospitals in Yangon, the Republic of the Union of Myanmar.

Key words: Perceived Organizational Support, Role Conflict, Role Ambiguity, Job Satisfaction

Background and Significance

Nursing shortage is major concern in many countries because of its impact upon the efficiency and effectiveness of any health care delivery system (Lu, While, & Barriball, 2005). Consequently, many organizations have been adapting the new environment to improve their performance and healthcare system. Healthcare systems worldwide are continuing to undergo significant changes as a consequence of increased demands of healthcare needs and financial constraints that limit services possible to strengthen health sector infrastructures and workforces (International Council of Nurses, 2007). The changes in healthcare structure and the nature of patient treatment such as reduction in length of stay, increased patient acuity, new technologies and focus on quality of care have resulted in increased workload for nurses (Garrett & McDaniel, 2001). High workloads and increased demands have negative consequences for nurses such as role stress and low job satisfaction (Chang & Hancock, 2003).

Job satisfaction is an important component of nurses' lives that can affect patient safety, staff morale, productivity and performance,

quality of care, retention and turnover, commitment to the organization and profession with additional replacement costs and further attempts to hire and orientate new staff (Bowles, & Candela, 2005). The understanding of nurse job satisfaction and its contributing variables are important for any health care organization to exist and prosper (McCloskey & McCain 1987; Mrayyan, 2005). Job satisfaction is dynamic and can vary according to individual characteristics, expectations, style of management, policy changes and individual lifestyle choices (Blegen, 1993; Hayes, O'Brien-Pallas, Duffield, Shamian, Buchan, Hughes, Spence-Laschinger, North, & Stone, 2006; Lu, While, & Barriball, 2005).

Research shows that job satisfaction is related to many variables including perceived organizational support (POS) (Ahmad & Yekta, 2010; Kwak, Chung, Xu & Jung, 2010; Miao, 2011; Stamper & Johlke, 2003), and role stress (Wu & Norman, 2006; Tarrant, 2008). Perceived organizational support can also have an effect on role ambiguity and role conflict, as well as job satisfaction and intent to remain in organization (Stamper & Johlke, 2003). When employees have high levels of perceived



organizational support, they are motivated to help the organization reach its goals and objectives (Eisenberger et al, 1986).

In line with global changes in healthcare systems, Myanmar's health care system has been changing along with the political and administrative system and subsequent related roles played by the key providers (Ministry of Health, 2012). At present, there is a nurse shortage and nurses experience a heavy workload in Yangon General Hospitals. The nurse-patient ratio is high 1: 48-50 (Anonymous personal communication) as compared with WHO criteria of 1:6. In 2009 in Yangon, there were 35 in-patients per 1,000 of the population (MOH, 2010). Nurses follow the direction of the physician and surgeon's direction and they can only make direct communication with the Nursing Superintendent (NS) through the Matron (Nwe, 1997). Nurses assist the physician with the procedure and other functions that depend on instruction, not individual decision making (Hla, 2002). In addition, there is no nurse who has a Doctorate degree working in any hospital in Myanmar. Moreover, nurses' salary in Myanmar is lower than other professionals such as doctors and engineers.

Although there are many studies investigated job satisfaction among nurses, very few studies examine the relationship between perceived organizational support, role stress and job satisfaction. POS strongly predicts job satisfaction (Stamper & Johlke, 2003; Miao, 2011). Empirical research in this area especially among nurses in Asian countries is still very scarce. Studies related to perceived organizational support and role stress and job satisfaction of

nurses have not been found in the Republic of the Union of Myanmar.

Objectives

1. To examine perceived organizational support, role stress (role conflict and role ambiguity), and job satisfaction among nurses in general hospitals, Yangon, the Republic of the Union of Myanmar.
2. To examine the relationship between perceived organizational support and job satisfaction among nurses in general hospitals, Yangon, the Republic of the Union of Myanmar.
3. To examine the relationship between role stress (role conflict and role ambiguity) and job satisfaction among nurses in general hospitals, Yangon, the Republic of the Union of Myanmar.

Conceptual framework

A conceptual framework for the perceived organizational support was based on Eisenberger et al., (1986) which refer to employees' perception concerning the extent to which the organization values their contribution and cares about their well being. Role stress concept is based on role theory by Kahn *et al.*, (1964) and Rizzo *et al.*, (1970). Role conflict is defined in terms of the dimensions of congruency-incongruency or compatibility-incompatibility in the requirements of the role, where congruency or compatibility is judged relative to a set of standards or conditions which impinge upon role performance. Role ambiguity is defined as the predictability of the outcome or responses to one's behavior and existence or clarity of behavioral requirements, often in terms of



inputs from the environment, which would serve to guide behavior and provide knowledge that the behavior is, appropriate. Job satisfaction refers to a person's positive affective appraisal of one's job includes five dimensions: 1) personal satisfaction, 2) satisfaction with workload, 3) satisfaction with professional support, 4) satisfaction with pay and prospects and 5) satisfaction with training (Traynor & Wade, 1993). The relationship between perceived organizational support and job satisfaction, relationship between role conflict and job satisfaction, and relationship between role ambiguity and job satisfaction were examined in this study.

Methodology

This descriptive correlational study was conducted among nurses in four general hospitals including Yangon General Hospital, New Yangon General Hospital, North Okkalapa General Hospital and East Yangon General Hospital, Yangon, The Republic of the Union of Myanmar. Proportionate sampling method was used to determine the number of sample needed from each hospital. A total of 313 questionnaires were distributed and 302 questionnaires (96.48%) were completed for data analysis.

Research Instrument

The research instrument used in this study consisted of four parts: 1) The demographic data form, 2) The Survey of Perceived Organizational Support (SPOS) developed by Eisenberger et al., (1986). This scale consists of 17-items on a

7-point Likert scale (0=strongly disagree, 1=moderately disagree, 2=slightly disagree, 3=neither agree nor disagree, 4=slightly agree, 5=moderately agree, 6=strongly agree). Each question in questionnaires has 0 to 6 scores and all questions are both positive and negative. Negative questions include 2, 3, 5, 6, 10, 13 and 14. For the negative questions, the scoring criteria were reversed. Higher score represents higher POS. 3) The Role Conflict and Ambiguity Questionnaire developed by Rizzo, House, & Lirtzman (1970). This questionnaires contained 8-items of role conflict and 6-items of role ambiguity with 7 points Likert scale and ranged from 1-7. All role ambiguity items are negative questions. For the negative questions, the scoring criteria were reversed. The higher the scores of both dimensions, the greater level of role stress. 4) The Measure of Job Satisfaction (MJS) developed by Traynor & Wade (1993). It included 38-items with five point Likert scale ranging from very satisfied (5) to very dissatisfied (1) for each items that describe overall job satisfaction. The five dimensions of Measure Job Satisfaction (MJS) are personal satisfaction, satisfaction with workload, satisfaction with professional support, satisfaction with pay and prospects and satisfaction with training. A higher overall score indicates the greater job satisfaction and vice versa.

The SPOS, role conflict and ambiguity questionnaire and MJS were translated into Myanmar version by the researcher and back-translated from Myanmar to English by one bilingual Myanmar expert. The original English and back-translated versions were checked for



equal meaning by a native English speaking person. The concurrent validity for Measure Job Satisfaction (MJS) was 0.83 (Traynor & Wade, 1993); the construct validity for POS was 0.90 (Shore & Tetrick, 1991). Construct validity for role conflict and role ambiguity was tested and confirmed by Schuler (1977; Netemeyer, Johnston, & Burton, 1990). Congruent coefficient was 0.99 for role conflict and 0.96 for role ambiguity (Schuler, Aldag & Brief, 1977). The reliability of SPOS, role conflict and role ambiguity, and MJS, tested by Cronbach's coefficient alpha, were 0.86, 0.73, 0.74 and 0.93 respectively.

Ethical Considerations

Before data collection, approval was provided by the Research Ethics review Committee, Faculty of Nursing, Chiang Mai University, Thailand, the Research and Ethical Committee of University of Nursing, Yangon. The permission to collect data was obtained from Ministry of Health, the Medical Superintendents of YGH, NYGH, NOGH and EYGH. Subjects were selected from those hospitals with the permission of the Medical Superintendent (MS), Nursing Superintendent (NS) and Matrons. All subjects were notified about the study purpose and methods. They were informed that they have the right to refuse and withdrawal this study at any time. A research consent form was given to the subjects to assure the protection of human right of the subjects. A statement was included in a cover letter to grantee confidentiality and anonymity of individual responses.

Data Analysis

Data were analyzed using a statistical software package. Descriptive statistics were used to describe the characteristics of the sample as well as the three study variables. Spearman's rank-order correlation coefficient was used to explore the relationship between perceived organizational support and job satisfaction and each dimension of role stress and job satisfaction.

Results

1. Among the subjects (302), the majority of subjects were female (98.02%) with the average age of 32. Among those, 49.33 % were between 23-30 years old. Most of the subjects were not married (80.46%) and over 70% obtained a diploma in nursing. The largest group of subjects was trained nurses (64.24%) with 2-10 years of work experience (75.17%). The majority of subjects attended continuing nursing education every month (81.78%) and most of them earned 636000-656000 Kyats per year (54.96%).

2. The overall mean score of perceived organizational support as perceived by subjects was at a moderate level, with mean overall score of 3.51 and a standard deviation of 0.98 (Table 1).

3. The mean score of role conflict was at a moderate level ($\bar{X} = 3.96$, S.D. = 1.07) whereas the mean score of role ambiguity was at a low level ($\bar{X} = 2.75$, S.D. = 0.86). The mean score of role conflict ranged from 1.38 to 6.5 and mean score of role ambiguity ranged from 1.0 to 6.0 (Table 1).



Table 1 : Mean, standard deviation and level of perceived organizational support, role stress and job satisfaction as perceived by subjects (n=302)

Variables	Min	Max	\bar{X}	SD	Level
Perceived organizational support	0.18	5.65	3.51	0.98	Moderate
Role stress					
Role conflict	1.38	6.50	3.96	1.07	Moderate
Role ambiguity	1.00	6.00	2.75	0.86	Low
Overall Job Satisfaction	1.37	4.61	3.18	0.52	Moderate
Personal satisfaction	1.60	4.80	3.40	0.59	Moderate
Satisfaction with workload	1.14	4.13	3.07	0.71	Moderate
Satisfaction with professional support	1.11	4.89	3.39	0.61	Moderate
Satisfaction with pay and prospects	1.00	4.50	2.96	0.63	Moderate
Satisfaction with training	1.00	4.50	2.74	0.83	Moderate

4. The overall mean score of job satisfaction and mean score of each dimension as perceived by subjects was at a moderate level (Table 1).

5. There was a positive relationship between job satisfaction and perceived organizational support ($r = 0.40$) at $p < 0.01$ (Table 5) and a negative moderate relationship between job satisfaction and role conflict subscale and role ambiguity subscale ($r = -0.42$ and $r = -0.45$) at $p < 0.01$ (Table 2).

Discussion

1. Perceived organizational support

Nurses in general hospitals, Yangon, The Republic of the Union of Myanmar perceived overall organizational support at a moderate level (Table 1). It indicated that some nurses who worked at general hospitals perceived organizational support in something is good and not enough support in something. This result was similar to Maningo-Salinas's study (2010) in

the US and consistent with Kumar (2008), who reported a total score of perceived organizational at a moderate level.

Possible explanation would be Myanmar healthcare policy. Myanmar Healthcare Policy (MOH, 2012), upgrading all categories of health personnel to deliver the quality health services. Human Resources for Health are the most important resources for successful implementation of National Health vision and mission. The Department of Medical Science under Ministry of Health (MOH) is responsible for carrying out this duty of training & production of all categories of health personnel with the objective to appropriate mix of competent human resources. In this study, 29.90% have achieved bachelor degree. Every nurse who attends bachelor degree as bridge course is supported his/her salary even though they are not working in hospital and studying in University of Nursing. Ministry of Health (MOH) is responsible



for selecting, recruiting, and promoting for nurses. Every hospital in Myanmar follows rule and regulation of Ministry of Health (MOH). Ministry of Health (MOH) is also responsible for selecting, recruiting, and promoting for nurses. Therefore, the item of perceived organizational support "The organization is willing to extend itself in order to help me perform my job to the best of my ability" ($\bar{X}\bar{X}=4.24$, $SD=1.67$) had the second highest score.

According to Perceived organizational support theory, pay, job enrichment, organizational rewards, promotion are related to the level of perceived organizational support (Eisenberger et al, 1986). Nurses' pay including government employees are increased 20000 Kyats with effect from April, 2013 (Myanmar Television news, 2013). In Yangon, there were promotion opportunities for trained nurses who have three years' experience to become staff nurses; those who got Bachelor Degree (Generic) need two years' experience (MOH, Department of Health Circular, 2012). Matron and ward sisters' verbal praise and recognition for nurses would be the reason for emotional and social needs fulfilled and perceived as favourable treatment. These aspects such as pay, promotion opportunities and verbal praise and recognition may have positive effect on perceived organizational support. Therefore, the nurses in this study perceived organizational support at a moderate.

The Ministry of Health (MOH) and Myanmar Nursing and Midwifery Council are Regulatory Authority Body for The Republic of the Union of Myanmar (Association of Southeast Asia [ASEAN], 2006). Nursing Regulatory Authority is

to control and regulate nurses and practice of nursing. Nurse and midwife regulation had enacted in 1990, which had stated that the nurses are protected by law such as license, continuing education and training. Therefore, nurses' job conditions are better. All Myanmar nurses who are working in government hospitals are permanent nurses and their job security was good unless they did not do malpractice, fraud and breach. The more employees felt their job security is secure, the more they have confidence. It indicated that the organization aware the nurses' well-being.

2. Role stress (role conflict and role ambiguity)

Nurses in general hospitals perceived role conflict at a moderate level (Table 1). This result is similar to studies conducted in the US: Scalzi (1984), Burke (1986), and Specht (2011). One possible explanation for the subjects perceiving a moderate level of role conflict is unity of command. In Myanmar, organization structured on the basis of hierarchy, authority flows according to organizational chart. The top one is most powerful person and the followers follow his/her instructions and direction. In general hospitals, Medical Superintendent (MS) is the top one and Nursing Superintendent (NS) and matron followed MS, then nurses followed MS and Nursing Chief. This would be the reason that nurses who worked in general hospitals perceived role conflict. Another possible explanation would be that nurses are often trained to manage different expectations from different group. Department of Health and Department of Medical Science prepared workshops and short training for nurses in



general hospitals (MOH, DMS circular, 2013). Although novice nurses have one set of expectations for performance, patients and physician may have a different set of expectations of skills of levels and knowledge from novice nurses (Wu & Norman, 2006).

The findings showed a low level of role ambiguity (Table 1) similar to the study by Scalzi (1984), Burke (1986), and Fichter, (2010) in the US; and with Ha (2011) in Vietnam. One explanation of this could be personal characteristics, which include personal years of experience and gender. According to Minnick (2010), personal characteristic influence role conflict and role ambiguity. Role ambiguity significantly decreased as years of experience increased, whereas role conflict did not significantly differ with years of experience. In this study, 75.16% of the subjects have 21-30 year of experience which indicated that they can did not perceive role ambiguity in their hospitals.

Another possible explanation would be job descriptions of nurses were described and posted in every ward and hospital in Myanmar from 2010 (MOH, 2010). Such specification of duties, or formal definition of role requirements, is intended to allow management to hold subordinate accountable for specific performance and to provide guidance and direction for subordinates (Rizzo et al, 1970). Therefore, job description of nurses may lighten role ambiguity in current study.

3. Job satisfaction

The result of this study showed that nurses' perception of job satisfaction was at a moderate level. The five dimensions of job

satisfaction were all at a moderate level; personal satisfaction, satisfaction with workload, satisfaction with professional support, satisfaction with pay and prospect, and satisfaction with training (Table 1). These results conflicted with previous studies from the US and Canada, namely Owings (1999), Rheingans (2007), and Dignum (2010), where perceived job satisfaction was found to be at a high level. This could be due to the cultural and setting differences. One of the possible explanation could be demographic characteristics of the subjects. Clark (1997) stated that females reported a higher level of most kinds of job satisfaction compared to males even when a large number of subjects and job characteristics were controlled. In this study, demographic data showed that majority of subjects were female (98%).

The first explanations would be due to nursing leadership style. Eh (2010) found that head nurses leadership in Yangon General Hospitals were transformational leadership style. According to Atmojo (2012), transformational leadership style had significant influence on job satisfaction. The transformational leader tends to be friendly, close to the subordinates, treat the subordinates equally, provide advice, help and support for individual development. Therefore, it would be the reason for moderate level of job satisfaction as perceived by nurses in this study.

The second explanation would be professional nursing autonomy among nurses in general hospitals in Yangon which revealed in Myint's study in 2010. According to Iliopoulou & While (2010), a positive moderate relationship



was found between reported autonomy and job satisfaction and While (2010) have ranked nursing autonomy as one of the most important determinants of nurses' job satisfaction. It is assumed that a professional functioning in autonomous manner will experience satisfaction with his or her job (Grandjean, Aiken, & Bonjean, 1976).

In addition, some of the supporting system in general hospitals in Yangon may influence on job satisfaction. Hospitals in Yangon provide accommodation for nursing staff. In this study, 243 (80.46%) of nurses were single and work rotating shift. They really need a place to stay overnight as hospital might not provide high enough salary for them. Therefore, overall job satisfaction of nurses was perceived at a moderate level.

4. Relationship between perceived organizational support and job satisfaction

The findings of the study pointed out that perceived organizational support had a moderate positive relationship interaction with job satisfaction (Table 2). The finding indicated that the higher the level of perceived organizational support, the higher the level of job satisfaction. The result indicated that organization might

create favourable job condition, affective motivational work and felt obligation not only impersonal needs such as money, services and information but also socioemotional needs such as approval, esteem, and social identity. Employees receiving greater resources would compensate their employer with the higher level of performance (Eisenberger et al, 1986). The result was indicated on the basis of reciprocity norm, nurses with higher level of perceived organizational support are more likely to care about organization' welfare and help the organization reach its goals (Eisenberger et al, 1986; Rhoades, Eisenberger, & Armeli, 2001).

According to Wayne et al, (1997), POS was positively related to developmental training experience, promotion and organization tenure. In this study, nurses who work in general hospitals have opportunities to attend bachelor degree and Phaungyi Civil Service training. Nurses satisfied the needs of learning, growth and development. Therefore, the nurses felt some extent of favourable job condition which, in turn, is associated with outcomes favoured by employees such as increased job satisfaction.

5. Relationship between role stress and job satisfaction

Table 2 : Relationship between perceived organizational support, role stress, and job satisfaction

	Job satisfaction
Perceived organizational support	.40**
Role conflict	-.42**
Role ambiguity	-.45**

** $p < 0.01$



Job satisfaction had a negative moderate relationship with role conflict subscale and role ambiguity subscale ($r = -0.42$ and $r = -0.45$) at $p < 0.01$. This finding indicated that when there was an increased level of role stress (role conflict and role ambiguity) there was a decrease in the level of job satisfaction. The result indicate that when the subjects perceived more role stress (role conflict and role ambiguity), they tended to have lower level of job satisfaction. The results of the current study indicate that there was a moderate negative relationship between role conflict and job satisfaction. Role ambiguity also had a moderate negative correlation with job satisfaction. This can be explained by the notion that role conflict and role ambiguity as antecedents to individual attitudinal and behavioral outcomes such as employees' job satisfaction and job performance (Fried et al., 2008; Le Rouge et al., 2006; Singh et al., 1996; Hartline & Ferrell, 1996; Brown & Peterson, 1993). Whenever employees do not have either role conflict nor role ambiguity, they tend to be satisfied with their job, work happily which leads to accomplished organizational goal. The significantly moderate negative relationship between role conflict and role ambiguity and job satisfaction in this study was congruent with the findings of Rizzo et al. (1970), House & Rizzo (1972), who conducted their study in the USA, and Ha (2011) studied in Thai Nguyen Provincial General Hospitals, Vietnam. They found a significant, moderate and negative correlation between role conflict, role ambiguity and job satisfaction. Additionally, Wu & Norman (2006) explored the relationship between job satisfaction, organizational commitment, role

conflict and role ambiguity and demographic variables in the Chinese healthcare workforce and found a negative correlation between job satisfaction and role conflict and ambiguity.

The findings of this study were in contrast to Fain's study (1985). The latter investigated a study of the relationship between role conflict, role ambiguity, and job satisfaction among nurse educators. The result showed that there was a relationship between role ambiguity and the levels of job satisfaction and there was no relationship between role conflict and five facets of job satisfaction.

Implications for Nursing Administration

1. The result could provide baseline data for hospital administrators and nurse administrators regarding perceived organizational support, role conflict and job satisfaction. Hence, the nurse administrators can take the findings into account when designing work improvement.

2. Hospital administrators and nurse administrators, in collaboration with Department of Health (DOH) can maintain Myanmar Healthcare Policy that increase supervisor support, organizational rewards and job conditions such as recognition, promotion opportunities and job security which lead to increase organizational support. Nurse administrators, in collaboration with Department of Medical Science (DMS) can develop and improve favourable treatment by providing short course training and workshop for nurses. Nurses' satisfaction with working should be enhanced by providing flexible schedules.

3. Nurse managers can establish strategies to decrease workload by reducing non-nursing



tasks in order to reduce role conflict. Nurse managers can provide administrative and managerial leadership behaviour such as providing an organizational environment that supports open discussion of ideas among nurses, articulation clear goals and objectives, allocation of staff resources in order to reduce role conflict and increase job satisfaction.

Recommendations

Based on the findings of the study, the recommendations for future research are as

follows:

1. Replicate this study in other region of Myanmar or other types of hospital.
2. Conduct research study to compare perceived organization support, role stress and job satisfaction across regional as well as between different levels of healthcare setting.
3. Examine other factors that related to job satisfaction among nurses in general hospitals, Yangon, the Republic of the Union of Myanmar

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