

A STUDY ON THE JOB SATISFACTION OF NURSES IN NAGALAND

*Thesis submitted for the degree
of
Doctor of Philosophy in Commerce
by*

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Certificate

This is to certify that Thebi Joseph Shupao (Regn.No.623/2014, Date of Registration 13-05-2014) has carried out research work and prepared the present thesis entitled, **“A Study on the Job Satisfaction of Nurses in Nagaland”** under my supervision and guidance. It is an original piece of work.

The thesis is fit for submission for the degree of Doctor of Philosophy in Commerce.

Dated

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Declaration

I, **Thebi Joseph Shupao**, do hereby declare that the subject matter of this thesis is the record of work done by me, that the contents of this thesis did not form basis of award of any previous degree to me or to anybody else to the best of my knowledge and that the thesis has not been submitted by me for any research degree in any other university/institute.

This is being submitted to the Nagaland University for the degree of Doctor of Philosophy in Commerce.

Dated

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Research Scholar

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LIST OF TABLES		
Table No.	Description	Page No.
1.1	The sample Size and other details	46
2.1	Pattern Of Central Allocation On Health Sector, Plan-Wise	65
2.2	Number Of Primary Health Centres, Sub-Centres And Community Health Centres In India	67
2.3	Number Of Allopathic Medical Practitioners Registered With Medical Council Of India	69
2.4	Demographic, Socio-Economic And Health Profile Of Nagaland State As Compared To India Figures	78
2.5	Staff Relation: District Wise	94
2.6	Number Of Beds In Hospital, PHC, CHC, SHC, Dispensary, Mental, T.B, & Leprosy Hospital In Nagaland For Last Ten Years 2005-2006 To 2014-2015	96
2.7	Patients Treated In Hospitals And Dispensaries In Nagaland For Last Ten Years 2005-2006 To 2014-2015	97
2.8	Progress Of Family Welfare Programme In Nagaland Last 10 Years 2005-2006 To 2014-2015	98
2.9	Number Of Medical Personnel In Nagaland For The Last Ten Years 2006-2007 To 2015- 2016	99
2.10	State- Budget For Health And Family Welfare: State Plan Vs. Non Plan During The Last Ten Years 2005-2006 To 201-105	100
3.1	Aggregate Response Of The Respondents	105
3.2	Overall Job Satisfaction Of Nurses	118

3.3	Component Wise Response Of The Respondents	123
3.4	Analysis Of Sample Data	133
3.5	Educational Qualification And Average Job Satisfaction Of Nurses	135
3.6	Gender Wise Job Satisfaction Of Nurses	136
3.7	Age And Job Satisfaction Of Nurses	137
3.8	Marital Status And Job Satisfaction	138
3.9	Motherhood And Job Satisfaction Of Nurses	139
3.10	Place Of Residence And Job Satisfaction Of Nurses	140
3.11	Monthly Income And Job Satisfaction Of Nurses	141
4.1	Reason For Preference Of Government/Private Hospitals	145
4.2	Extent Of Nurses Job Satisfaction In Government And Private Hospitals	150
4.3	Level Of Nurses' Job Satisfaction Between Government And Private Hospitals	151
4.4	Relationship Between Educational Qualification And Nurses Job Satisfaction	153
4.5	Relation Between Gender And Nurses Job Satisfaction	157
4.6	Relation Between Age And Nurses' Job Satisfaction	158
4.7	Relation Between Marital Status And Nurses' Job Satisfaction	159
4.8	Relation Between With/Without Children And Nurses Job Satisfaction	161
4.9	Relation Between Place And Nurses Job Satisfaction	164
4.10	Relation Between Income And Nurses Job Satisfaction	167
4.11	Components of Nurses Job Satisfaction in Government Hospitals	169

4.12	Components of Nurses level of Job Satisfaction in Private Hospitals	170
5.1	Districts Wise Overall Job Satisfaction Of Nurses	180
5.2	Level Of Nurses Job Satisfaction District Wise	182
5.3	Relation Between Educational Qualification And Nurses' Job Satisfaction: District Wise	184
5.4	Relationship Between Gender And Nurses' Job Satisfaction: District Wise	186
5.5	Relationship Between Age And Job Satisfaction: District Wise	187
5.6	Relationship Between Marital Status And Job Satisfaction: District Wise	189
5.7	Relationship Between With/Without Children And Nurses' Job Satisfaction: District Wise	190
5.8	Relationship Between Place Of Permanent Residence And Nurses Job Satisfaction	192
5.9	Relationship Between Monthly Income And Nurses' Job Satisfaction: District Wise	193
5.10	General Satisfaction: District Wise	195
5.11	Opportunity To Develop: District Wise	197
5.12	Responsibility: District Wise	199
5.13	Patient Care: District Wise	201
5.14	Time Pressure: District Wise	202
5.15	Staff Relation: District Wise	203

List of Exhibits		
Exhibit No	Title of Exhibit	Page No
1	Overall Job Satisfaction of Nurses	119
2	Salary	124
3	Promotion	125
4	Supervision	126
5	General Benefits	127
6	Moral Rewards	128
7	Operating Condition	129
8	Co-worker	130
9	Nature of Work	131
10	Communication	132
11	Components of Nurses' Job Satisfaction in Government Hospitals	173
12	Components of Nurses' Job Satisfaction in Private Hospitals	174
13	Components of Nurses' Job Satisfaction in Government and Private Hospitals	174
14	District- wise overall Job Satisfaction of Nurses	181
15	Components of Nurses' Job Satisfaction for Dimapur District Hospital	205
16	Components of Nurses' Job Satisfaction for Kohima District Hospital	205

Exhibit No	Title of Exhibit	Page No
17	Components of Nurses' Job Satisfaction for Mokokchung District Hospital	206
18	Components of Nurses' Job Satisfaction for Phek District Hospital	206
19	Components of Nurses' Job Satisfaction for Tuensang District Hospital	207

ABBREVIATIONS

AJSS	Average Job Satisfaction Score
ANM	Auxiliary Nurse Midwives
ASHA	Accredited social health activists
AYUSH	Ayurveda Unani Sidda Homoeopathy
AYUSH	Ayurveda, Yoga, Unani, Siddha and Homeopathy
B.Sc. -Nursing	Bachelor of Science Degree in Nursing
BH	Bethesda Hospital
BMC	Bethel Medical Centre
BMS	Basic Minimum Services
BPL	Below Poverty Line
CGHS	Central Government Health Scheme
CHC	Community Health Centre
CIHSR	Christian Institute of Health Sciences & Research
CMC, Vellore	Christian Medical College, Vellore
CMO	Chief Medical Officer
DH	District Hospital
DMO	District Malaria Officer
DMO	District Medical Officers
DTO	District Tuberculosis
Dy. CMO	Deputy Chief Medical Officer
ENNH	Eastern Naga Nursing Home
ESIS	Employees' State Insurance Scheme
FHW	Female Health Worker
GNM	General Nursing and Midwifery
HR	Human resources
IAS	Indian Administrative Service
ICU	Intensive care unit
IDSP	Integrated Disease Control Program
IMDH	Imkongliba Memorial District Hospital

INC	Indian Nursing Council
J.S.S.	Job Satisfaction Survey
LHV	Lady Health Visitor
M.S	Medical Superintendent
MDGs	Millennium Development Goals
MH	Metro Hospital
MNP	Minimum Needs Programme
MoHFW	Ministry of Health and Family Welfare
NCCP	National Cancer Control Program
NEFA	North East Frontier Agency
NHAK	Naga Hospital Authority, Kohima
NHM	National Health Mission
NIDDCP	National Iodine Deficiency Disorders Control Program
NIMHANS	National Institute of Mental Health and Neuro-Sciences
NLEP	National Leprosy Eradication Program
NMHP	National Mental Health Program
NPCB	National Program for the Control of Blindness
NSACS	Nagaland State AIDS Control Society
NVBDCP	National Vector Borne Diseases Control Program
OH	Oking Hospital
PHC	Primary Health Centre
PIO	Public Information Officer
PNH	Putuonuo Nursing Home
QWL	Quality of work-life
RAK College	Rajkumari Amrit Kaur College
RCH	Reproductive Child Health
RNTCP	Revised National Tuberculosis Control Program
RSBY	Rashtriya Swasthya Bima Yojana
RTI	Right to Information
SC	Sub Centre
SCH	Subsidiary Health Centre

SHP	School Health Program
TNAI	Trained Nurses Association of India
UIP	Universal Immunization Programme

CONTENTS

Topic:	Page No:
Certificate	i
Declaration	ii
Acknowledgement	iii-iv
List of Tables	v-vii
List of Exhibits	viii-ix
Abbreviations	x-xii
Content	xiii-xv

CHAPTER 1: INTRODUCTION 1-55

Overview, Nursing in India, History of Evolution of Nursing Education in India, Statement of the Problem, Review of Literature, Theoretical Background, Conceptual Framework, Rationale of the Study, Significance of the Study, Objectives of the Study, Hypotheses, Research Methodology, Limitations of the Study, Operational Definitions and Notes and References.

CHAPTER 2: STRUCTURE & OPERATION OF HEALTH CARE

SERVICES IN NAGALAND 55-100

Introduction, Health Care System in India, Brief Profile of Nagaland, Health and Family Welfare Department in Nagaland an Overview, Organization Structure of Health and Family Welfare in Nagaland, Powers and Duties of the Department Officers, Organisational Structure at Chief Medical Office, Organisational Structure at District Hospital, Hierarchy of Nagaland State Nursing Service,

Duties and Responsibilities of Nursing Personal and Health Care Indicators in Nagaland.

CHAPTER 3: MEASUREMENT AND ANALYSIS OF NURSES'

JOB SATISFACTION

101-142

Introduction, Aggregate Response of the Respondents, Overall Job Satisfaction of Nurses, Component Wise Response Of The Respondents, Chi Square Test for Goodness of Fit and Demographic Profile of The Respondents and Their Responses

CHAPTER 4: COMPARISON BETWEEN GOVERNMENT AND PRIVATE HOSPITAL ON JOB SATISFACTION

143-177

Introduction, Reasons for Preference of Government and Private Hospitals, Extent of Nurses Job Satisfaction in Government and Private Hospitals, Level of Nurses' Job Satisfaction between Government and Private Hospitals, Respondents Personal Factors and Nurses' Job Satisfaction, Components of Nurses' Job Satisfaction in Private and Government Hospitals, Nurses Job Satisfaction Index and Conclusion

CHAPTER 5: DISTRICT WISE VARIATION OF NURSES' JOB SATISFACTION

178-210

Introduction, Districts Wise Overall Job Satisfaction of Nurses, Level of Nurses' Job Satisfaction: District Wise, Demographic Profile of the Respondents and the Level of Job Satisfaction: District Wise, Components of Nurses' Job Satisfaction: District Wise, District Wise Nurses Job Satisfaction Index (NJSI) and Conclusion

CHAPTER 6: FINDINGS, SUGGESTIONS AND CONCLUSION

211-234

Introduction, Major Findings of the Study, Testing of Hypothesis, Suggestions and Conclusion.

APPENDICES

235-257

Appendix – I: Questionnaire

Appendix – II: Socio-Economic Background of the Respondents and their Job Satisfaction Scores

BIBLIOGRAPHY

258-268

CHAPTER: 1

INTRODUCTION

OVERVIEW

Today's modern hospital has become increasingly complex, making it imperative that every employee should understand the unique contribution that he/she can make to it. The hospital, with all its equipments and special facilities, is basically an organisation of people who operate the equipment and perform the multitude of services necessary for the hospital to function effectively. The employees must be clear about how they fit into the organisation, to which they are responsible and what their own particular duties are. Clarity about one's work plays an important part in anyone's success and happiness within the organisation.

With the multifaceted growth of hospitals as an organisation several issues regarding the people who work in them have arisen. One of these relates to their satisfaction with their job. Proper functioning within the hospital requires a clear and comprehensive understanding of the various problems faced by its employees. The nurse is one such employee who is the backbone of the hospital and it is imperative on the part of the management of a hospital to pay attention to her problems. The success of the hospital organisation lies in efficient and considerate patient care. The effective use of nursing personnel is linked to this factor. Amongst the various categories of manpower that work in a hospital, nurses have received adequate attention. Although, the situation seems to be different in most hospitals, it is observed that nurses in many hospitals received very little attention. The reasons attributed to this neglect are various. The profession is women dominated and ranks low in occupational status; the economic status of most entrants is low; all health work is dominated by the medical lobby; there is a relatively low level of unionization and hence an inability to take a collective stand.

Notwithstanding the above, the nurses work closely with doctors in providing healthcare and are of prime importance in continuity of patient care. They invariably form the largest professional group within the hospital as an organisation. They touch upon every aspect of the patient during his/her stay from administering medicine, to maintaining vital body functions, over-seeing diet as well as the patient's hygiene and that of his/her immediate surroundings. It goes without saying that the performance of this role is crucial.

The proper performance of one's role as nurse is dependent upon the clarity with which one understands her role and the satisfaction, which is derived from carrying it out in terms of the task allotted by the organisation. This satisfaction from the job can lead to playing the role as desired by the organisation. Quite apart from the fact that job satisfaction may lead the nurse to give good patient care, job satisfaction is also an important issue by itself and it is quite legitimate for hospitals as human service organisations to provide it to people engaged within them. In simple terms as Jewell puts it: "a satisfied employee find more to like about his or her job situation than to dislike". (Gewell, L. N. : 1985)

Hospitals may be classified according to their objectives or on the basis of their ownership or according to their size. According to its objectives, hospitals may be teaching cum-research hospitals or general hospitals or specialist hospitals. On the basis of their ownership they may be categorized as government or public hospitals, semi-government hospitals, voluntary agencies hospitals or private charitable hospitals.

Historically in India, a systematic hospital care with different kinds of hospitals has been planned and established only after 1947. The primary division of hospitals has been on the basis of their ownership, namely public hospitals and privately owned hospitals. Both may be either general or specialised. Public hospitals may be set up by the central (national), state or local (district) level

authorities. Private hospitals may be profit making (that is commercial) hospitals or they may be philanthropic that is run by a particular group who finances it. The group may be secular or religious. This kind of hospital is generally represented by trustees or religious institutions.

While hospitals as organisations may be classified on the basis of their ownership, and while this may affect their administrative structure and systems of control the functions of the hospital as a health organisation remain the same namely, patient care, training, medical research and health education. As hospitals are primarily community institutions, there is a strong plea to broaden their role to include extension outreach care to the community outside the hospital too.

NURSING IN INDIA

The history of professional nursing education in India began in the 19th century. British military hospitals and Christian missionaries were responsible for initiating public health nursing. In the beginning lady health visitors, rural midwives, and maternity assistants were trained for 30 working days and later Auxiliary Nurse Midwives (ANMs) and nurse midwives were also included. The first school to train midwives with an additional course in midwifery after nursing was started in 1854 in a lying-in hospital at Madras. The Indian Nursing Council (INC) designed the two-year curriculum to prepare ANMs to provide basic nursing care, preventive services, midwifery and childcare services in rural areas. The first such school came up in 1951 at St. Mary's Hospital, Taran-Taran, and Punjab. From two schools in 1952 the number of ANM training schools increased to 263 by 1962. Primarily the maternal healthcare was taken care of by ANMs. The University Education Commission headed by Dr. S. Radhakrishnan (1949) and the Education Commission headed by Dr. Kothari (1964), both, recommended raising the standard of nursing education by linking it with higher education of academic value at the university level. At the time of

the Radhakrishnan Commission only two colleges of nursing were enlisted - one at Delhi, affiliated to the Delhi University, and another at Vellore affiliated to the University of Madras, both giving a B.Sc. degree in Nursing. The Trained Nurses' Association of India, launched in 1905 was instrumental in the establishment of college education. Currently, available nursing courses in India are the eighteen months Multiple Public Health Workers (female) (MPHW(F)) training after Class X, the General Nursing and Midwifery Diploma (GNM), B.Sc. (Nursing), M.Sc. (Nursing), M.Phil. and Ph.D. in Nursing. The Indian Nursing Council approves the State Nursing Councils, provides guidance, enforces standards, and formulates policies for equivalence and reciprocity of educational qualifications across the states in India. A study conducted in six states of the country indicates that Nursing Councils in India are largely headed and controlled directly or indirectly by the administrative in-charge of the medical and health services belonging to the medical profession. Only recently the INC has got a head with a nursing background (Rustomfram, N. 1999).

HISTORY OF EVOLUTION OF NURSING EDUCATION IN INDIA

Nursing education prepares nurses to practice in a variety of settings. Ancient days' nurses were trained using an apprenticeship model. Long hours at the bedside were supplemented by some pearls of wisdom dispensed by physicians. By the middle of the twentieth century, it became clear that effective nursing practice required a distinctive body of knowledge. Nursing interventions had gradually become independent of the physician's orders, and nursing required integrated knowledge of the physiological, psychological, and social dimensions of the patient. By developing programs of research, nurses asserted ownership over the knowledge required for practice.

- 1871 - School of nursing started in general hospital Madras.
- 1886 - School of nursing in a full-fledged form was started in J.J. Hospital, Bombay.
- 1892 - Many hospitals in Bombay started nursing associations which were intended to provide additional facilities for the training of local nurses.
- 1908 - Trained Nurses Association of India (TNAI) established.
- 1909 - Bombay presidency nursing association was formed.
- 1910 - United board of examination for nurses was organized.
- 1913 - South India Board was organized.
- 1926 - First nurses' registration act passed in Madras.
- 1935 - Madras and Bombay nursing councils were established.
- 1942 - ANM programme started.
- 1943 - School of Nursing at RAK College, New Delhi.
- 1943 - Diploma programme in nursing administration started in New Delhi.
- 1946 - Four year B.Sc nursing programme started in RAK College and CMC, Vellore.

- 1947 - INC act was passed.
- 1949 - INC was established.
- 1959 - M.Sc Nursing started in RAK College of Nursing.
- 1963 - Post basic B.Sc programme started in various institutions
- 1968 - M.Sc Nursing at CMC, Vellore
- 1972 - Basic degree programme started in Kerala
- 1985 - M.Sc nursing started in CMC Ludhiana.
- 1985 - IGNOU established.
- 1986 - Curriculum change for GNM programme from three and a half years to three years.
- 1986 - M.Phil programme started in RAK, Delhi.
- 1987 - M.Sc Nursing started in Kerala
- 1987 - Separate directorate of nursing was created in Karnataka State.
- 1988 - M.Sc Nursing at NIMHANS
- 1992 - PhD in RAK College, New Delhi
- 1992 - Post basic programme started under IGNOU
- 1994 - M.Sc nursing at MAHE, Manipal
- 1994 - Basic B.Sc programme under school of Medical education in Mahatma Gandhi University, Kottayam.
- 1996 - M.Phil and PhD at MAHE, Manipal.
- 2001 - PhD at NIMHANS
- 2004 - Syllabus of all nursing courses revised and implemented from 2006 onwards
- 2008 - Post basic diploma in 10 nursing specialties including independent nurse Practitioner in midwifery was developed.
- 2004 - 2012 - Growth of Nursing Educational Institutions with 5 to 16% in government sector and 84 to 94% of admission capacity produced by private schools and colleges of nursing emerged

STATEMENT OF THE PROBLEM

Nursing is the largest, the most diverse, and one of the most respected among the health care professions. Nursing is a profession which focuses on protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human responses, and advocacy while caring for individuals, families, communities, and populations, assuming responsibility for the continuous care of the sick 24X7, the injured, the disabled, and the dying.

Globally, health systems are experiencing major shifts in their structure, organization, functions and management. Globalization and the technological transformation of health sectors are creating an increasingly diverse yet interconnected world. Within this ever-changing milieu, nurses are faced with many challenges, each demanding valuable and self-motivated leadership and managerial abilities if they are to be addressed effectively.

Nurses are different from other health care providers by their approach to patient care and varied scope of practice. Professional nurses work both independently and in collaboration with other health care professionals. Nurses practice in a wide diversified practice areas with a different scope of practice and level of authority in each. Many nurses provide care within the ordering scope of physicians, and this traditional role has come to shape the historic public image of nurses as care providers. However, nurses are permitted by most jurisdictions to practice independently in a variety of settings depending on training level.

“Nursing is a profession in which the element of service to humanity is very strong and is characterized by distinctive traditions, skills, knowledge, values and qualities of a discipline. Articulating this value to the community is

one of the challenges nursing faces as it evolves responding to very different practice environments".

Nursing is well known by its practice ingrained with value of 'caring' and this intrinsic nursing value is a part of the development of the discipline of nursing and it now evolves to meet the emerging needs of the community. Nurses and midwives are frontline providers in delivery of cost-effective and quality health care and their contributions to health care development and towards achieving the Millennium Development Goals (MDGs) are extremely crucial.

Nurses are accessible even where doctors are not available, and provide health care at the doorstep. Nursing roles and responsibilities have multiplied over the years, but there are huge concerns with regard to the development of the pre-service and in-service training and human resources (HR) issues for their career growth. Job satisfaction of nurses has been a major issue in the health care sector. Quality of nursing service and attention of nurses solely depends on the level of job satisfaction of nursing staff. It is with this background, the researcher has been encouraged to undertake a research study to enquire into the job satisfaction of nurses in Nagaland.

REVIEW OF LITERATURE

Keeping in line with the importance of job satisfaction in workplace as well as its contribution to the development of the work through increasing productivity and rising level of achievement, many scholars, academicians, experts, policy makers and planners have done research, and have put forward their views. Since the present study is related to job satisfaction of hospital nurses, literature survey has been done regarding the theory and concepts of job satisfaction. While making a preliminary investigation into this area, the researcher has come across a number of articles, books, reports and research studies.

Brief review of the findings of few research works have been presented below in alphabetical order.

Academy for Nursing Studies (2005), in its research study for Training Division, Ministry of Health and Family Welfare, Government of India on “Situational Analysis of Public Health Nursing Personnel in India Based on national review and consultations in six states,”, has found that the critical factors which affect the Indian nursing systems are shortage of staff, poor infrastructure and facilities, weak administrative structure, lack of systematic training programmes on the job or off the job, lack of autonomy and gender disparities.

Adams and Bond (2000), in their study “Hospital Nurses’ Job Satisfaction, Individual and Organizational Characteristics” found that most nurses positively rated aspects of ward services, facilities and layout. The highest correlations were found between job satisfaction and cohesion of the ward nursing team, staff organization, the level of professional practice achieved within the ward and collaboration with medical staff. The most important contributors to nurses’ job satisfaction were the degree of cohesion existing among ward nurses, the degree of collaboration with medical staff and perception of staff organization.

Alemu, Yosef, Lemma and Beyene (2011), in their study entitled, “An exploration of competency gaps in human resource management in the health sector in Ethiopia”, have investigated the competency gaps in HRM in the health sector in Ethiopia. The researchers selected eight public hospitals as a sample and investigated the competency gaps based on the data collected via questionnaire from 66 health managers and interview from 7 CEOs. The findings show that there is competency gap in HRM functions regardless of HR managers’ high level of education in their respective clinical fields. On this ground, it has been concluded that hospital managers need additional HR related skills and knowledge to carry out these functions and therefore, an organized

effort from the organization itself and other concerned bodies is of paramount importance to address this lack of HR management capacity.

Aronson (2005), in his study, “The job satisfaction of nurses in private psychiatric hospitals in Pennsylvania”, assessed the job satisfaction of 546 nurses who worked in private psychiatric hospitals in Pennsylvania. Respondents rated their level of satisfaction on the 100-item survey by using a 5-point Likert scale: 1, poor; 2, fair; 3, good; 4, very good; and 5, excellent. Management's actions and attitudes demonstrated the largest mean correlation with all the other factors (mean of 0.64), including overall satisfaction ($r=0.98$). Therefore, management's actions and attitudes were found to strongly relate to other areas of job satisfaction for the RNs. Compensation demonstrated the lowest mean correlation with the other factors ($r=0.31$), including global satisfaction ($r=0.46$). Compensation is an area of satisfaction that is somewhat distinct from the other satisfaction dimensions.

Barbara Murphy, (2004), in his study, “Nursing Home Administrators’ Level of Job Satisfaction”, has stated that Job satisfaction has been shown to have a direct relationship to the quality of work. Are nursing home administrators satisfied with their work? How do they compare with their counterparts in other industries? The results of this survey, using the Job Description Index (JDI) and the Job in General (JIG) scale as published by Bowling Green State University, indicate that nursing home administrators have a more compressed rate of job satisfaction than their counterparts in other industries. They focus their dissatisfaction on their co-workers and pay. They demonstrate dissatisfaction by rotating their positions at a rate of every 31 months. This suggests some significant problems in the development and maintenance of quality care and some areas that could be addressed to raise the level of satisfaction among nursing home administrators.

Bernard Stoner, (1995), in his study entitled, “The ultimate test of organizational success is its ability to create values sufficient to compensate for the burdens imposed upon resources contributed.” Bernard looks at workers; in particular librarians, in an organized endeavour, putting in time and efforts for personal, economic, and non-economic satisfaction. In this era of the information superhighway, employers of information professionals or librarians must be careful to meet their needs. Otherwise, they will discover they are losing their talented and creative professionals to other organizations who are ready and willing to meet their needs and demands.

Brenda Nevidjon and Jeanette Ives Erickson (1987), in their paper entitled, “The Nursing Shortage: Solutions for the Short and Long Term”, have predicted that this nursing shortage will be more severe and have a longer duration than has been previously experienced, traditional strategies implemented by employers will have limited success. The aging nursing workforce, low unemployment, and the global nature of this shortage compound the usual factors that contribute to nursing shortages. This shortage is not solely nursing's issue and requires a collaborative effort among nursing leaders in practice and education, health care executives, government, and the media.

Bruck (2002), in his study “The relationship between work family conflict and job satisfaction a friar-greunied analysis”, have examined whether there would be differential relationship across the job satisfaction facets. These tests revealed no significant differences across facets for any of the conflict measures. These results provide important implications for practitioners who are implementing organizational interventions designed to combat work family conflict.

Chakraborty (2004), in a case study on “Job satisfaction does not solely depend on the nature of job in West Bengal”, have found that teachers’ job satisfaction not only depends on nature of job but also on institutional scenario, facilities, salaries and standard of the students.

Dayanandan (1997), in his study, entitled, “Human Resource Management in co-operative banks”, found that satisfaction with co-employees was favourable among both the senior and junior level employees. He also states that increased satisfaction was noticeable among the senior level employees with regard to environment and working conditions of banks in comparison with junior level employees.

Ernst, Franco, Mesmer, Gonzalez (2004), in their study “Nurses' job satisfaction, stress, and recognition in a pediatric setting”, have conducted exploratory descriptive study to identify factors that describe nursing satisfaction in the pediatric setting in Miami. Among 249 nurses the ages of the respondents ranged from 22-58 years with equal distributions for each 5-year group, except that there were fewer nurses in the 52-58 age groups. Ninety-one percent of the sample was female. Job Stress correlated significantly and inversely with age, years as a nurse, and years at the facility. Older nurses with more years of experience and with more years at the facility had less job stress than their younger counterparts. Pay correlated significantly and inversely with age, years as a nurse, years in the unit, and years at the facility. Older nurses with more years of experience, more years in the unit, and more years at the facility were less concerned with pay than their younger counterparts. Task requirements correlated significantly and inversely with years as a nurse. Older nurses showed less concern about task requirements than younger nurses did. Recognition correlated significantly and directly with hours worked per week. Older nurses reported receiving more recognition for the job that they did than their younger counterparts. Neither Job Satisfaction nor Interaction/Cohesion correlated significantly with any of the demographic variables. The correlations of Confidence and Time to Care with the variables in this study revealed a significant positive correlation between Confidence and Time to Care ($r = 0.318$); that is, the more confident nurses had more demands upon their time.

Gardulf, Orton, Eriksson, Unden, Arnetz, Kajermo, and Nordstrom (2008), in their study, “Job Satisfaction among nurses at a university hospital”, found that many nurses were dissatisfied with their work situation and reported lack of support given for their own professional development. The five factors that predicted job satisfaction among nurses were: making good use of professional competence, satisfaction with an immediate supervisor regarding support for nursing research and development, opportunities for developing one's own competence for the current job, perception of career opportunities in one's own profession, and yearly dialogue for performance appraisal with an immediate supervisor. This gives support that employees who perceive future career opportunities in their organization are more likely to be satisfied at work. In sum, employees who perceive or have the opportunity to advance their careers within their organizations are more likely to be satisfied at work, have a strong commitment to their organizations, and be less likely to quit their job. Career opportunities are measured by perceived opportunities to get a better job in one's current organization.

Gvadamosi, (2000), in his study entitled, “Commitment of an individual towards the organization”, where, he has highlighted that individuals who are committed to the organization are less likely to leave their jobs than those who are uncommitted. These people who are committed tend to perform at a higher level and also tend to stay with the organization, thus decreasing turnover and increasing organizational effectiveness. The study argued that the commitment of organizational members certainly has a strong role to play in reinforcing organizational effectiveness.

Heslin (2003), in his study entitled “Job satisfaction and organizational commitment”, stated that employees’ productivity is largely related to their level of job satisfaction and in fact the turnover rate can be reduced with a higher level of organizational commitment. There is relatively strong relationship between job satisfaction and organizational commitment.

Huang and Evert (2004), in their study entitled “Job level and national culture as joint roots of job satisfaction”, have stated that job level is positively related to job satisfaction in individualistic countries but not in collectivist countries. Moreover, the positive relationship between job level and job satisfaction holds only for jobs with much opportunity to use one’s skills and abilities especially in individualistic countries. Job level is even negatively related to job satisfaction in jobs with little opportunity to use one’s skills and abilities in collectivist countries.

Ivy Philip (2007), in her study, entitled, “A study on the HRM practices in the public sector and private sector hospitals in Kerala”, have identified the extent of satisfaction of employees in hospitals and remarked that organisation with more satisfied employees are found to be more effective than organisations with fewer satisfied employees.

J .T Tessy, (2011), in his study, “Quality of life and psychosocial variables of nurses working in selected hospitals of Udupi and Mangalore (South Canara) districts”, have investigated a co-relational study on quality of life and psychosocial variables of nurses working in selected hospitals of Udupi and Mangalore (South Canara) districts, Karnataka, India. The objectives of the study were to: 1) determine the Quality of Life of nurses as measured by WHO Quality of Life questionnaire (WHOQOL-BREF), 2) identify the psychosocial variables of nurses: stress, coping, psychiatric morbidity, self- esteem, social support, and job satisfaction, 3) find out the determinants of Quality of life of nurses with regard to: 3.1) Demographic variables such as age, professional qualification, marital status, married status, number of children, type of family, and monthly income. 3.2) Work place variables such as area of work, daily working hours, experience in current area of work and total years of experience, 4) find out the determinants of psycho-social variables with regard to demographic and work place variables, 5) find the relationship between quality of life and psycho-social variable, 6) find the relationship among the psycho-

social variables, 7) compare the quality of life of nurses working in private and government hospitals, 8) compare the psycho-social variables of nurses working in private and government hospitals and 9) determine the predictors of quality of life.

Jha and Pathak (2003), in their study, “the nature of differences in the levels of job satisfaction among executives of four public and private sector organizations of Eastern and Northern part of India”, found the differences in different aspects of job satisfaction, viz., job itself, pay and security were felt by the executives. These aspects were found to be significantly higher in the case of private sector organizations as compared to public sector organisations.

Katzell, Thompson and Guzzo (1992), in their study “How Job Satisfaction and Job performance are and are not linked”, have investigation on How job satisfaction and job performance are and are not linked found that employees tend to prefer jobs that give them opportunities to use their skill and abilities and offer a variety of tasks, freedom, and feedback on how well they are doing. Jobs that have too little challenge created boredom, but too much challenge created frustration and a feeling of failure. Under conditions of moderate challenge most employees will experience pleasure and satisfaction.

Kaur (2010), in her study, entitled, “The level of job satisfaction of college teachers of Punjab with respect to area, gender and type of institution”, have revealed that rural college teachers were more satisfied as compared to urban college teachers, because of their low expectations. Furthermore, government owned college teachers were more satisfied than government aided and self-financed college teachers. She also states that higher socio economic status and level of life satisfaction too encourage the college teacher for higher level of job satisfaction.

Kovner, Brewer, Wu, Cheng, Suzuki (2006), in their study, “Factors associated with satisfaction of registered nurses”, have examined the factors that influence the work satisfaction of a national sample of Registered Nurses (RNs) in Metropolitan Statistical Areas (MSAs) in New York. A cross-sectional mailed survey design was used. The sample consisted of RNs randomly selected from 40 MSAs in 29 states; 1,907 RNs responded (48%). The sample of 1,538 RNs working in nursing was used for analysis. The questionnaire included measures of work attitudes and demographic characteristics. The data were analyzed using ordinary least-squares regression. More than 40% of the variance in satisfaction was explained by the various work attitudes: supervisor support, work-group cohesion, variety of work, autonomy, organizational constraint, promotional opportunities, work and family conflict, and distributive justice. RNs who were White, self-perceived as healthy and working in nursing education were more satisfied. RNs who were more career oriented were more satisfied. Of the benefits options, only paid time off was related to satisfaction.

Lu, While, Barriball (2005), in their study “A model of job satisfaction of nurses”, have revealed that nurses’ job satisfaction is related to working conditions, relationships within the work place, the work itself, praise and recognition, remuneration, self-growth and promotion, responsibility and job security as well as leadership styles and organizational policies. Nurse’s job stress and organizational commitment have strong relationships with job satisfaction.

M. Manojlovich (2005), in his paper entitled, “Linking the practice environment to nurses' job satisfaction through nurse-physician communication,” observed that the favourable practice contribute directly to nursing job satisfaction and also indirectly through RN-MD communication. Study findings showed that a practice environment favorable to nurses improved both nurses' perceptions of their communications with physicians and their job satisfaction.

Masroor and Fakir, (2009), in their paper entitled, “level of job satisfaction and intent to leave among Malaysian nurses”, have investigated the level of job satisfaction and intent to leave among Malaysian nurses. The objectives of the study were to examine the level of perceived job satisfaction and intention to leave. The study suggested that the nursing staffs were moderately satisfied with their job in all the six facets of job satisfaction i.e. satisfaction with supervisor, job variety, closure, compensation, co-workers and HRM/management policies and therefore exhibits a perceived lower level of their intention to leave the hospital and the job.

Mrayyan (2005), in her study “Nurse Job satisfaction and retention: comparing public to private hospitals in Jordan”, have identified variables of Jordanian nurses' job satisfaction and retention. Comparisons were performed between three public and two private hospitals. A descriptive design using surveys, guided this study through convenience sample of 438 nurses. Nurses reported that they were 'moderately satisfied' in their jobs with 'neutral' opinion about their retention. Nurses who work in private hospitals were more satisfied and intended to retain their jobs more than nurses in public hospitals.

Patil S.B. and Choudhari P.T. (2011), in their study entitled, “Assessment of job satisfaction and human resource practices” examined the effect of nurses' demographic factors on it. Three hundred nurses working private hospitals and sixty nurses working government hospitals were included in the study. This study found that nurses in government hospital were more satisfied and committed to their hospital than the nurses working in private hospitals. Besides, satisfied nurses tend to have a higher degree of commitment than the less satisfied ones.

Philip and Raju (2006), in their study on “Job satisfaction among doctors and nurses of a multi-speciality private hospital”, found that doctors are highly satisfied with their jobs but nurses are just satisfied. However source wise

analysis for job satisfaction of nurses revealed that they are not satisfied in salary which is one of the two most important sources out of the six considered in the study.

Piko (2006), in his study, “The interrelationships among burnout, role conflict and job satisfaction in Hungary”, have investigated how these indicators of psychosocial work climate influence respondents' frequency of psychosomatic symptoms. A questionnaire survey (anonymous questionnaires) was carried out to detect these interrelationships. Questionnaires were distributed to 450 health care staff among which 55.7% were registered nurses. Altogether, 201 questionnaires were returned and analyzed, giving a response rate of 44.6%. Questionnaire contained items on work and health-related information (i.e., burnout, job satisfaction, role conflict, and psychosomatic symptoms) and on some basic socio-demographics. Beyond descriptive statistics, correlation and multiple regression analyses were computed. Findings show that emotional exhaustion and depersonalization scores were higher, while scores on personal accomplishment was lower as compared to Canadian, Norwegian or US samples. Burnout, particularly emotional exhaustion ($p < 0.001$), was found to be strongly related to job dissatisfaction. Schooling was inversely related to satisfaction with the job ($p < 0.05$). While job satisfaction was a negative predictor of each type of burnout subscale ($p < 0.001$), role conflict was a factor contributing positively to emotional exhaustion ($p < 0.001$) and depersonalization scores ($p < 0.001$)

Purani and Sahadev (2007), in their study, “A major dimension of job satisfaction”, provided a factor of job satisfaction, which relate to the overall satisfaction with the human resources policies and strategies of the organization. This was often verbalized in terms of such statements like “This company always acts for the well-being of its personnel” or the “I am satisfied with the overall working conditions”. This was a reflection of the trust in the organization's inclination in favour of its employees.

Rahman (1994), in his study, entitled, “Job satisfaction of supervisors in the garment industry” suggest that open communication, job security, supervisory status, recognition for good work and overtime are considered more important for job satisfaction than job status, working environment and autonomy in work.

Rambur, McIntosh, Palumbo, Reinier (2005), in their study “Education as a determinant of career retention and job satisfaction among registered nurses”, have compared job satisfaction and career retention in two cohorts of RNs, those whose highest degrees were the Associate Degree (AD) or the Bachelor's Degree (BS) in nursing. Instruments included a career satisfaction scale and questions based on the ongoing U.S. Health and Retirement Survey. Three-thousand nurses in the U.S. state of Vermont were surveyed with a resulting response rate of 56.7%. Of these respondents, 878 RNs fit the study criteria. BS RNs started their nursing careers earlier, were employed longer, had held more positions, and were in the largest age cohort (age 40–54), were more likely to have been in their current positions at least 10 years. BS RNs scored significantly higher in job satisfaction related to opportunity for autonomy and growth, job stress and physical demands, and job and organizational security. AD and BS nurses were not significantly different in their satisfaction with supervision, career, continuing education, and promotion opportunities, or pay and benefits.

Saari and Judge (2004), in their study, entitled, “A study on employee attitude and job satisfaction”, found that job dissatisfaction appears to be related to other withdrawal behaviours including lateness, unionization, grievances, drug abuse and decision to retire.

Sharma and Kumari (2004), in their study “Job satisfaction of the employees”, have found that public sector employees are in a position in terms of their job satisfaction than the employees of private sector organisations. Top management employees are more satisfied than the middle and lower level employees. It was

also revealed that the public sector employees are more dissatisfied with their working conditions and incentives than the employees of the private sector.

Shoman Amani (2009), in his study, entitled, “Examination of the factors that predict job satisfaction”, determined the predictors of job satisfaction among three departments within an organization. The study used five predictors: leadership/top management communication with subordinates, feedback received from one's supervisor, training opportunities for employees, career opportunities within the company, and teamwork or cooperation among employees. Using data from 608 participants, the study examined the relationships between each of these five predictors and job satisfaction. Consistent with hypotheses, each of these predictors was significantly related to job satisfaction. Moreover, leadership/top management communication with subordinates (except for one department surveyed), career opportunities within the company, and teamwork or cooperation among employees contributed most to the prediction of job satisfaction for all the departments.

Shu Huiwang, Santhat Sermsri, Veena Sirisook and Yothin Sawangdee (2003). In their study, “Job Satisfaction of Staff Nurses and their Perception on Head Nurses’ Leadership”, they have investigated the level of job satisfaction and perception on head nurses leadership among staff nurse. The research design was a cross-sectional and descriptive study. The study population was all staff nurses who were working in this hospital. The research results showed that the level of staff nurses’ job satisfaction and their perception of head nurses’ leadership were moderate levels (73.7%, and 79.6% respectively). There was significant association between staff nurses’ job satisfaction and their perception on head nurses’ leadership. There was also a significant Association between staff nurses’ job satisfaction and duration of working as a nurse as well as duration of working in this hospital ($P < 0.05$). The findings of this study are important for understanding the role of head nurses because the level of staff nurses’ job satisfaction is partly due to leadership role of head nurses. Managers

should implement a clear policy to stimulate job satisfaction through preparing head nurses for their position.

Sinha (1958), in his study “Work Culture in in the Indian Context”, examined the job satisfaction prevalent in Indian offices and manual workers, and analysed the causative impacts on satisfaction and dissatisfaction. ‘Interesting work’, ‘social status’, and ‘boss’ were found as crucial factors contributing to satisfaction where as inadequate salary and lack of security were regarded as important factors causing dissatisfaction. Clerical employees were found to be lower in their satisfaction, indicating a reverse tendency to what is usually observed, that is, increase in satisfaction with occupational level.

Snyder and Ferguson (1976), in their study, entitled “Self-concept and job satisfaction”, have investigated the empirical relationship between self-concept and job satisfaction. The sample consisted of 600 employees of Ohio University and of business establishments located in or near Athens, Ohio. Sixty nine per cent of the sample were females and thirty six per cent of the sample were clerical workers. The authors concluded that in job satisfaction research, self-concept can serve as an independent variables only to a limited degree.

Sparks, Corcoran, Nabors, Hovanitz (2005), in their study “Job Satisfaction and Subjective Well-Being in a Sample of Nurses”, have conducted a study among 152 nurses in Loveland, US to determine the job satisfaction and Subjective wellbeing (SWB). Participants completed measures of job satisfaction, SWB, and social desirability. The Dimensions of Satisfaction scale was designed for this study and demonstrated acceptable reliability and validity. Results indicated that the most important aspect to nurses' job satisfaction is pay, followed by staffing and benefits.

V. V. Manerikar (1980), in his study, “Job satisfaction and Performance” stressed the need for better performance, the author observed that there was need

of required abilities and skills to fulfill managerial role. The study further discussed on selection strategies with well-developed battery of psychological tests and interviews, as well as the role of Sensitivity training and Transactional Analysis to understand the forces of behavior for job satisfaction.

Westaway, Wessie, Viljoen, Booysen, Wolmarans (1996), in their study, “Self-esteem and job satisfaction among South Africa nurses”, investigated job satisfaction among 2,000 South African nurses. The objectives of the study were to: (1) ascertain South African nurses' satisfaction with their work, pay, promotion, supervision and co-workers; (2) compare job satisfaction of South African nurses with that of North American nurses; (3) determine levels of self-esteem; and (4) test the direct and indirect effects of self-esteem on job satisfaction. A postal survey was conducted on a random sample of nurses registered with the South African Nursing Council; 396 persons returned the questionnaires (Group 1). A subsample of 93 non-respondents was traced who agreed to complete the questionnaire (Group 2). Minimal differences justified combining the groups and conducting subsequent analyses on total sample scores. Nurses were most satisfied with supervision and co-workers and least satisfied with promotion and pay. Reliability coefficients for the five job satisfaction subscales and overall scale ranged between 0.79 (work) and 0.93 (overall scale). South African nurses were significantly less satisfied with all aspects of their jobs than their American counterparts. Coefficient alpha for the self-esteem scale was 0.72, 0.87 for the work-related needs scale and 0.80 for the social approval scale. High self-esteem nurses were more likely to attend to work-related needs in judging their job satisfaction than low self-esteem nurses. The best model for predicting job satisfaction was the linear incorporation of self-esteem and work-related needs.

Wilson (2003), in his study, entitled, “work ethics of the industrial work force in selected public and private sector enterprises in Kerala”, found that workers in the private sector are not satisfied with the reward system, as compared to their counterparts in the public sector.

THEORETICAL BACKGROUND

Job satisfaction is a feeling whereas work motivation is concerned with behavior. Often individuals are avoiding jobs which they do not like. Such behavior compares job satisfaction with work motivation, though the two are different. Some different theories exist concerning dynamics of job satisfaction and its general impact upon worker behavior. Brief mentions of the more prominent theories are as follows:

The concept of job satisfaction underwent several changes and in course of time several theories were advanced. There are vital differences among experts about the concept of job satisfaction. In this section the researcher reviews some widely used theories in contemporary job satisfaction research.

Fulfillment theory

The proponents of this theory measure satisfaction in terms of rewards a person receives or the extent to which his needs are satisfied. Further they thought that there is a direct/ positive relationship between job satisfaction and the actual satisfaction of the expected needs. The main difficulty in this approach is that job satisfaction as observed by Willing, is not only a function of what a person receives but also what he feels he should receive as there would be considerable difference in the actual and expectations of persons. Thus, job satisfaction cannot be regarded as merely a function of how much a person receives from his job. Another important factor/ variable that should be included to predict job satisfaction accurately is the strength of the individuals' desire of his level of aspirations in a particular area. This led to the development of the discrepancy- theory of job satisfaction.

Discrepancy theory

The proponents of this theory argue that satisfaction is the function of what a person actually receives from his job situation and what he thinks he

should receive or what he expects to receive. When the actual satisfaction derived is less than expected satisfaction, it results in dissatisfaction. Job satisfaction and dissatisfaction are functions of the perceived relationships between what one wants from one's job and what one perceives it is offering. This approach does not make it clear whether or not over satisfaction is a part of dissatisfaction and if so, how does it differ from dissatisfaction. This led to the development of equity theory of job satisfaction.

Equity Theory

Equity theory is primarily a motivation theory, but it has some important things to say about the causes of satisfaction /dissatisfaction. The proponents of this theory are of the view that a person's satisfaction is determined by his perceived equity, which in turn is determined by his input- output balance compared to his comparison of others input-output balance is the perceived ratio of what a person receives from his job relative to what he contributes to the job. This theory is of the view that both under and over rewards lead to dissatisfaction. While the under-reward causes feelings of unfair treatment, over-reward leads to feelings of guilt and discomfort.

Herzberg's Motivation/ Hygiene Theory (Two factors theory)

This theory was developed by Herzberg, Manusner, Peterson and Capwell who identified certain factors as satisfiers and dissatisfiers. Factors such as achievement, recognition, responsibility etc. are satisfiers, the presence of which causes satisfaction but their absence does not result in dissatisfaction. On the other hand, factors such as supervision, salary, working conditions etc. are dissatisfiers, the absence of which causes dissatisfaction. Their presence however, does not result in job satisfaction. The studies designed to test their theory failed to give any support to this theory, as it seems that a person can get both satisfaction and dissatisfaction at the same time, which is not valid.

Fredrick Herzberg's motivation/hygiene theory assumes that one group of factors, motivators, accounts for high level of motivation. Another group of factors, hygiene or maintenance factors can cause discontent with work.

The implications of Herzberg's research for management and HR practices is that although managers must carefully consider hygiene factors in order to avoid employee dissatisfaction, even if all these maintenance needs are advanced, people may not be motivated to work harder. Only motivators cause employees to exert more effort and thereby attain more productivity, and this theory suggests that managers should utilize the motivators as tools to enhance employee performance.

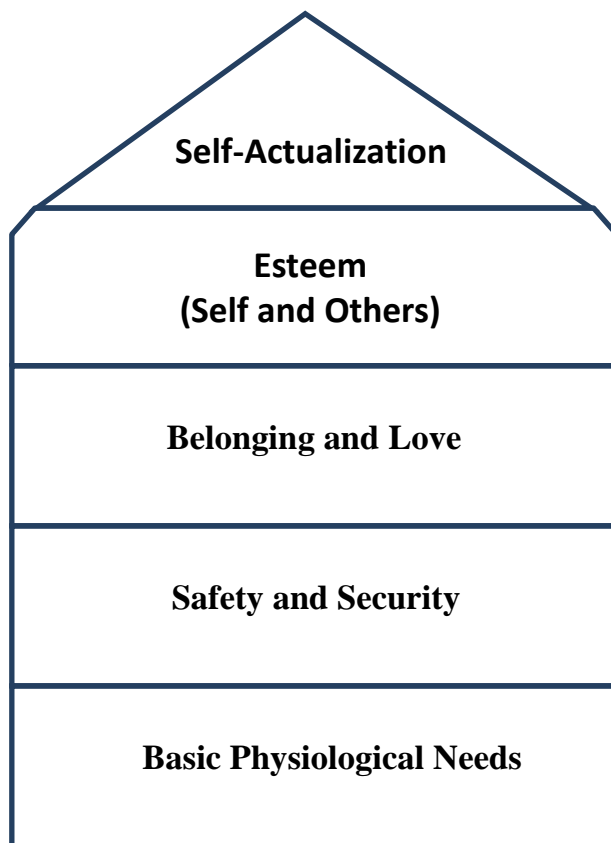
Maslow's Hierarchy of Needs Theory

One theory of human motivation that has received a great deal of exposure in the past was developed by Abraham Maslow. Until the more basic needs are adequately fulfilled, a person will not strive to meet higher needs. In this theory Maslow classified human needs into five categories that ascend in a definite order as follows:

- 1) Physiological needs
- 2) Safety and security needs
- 3) Belonging and love needs
- 4) Esteem needs and
- 5) Self- actualization needs.

As assumption often made by those using Maslow's hierarchy is that workers in modern, technologically advanced societies basically have satisfied their physiological, safety and belonging needs. Therefore they will be motivated by the needs for self-esteem, esteem of others, and then self-actualization. Consequently, conditions to satisfy these needs should be present at work; the job itself should be meaningful and motivating.

Maslow's and Herzberg's Ideas Compared Herzberg's Two Factors



Motivators:

- Achievement
- Recognition
- Work itself
- Responsibility
- Advancement

Hygiene Factors:

- Interpersonal Relations
- Company policy
administration
- Supervision
- Salary
- Working Conditions

Process Theories of Motivation

Process theories suggest that a variety of factors may prove to be motivating. Depending on the needs of the individual, the situation the individual is in, and the rewards the individual expects for the work done. Theorists who hold to this view do not attempt to fit people into the single category, but rather accept human differences.

One process theory by Lyman Porter and E.E Lawler focuses on the value a person puts on a goal as well as the person's perception of workplace equity, or fairness, as factors that influence his or her job behavior. In a work situation, perception is a way an individual views the job. If expectations are not met, people may feel that they have been unfairly treated and consequently become dissatisfied. Using the Porter and Lawler model, suppose that a

salesclerk is motivated to expend efforts on her job, from this job he/she expects to receive two types of rewards: intrinsic (internal) and extrinsic (external). For this sales- clerk intrinsic rewards could include a feeling of accomplishment, a feeling of recognition, or other motivators. Extrinsic rewards might be such items as pay, benefits, good working conditions, and other hygiene factors. The salesclerk compares his/her performance with what he/she expected and evaluates it in light of both types of rewards he/she receives. He/she then reaches some level of job satisfaction or dissatisfaction. Once this level is reached, it is difficult to determine what he/she will do. If he/she is dissatisfied, he/she might put forth less effort in the future, he/she might work harder to get the rewards he/she wants, or he/she might just accept his/her dissatisfaction. If he/she is highly satisfied, it does not always mean he/she will work harder. He/she may even slack off a bit, saying, "I got what I wanted."

Expectancy Theory

Expectance theory concentrates, as the name implies, on the expectations which employees bring with them to work situation and the context and manner in which these expectations are satisfied. The underlying hypothesis is that "appropriate levels of effort, and hence productivity, will only be extended if employees' expectations are fulfilled". It does not assume a static range of expectations common to all employees but rather points to the possibility of different sets of expectations. Rewards are seen as fulfilling or not fulfilling expectations. Expectancy theory challenges management to demonstrate to employees that extra effort will reap a commensurate reward. The link between effort and reward needs to encompass both the pay packet and a variety of other extrinsic or intrinsic rewards. Reward schemes must therefore create a positive link between the size of the pay packet and the effort expended for employees primarily motivated by money. For others links must be created between effort and rewards which include job satisfaction and praise and other forms of recognition.

Variance Theory

Variance theory is based on a simple idea: if you want x from your work then you are satisfied to the extent that it provides you with x. The major problem for variance theorists is defining what it is that people want from their jobs. One way of solving this is to borrow concepts from motivation theory so that variance in what is wanted and what is available from a job occurs: for example, in the extent to which self-actualizing needs can be fulfilled. This means that by borrowing from motivation theory some researchers can specify in advance the variations in job satisfaction that employees could meaningfully report in their jobs. Another approach assumes the relevant variances depend on the nature of the work and thus differ from occupation to occupation. This provides a more flexible framework with which to analyze problems of low job satisfaction within occupations. Either approach, specifying in advance the relevant facets of job satisfaction or identifying them through investigation, enables researchers to establish whether there are significant individual differences present in reported levels of job satisfaction or whether there is a high degree of consensus among staff about what aspects of work lead to high levels of satisfaction and dissatisfaction. By identifying what aspects of a job give rise to high and low levels of satisfaction, managers are better placed when considering what changes can be made to improve job satisfaction.

Job Characteristics

If variance theory suggests the cause of job satisfaction is subjective, the job characteristics model suggests the opposite: the cause of job satisfaction is found in the objective characteristics of a job. Job design studies explored a new field when behavioral scientists focused on identifying various job dimensions that would improve simultaneously the efficiency of organization and job satisfaction of employees.

Hackman and Oldham first outlined this view in 1975; their model has inspired thousands of research papers and its key concepts still provide the

foundations of much job satisfaction and job characteristics research. The *job characteristics model* proposes that three psychological states of a jobholder result in improved work performance, internal motivation, and lower absenteeism and turnover. The motivated, satisfied, and productive employee is one who (1) experiences meaningfulness of work performed (2) experiences responsibility for work outcomes, and (3) has knowledge of the results of the work performed. Achieving these three psychological states serves as reinforcement to the employee and as a source of internal motivation to continue doing the job well. According to Hackman and Oldham five core dimensions of job characteristics are as follows:

- 1) Skill Variety:** The degree to which a job entails a variety of different activities, which demand the use of number of different skills and talents by the jobholder.
- 2) Task Identity:** The degree of which the job requires completion of a whole and identifiable piece of work that is doing a job from beginning to end with a visible outcome.
- 3) Task Significance:** The degree, to which the job has a substantial impact on the lives or work of other people, whether in the immediate organization or in the external environment.
- 4) Autonomy:** The degree to which the job provides substantial freedom, independence, and discretion to the individual in scheduling the work and in determining the procedures to be used in carrying it out.²³ Autonomy deals with the amount of freedom those employees can exercise in their job.²⁴
- 5) Task Feedback:** The degree to which carrying out the work activities required by the job results in the individual being given direct and clear information about the effectiveness of his or her performance. It is important to realize that each of five job characteristics affects employee performance differently. Therefore employees will experience the greatest motivation when

all five characteristics are present, since the job characteristics combine to produce the three psychological states.

Further, when these critical psychological states are experienced, work motivation and job satisfaction will be high. Furthermore, behavioral outcomes, such as the quality of work and attendance, may also be improved.

Thus, the theory encompasses not only job characteristics and job satisfaction, but also work design principles, psychological studies and motivation. The attraction of such an ambitious model has been amplified by its clear specification of concepts and relationships between them and readily available measuring instrument. Particularly well established are the relationships between job characteristics and job satisfaction.

Factors and Consequences of Job Satisfaction

Factors of Job Satisfaction

After explaining the theories and benefits of job satisfaction surveys the researcher now wants to turn his attention to another important point of his study namely factors of job satisfaction. Most research on job satisfaction has focused on the effects of job enrichment and job design, or the quality of work life. As a human resource manager is concerned about balancing job satisfaction with performance, he needs to know how to foster an organizational climate that contains these elements.

Job enrichment

An “enriched” job is one in which an employee has opportunities for achievement, recognition, advancement, responsibility, and growth. Enriched jobs are those in which employees can be involved in the production of goods or services from beginning to end. They are not a series of limited, specialized activities, repeated over and over. Rather, enriched jobs are those in which the workers have the opportunity to see processes or tasks through from start to

finish. Enriched jobs contain five core work dimensions: *task identity*, *task significance*, *skill variety*, *autonomy*, and *feedback*. The presence of these components within the job will then lead to critical psychological states of meaningfulness of work, responsibility for work outcomes, and knowledge of work outcomes. The presence of these psychological states leads ultimately, to motivation, high quality performance, low absenteeism and turnover and high job satisfaction.

An employee who can point to a product and brag, “I made that” or “my efforts produced that” is expecting task identity. If employees also consider the fruit of their labors to be important, then task significance is part of their job. A task is significant when employees believe that what they have they have done makes a real difference to someone or to society. Autonomy is experienced by those who are encouraged to the work without close supervision; skill variety means they do a lot of different things on the regular basis; and feedback presupposes regular and accurate information on how work is perceived by those for whom it is done.

Hospital employees are examples of those for whom routinized, specialized job requirements are being changed. Today, in many medical facilities, a patient is assigned a “Nurse Coordinator” who is involved from the beginning to end of treatment and is thus able to derive satisfaction from seeing a patient improve as a result of his or her ministrations. Responsibility for a maternity patient used to move from labor room staff to delivery room to recovery room to maternity ward, with no one knowing what happened after she left their case. In a situation in which employee jobs are enriched, the pregnant woman comes to a birthing area where the same staffs provide continuity of service and see the results of their labors. This atmosphere enriches both the lives of the employees and the situation of the woman.

Quality of work life

Another way to increase job satisfaction among employees is to provide a high quality of work-life (QWL) environment, in which employees may be productive because their work situations is one in which they find satisfaction. A QWL environment may contain either routinized jobs or enriched jobs. The key to QWL is the institutionalization of the following components, all within the employer's purview:

- 1) Fair and adequate compensation;
- 2) Safe and healthy work environment;
- 3) Opportunities to develop human capacities by performing meaningful work and suggesting new ways of doing job tasks;
- 4) Growth and security, which includes opportunities to improve knowledge, skills, and abilities, and a sense of job security;
- 5) Social integration, which includes the opportunity to interact favorably with both co-workers and manager;
- 6) Constitutionalism which includes personal policies that are administered fairly, a work environment free of harassment, and equal opportunities for employees to advance;
- 7) Total life space, which includes the ability to balance the demands of home and work; and
- 8) Social relevance, which includes pride in both the job and the employer.

A high quality of work life can result from a determined effort on the part of a human resource manager. It may also exist simply as a result of concerned executives and skilled managers who display "good management". The presence of QWL factors in an organization sets the stage for job satisfaction to occur. The factors are a backdrop against which the activities of both employees and supervisors take place. Without them the work environment

can be uncomfortable, even hostile. With QWL factors in place, the real business of balancing job satisfaction and performance can begin. If quality working conditions are not present, people will become dissatisfied. They may look for other jobs. They may simply perform at a minimal level. In either event, the organization will lose. What employees at all levels of the organization want is “good work” is not only a job, but also a source of financial support; that is:

- Work that allows people to use the skills that are unique and special to them;
- Work that allows people to be in relationships with one another at the work place; and
- Work that allows people to produce something that is “good” something to which they can look with pride, something that has social relevance.

Quality of work life is a multi-faceted concept and its premise is having a work environment where an employee’s activities become more important. Alert and conscientious human resource managers, reviewing the working environment in their organizations, can discover and prevent uncomfortable conditions. This means implementing procedures or policies that make the work less routine and more rewarding for the employee. These procedures or policies include autonomy, recognition, belonging, progress and development, and external rewards.

Elements of QWL that can influence directly are total life space, good managerial relations, fair and adequate compensation, and safe and healthy work environment. The researcher considered above and explains them one by one as follows:

Total Life Space:

The idea of “total life space” is a new concept for human resource managers, growing in importance as the number of employees grow. Employees

want to be able to balance the demands of work and home. To do this, they want their managers to expect a reasonable amount of work, but not so much that the job interferes with personal life.

Good Managerial Relations:

The second most important factor in fostering job satisfaction is “good managerial relations”. Those who act to maintain good relations with their employees exhibit the following behaviors: help with job related problems, awareness of employee difficulties, good communication, and regular feed-back about the performance so that employees always know where they stand. Employees want to have input into decisions that affect them and to feel important. They want to be informed and involved. When a job brings recognition and respect, employees experience satisfaction with it. This is an easy condition to create with feedback.

Fair and Adequate Compensation:

Adequate compensation is another important influence on employee job satisfaction. Employees do expect fair and adequate compensation- a day’s pay for a day’s work. The component of compensation that influences satisfaction appears to be “equity” rather than amount however. Satisfaction with wages is more dependent on relative than on absolute pay, on comparison with others, and on perceptions of fairness. While within organizations there is a correlation between job satisfaction and pay, it is very small. Employees are consistently more satisfied because of equity than they are because of high wages. Employees at work have a clear idea of what they ought to be paid in comparison with others, and in relation to their skill, and experience, and so forth. They want their performance, seniority, age, and education to be recognized and rewarded.

Work Environment:

Employee job satisfaction is also influenced by the quality of the working environment both its physical attributes and the degree to which it provides meaningful work. While a comfortable physical environment is correlated with job satisfaction, the relationship is not merely as strong as the relationship between satisfaction and managerial behavior. Employees want certain conditions in their work they want to believe that what they do will ultimately make a difference to someone in some way. They want to participate in decision making, opportunities to grow and develop, and same opportunities for their coworkers regardless of race, sex, or age.

The Role of Managers:

The evidence that “good management” plays a part in affecting employee job satisfaction puts a responsibility on both the managers and the supervisors in the organization. Management needs information on employee job satisfaction in order to make sound decision, both in preventing and solving employee problems .A typical method used is a job satisfaction surveys, also known as a morale, opinion, attitude, or quality-of-work-life survey. A job satisfaction survey is procedure by which employees report their feelings towards their jobs and work environment. Individual responses are then combined and analyzed.

Consequences of Job Satisfaction

After explaining the factors of job satisfaction the researcher now wants to explain about the consequences of job satisfaction as follows:

➤ Job Satisfaction and Productivity

The relationship between job satisfaction and productivity is not definitely established. The consensus, however, is that in the long-run job-satisfaction leads to increased productivity. The strongest implication of much of the research is that the two variables, job-satisfaction and performance, are relatively independent of each other. There seems to be at least two possible reasons for

this. The first is that in many jobs variations in satisfaction cannot lead to variations in productivity. Secondly, even when correlations do appear, the associations may be spurious, since both may be associated with other factor. In other words, job-satisfaction and productivity may be well having largely separate casual paths: one set of factors (e.g. investment in technology) determines productivity; another set (e.g. perceived equity of rewards) produces job-satisfaction.

➤ **Job Satisfaction and Employee Turnover**

Turnover is process in which employee leave the organization and have to be replaced. Like absenteeism, turnover is related to job dissatisfaction. Turnover occurs when employees leave an organization and have to be replaced. Excessive turnover can be a very costly problem, one with a major impact on productivity. But cost is not the only reason turnover is important. Lengthy training times, interrupted schedules, additional overtime, mistakes and not having knowledgeable employees in place are some of the frustrations associated with excessive turnover. Turnover is a serious problem in part because of its relationship to decreased quality of care and extra expense for employers

High employee turnover is of considerable concern for employers because it disrupts normal operations, causes morale problems for that stick on, and increases the cost involved in selecting and training replacements. The employer does whatever possible to minimize turnover, making employees feel satisfied on their jobs, and being one such. The withdrawal behavior of employees is modified by certain factors. Loyalty to the organization is one such. Some employees cannot imagine themselves working elsewhere, however dissatisfied they are in their present job. Availability of other places of employment also influences turnover.

➤ **Job Satisfaction and Absenteeism**

Correlation of satisfaction to absenteeism is also proved conclusively. Employees who are dissatisfied are more likely to take “mental health” days, i.e. days off not due to illness or personal business simply stated, absenteeism is high when satisfaction is low. As in turnover, absenteeism is subject to modification by certain factors. The degree to which people feel that their jobs are important has a moderating influence on their absence. Employees who feel that their work is important tend to clock in regular attendance. Besides, it is important to remember that while high job-satisfaction will not necessarily result in low absenteeism, low satisfaction is likely to bring about high absenteeism. Absenteeism is expensive. Being absent from work may seem like a small matter to an employee. But if a manager needs 12 people in a unit to get the work done, and 4 of the 12 are absent most of the time, the unit’s work will probably not get done, or additional workers will have to be hired.

➤ **Job Satisfaction and Safety**

Poor safety practices are a negative consequence of low satisfaction level. When people are discouraged about their jobs, company, and supervisors, they are more liable to experience accidents. An underlying reason for such accidents is that discouragement may take one’s attention away from the task at hand. Inattention leads directly to accidents.

➤ **Job Satisfaction and Job Stress**

Job stress is the body’s response to any job-related factor that threatens to disturb the person’s equilibrium. In the process of experiencing stress, the employee’s inner state changes. Prolonged stress can cause the employee serious ailments such as heart disease, ulcer, blurred vision, lower back pain, dermatitis, and muscle aches.

Chronic job-dissatisfaction is powerful source of job stress .The employee may see no satisfactory short term solution to escaping this type of stress. An

employee trapped in a dissatisfying job may withdraw by such means as high absenteeism and tardiness; or the employee may quit.

Employees under prolonged stress stemming from job-dissatisfaction often consume too much alcohol, tobacco, and drugs. These employees are costly to the management in terms of time lost due to frequent absences and increased payments towards medical reimbursement.

➤ **Job Satisfaction and Unionization**

It is proved that job-dissatisfaction is a major cause for unionization. Dissatisfaction with wages, job security, fringe benefits, chances for promotion and treatment by supervisors are reasons, which make employees, join unions. Another dimension is that job- dissatisfaction can have an impact on the tendency to take action within the union, such as filling grievances or striking.

➤ **Other Effects of Job-satisfaction**

In additions to the above, it has been claimed that satisfied employees tend to have better mental and physical health and learn new job related tasks more quickly. All things considered practicing managers and organizational behavior researchers would agree that job-satisfaction is important to an organization. Critics however, point out this is pure conjecture because there is so much we do not know about the positive effects of satisfaction. On the other hand, when job-satisfaction is low, there seems to be negative effects on the organization that have been documented. So if only from the standpoint of viewing job-satisfaction as a minimum requirement or point of departure, it is of value to the organization's overall health and effectiveness and is deserving of study and application in the field of organizational behavior.

There have been attempts to establish whether specific variables such as gender, age, personality and job and life satisfaction are predictive of job-satisfaction. There has also been considerable interest in the complex relationship between an individual's job-satisfaction and satisfaction with other aspects of his or her life.

CONCEPTUAL FRAMEWORK

Job satisfaction is considered one of the most important factors which participate in the daily living of all employees in different organizations, and it is the main indicator for development of the work through increasing productivity and rising level of achievement. Job satisfaction has been receiving increasing attention .It reduces employees turnover, absenteeism, weariness and health setbacks due to stress. Job satisfaction is a result of employee's perception of how well their job provides those things that are viewed as important

Job satisfaction refers to how well a job provides fulfillment of a need or want or how well it serves as a source or means of enjoyment. The prevalence of dissatisfaction among nurses has been given considerable importance in recent years as it affects patient satisfaction and leads to reduced quality of care. The quality of performance in health facilities to a large extent depends on whether health care providers are job satisfied or dissatisfied as the work force is one of the most important inputs to any health system and has a strong impact on the performance of health facilities.

Job satisfaction is an individual's feeling regarding his or her work. It can be influenced by a multitude of factors. The term relates to the total relationship between an individual and the employer for which he or she is paid. Thus satisfaction is a feel good factor which is eventually followed by an attainment of goal. The term Job satisfaction was brought to limelight by Hoppock (1935). Hoppock describes job satisfaction as, "any combination of psychological, physiological and environmental circumstances that cause person truthfully to say I am satisfied with my job."

Job satisfaction has many dimensions. Commonly noted facets are satisfaction with the work itself, wages, and recognition, rapport with supervisors and coworkers, and chance for advancement. Each dimension

contributes to an individual's overall feeling of satisfaction with the job itself.

There are three important dimensions to job- satisfaction:

- 1) Job- satisfaction refers to one's feeling towards one's job. It can only be inferred but not seen.
- 2) Job satisfaction is often determined by how well outcomes meet or exceed expectations. Satisfaction in one's job means increased commitment in the fulfillment of formal requirements. There is greater willingness to invest personal energy and time in job performance.
- 3) The terms job-satisfaction and job attitudes are typically used interchangeably. Both refer to effective orientations on the part of individuals towards their work roles, which they are presently occupying.

From the point of view of employees, job satisfaction may reflect benefits that people might be looking for when they take the job; these benefits are usually determined by the employer based on their strategy to be profitable and competitive in recruiting and retaining people. On the other hand job-related factors that affect satisfaction relate to employees' desire to use their skills and abilities to make a meaningful contribution and to be valued. From an organization's point of view, they employ people to perform specific tasks in order to achieve their business goals. When organizations find people who fit their job requirements and are happy with what is being offered, then a win-win situation is created between the employer and the employee.

Though the terms job-satisfaction and attitudes are used interchangeably, there are differences between the two. Attitude refers to predisposition to respond. Job-satisfaction, on the other hand, relates to performance factors. Attitudes reflect one's feelings towards individuals, organizations, and objects. But satisfaction refers to one's attitude to a job. Job satisfaction is, therefore, a specific subset of attitudes.

Attitudes endure generally. But job satisfaction is dynamic; it can decline even more quickly than it developed. Managers, therefore, cannot establish the conditions leading to high satisfaction now and then neglect it, for employee needs may change suddenly. Managers need to pay attention to job satisfaction constantly.

Below are given few operational definitions of the term job satisfactions

- 1) According to E.A. Locke: Job satisfaction is a pleasurable or positive emotional state resulting from the appraisal of one's job or job experience.
- 2) As defined by Feldman and Arnold, Job satisfaction is the amount of overall positive affect (or feelings) that individuals have towards their jobs.
- 3) Kreitner and Kinicki described, Job satisfaction is an affective or emotional response toward various facets of one's job. This definition means job satisfaction is not a unitary concept.
- 4) Davis and Newstrom explained Job satisfaction as a set of favorable or unfavorable feelings with which employees view their work.
- 5) Andrew stated that job satisfaction is the amount of pleasure or contentment associated with a job.

RATIONALE OF THE STUDY

The study of job satisfaction has relevance to nursing from economic, humanitarian and professional perspectives. In hospitals, the nurse is the most vital resources of the organization. Not only is the high proportion to the total budget expended on nursing personal in salary and benefits, but also profit and service delivery are directly related to the presence, performance and productivity of the nursing staff. The efficiency and stability in health care organization rely on maintaining and improving the quality of work life for nurses. Studying the quality of work life and the improvement of work satisfaction for nurses is of humanitarian value and is legitimate goal in itself.

Research to develop a clearer understanding of the forces that shape job satisfaction in nursing, a predominantly female profession, may help policy makers design strategies to make social and economic institution better serve the needs of working women.

The present set up in government and private hospitals depicts that a massive work load with the greater deal of responsibilities are vested on the working nurses in their day to day activities. The role played by the working nurses is so significant in maintaining the basic purpose of the government and private hospitals that the question of their satisfaction from their job can never be ignored. Extensive research has been done on role stress among nurses but very few studies have been done on job satisfaction in nurses. So, the present study aims at measuring the level of job satisfaction among the nurses.

SIGNIFICANCE OF THE STUDY

The proposed study has been conducted in the State of Nagaland. The scope of the study relates to the nurses' job satisfaction, and hospital management for creation of job satisfaction and retention of the nurses in their profession for health care delivery.

Hospital patients are sicker now than ever before. Nurses appear to be leaving the hospital in search of less stressful environs with better schedules. As the threat of a nursing shortage looms ever larger, employers, policy makers, and researchers alike are interested in learning how they can keep nurses in the workplace. One key to combating the shortage is a better understanding of nurses' satisfaction with their job and with their career. Recognition for job performance and professional achievement is central to staff nurse morale. In a number of surveys conducted at both local and national levels, recognition has been identified as a key contributor to nurses' job satisfaction and retention.

Therefore, job satisfaction plays an integral role in voluntary turnover among nurses in long-term psychiatric setting. Carrying heavy patient loads while lacking sufficient autonomy to implement procedures and make decisions is frustrating for nurses. Higher workloads increase both mental and physical demands on the workers.

Hospitals are struggling to deal with the shortage of nurses. A worldwide survey report of 2005 revealed that most of the respondent nurses plan on leaving their current jobs in the coming years. The same study also revealed that 32% of respondents were expected to change their jobs and 18% planned on leaving their present jobs in the next 6 months. Hospitals who suffer from a shortage are expected to face worse conditions. Therefore, it is important to identify causes of the nurses leaving the medical services.

It is observed that there is a workforce crisis due to unemployment and underemployment in nursing across the country irrespective of having immense human resource potential in nursing. The retarded development of nursing and nursing profession seems to be mainly due to the fact that no appropriate thought has been given to this discipline over the years. The proposed study uncovered the various dimensions of Job satisfaction including individual background, fairness perception and job of staff nurses in Government and private hospitals in Nagaland. This was study conducted with the aim to help the administrators to better 'meet the need' of nurses and improve the quality of care in their hospitals. Nurses had to deal with multiple jobs in hospitals. They had to deal with staff issues, salaries, supplies and patient. In addition, the nurses' responsibilities were of patient care, clinical issues, personnel issues and home concerns. However, it was always difficult to manage all of them. Thus, Studying job satisfaction among nurses was important because it is necessary to distinguish between positive and negative aspects of job satisfaction.

OBJECTIVES OF THE STUDY

The primary objective of this research work is to study the overall job satisfaction of hospital nurses in Nagaland. However, the specific objectives of the study have been identified as follows:

1. To review the structure and operation of health care services in Nagaland
2. To measure and analyse the level of job satisfaction of nurses in Nagaland
3. To compare the level of job satisfaction of nurses in Government Hospitals with that of Private Hospitals
4. To study the district wise variation of Nurses' Job Satisfaction in Nagaland.
5. To identify the problems and to recommend suggestions for improving the level of job satisfaction of nurses.

HYPOTHESES

This study has been conducted with the following hypotheses, the veracity of which has been tested empirically on the basis of research findings.

1. Majority of the nurses are highly satisfied with their Job.
2. There is no significant difference in the level of Job Satisfaction of Nurses between Private and Government hospitals.

RESEARCH METHODOLOGY

This study is a descriptive one based on cross-sectional research design. The study focuses on the level of Job Satisfaction of Hospital Nurses in the selected districts of Nagaland using some identified indicators. For the purpose of this

study, the survey was restricted to five districts of Nagaland, namely, Dimapur, Kohima, Mokokchung, Tuensang and Phek.

A. Data Collection:

Both primary as well as secondary data were used for this study. Primary data were collected with the help of a well-structured questionnaire and through observation and interview methods. The secondary data were collected from the published and unpublished documents of Hospital and Medical Department of Government of Nagaland, Statistical Handbook of Government of Nagaland, relevant books, journals, Periodical and reports related to the research topic.

B. Sample of the study:

The Hospitals in the selected districts of Nagaland constituted the universe or population from where the sample respondents were selected. The nurses working in these hospitals represent the sampling units Surveyed. For the purpose of this study, a sample size of 300 nurses working in the identified hospitals has been considered as sample respondents. Nurses working in selected Hospitals of Nagaland for a least one year were included in the sample. The questionnaire was administered to the sample respondents for data collection using convenience non probability sampling method. At least 50 percent of nurses working in each selected hospitals were included in the sample. A well-structured questionnaire developed by Paul Spector, popularly known as JSS Questionnaire and Likert Type 5 Point Scale, were used as a tool for data collection.

The following table gives an account of the sample respondents. After seeking permission from the Medical Superintendent for Government Hospitals and Managing Director for Private Hospital; the data were collected within a span of 5 months.

Respondents were approached individually and questionnaire was administered.

Table1.1

The sample Size and other details

DISTRICTS	Hospital Name	No. of Nurses interviewed	%
KOHIMA	K.P Betheseda Hospital	9	3.0
	Bethel Medical Centre	15	5.0
	Naga Hospital Authority, Kohima	38	12.7
	Oking Hospital & Research	17	5.7
	Putuonuo Nursing Home	10	3.3
DIMAPUR	Christian Institute Of Health Sciences & Research	35	11.7
	District Hospital Dimapur	31	10.3
	Metro Hospital	8	2.7
	Zion Hospital	32	10.7
	Nikos Hospital & Research Centre	9	3.0
PHEK	District Hospital Phek	24	8.0
TUENSANG	District Hospital Tuensang	27	9.0
	Eastern Naga Nursing Home and Policy clinic	4	1.3
MOKOKCHUNG	Imkongliba Memorial District Hospital	30	10.0
	Woodland Nursing Home	11	3.7
	Total	300	100.0

Source: Field Survey

C. Data Analysis:

The data so collected were classified, tabulated, and analyzed as per the requirement of the study. To analyze the perception of nurses towards their job, the data were analyzed by bringing raw data to measured data, summarizing the data and then applying analytical method to manipulate the data so that their interrelationship and quantitative meaning become evident. Important statistical tools like average, percentage, bar diagram, pie chart, rank method, Chi square

test and Likert Type 5 Point Scale were used to analyse and interpret the collected data for drawing useful inferences and conclusion. Also, other relevant and appropriate statistical technique like weighted average method has been used to work out nurses' job satisfaction index.

D. Pilot Study

Pilot study is a process to determine whether the proposed study is feasible and tools are relevant and adequate. The investigator conducted a pilot study in order to find out the face validity of the statement on the reliability of questionnaire and content validity of the tool. The questionnaire was decided to change the wordings of some questions so as to avoid getting socially desirable answer. The pilot study was to carry out the understanding of the effectiveness of the tool as well as the data gathering procedures. After proper observation of the population the questionnaire was constructed by the researcher to collect the primary data. District Medical Superintendents were also contacted to get the information needed for constructing the questionnaire. In order to identify the indicators and variable of the study the enquiries were made from the employees. To conduct the pilot study 30 nurses were contacted. Based on this pilot study the questionnaire was modified suitably and finalized properly.

LIMITATIONS OF THE STUDY

Research is a never-ending process, Research in any field of knowledge makes ground for more researches and this process goes on. That is how new disciplines come into being, flourish over the time and ultimately develop into more disciplines. Obviously, all studies and researches have their own limitations. Needless to say, the researcher while working on the project had many limitations, some were situational and a few self-imposed, some limitations were controllable while some limitations were out of control of the researcher. The study does not claim to cover fully all the aspects of nurses' job satisfaction.

In the process of collection of primary data, it is observed that some respondents were not frank enough to cooperate with the investigator, even though attempt was made to obtain objective response from the respondents on various questions.

Some of the important limitations of the present study are identified as under.

1. There are not many agencies available in the state for the maintenance of information required on the subject under study. Even the concerned agency called nursing service in Nagaland does not have proper and complete documentation of facts relating to nurses.
2. There are limited empirical research studies on human resource management and in the area of employees' job satisfaction in Nagaland which is the biggest limitation.
3. The views of nurses were obtained from selected district headquarters only. These views cannot be attributed to the entire nurses of the whole state.

In spite of the limitations mentioned above, the responses from the respondents are satisfactory. The present study relates to the survey on nurses' job satisfaction. Therefore, it does not claim to represent all the aspects of employees' Job Satisfaction.

OPERATIONAL DEFINATIONS

Job

Every man is involved in some kind of activity to earn his livelihood for those who are doing their work for a long time, their job becomes monotonous. Lives of such people become dull. They don't have any further interest to grow. They reach a stage of procrastination much before time. A majority of people are in good jobs, getting good salaries, good perks, getting elevated periodically to higher positions and they are bubbling with life. Even such persons who

continue in the same job for a long period start losing interest in the job they are doing.

The advent of scientific management focused considerable research effort to find ways and means to simplify standardize and specialize jobs. It was believed that simplification of the job would result in increased productivity, reduced training costs, enhancing organisational benefits and effectiveness.

Satisfaction

Satisfaction reflects the person's feelings about various aspects. If a person enjoys their work, which can provide immense satisfaction and this in turn provides the incentive to work. If employees feel equitably treated by the outcomes they receive, they will be satisfied. A satisfied worker however is not necessarily more productive than a dissatisfied one.

Job Satisfaction

Job satisfaction is the degree to which an employee feels positively towards his or her present job function. It relates to the aptitude of the employee. If an employee is employed in a type of job for which he has no aptitude, then the job will provide no attraction to him. Hence the question of contribution, creativity or motivation does not arise. "Job satisfaction refers to an individual's attitude towards his or her job. The study of job satisfaction is as old as the discipline of industrial psychology. Job satisfaction is believed to be a good predictor of employee behaviour at work. It is also an important indicator of employee's feeling about his work".

Job satisfaction is an appraisal of the perceived job characteristics and emotional experience at work. Satisfied employees make a favourable evaluation of their job, based on their observations and emotional experiences. It is also related to working conditions. The work will be attractive, if one's working

conditions are congenial to the task one proposes to accomplish. Good working conditions provide such facilities as adequate light, temperature, alternative surroundings, canteen facilities, toilet facilities, protection against accident; good working conditions include a congenial work atmosphere that includes basic amenities and protection against accident and other hazards.

Dissatisfaction:

The quality or state of being dissatisfied: Dissatisfaction results from contemplating what falls short of one's wishes or expectations:

Job Withdrawal

Job withdrawal is a set of behaviors that dissatisfied individuals enact to avoid the work situation. Job Withdrawal or employee withdrawal is a set of behaviors exhibited by an employee that indicates that he/she is not fully engaged in his job.

Job involvement is the degree to which people identify themselves with their jobs.

Job enrichment refers to specific ways to add complexity and meaningfulness to a person's work. As the term suggests, this intervention is directed at jobs that are "impoverished" or boring because of their repetitive nature or low scope.

Behavior Change: Behavior change can refer to any transformation or modification of human behavior. It may also refer to: Behavior change, a broad range of activities and approaches which focus on the individual, community, and environmental influences on behavior.

Organizational Commitment is the degree to which an employee identifies with the organization and is willing to put forth effort on its behalf.

Nurse

Refer to individuals who have graduated from a formal programme of nursing education (Diploma /Degree), licensed by a state authority and working as registered nurses in government /private hospitals.

1. Is registered with the Nagaland Nursing Council
2. Is serving as a nurse engaged in clinical duties in the hospital's wards/units
3. Is employed on a permanent basis in the hospital of study for at least one year.

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CHAPTER: 2

STRUCTURE & OPERATION OF HEALTH CARE SERVICES IN NAGALAND

INTRODUCTION

Whenever a group of people is involved in the accomplishment of a task, some kind of an organisation emerges. A sort of hierarchy develops; some one assumes the responsibility of leadership and direction in particular part of task, and there is some grouping. Modern society is termed as 'organisation society' - that is, a society in which a great deal of our working time is spent in organisations, such as health care, schools, universities, work place, places of worship and recreation. Organisation refers to the structure of relationships among position jobs, which is created to achieve certain objective and control the activities of man with a mechanism. Organisation is the process of identifying and grouping the work to be performed, specifying the work, defining and delegating the responsibility with authority to the personnel and establishing interpersonal relationship for the purpose of co-ordination of work, so as to get the work done together effectively, and in accomplishing the objectives of the organisation/institution/enterprise. An organisation comes into being when there are persons who are:

- a. Able to communicate with each other;
- b. Willing to contribute their services; and
- c. Linked together and who co-ordinate their efforts to accomplish the common objectives.

The hospital is also an organisation and an integral part of the social and medical organisation, the function of which is to provide for the population, complete healthcare, both 'curative' and 'preventive' and whose outpatient services reach out to the family and its environment; the hospital is also a centre for the training of health workers and biosocial research. A modern hospital is an institution, which possesses adequate accommodation and well qualified and

experienced personnel to provide services of curative, restorative, preventive and promotive characters of the highest quality possible to all people, regardless of race, colour, creed or economic status. It conducts educational and training programmes for the health personnel particularly required for patient care and hospital services. It also conducts research in assisting the advancement of medical services and hospital services and conducts programmes of health education.

An attempt has been made in this chapter to highlight the existing structure and operation of Health care services in Nagaland with a reflection on the National Health care system. Accordingly, the chapter has been divided into two Sections. Section I gives an account of Health care system in India, while Section II provides an inside into the functioning of Health and Family Welfare Department and Health indicators along with a brief profile of Nagaland.

SECTION I

HEALTH CARE SYSTEM IN INDIA

Under this section a brief overview of India's Health Care System has been portrayed in the ensuing paragraphs

India has traditionally been a rural, agrarian economy. Nearly three quarters of the population, currently 1.2 billion, still live in rural areas. However, India's thriving economy is raising average income levels, driving rapid urbanization, creating an expanding middle class and increasing awareness of health insurance. More women are entering the work-force that further boosts the purchasing power of Indian households.

Healthcare is one of India's largest service sectors. The Indian healthcare sector can be viewed as a glass half empty or a glass half full. The challenges the sector faces are substantial, from the need to reduce mortality rates, improve

physical infrastructure, necessity to provide health insurance, ensuring availability of trained medical personnel etc. There has been a rise in both communicable / infectious diseases and non-communicable diseases, including chronic diseases. While ailments such as poliomyelitis, leprosy, and neonatal tetanus will soon be eliminated, some infectious diseases once thought to be under control, for example dengue fever, viral hepatitis, tuberculosis, malaria, and pneumonia have re-turned in force or have developed a stubborn resistance to drugs.

As Indians live more affluent lives and adopt unhealthy diets that are high in fat and sugar, the country is experiencing a rapidly rising trend in non-communicable diseases / lifestyle diseases such as hypertension, cancer, and diabetes that is expected to grow at a faster rate than infectious diseases. In addition, the growing elderly population will place an enormous burden on India's healthcare systems and services.

There are considerable shortages of hospital beds and trained medical staff such as doctors and nurses, and as a result public accessibility is reduced. There is also a considerable rural-urban imbalance in which accessibility is significantly lower in rural compared to urban areas. Women are under-represented in the healthcare workforce.

The health needs of the country are enormous and the financial resources and managerial capacity available to meet them, even on the most optimistic projections, fall somewhat short.

India's National Health Policy, 2002 had to make hard choices between various priorities and operational options. It does not claim to be a road-map for meeting all the health needs of the populace of the country. Furthermore, it has to be recognised that such health needs are also dynamic, as threats in the area of public health keep changing over time. The policy, while being holistic, focuses

on the need for enhanced funding and an organisational restructuring in order to facilitate more equitable access to the health facilities. Also, the policy is focused on those diseases which are principally contributing to the disease burden. This is not to say that other items contributing to the disease burden of the country will be ignored; but only that the resources, and also the principal focus of the public health administration, will recognise certain relative priorities. The policy aims to achieve an acceptable standard of good health among the general population of the country and has set goals to be achieved by the year 2015. However, from a global perspective India's public spending on health is extremely low. In 2009 it amounted to just 1.1 per cent of GDP. Further, public spending across states also reveals wide variations.

The total health expenditure (combining public funds, private funds and external flows) during this period equaled 4.1 per cent of GDP. The 12th five-year plan (2012–17) aimed to increase the public health investment from 1.1 per cent to 2–3 per cent of GDP.

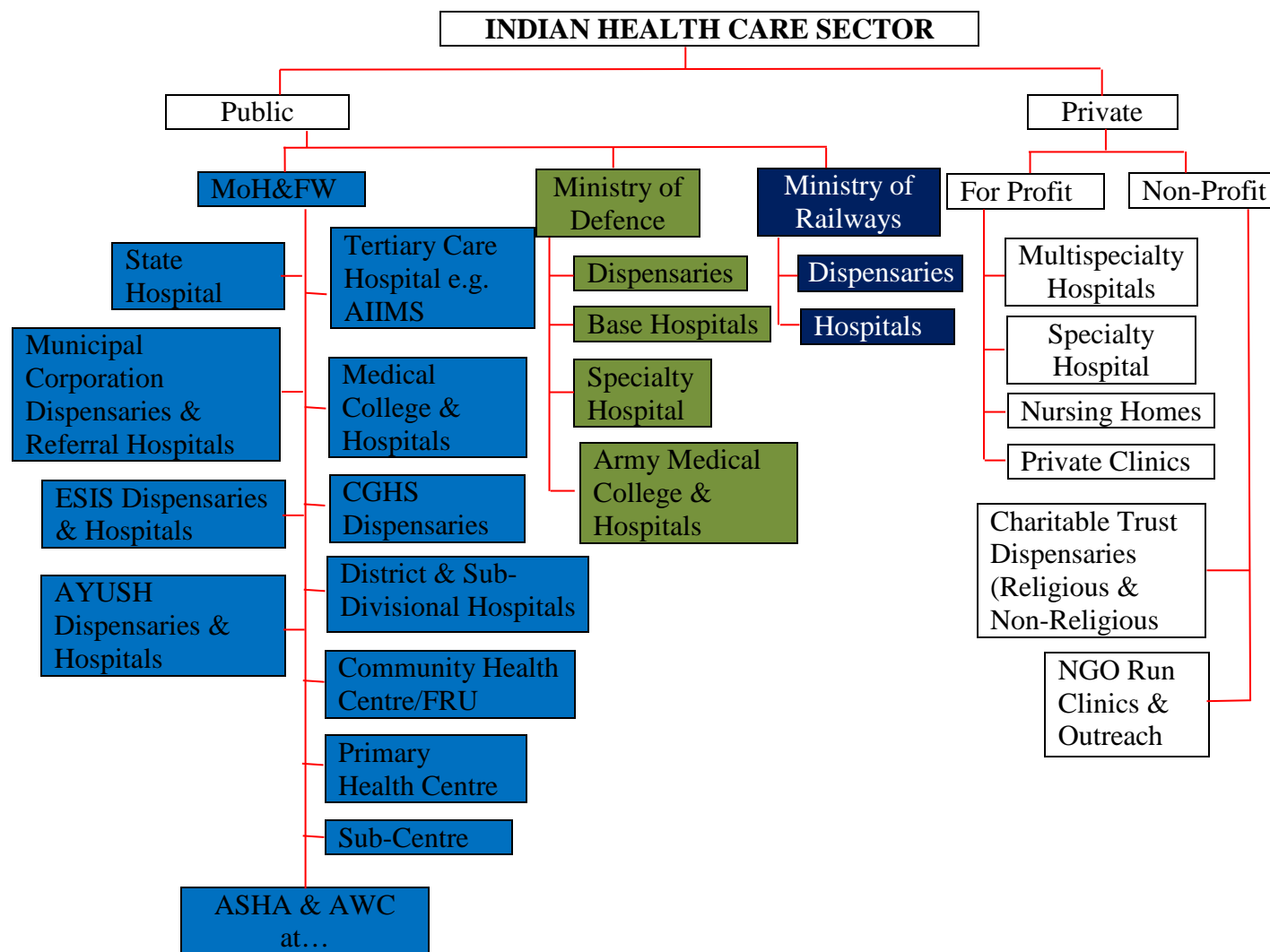
Organisation and Structure of Indian's Health Care Sector

Under the Indian Constitution, health is a state subject. Each state therefore has its own healthcare delivery system in which both public and private (for profit as well as non-profit) sectors operate. While states are responsible for the functioning of their respective healthcare systems, certain responsibilities also fall on the federal (Central) government, namely aspects of policy-making, planning, guiding, assisting, evaluating and coordinating the work of various provincial health authorities and providing funding to implement national programmes.

The organisation at the national level consists of the Union Ministry of Health and Family Welfare (MoHFW). In each State, the organisation is under the State Department of Health and Family Welfare that is headed by a State Minister and with a Secretariat under the charge of the Secretary/Commissioner

(Health and Family Welfare) belonging to the cadre of Indian Administrative Service (IAS). The Indian systems of medicine consist of both Allopathy and AYUSH (Ayurveda, Yoga, Unani, Siddha and Homeopathy).

Each regional/zonal set-up covers 3–5 districts and acts under authority delegated by the State Directorate of Health Services. The district level structure of health services is a middle level management organisation and it is a link between the State and regional structure on one side and the peripheral level structures such as Primary Healthcare (PHC) and Sub-Centre on the other



Source: India's Healthcare System

India's healthcare system is characterised by multiple systems of medicine, mixed ownership patterns and different kinds of delivery structures. Public sector ownership is divided between Central & State governments, municipals and Panchayats (local governments). The facilities include teaching hospitals, secondary level hospitals, first-level referral hospitals (community health centres/rural hospitals), dispensaries; primary health centres, sub-centres, and health posts. Also included are public facilities for selected occupational groups like organised work force (Employees State Insurance Scheme), defense, government employees (Central Government Health Scheme – CGHS), railways, post and telegraph and mines among others. The private sector (for profit/not for profit) is the dominant sector and services range from 1000+ bed hospitals to even 2-bed facilities).

National Health Mission

The National Health Mission (NHM) formerly known as National Rural Health Mission (NRHM), launched in 2005, is the first health programme in a “*Mission Mode*” to improve the health system and the health status of the people, especially for those who live in the rural areas, and provide universal access to equitable, affordable and quality healthcare which is accountable and at the same time responsive to the needs of the people. The programme is a comprehensive package of pro-motive, preventive, curative and rehabilitative services to be delivered to the community through a process of inter-sectorial co-ordination with other service departments and active community participation. Various national programmes like immunization, tuberculosis control, leprosy elimination, cancer control etc. have been integrated under the NRHM programme that also addresses the social determinants of health and delivery of the same with the active participation of Panchayat Raj Institutions (local governance) for its sustainability. The programme will help achieve goals set under the National Health Policy and the Millennium Development Goals. It also

seeks to revitalise and integrate local health traditions of medicine (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy: AYUSH) into the public health system. Health is for the first time being seen as a component of development package.

The NRHM sought to increase public spending on health, reduce regional imbalances in health infrastructure, pool resources, integrate various organisational structures and vertical national programmes, decentralise and achieve district management of health programmes, and turn community health centres into functional hospitals meeting certain standards. The NRHM has a special focus on rural areas in 18 States which have weak public health indicators and/or weak infrastructure.

At the village level the government has promoted the concept of having an accredited female social health activist (ASHA) in order to facilitate household access to healthcare. Village Health Committees of the Panchayat Raj are responsible for putting in place Village Health Plans. The NRHM also calls for the preparation and implementation of an inter-sectorial District Health Plan prepared by the District Health Mission. Such a plan should include provisions for drinking water, sanitation, hygiene and nutrition.

The NRHM also has provisions for capacity building aimed at strengthening the National, State and District Health Missions, for example through data collection, assessment and review for evidence-based planning, monitoring and supervision.

Health Insurance

Health Insurance in India is in its infancy. There are several insurance schemes operated by the Central and State governments, such as the Rashtriya Swasthya Bima Yojana (RSBY) which targets Below Poverty Line (BPL) families, the Employees' State Insurance Scheme (ESIS) and the Central

Government Health Scheme (CGHS). There are also public and private insurance companies as well as several community-based organisations. An estimated 300 million people are believed to be covered by health insurance in India. Of these, approximately 243 million are covered by different forms of government-sponsored insurance schemes while approximately 55 million rely on commercial insurers.

The RSBY offers an example in which the State governments, through a bidding process, select a public or private insurance company to provide health insurance for the target group. Under the scheme, the beneficiaries also have the freedom to choose between participating public or private hospitals when deciding where to receive healthcare. Experience from the functioning of the RSBY shows that insurance companies, especially in the private sector, have been successful at controlling costs (fraud control for example), managing customer complaints, and tracking the costs and the quality of the services provided by participating hospitals. However, despite this fact, in the ongoing debate about how to organise the Government of India's planned Universal Health Coverage scheme, it has been suggested that the purchases of all healthcare services be managed either by the Central or State governments through the respective Department of Health or by other government agencies, and not by insurance companies or other independent agencies.

Growing Private Sector involvement

The National Health Policy welcomes the participation of the private sector in all areas of health activities. The policy also encourages the setting up of private insurance instruments for increasing the scope of the coverage of the secondary and tertiary sector under private health insurance packages. Today India is experiencing a growing reliance on private healthcare providers who currently treat 78 per cent of outpatients and 60 per cent of inpatients. Private healthcare providers include everything from private hospitals that promote medical tourism by offering world-class services to foreign clients and Indians

who can afford it, to private doctors with little medical knowledge or formal training at the other end of the extreme.

Furthermore, the strength of the private sector is illustrated by the fact that it controls 80 per cent of doctors, 26 per cent of nurses, 49 per cent of beds and 78 per cent of ambulatory services. Private sectors are now present in all areas of healthcare, including health financing, education, as well as equipment manufacturing and services. The heavy increase in private healthcare providers can be viewed as a result of lacking quality care offered by public providers, shortages of doctors and overcrowding at public healthcare facilities. This subsequently results in about 72 per cent of out-of-pocket expenses that are directed at medicines and put significant pressure on the individual. It is not uncommon that some are driven below the poverty line due to the costs they incur in order to access healthcare services.

Health Indicator in India

Table 2.1
Pattern of Central Allocation on Health Sector, Plan-wise

Plan	Total Plan Investment Outlay(All Heads of Dev)of country	Health Sector			Total (1+2+3)
		Health -1	Family Welfare -2	Family Welfare -2	
First Plan (1951-56)	1960	65.2(3.3)	0.1 (0.01)		65.3(3.4)
Second Plan (1956-61)	4672	140.8 (3.0)	5.0 (0.1)		145.8(3.1)
Third Plan (1961-66)	8576.5	225.9 (2.6)	24.9 (0.3)		250.8 (2.9)
Annual Plans (1966-69)	6625.4	140.2 (2.1)	70.4 (1.1)		210.6(3.2)
Fourth Plan (1969-74)	15578.8	335.5 (2.1)	278.0 (1.8)		613.5(3.9)
Fifth Plan (1974-79)	39426.2	760.8 (1.9)	491.8 (1.2)		1252.6(3.1)
Annual Plan (1979-80)	12176.5	223.1 (1.8)	118.5 (1.0)		341.6(2.8)
Sixth Plan (1980-85)	109291.7	2025.2 (1.8)	1387.0 (1.3)		3412.2(3.1)
Seventh Plan (1985-90)	218729.6	3686.6 (1.7)	3120.8 (1.4)		6809.4(3.1)
Annual Plan (1990-91)	61518.1	960.9 (1.6)	784.9 (1.3)		1745.8(2.9)
Annual Plan (1991-92)	65855.8	1042.2 (1.6)	856.6 (1.3)		1898.8(2.9)
Eighth Plan (1992-97)	434100	7494.2 (1.7)	6500.0 (1.5)	108.0 (0.02)	14102.2(3.2)
Ninth Plan (1997-02)	859200	19818.4 (2.31)	15120.2 (1.76)	266.35 (0.03)	35204.95(4.09)
Tenth Plan (2002-07)	1484131.3	31020.3 (2.09)	27125.0(1.83)	775.0 (0.05)	58920.3(3.97)
Eleventh Plan(2007-12)	2156571	136147.0 (6.31)		3988.0 (0.18)	140135.0(6.5)
Twelve Plan(2012-17)	3,00,018				

Note: Figures in parentheses indicate percentages to total plan investment outlay.

Source: 1. Planning Commission of India, MOHFW, GOI.

2. Government of India Ministry of Health and Family Welfare Statistics Division

The data regarding the pattern of central government investment on health and family welfare and AYUSH during different plan periods have been presented in Table 2.1. During the First Plan period total investment was Rs. 1960 Cr which increased to Rs. 300018 Cr during the Twelve Plan. On analyzing the investment on health, family welfare and AYUSH separately it has been observed that investment on health in absolute terms increased from Rs. 65.2 Cr during the First Plan to Rs. 136147 Cr during the Eleven Plan.

Plan wise growth of Primary Health Centres, Sub-centres and Community Health Centres in India

The health infrastructure in rural areas has been developed as a three tier system. The sub-centre (SC) is the most peripheral and the first contact point between the primary health care system and the community. Sub-centres are assigned tasks relating to interpersonal communication in order to bring about behavioral change and provide services in relation to maternal and child health, family welfare, nutrition , immunization, diarrhea control and control of communicable diseases programmes. The sub-centres are provided with basic drugs for minor ailments needed for taking care of essential health needs of men, women and children. The Ministry of Health and Family Welfare has been providing 100 per cent central assistance to all the sub-centres in the country since April 2002 in the form of salary of auxiliary nurse midwives (ANMs) and lady health visitors (LHVs), rent at the rate of Rs. 3000 per annum and contingency at the rate of Rs. 3200 per annum, in addition to drugs and equipment kits. Primary Health Centre (PHC) is the first contact point between village community and the medical officer. The primary health centres (PHCs) are envisaged to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. These are established and maintained by the state governments under the Minimum Needs Programme (MNP)/Basic Minimum Services (BMS) Programme.

Table 2.2
Number of Primary Health Centres, Sub-centres and Community Health Centres in India

Period	Community Health Centre	Primary Health Centre	Sub-centres
1st Five Year Plan	-	725	-
2nd Five Year Plan	-	2565	-
3rd Five Year Plan		4631	-
Inter Plan Period -	-	-	-
As on 31.3.67	-	4793	17521
As on 31.3.68	-	4946	21539
As on 31.3.69	-	4919	22826
4th Five Year Plan	-	5283	33509
5th Five Year Plan	214	5484	47112
6th Five Year Plan	761	9115	84376
7th Five Year Plan	1910	18671	130165
Inter-Plan Period	-	-	-
As on 31.3.91	2070	20139	130984
As on 31.3.92	2188	20407	131369
8th Five Year Plan	2633	22149	136258
9th Five Year Plan	3054	22875	137311
10th Five Year Plan	4045	22370	145272
11th Five Year Plan	4833	24049	148366
12th Five Year Plan	5396	25308	153655

Source: National Health Profile, Various Issues.

Plan-wise total number of sub-centres, primary health centres and community health centres, in India have been shown in Table 2.2. A look at the number of sub-centres over the years reveals that during the fourth plan there were 33509 sub-centres which increased to 47112 and then to 84376 during the Fifth and Sixth Five Year Plan respectively. The number further rose to 130165 and 136258 during the Seventh and Eighth Five Year Plan respectively. The number of sub-centres further climbed up from 137311 during the Ninth Five Year Plan to 145272 during the Tenth Five Year Plan. Further their number rose to 148366 and 153655 during 11th Five Year Plan and Twelve Five Year Plan. During the First Plan the number of PHCs was 725 which increased to 2565 and

4631 during Second and third plan respectively. The number of PHCs registered increase from 5283 during Fourth Plan to 5484 during the Fifth Plan. During Sixth Plan number of PHCs was 9115 and it almost doubled as 18671 during the Seventh Plan. Their number further rose to 22149 and 22875 during the Eighth and Ninth Five Year Plan respectively, but during the Tenth Plan their number reduced slightly to 22370. Further their number rose to 24049 and 25308 during the Eleventh and Twelve Five Year Plan. In accordance with the progress in the number of SCs and PHCs, the numbers of CHCs have also shown an upward trend.

The number of community health centres increased from 214 during Fifth Five Year Plan to 761 and then to 1910 during Sixth and Seventh Five Year Plan respectively. Their number rose to 2633 during Eighth Plan and to 3054 and 4045 during Ninth and Tenth Plan respectively. Further their number rose to 4833 and 5396 during Eleventh and Twelve Five Year Plan.

Table 2.3**Number of Allopathic Medical Practitioners Registered with Medical Council of India**

Year	Nurses and Midwives	Health Visitors	Auxiliary Nurses/Midwives
1981	295218	9486	73161
1982	319745	10912	80012
1983	321790	10918	86520
1984	339359	11556	89952
1985	369325	12411	98543
1986	392670	13248	108511
1987	400622	14273	118230
1988	245405	15817	132923
1989	261504	16635	141191
1990	311235	17892	150431
1991	340208	17302	150658
1992	385410	17910	165143
1993	449351	22144	203451
1994	512495	24411	229304
1995	562966	26046	278172
1996	565696	26578	283195
1997	607396	24824	301691
1998	671341	32249	335485
1999	737280	32249	380593
2000	776355	35890	419077
2001	805827	35904	428568
2002	805827	35904	428568
2003	839862	40536	502503
2004	865135	50393	506924
2005	908962	50715	521593
2006	930528	51186	527482
2007	971574	51497	549292
2008	1043363	51776	557022
2009	1127626	52375	576542
2010	1238874	52963	603131
2011	-	-	-
2012	1406006	54208	664453
2013	1562186	55,498	726557
2014	1673338	-	756937

Source: 1) Health Information of India, Various Issues

2) National Health Profile, Various Issues

The growth in the number of registered nursing personnel in India has been presented in Table 2.3. It shows that during 1981-2014, the number of

nurses and midwives increased from 295218 to 1673338, health visitors rose from 9486 to 55498 and the number of auxiliary nurses/midwives (ANMs) shot up from 73161 to 756937. It shows that there has been a significant increase in the number of registered nursing personnel.

Nursing: An Indian Scenario

Nursing is a profession in the field of social sciences, whose object of study and intervention is human care, as implied in the constitution, experience, development, protection, and recovery of health, and whose beneficiaries are the human subject as a cultural being, the family, groups, communities, and society as unit of care. With a total healthcare workforce of 2.2 million and a population of over one billion, India's nursing density 7.9 per 10,000 populations is well below international standards and is inadequate to meet the current domestic health service's needs.

In India, the hospital nurses work in the ratio of 1:100 in most of the hospitals and units as against the prescribed norms i.e. 1:6 in general wards, 1:4 in special wards and 1:1 in critical care units. These prescribed norms are recommended by Indian Nursing Council and also endorsed by staff inspection unit of Ministry of Finance, formed in 1992 by the Government of India. In the community one Auxiliary Nurse Midwife looks after 15000-20000 population as against the prescribed norm of 1:5000 in plain areas and 1:3000 in hilly areas as recommended by Bhore Committee (1946) and High Power Committee (1987). In nursing schools, at present the ratio of teacher to student is 1:25-30 as against the prescribed ratio of 1:10 as recommended by Indian Nursing Council in the year 2001. The data showed that there is great imbalance in the nursing manpower in India. Many states in India face a shortage of nurses and midwives.

Further, in comparison to other countries, the health care system of India has been facing major challenges due to shortage of nurses though there is encouraging improvements in recent performance indicators of health. The nurse

to population ratio in India is low. The ratio is 1: 1100 in India and 1:100-150 in Europe. This ratio in African countries, Sri Lanka and Thailand is 1:1400, 1:1100 and 1:850, respectively. It is estimated that India is facing 40-50% shortage of nurses due to demand outstripping supply and the main reason could be that the Indian nurses prefer to work overseas for higher compensation and better working condition

As stated in bulletin of World Health Organization 2012, India has 2000 nursing diploma schools, 1200 nursing degree colleges and 281 MSc. (Nursing) Colleges. Annually the country produces around 60000 nurses. Though many new colleges and nursing institution are coming up but according to the Report of the National Commission on Macroeconomic and Health, around 3.25 lakh nurses would be required by 2015.

According to Sheikh K., senior scientist and director at the health governance hub of the Public health foundation of India, “Recent plans for Universal health coverage in India have been developed in the expectation of a principle role for nurses, as the backbone of public and essential health services and majority contributors to the health workforce” , Universal health care refers to “organized health care system, which are based on the principle of universal coverage for all members of society including health financing and service provisioning”. However, the translation of these ideas into tangible measure is a path fraught with many barriers mainly shortage of nurses. These lines signifies the importance of nurses in health care delivery system in community.

Some of the major reasons for mismatched ratio are inadequate number of nurses being trained, migration, non-filling up of the posts and non-creation of posts. This in turn leads to low morale, demotivation and dissatisfaction, among nurses. The stress of work adversely affects the work performance of the staff nurses. The quality of nursing services provided by them does not match the expectations of patients, their family members and other health care team members, which is very frustrating for the nurses.

It has been a recorded fact that the nurses from India exhibit good knowledge as their performance scores are persistently high in the examination which the nurses qualify to get employed overseas. International migration of Indian nurses accounts for up to one fifth of the nursing labor force which is being lost to the wealthier states. The major cause apart from economic factor and working condition is unhappiness with prevalent social attitude towards nurses.

The performance of Indian nurse is undermined in comparison to their working conditions. The nurses work in a set up where the working conditions are non-conducive to carry out their job responsibilities. The nurses take care of the well-being of others in the adverse work conditions which severely affect their physical and mental health. Therefore in order to provide quality services, it is mandatory to retain the nursing professionals in the system so that they can make a significant contribution to the health and development of the peoples of the hemisphere. It can be achieved by the enhancement of nurses' level of job satisfaction.

SECTION II

In this section of the chapter, the researcher reviewed the profile of Nagaland in brief and described the organisational structure of the State's Health and Family Welfare Department along with its role and objectives, followed by an outline of Health care indicators of Nagaland.

BRIEF PROFILE OF NAGALAND

Creation of State

Nagaland, part of Assam and North East Frontier Agency (NEFA) in 1947 became the 16th State of India in 1963; statehood came as a result of a political agreement. In this respect Nagaland's case is unique and special constitutional protection was also provided under Article 371(A) of the Indian

Constitution to safeguard the culture, traditions and way of life of the Nagas. One of the smaller hill states of India, Nagaland is known for its myriad tribes with rich culture and traditions. The State has a distinct character both in terms of its social composition as well as in its developmental history.

Nagaland, the 16th state of Indian Union, got statehood on the 1st December 1963. Verdant Nagaland, an expanse of rugged terrain and full of greenery though strategically located and inhabited by tribals, remained isolated and neglected till the dawn of independence. Prior to this, there was only a limited administration, which was considered essential by the Britishers to maintain law and order in this region. As a result, even little technological changes in other parts of the country did not bring any impact in this area and people remained economically and socially isolated from rest of the country and semi-isolated pockets of development took place. After the independence, Government of India adopted the policy to bring the tribals to the mainstream of national life and to open up the avenues for their development. Sustained efforts were made to develop these areas economically, formulating various development programs in such a way that the existing social structure is disturbed to minimum and at the same time taking efforts to make the norms and social values responsive to the changes.

Location

Nagaland is one of the 'seven sisters' of the North-East. The State is bounded by Assam in the west, Myanmar on the East, Manipur in the south and Arunachal Pradesh and part of Assam on the north. It lies between 25° 60' - 27° 40' northern latitudes and between 93° 20' - 95° 15' eastern longitudes.

The State has an area of 16,579 sq. kms. (0.5% of India's geographical area). There are 404 km length of International Border with Myanmar and Inter

–State Border with Assam, Manipur and Arunachal Pradesh. The State has 11 administrative districts, 52 RD Blocks 9 census town covering 1428 as per census 2011.

The Population of Nagaland is almost entirely tribal. It belongs to Tibeto-Burmese Stock. There are many separate tribes and sub tribes amongst the Nagas with their own distinctive language and cultural features. The Angamis and the Chakhesangs practice terraced cultivation and double cropping on large scale. The Aos, Lothas, Konyaks and Semas practice chiefly jhum cultivation. However, they have started terraced cultivation in recent times and the state government is encouraging them to start terraced cultivation by giving loans, subsidies toward the scheme.

Population

As per 2011 census, the population of Nagaland is 19,80,602 (0.002%) of India's population. Of this, rural population of the state stands at 1406861 and the urban population 573741. The rural population constitutes 71.03% and urban population 28.97%. In 2011, the urban population was only 17.23%. In 2011, Dimapur district with 51.95% urban population has the highest proportion of urban population among the districts in the state. On the other hand, Mon district has the highest proportion of rural population (86.15%).

Administrative Unit

Census 2011 in Nagaland covered 11 districts, 114 sub-districts, 26 Towns and 1428 villages. In 2001, the corresponding figures were 8 districts, 93 sub-districts and 13317 villages. Thus, there is an increase of 3 districts, 21 sub-districts and 11 villages in 2011 Census as compared to 2001 census.

Political History of Nagaland

It is very interesting to note that the Nagas since British period have strong thrilling of nationalism, patriotism, integration and oneness and unification among the various tribes. Way back in 1918, Naga Club was established with a view to unify the various tribes and also to sharpen their socio-political consciousness which ultimately led to the formation of the first political platform of the Nagas called the 'Nagas tribal council' (NTC) in 1945. After one year in 1946, the NTC was changed to the 'Naga National Council' (NNC). The NNC declared independence on 14th Aug., 1947 just one day ahead of declaration of Indian independence to indicate that the Nagas were independent and sovereign even before India got its independence. Since then a good number of Naga youths joined freedom movement headed by A.Z Phizo under the banner of NNC. In spite of the various measures offered by Government of India like sixth scheduled status, sixteen point proposal, interim Govt. under Nagaland (transitional) regulation, 1961, and other special provisions, the Nagas continue demand for separate political entity.

To pacify the political demand, the Government of India decided to create the state of Nagaland and formally inaugurated by Dr. S Radhakrishnan, the President of India on 1st December, 1963 and became the 16th State of the Indian Union.

Geographical Feature

The State of Nagaland lies between 25° 60' and 27° 40' latitude North of Equator and between longitudinal lines 93° 20'E and 95° 15'E, having an area of 16,579 Sq. K.M. It shares territorial boundaries with Assam and Arunachal Pradesh in the North, Myanmar in the East, Manipur in the South and Assam again in the West.

The State lies entirely within the Himalayan Range. Several Hill ranges run from North to South, and the elevation ranges from 194 metres to 3000 metres above the sea-level. At the highest point, which is the Peak of Saramati Mountain, the altitude is 3,840 metres. The Second highest Peak is Japfu in Kohima District with a height of 3014 metres. Being located in the tropical region, it has temperate climate with average temperature varying from 40 F to 70 F and rainfall varying from 150 to 250 cms. Nagaland is one of the most famous State in India, where rich and diversified flora and fauna are seen. The important rivers are Dhansari, Dikhou and Doyang, but they are not useful for navigation.

Livelihood Pattern

The most important activity is agriculture which occupies 73.38 percent of the working force. Besides, agriculture, people engage themselves in weaving, blacksmithing and other handicraft work to meet their daily requirement during off season, but not much for commercial purposes. At present, there is only a small section of people working in Government offices and in teaching profession. Forest products, hunting and fishing also contributes a little for living, industrially, there is no appreciable manufacturing activity in the State.

Society and Culture of the Nagas

The Nagas lived isolated from each other in compact independent Villages which are settled in well-defined boundaries. Each Naga village consists of a number of clans and sub-clans each of which as a rule inhabits a definite area. The Village is divided into Khels (Sector) and acts as a unit in all things. The people of the village are bound together by social, political and religious ties. The Nagas are a patriarchal society and the father is the head of the family without any dispute. The social structure of the Nagas is totally based

on equalitarianism and there is no stratification, no caste and no class or gentry in the Naga society. The Nagas usually have two main festivals, the spring festival and harvest festival, each tribe hold these at different times of the year. There was no formal institution in the past. There was only a Village dormitory known as “Morung”. Morungs are the finest and the most ornate building in the Naga village. The Morungs were the Centres of Naga social life where the young were trained, disciplined and given instruction. In this institution, placed under the control of a capable commander who conducted its affairs in an atmosphere of Spartan discipline, all the boys of the village irrespective of backgrounds were obliged to go through a minimum specific period of training, generally not less than three years to become eligible for citizenship rights and establishing their own homes after matrimony. The Morung was an essential institution which affected all domains of existence in the Village and thus served a crucial purpose.

Demographic, Socio-economic and Health profile of Nagaland State as compared to India

The Sex Ratio in the State is 931 (as compared to 940 for the country). Comparative figures of major health and demographic indicators are as follows:

Table 2.4
Demographic, Socio-economic and Health profile of Nagaland State as compared to India figures

Indicator	Nagaland	India
Total population (in crore) (Census 2011)	0.2	121.01
Decadal Growth (%) (Census 2011)	-0.47	17.64
Crude Birth Rate (SRS 2013)	15.4	21.4
Crude Death Rate (SRS 2013)	3.1	7
Natural Growth Rate (SRS 2013)	12.3	14.4
Infant Mortality Rate (SRS 2013)	18	40
Maternal Mortality Rate (SRS 2010-12)	NA	178
Total Fertility Rate (SRS 2012)	NA	2.4
Sex Ratio (Census 2011)	931	940
Child Sex Ratio (Census 2011)	944	914
Total Literacy Rate (%) (Census 2011)	80.11	74.04
Male Literacy Rate (%) (Census 2011)	83.29	82.14
Female Literacy Rate (%) (Census 2011)	76.69	65.46

Source: 1. RHS Bulletin, March 2012, M/O Health & F.W. GOI)
2. Statistical Handbook of Nagaland

HEALTH AND FAMILY WELFARE DEPARTMENT IN NAGALAND AN OVERVIEW

The Health and Family Welfare set up dates back to even before India's independence during the British period. At that time there were already 3 hospitals and 6 dispensaries. In 1959 when the Naga Hills and Tuensang Area of North East Frontier Agency (NEFA) was carved out under a Commissioner, the

Health Services organization was placed under the Inspector of Civil Hospitals and Prisons at Kohima, with 3(three) District Medical Officers (DMO) positioned at Kohima, Mokokchung and Tuensang.

On attaining Statehood in 1963, a proper Directorate of Health Services was put in position under Director of Health Services, Nagaland with one Deputy Director and 3 (three) Civil Surgeons at Kohima, Mokokchung and Tuensang. At that time there were 27 rural hospitals, 30 Dispensaries and total bed strength of 585. The infrastructure has grown in multiples and today the state has 11 District Hospitals, 1 Autonomous Hospital, 21 CHC, 126 PHC, 1 SHC, 3 BD, 396 Sub- Centre , 1 State Mental Health Institute and 2 TB & Chest Diseases Hospitals with total bed strength of 1225.

Objectives of Health Department

- To reduce morbidity & mortality rates.
- Universal access to basic health care services especially those related to women, children and universal immunization.
- Prevention and control of communicable and non-communicable diseases, including locally epidemic diseases.
- Vitalize traditional health practices.
- Stabilize population growth and ensure gender and demographic balance.
- Promote healthy life-style and environmental health.

Activities of Health Department

Provision of Health Infrastructure: To provide basic and essential health care services to the people, networks of physical infrastructure in the form of District Hospital, Specialized Hospitals, Community Health Centres, Primary Health Centres and Sub-Centres are established all over the state. These Health Centres of various categories are established on population norms set by Government of India for the whole country, and local specific conditions and needs. Every

District is provided a District Hospital which serves as the referral centre for all other primary health units. Community Health Centres are set up to cover a population of 80,000. Primary Health Centres to cover 20,000 population and Sub-Centre's to cover 3,000 populations. As of today, the Department has 11 District hospitals, 2 TB Hospital, 1 mental Hospital, 21 Community Health Centres, 126 Primary Health Centres, 1 SHC, 3 BD and 396 Sub-Centres both in rural as well as in urban areas, so that all citizens of the state are able to easily access essential and basic health services as near to their doorstep as possible.

Provision of manpower and logistics: To man the health units, manpower in the form of doctors, nurses, paramedical support staff along with equipments, instruments, and all other logistics is positioned to make them function effectively.

Control of communicable and non-communicable diseases: For this purpose the Department implements a number of national Health/disease Control programs which are centrally sponsored and a few health programs, sponsored by the state Government. Currently, the Department implements the following disease control and health programs:

- a) National Vector Borne Diseases Control Program (NVBDCP)
- b) National Leprosy Eradication Program (NLEP)
- c) Revised National Tuberculosis Control Program (RNTCP)
- d) National Program for the Control of Blindness (NPCB)
- e) Reproductive Child Health (RCH)
- f) National Cancer Control Program (NCCP)
- g) National Iodine Deficiency Disorders Control Program (NIDDCP)
- h) National Mental Health Program (NMHP)
- i) Nagaland State AIDS Control Society (NSACS)
- j) Integrated Disease Control Program (IDSP)
- k) School Health Program (SHP)
- l) AYUSH (Ayurveda, Unani, Sidda, Homeopathy) Program

ORGANIZATION STRUCTURE OF HEALTH AND FAMILY WELFARE IN NAGALAND

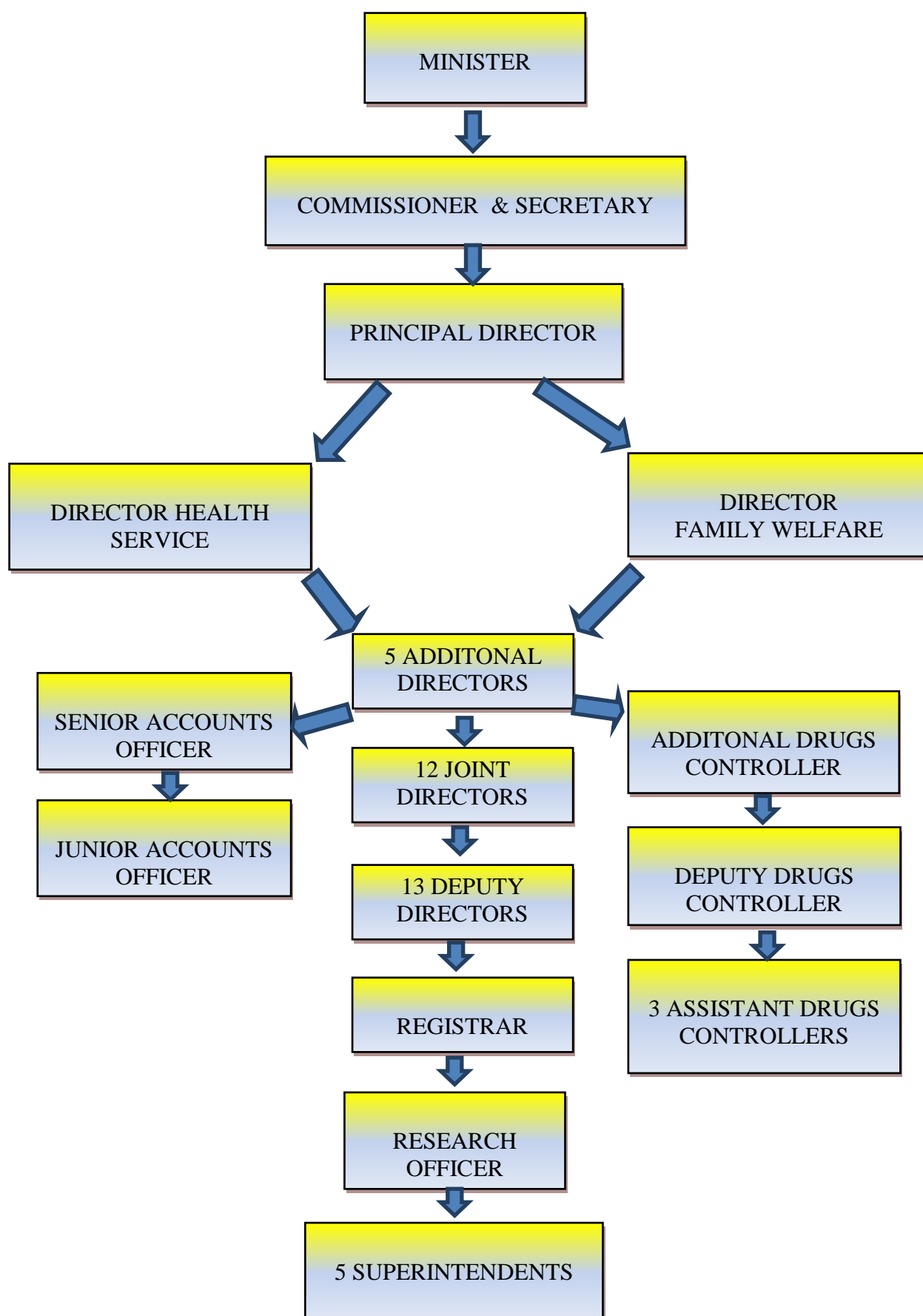
An organization structure defines how job tasks are formally divided, grouped and coordinated. Organizational structure is a formal pattern of interactions and coordination designed by management to link the tasks of individuals and groups in achieving organizational goals.

Organization structure is the system of task, reporting, and authority relationships within which the work of the organization is done. Thus, structure, defines the form and function of the organization's activities.

For establishing an optimally functioning department in the hospital, it is ensured that the structure of the organization is well defined. The organization structure is reflected in the organization chart. The organization chart is the visible representation of the organization's structure and underlying components. The underlying components are:

1. Formal lines of authority and responsibility (the organizational structure designates reporting relationships by the way jobs and department are grouped). It includes the number of levels in the hierarchy and the span of control of managers and supervisors.
2. Organization structure identifies the grouping together of individuals into departments and departments into the whole organization.
3. Formal systems of communication, coordination and integration (the organizational structure designates the expected patterns of formal interactions among employees). An organization chart facilitates understanding of a visual map of the chain of command.

Organization Structure of Health and Family Welfare in Nagaland



The Directorate of Health and Family Welfare is headed by the Minister and Commissioner & Secretary. At this level, policies and rules are framed. They are also responsible for cadre management, promotion and appointments. Additionally, they oversee the training and capacity building needs of the educational system.

The Directorate level is generally headed by an IAS cadre Principal Director. However, this position can also be filled through promotion by the Director of Health and Family Welfare. The Directorate implements the policies and programmes pronounced by the Secretariat.

Below the Principal Director there are two Directors under Directorate of Health and Family Welfare. One is Director of Health and the other Director of Family Welfare. Health and Family Welfare have Six Additional Directors, fourteen Joint Directors, and eighteen Deputy Directors.

Below Deputy Director are Senior Accounts Officer, Registrar and Research Officer and Superintendent.

POWERS AND DUTIES OF THE DEPARTMENT OFFICERS

The Principal Director

The Principal Director is the Head of Department. He/She also functions as the Overall in-charge, the Additional Food Safety Commissioner and all other official works not assigned to any officers.

Directors

There are two Directors in the Department of Health & Family Welfare – Director of Health and Director of Family Welfare. The two Directors function under the Principal Director and holds separate responsibilities and assignments. The various duties and responsibilities of the Directors are mentioned below:

1. Director, Health

General Administration, Planning & Coordination, Confidential, Gazetted Establishment, Non-Gazetted Establishment, Dental Services, Drug Control Services, Nursing Services, Nagaland Medical Council Affairs, Transport, Accounts & Budget, Purchase, Store, Pension, Medical Treatment & M.R, Health Care Establishment, Department Assets, Legal Cell, RTI, NCD, NPCP, NCCP, NVBDCP, NLEP, TCCC, IDSP, AYUSH.

2. Director, Family Welfare

Family Welfare, Telemedicine, Nursing, IT, Engineering Cell, Supervision & Monitoring, Medical Education & Training, RCH, AYUSH, Family Planning, Nagaland Medical College Affairs, IEC, HMIS, ICMR, Statistics, UIP, PMTI, SPHL, NMHP, PPP, Disaster Management, NIDDCP, DDA, Disability & Rehabilitation, Food Safety Cell, Telemedicine, I.T, Supervisory & Monitoring, RCH, Family Planning, IEC, HMIS, Statistics, UIP, NMHP, RNTCP, NIDDCP, Oral Health, DDA.

3. Additional Director

Under the two Directors, Six (6) Additional Directors are assigned with specific duties and responsibilities. The roles and functions of the Additional Directors are highlighted as follows:

I. Additional Director

General Administration, Non-Gazetted Establishment, Gazetted Establishment, Store, IEC, Pension, Food Safety Cell, Department Assets.

II. Additional Director

Nursing Services/ RTI (PIO), NMHP & State Mental Health Institute, Nagaland Medical Council Affairs, Disaster Management, Disability & Rehabilitation and AYUSH.

III. Additional Director

Planning & Coordination, Accounts & Budget, Purchase, Health Care Establishment Act, PPP, Dte. Sanitation.

IV. Additional Director

Dental Service, Medical Treatment & Re-imbursement (N.O), Oral Health, HMIS Report & Return, Epidemiology & Health Intelligence Statistics, Hospital Empanelment.

V. Additional Director

Family Welfare, Medical Education & Training, Nagaland Medical College Affairs, I.T, Telemedicine, ICMR, PMTI, SPHL, Engineering Section, TCCC, NLEP, IDSP, Attendance of Directorate Staff.

VI. Additional Director

Project Director, NSACS (on deputation)

4. Joint Directors

Below the rank of Additional Director, there are fourteen (14) Joint Directors assigned with various independent charges.

1. S.P.O, NHM (on deputation)
2. Jt. Director, NSACS (on deputation)
3. Family Welfare (SPO)/ Family Planning, PNDD, Legal Cell, Health Care Establishment Act.

4. Planning & Coordination, NCD (SPO), Nagaland Medical College Affairs, Matter relating to various Service Rules
5. NVBDCP (SPO), IT, FSSA.
6. RCH (SPO)
7. RNTCP (SPO), Purchase.
8. General Administration, Gazetted Establishment, Non-Gazetted Establishment, Store, Transport, Telemedicine
9. UIP (SPO)
10. NCCP, Nursing Services.
11. Dental Services, Legal Cell, NTCP (SPO)
12. Jt. Director, NSACS (on deputation)
13. Addl. Project Director, NHP, World Bank (on deputation)
14. NIDDCP (SPO), Medical Education & Training

5. Deputy Directors

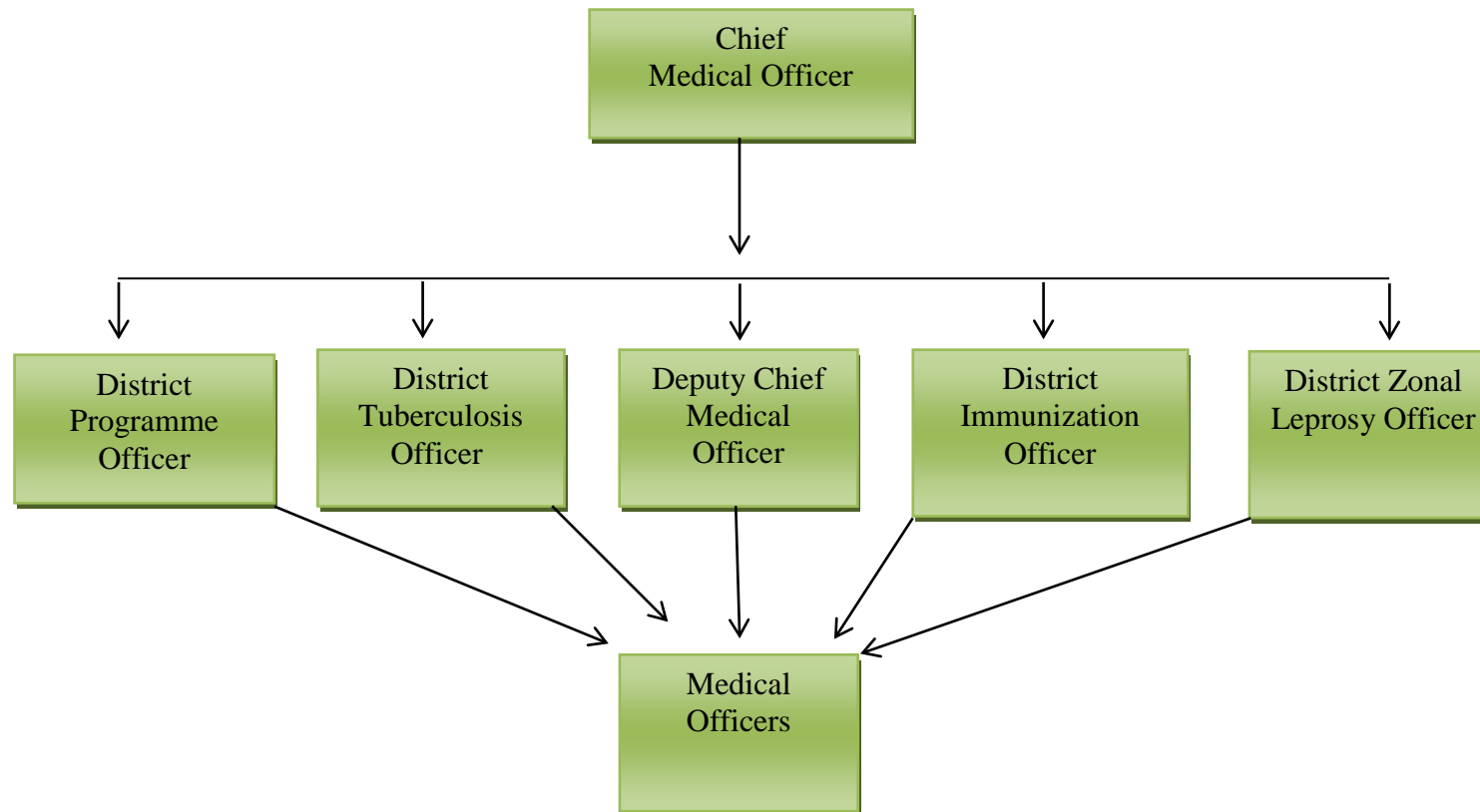
Next to the Additional Director, there are eighteen (18) Deputy Directors. These officers are assigned with various duties as shown in the table below:

Powers and Duties of Deputy Directors

SL. NO	Name of The Designation	Duties
1	Deputy Director	Dy. Director, NHM (on deputation)
2	Deputy Director	Dy. Director, NSACS (on deputation)
3	Deputy Director	Maternal Health, Neonatal Health (RCH) (Sec-2), MR Bills, FSSA.
4	Deputy Director	DDO Accounts (Sec - 6), Transport (Sec-7)
5	Deputy Director	Dy. Director, NSACS (on deputation)
6	Deputy Director	IDSP (SPO) (Sect-10), Medical Education & Training, RRT, MR Bills.

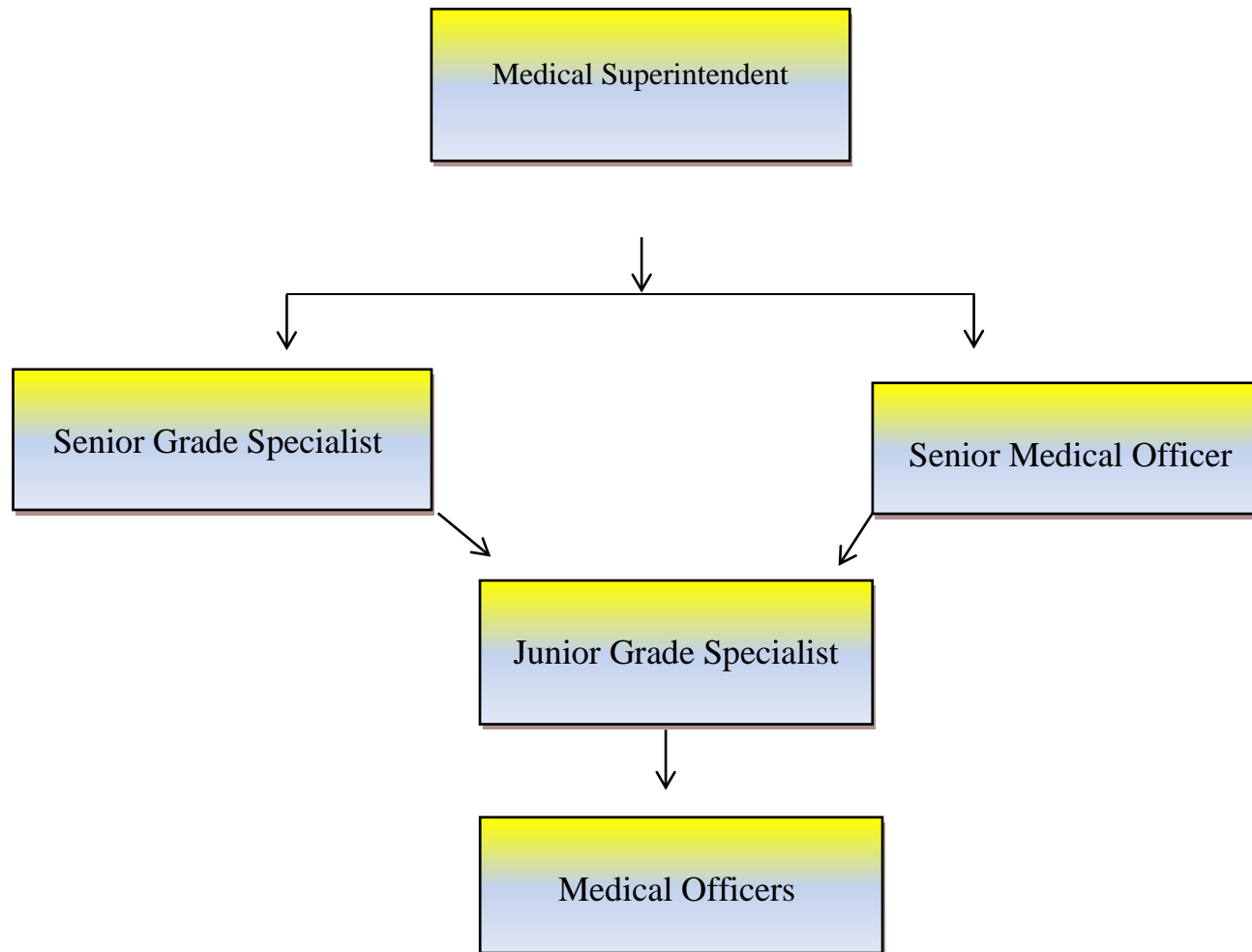
7	Deputy Director	Sr. Grade Specialist & RSO, Medical College Affairs, M.R Bills.
8	Deputy Director	NLEP (SPO) (Sec-16), Receipt & Issue/ (Sec-22), Office Staff Attendance, Nodal Officer to AG, MR Bills, Empanelment of HUs.
9	Deputy Director	NUHM (N.O), Planning & Coordination (Sec-8), Health Care Establishment Acts, MR Bills.
10	Deputy Director	ARSH, RBSK, SH (RCH) (Sec-16), MR Bills.
11	Deputy Director	Attached to Nagaland House, New Delhi.
12	Deputy Director	NMHP (SPO) Sec-16, Medical Education & Training (Sec-5), Nagaland Medical College Affairs, MR Bills.
13	Deputy Director	NVBDCP (Sec-16), MR Bills.
14	Deputy Director	Dental Services (Sec-20), Nodal Officer to Secretariat, MR Bills.
15	Deputy Director	Dy. Director, NHM (on deputation)
16	Deputy Director	Purchase & Stores, Hospital Diet & Washing (Sec-2), IT, Telemedicine, MR Bills.
17	Deputy Director	HMIS, HIB, Reports & Returns, M & E, Disaster Management (N.O), Disability & Rehabilitation (Sec-16), MR Bills, Empanelment of HUs.
18	Deputy Director	Attached to Nagaland House Guwahati

ORGANISATIONAL STRUCTURE AT CHIEF MEDICAL OFFICE



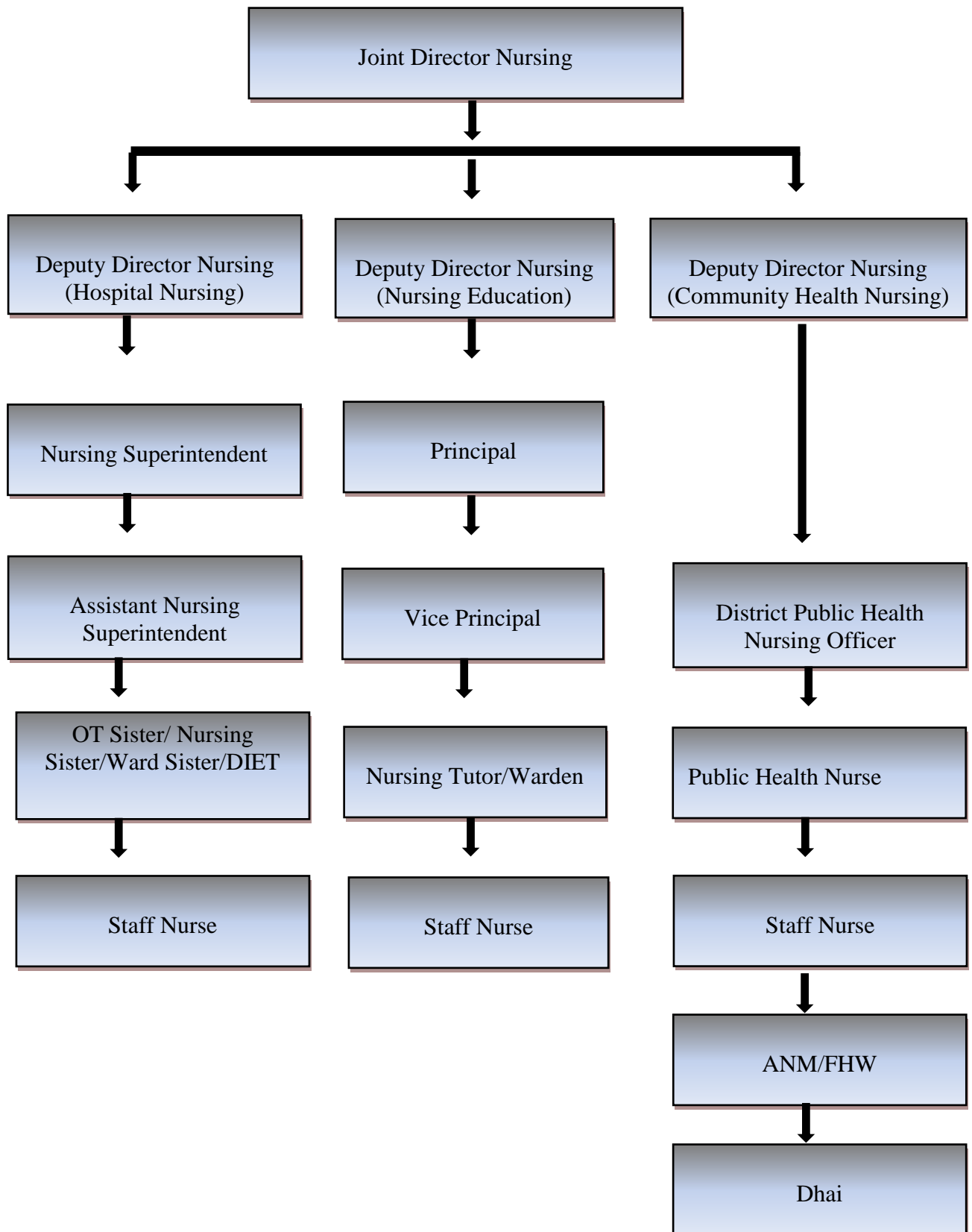
In each district, the Chief Medical Officer heads the Office of the Chief Medical Officer (CMO). Under the CMO, there are other officers of the same rank with the respective designations – District Programme Officer, District Tuberculosis Officer, Deputy Chief Medical officer, District Immunization Officer and District Zonal Leprosy Officer. Below the above mentioned ranks are the Medical Officers.

ORGANISATIONAL STRUCTURE AT DISTRICT HOSPITAL



Like the Office of the CMO, in each district, the Medical Superintendent heads the District Hospital. Below the Superintendent, are Senior Grade Specialist and Senior Medical Officer; followed by Junior Grade Specialist and Medical Officers respectively.

HIERARCHY OF NAGALAND STATE NURSING SERVICE



In the State Nursing Service, the Joint Director (Nursing) is the head in hierarchy. Under the Joint Director there are three Deputy Directors heading three branches of Nursing namely – Hospital Nursing, Nursing Education and Community Health Nursing.

Under Hospital Nursing, the Nursing Superintendent is the administrator and is accountable to the Medical Superintendent; followed by Assistant Nursing Superintendent and OT Sister / Nursing Sister / Ward Sister / Diet Sister as depicted in the figure*.

Under Nursing Education, the Principal is the administrator and is accountable to the Medical Superintendent, followed by Vice Principal and Nursing Tutor/Warden as depicted in the figure*.

The Community Health Nursing is headed by the District Public Health Nursing Officer, followed by Public Health Nurse, Staff Nurse, ANM/FHW and Dhai as depicted in the

The nursing profession exists in response to a need of society and holds ideals related to man's health throughout his life span. Nurses direct their efforts towards the promotion, maintenance and restoration of health; the prevention of illness; the alleviation of suffering, and the assurance of a peaceful death when life can no longer be sustained.

Nursing administration is responsible for giving direction, coordination and control of various categories of nursing personnel who work for the objective of giving nursing care to the patient population.

DUTIES AND RESPONSIBILITIES OF NURSING PERSONAL

The Nursing Service Administration consists of various officers and staff assigned with specific duties. The following highlights the roles and responsibilities of the same:

1. Joint Director

- Looks after the welfare of Nurses
- Appointment/Transfer related matters
- Admission of Nursing Students
- Correspondence regarding nursing matters

2. Deputy Directors

In the administration, there are 3 (three) Deputy Directors assigned with the following duties:

- To look after the Nursing Officers Cadre
- Administers the Nursing Sister & Staff
- Manages LHV & ANM/FHW matters

3. Principal

- The Principal is the overall head of the Nursing school
- Looks over the welfare of the faculty and nursing students
- Manages all the nursing admission matters
- Looks after examination of the nursing students
- Looks over all matters of leave and indent
- Sets the rules and regulations for the nursing school
- Prepares yearly master plan
- Manages all the correspondences of the school
- Arranges all the clinical experience and external lecture
- Acts as a Resource Person during Workshops

- Responsible for Yearly renewal of the school to the Centre

Nursing Superintendent

- Unlike the Principal, the Nursing Superintendent does not have an independent charge but is accountable to Medical Superintendent
- All National Programme are carried out by the Nursing Superintendent
- Conducts health education programmes
- Supervises health programmes in the community
- Responsible for checking all the registers such as attendance, family plan, antenatal, post natal, immunization, death and birth etc.
- Looks after extra-curriculum activities of the nursing students

Nursing Tutor

- The Nursing Tutor conducts classes for the nursing students
- Supervises in the clinical area within the hospital
- Organizes Field Trips within the community for the nursing students

Nursing Sister

- Supervises the Nurses
- The head of one particular ward.
- Takes round with doctor and nurses
- Looks after the leave of nursing staff

HEALTH CARE INDICATORS IN NAGALAND.

Table 2.5

Number Of Hospital/C.H.C/P.H.C/S.H.C/Dispensary In Nagaland For Last 10 Years 2005-2006 to 2014-2015

SL. NO	PARTICULARS	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
1	District Hospital	11	11	11	11	11	11	11	11	10	11
2	Community Health Centre	20	21	21	21	21	21	21	21	18	21
3	Primary Health Centre	85	86	86	86	124	124	126	126	112	126
4	Subsidiary Health Centre	27	27	27	27	1	1	1	1	1	1
5	Dispensary	15	15	15	15	3	3	3	3	3	3
6	T.B. Hospital	2	2	2	2	2	2	2	2	1	2
7	Mental Hospital	1	1	1	1	1	1	1	1	0	1
8	Sub-Centre	397	397	397	397	398	398	396	396	356	409
9	S.T.D Clinic	11	8	8	8	8	8	11	11	10	11
10	D.T.C	6	5	5	5	5	5	11	11	10	11
11	Post Morton Centre	4	3	3	3	3	3	3	3	2	3
12	Para Medical Training Institute		1	1	1	1	1	1	1	0	1
13	School of Nursing (GNM)		2	2	2	2	2	2	2	1	3
14	School of Nursing (ANM)		1	1	1	1	1	1	1	1	1
15	State Health Food Laboratory)		1	1	1	1	1	1	1	0	1

Source: 1. Annual Administrative Report of Health & Family Welfare 2007-2008 to 2015-16

2. Statistical Handbook of Nagaland 2008, 2011,2012,2013,2014 and 2015

The above table represents the number of Hospitals/CHCs/PHCs/SHCs/Dispensaries in Nagaland for the last 10 years i.e. 2005-2006 to 2014-2015. From the data above, it is noted that there is a significant drop of SHCs in the last 10 years, from 27 SHCs to 1 SHC from 2008-2009 to 2009-2010. Similarly, the number of Dispensaries dropped significantly from 15 to 3 dispensaries from 2008-2009 to 2009-2010. On the other hand, there is a significant rise of PHCs from 86 to 124 during the same period 2008-2009 to 2009-2010. There is also a noteworthy rise of sub-centres from 2013-2014 to 2014-2015.

Table 2.6**Number Of Beds In Hospital, PHC, CHC, SHC, Dispensary, Mental, T.B, & Leprosy Hospital In Nagaland For Last Ten Years 2005-2006 To 2014-2015**

SL. NO	PARTICULARS	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
1	District Hospital	1025	1025	1025	1025	1100	1100	1075	1175	1100	1100
2	Community Heath Centre	600	630	630	630	630	630	630	630	300	630
3	Primary Health Centre	642	612	612	612	846	846	846	864	864	864
4	Subsidiary Health Centre	54	54	54	54	3	3	1	1	1	1
5	Dispensary	30	30	30	30	9	9	3	3	3	3
6	Mental Hospital	25	25	25	25	50	50	50	25	25	25
7	T.B Hospital	100	100	100	100	100	100	100	100	100	100
8	Leprosy Ward Hospital	65	65	65	65						

Source: 1. Annual Administrative Report of Health & Family Welfare 2007-2008 to 2015-16

2. Statistical Handbook of Nagaland 2008, 2011,2012,2013,2014 and 2015

From the above table, there is an increasing trend in the number of beds in the hospitals; except in case of SHCs and Dispensaries where the number of beds decreased from 2009-2010.

Table 2.7

Patients Treated In Hospitals And Dispensaries In Nagaland For Last Ten Years 2005-2006 To 2014-2015

SL. NO	PARTICULARS	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
1	Indoor Patients	18500	23425	23558	23396	31395	181345	182908	110858	170450	183101
2	Outdoor Patients	226957	263278	298222	281296	418663	339592	349167	170655	184481	372286

Source: 1. Annual Administrative Report of Health & Family Welfare 2007-2008 to 2015-16
2. Statistical Handbook of Nagaland 2008, 2011,2012,2013,2014 and 2015

Table 2.8

Progress of Family Welfare Programme In Nagaland last 10 years 2005-2006 to 2014-2015

SL. NO	PARTICULARS	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015
1	Family Planning Method										
	Sterilization	1195	972	1125	619	1395	1639	1850	2156	5535	1435
	IUD Insertion	2180	1564	1602	857	229	2061	2729	3291	10842	3865
	CC Users	48739	30240	24379	7045	456	9558	14703	16665	31862	140905
	Oral Pill user	7928	11843	11862	1887	672	10781	17037	19671	17939	19527
2	MCH Activities										
	Tetanus Immunization for Expectant Mother	36363	28587	23233	10031	28448	29450	32709	39445	36998	36832
	DPT Immunization for Children	20872	24615	26917	14897	97352	77859	90452	105534	73002	70045
	Polio	22576	24611	28230	15171	113996	94310	101937	114587	277283	104157
	BCG Achievement	23971	25513	28180	16988	24299	21371	24452	27961	28059	27202
3	MC Activities										
	Measles Vaccination Programme	18964	22377	25213	14413	25107	18754	18401	30410	33186	34738

Source: 1. Annual Administrative Report of Health & Family Welfare 2007-2008 to 2015-16

2. Statistical Handbook of Nagaland 2008, 2011,2012,2013,2014 and 2015

Table 2.9

Number Of Medical Personnel In Nagaland For The Last Ten Years 2006-2007 To 2015- 2016

Year	Doctors	Pharmacists	Nurses
2006-2007	399	449	1499
2007-2008	399	449	1499
2008-2009	460	449	1739
2009-2010	457	452	1621
2010-2011	452	452	1751
2011-2012	390	468	1751
2012-2013	390	452	1751
2013-2014	385	432	1135
2014-2015	346	449	1249
2015-2016	428	490	1230
2016-2017			

Source: 1. Annual Administrative Report of Health & Family Welfare 2007-2008 to 2015-16

2. Statistical Handbook of Nagaland 2008, 2011,2012,2013,2014 and 2015

Table 2.10

State- Budget for Health and Family Welfare: State Plan Vs. Non Plan during the last ten years 2005-2006 to 201-105

Sl. No	Year	State Plan	Non- Plan	Total
1	2005-2006	6222.97	8205.97	14428.90
2	2006-2007	8058.85	10658.85	18717.70
3	2007-2008	9582.37	11849.26	21431.60
4	2008-2009	3313.00	10244.12	13557.10
5	2009-2010	3373.60	11352.64	14726.20
6	2010-2011	3224.00	2066.09	5290.09
7	2011-2012	3600.00	23208.36	26808.40
8	2012-2013	1800.00	25580.96	27381.00
9	2013-2014	1825.00	28594.89	30419.90
10	2014-2015	200.00	31619.72	31819.70

Source: 1. Annual Administrative Report of Health & Family Welfare 2007-2008 to 2015-16.

CHAPTER: 3

MEASUREMENT AND ANALYSIS OF NURSES' JOB SATISFACTION

INTRODUCTION

Nurses make up the largest proportion of the health care workforce. They are the most widely distributed group and they have the most diverse roles, functions and responsibilities. Nurses provide health and nursing care to individuals, families, groups, and communities. Their care includes health promotion and disease prevention as well as the treatment of common diseases, acute care, rehabilitation once an illness has passed the acute phase, and long-term care of persons with chronic degenerative or terminal illnesses. What individual nurses do, however, varies widely from country to country and even within countries, depending not only on the context described above, but also on the availability of nurses, the availability of physicians and the nurse-physician ratio. In some rural areas nurses are the only health workers and they provide the full range of primary health care. Nurses may not only provide care but also essentially manage all the district health services, coordinating a variety of programmes to control malaria, tuberculosis, leprosy, diarrheal diseases, etc.

In most of the world, however, the great majority of nurses' work in hospitals, primarily in urban centers, is giving curative and rehabilitative care. In some areas they have a great deal of autonomy, assessing patients conditions, diagnosing nursing needs, initiating nursing actions independently when needed and participating with physicians in rounds and meetings to present and discuss patient situations.

In hospitals, nurses' responsibilities may include not only direct patient care but also maintaining inventories of linens, drugs and other supplies,

supervising housekeeping staff, even cleaning reusable equipment and carrying out clerical work.

Nurses could also assume greater responsibility for the organization and management of health care. In hospitals they could take more leadership in assessing patients and in planning, implementing and evaluating care, organizing and leading the work of others. Further, given their understanding of the importance of health promotion and disease prevention, they could take a lead in refocusing health care away from hospital care toward community and home care, and manage health care personnel to support primary health care.

However, given the limited authority and autonomy of nurses in many countries, the ability of nursing to independently adapt and expand practice remains limited. Nursing practice is dictated by the health policies and plans of countries and by the resources available for health care. In many areas because of dissatisfaction of nurses there are acute shortages of nurses, particularly well-educated nurses, and the main challenge is still to provide basic nursing care. Therefore, nurses' satisfaction is an important key for maintenance of organization's success and providing safe place for the patient care.

The purpose of this chapter is to present the analysis of the collected data regarding overall job satisfaction of nurses in selected district hospitals of Nagaland.

In order to complete the research study, the researcher requested for conducting survey in the selected hospitals and was granted formal permission from 5 government and 10 Private hospitals. A total of 350 questionnaires were distributed among the nurses, from which 300 questionnaires were selected after processing as these contained complete information required for the survey. Hence, a total of 300 nurses (150 from government and private hospitals each) ultimately participated in the research study. The questionnaire consisted of two parts: the first part of the study included the demographic profile of the

respondents such as Educational qualification, Gender, Age, Marital Status, Number of Children, Place of Permanent Residence and Income of the respondent; and the second part dealt with nursing and nursing job satisfaction.

On the basis of data analysis, the chapter has been divided into four sections, section I includes aggregate response of the respondents, section II provides Overall Job Satisfaction of Nurses, section III contains Component wise response of the respondents and Section IV dealt with Relationship between personal information of the respondents and Job satisfaction.

SECTION I

AGGREGATE RESPONSE OF THE RESPONDENTS

The study constitutes the entirety of the psychometric instrument Job Satisfaction Survey (J.S.S.) of Spector, whose development is based on the theory where job satisfaction is an emotional or behavioral reaction to a job (Spector, 1985). The scale measures nine aspects of job satisfaction, which are: salary, promotion opportunities, supervision, general benefits, moral rewards, operating condition, co-worker, nature of work, communication. Every aspect corresponds to four questions. The J.S.S. scale assesses job satisfaction on an ongoing basis, starting from resentment and leading to satisfaction. There is no specific score to determine if a person is happy or disappointed and consequently there is no dividing line between satisfaction and dissatisfaction.

Considering that the J.S.S. measurement uses a six-degree scale

1. Disagree Very Much
2. Disagree Moderately
3. Disagree Slightly
4. Agree Slightly
5. Agree Moderately and
6. Agree Very Much

It can be assumed that agreement with positively worded items and disagreement with negatively worded items expresses satisfaction, while the disagreement with positively worded items and agreement with negatively worded items expresses dissatisfaction. For determining the level of satisfaction and dissatisfaction, scores from 1 to 6 were assigned to positively worded statements and reverse scoring for the negatively worded statements. Accordingly, that during the analysis of the questionnaires a reversal of initial coding was applied in the answers of negatively phrased questions, so that in all questions, high scores would indicate great degrees of satisfaction, and vice versa. Negative questions count up to 19, and more specifically were the following: “2, 4, 6, 8, 10, 12, 14, 16, 18, 19, 21, 23, 24, 26, 29, 31, 32, 34, and 36”.

Both for the sub groups (facets) of the four elements (questions) and for the final score of the 36 items (questions) of the J.S.S. questionnaire, an answer of 4 or more points (preceding the reversing of the score with negatively worded items), expresses satisfaction, while answers of 3 points and below express dissatisfaction. Scores between 3 and 4 are considered neutral. After determining the total score for the four sub groups of elements ranging from 4 to 24, grades from 4 to 12 represent dissatisfaction, those from 16 to 24 express satisfaction and the ones between 12 and 16 are considered neutral. For the final score of 36 elements (sub queries), the score ranges from 36-216. Specifically, scores of 36-108 express dissatisfaction, 144-216 express satisfaction and 108-144 are considered Ambivalent

Table 3.1

Aggregate Response of the Respondents

Question No	Disagree very much		Disagree moderately		Disagree slightly		Agree slightly		Agree moderately		Agree very much		Mean Score	Std. Deviation
	N	%	N	%	N	%	N	%	N	%	N	%		
1	39	13	39	13	48	16	87	29	58	19.3	29	9.7	3.5767	1.50277
2	29	9.7	13	4.3	34	11.3	72	24	42	14	110	36.7	2.6233	1.61767
3	9	3	9	3	19	6.3	67	22.3	114	38	82	27.3	4.7133	1.19271
4	41	13.7	28	9.3	57	19	67	22.3	71	23.7	36	12	3.31	1.55627
5	42	14	33	11	54	18	63	21	70	23.3	38	12.7	3.6567	1.58762
6	31	10.3	36	12	53	17.7	91	30.3	39	13	50	16.7	3.2633	1.52372
7	8	2.7	8	2.7	10	3.3	26	8.7	82	27.3	166	55.3	5.2133	1.18286
8	173	57.7	30	10	34	11.3	30	10	16	5.3	17	5.7	4.8767	1.57152
9	9	3	21	7	24	8	61	20.3	119	39.7	66	22	4.5267	1.27857
10	13	4.3	20	6.7	64	21.3	85	28.3	76	25.3	42	14	2.9433	1.29836
11	112	37.3	54	18	39	13	39	13	23	7.7	33	11	2.6867	1.73547
12	197	65.7	47	15.7	30	10	16	5.3	2	0.6	8	2.7	5.3233	1.16475
13	54	18	47	15.7	48	16	67	22.3	62	20.7	22	7.3	3.34	1.57459
14	74	24.7	62	20.6	53	17.7	56	18.7	30	10	21	7	4.1033	1.56658
15	83	27.7	54	18	70	23.3	65	21.7	18	6	10	3.3	2.7	1.39876
16	64	21.3	62	20.7	62	20.7	51	17	26	8.7	35	11.7	3.9467	1.6184
17	9	3	3	1	8	2.7	37	12.4	73	24.3	170	56.7	5.24	1.14606
18	127	42.3	58	19.3	50	16.7	36	12	17	5.6	12	4	4.6867	1.45908
19	48	16	51	17	57	19	62	20.7	50	16.7	32	10.7	3.6233	1.58213
20	47	15.7	41	13.7	60	20	65	21.7	56	18.7	31	10.3	3.4667	1.57602

Question No	Disagree very much		Disagree moderately		Disagree slightly		Agree slightly		Agree moderately		Agree very much		Mean Score	Std. Deviation
	N	%	N	%	N	%	N	%	N	%	N	%		
21	100	33.3	79	26.3	60	20	40	13.3	13	4.3	8	2.7	4.63	1.32373
22	67	22.3	32	10.7	75	25	72	24	42	14	12	4	3.0867	1.46959
23	71	23.7	17	5.7	42	14	78	26	39	13	53	17.7	3.48	1.76446
24	4	1.3	30	10	38	12.7	69	23	66	22	93	31	2.5267	1.37438
25	9	3	0	0	4	1.3	33	11	65	21.7	188	63	5.3733	1.06665
26	56	18.7	58	19.3	54	18	68	22.7	32	10.7	32	10.7	3.8067	1.58883
27	15	5	13	4.3	10	3.3	54	18	49	16.3	159	53	4.9533	1.42757
28	50	16.7	39	13	42	14	85	28.3	37	12.3	47	15.7	3.5367	1.64449
29	10	3.3	12	4	29	9.7	98	32.7	61	20.6	90	30	2.4733	1.29933
30	7	2.3	8	2.7	6	2	48	16	77	25.7	154	51.3	5.14	1.16257
31	56	18.7	33	11	41	13.7	71	23.7	49	16.3	50	16.7	3.4133	1.71043
32	34	11.3	33	11	50	16.7	105	35	45	15	33	11	3.3567	1.44791
33	109	36.3	31	10.3	44	14.7	62	20.7	30	10	24	8	2.8167	1.69093
34	146	48.7	56	18.7	37	12.3	30	10	17	5.7	14	4.7	4.8067	1.49558
35	11	3.7	5	1.7	16	5.3	58	19.3	78	26	132	44	4.9533	1.24753
36	66	22.7	73	24.3	91	30.3	40	13.3	21	7	9	3	4.32	1.30766

Source: Field Survey

The above table shows the survey result on 300 respondents. In the table, 'N' denotes '*frequency*' or '*number of respondents*' that opted to a particular given option. Percentage (%) of the frequency is also mentioned in the table.

It is observed from the above table that with regard to the first statement “**I feel I am being paid a fair amount for the work I do**”, 13 percent of the respondents strongly disagreed that they were paid a fair amount for the work they do; 13 percent moderately disagreed; 16 percent slightly disagreed; 29 percent slightly agreed; 19.3 percent moderately agreed; and 9.7 percent strongly agreed.

Altogether, it is inferred that 58 percent of respondents agreed that they were paid a fair amount for the work they did, and 42 percent disagreed to it.

With regard to the second statement **“There is really too little chance for promotion on my job”**, the majority of the respondents representing 36.7 percent strongly agreed that there was too little chance for promotion in their job. The others had varied opinions such as 24 percent of them agreed slightly; 14 percent agreed moderately; 11.3 percent agreed slightly; 9.7 percent strongly disagreed; and 4.3 percent moderately disagreed.

As a whole 74.7 percent of the respondents agreed that there was too little chance for promotion on their jobs, while 25.3 percent disagreed on it.

With regard to the third statement **“My supervisor is quite competent in doing his/her job”**, the majority of the respondents agreed that their supervisor was quite competent in doing his/her job. About 27.3 percent of the respondents strongly agreed to it; 38 percent moderately agreed; 22.3 percent slightly agreed; 6.3 percent slightly disagreed; 3 percent moderately disagreed; and 3 percent strongly disagreed.

Thus, 87.7 percent of the respondents agreed their supervisor was quite competent in doing his/her job, while 12.3 percent disagreed on it.

With regard to the fourth statement **“I am not satisfied with the benefits I receive”**, the respondents had mixed opinions regarding the satisfaction on the benefits they received from their work. About 12 percent of the respondents strongly agreed to it; 23.7 percent moderately agreed; 22.3 percent slightly agreed; 19 percent slightly disagreed; 9.3 percent moderately disagreed; and 13.7 percent strongly disagreed.

Hence, 58 percent of the respondents agreed that they were satisfied with the benefits they received from the jobs, while 42 percent disagreed on it.

With regard to fifth statement **“When I do a good job, I receive the recognition for it that I should receive”**, when the respondents were asked on whether they received proper recognition for a good job, about 12.7 percent of the respondents strongly agreed to it; 23.7 percent moderately agreed; 21 percent

slightly agreed; 18 percent slightly disagreed; 11 percent moderately disagreed; and 14 percent strongly disagreed.

Therefore 57 percent of the respondents had the opinion that they were given proper recognition for a good job, while 43 percent disagreed on it.

With regard to sixth statement **“Many of our rules and procedures make doing a good job difficult”**, sometimes work becomes a difficult task if too many rules and procedures are followed. On that note, the respondents were asked if these rules and procedures made their job difficult. It was learnt that 16.7 percent of the respondents strongly agreed to it; 13 percent moderately agreed; 30.3 percent slightly agreed; 17.7 percent slightly disagreed; 12 percent moderately disagreed; and 10.3 percent strongly disagreed.

Thus, 60 percent of the respondents had the view that many rules and procedures make a job difficult, while 40 percent disagreed on it.

With regard to seventh statement **“I like the people I work with”**, in any work place, relationship between colleagues is very important. A good relationship between co-workers is essential for job satisfaction. The respondents were asked if they liked the people they worked with. It was learned that 55.3 percent of the respondents strongly agreed to it; 27.3 percent moderately agreed; 8.7 percent slightly agreed; 3.3 percent slightly disagreed; 2.7 percent moderately disagreed; and 2.7 percent strongly disagreed.

In total, a big majority of 91.3 percent respondents agreed that they liked the people they worked with, and only 8.7 percent disagreed. It is clearly evident that nurses have a good relationship in their workplace.

With regard to eight statements **“I sometimes feel my job is meaningless”**, Job satisfaction, in the broadest sense, is defined by the sense of satisfaction that the one gets from his/her job. The respondents were asked if they felt that their jobs were meaningless sometimes. It was learned that 5.7 percent of the respondents strongly agreed to it; 5.3 percent moderately agreed;

10percent slightly agreed; 11.3 percent slightly disagreed; 10 percent moderately disagreed; and 57.7 percent strongly disagreed.

As a whole, a big majority of 79 percent respondents disagreed that they felt their job was meaningless, while 21 percent agreed to it.

With regard to ninth statements **“Communications seem good within this organization”**, in any organization, communication is important. For example, in any working office, the person-in-charge for a particular duty needs to have good communication with his/her subordinates and vice-versa. In this regard, the respondents were asked about the communication they had within their workplace. It was learnt that 22 percent of the respondents strongly agreed to it; 39.7 percent moderately agreed; 20.3 percent slightly agreed; 8 percent slightly disagreed; 7 percent moderately disagreed; and 3 percent strongly disagreed.

In sum 82 percent of the respondents agreed that communications seemed good within their organization, while 18 percent disagreed on it.

With regard to tenth statement **“Raises are too few and far between”**, raise of salary is an important aspect of any job. It motivates the employee; thereby the quality work is produced. The respondents were asked if raises were too few and far between in their work. It was learned that 14 percent of the respondents strongly agreed to it; 25.3 percent moderately agreed; 28.3 percent slightly agreed; 21.3 percent slightly disagreed; 6.7 percent moderately disagreed; and 4.3 percent strongly disagreed.

As a result, 67.2 percent of the respondents agreed that were too few and far between, while 32.3 percent disagreed on it. 15 respondents representing 5 percent did not answer the option.

With regard to eleventh statement **“Those who do well on the job stand a fair chance of being promoted”** It is learnt from casual conversations and field surveys that, in Nagaland, promotion of Government employed Nurses is

purely based on seniority and it does not depend on the quality of work done by them. In this regard, the respondents were asked if those who did well stood a fair chance of being promoted. 11 percent of the respondents strongly agreed to it; 7.7 percent moderately agreed; 13 percent slightly agreed; 13 percent slightly disagreed; 18 percent moderately disagreed; and 37.3 percent strongly disagreed.

In total 68.3 percent of the respondents disagreed that those who did well stood a fair chance of being promoted, while 31.7 percent agreed to it. It may be noted here that those who agreed to this point belonged mostly to the Private Sector where promotion is based on the performance.

With regard to twelfth statement “**My supervisor is unfair to me**”, the respondents were asked if their superiors were unfair to them. It was learnt that 2.7 percent of the respondents strongly agreed to it; 0.7 percent moderately agreed; 5.3 percent slightly agreed; 10 percent slightly disagreed; 15.7 percent moderately disagreed; and 65.7 percent strongly disagreed.

As a whole a big majority of 91.3 percent of the respondents disagreed that their superiors were not unfair to them, while only 8.7 percent agreed. Judging by the majority, it can be concluded that the respondents were not treated unfairly.

With regard to thirteenth statement, “**The benefits we receive are as good as most other organizations offer**”, the respondents were asked if they received the same benefits as most other organizations. It was learnt that 7.3 percent of the respondents strongly agreed to it; 20.7 percent moderately agreed; 21.3 percent slightly agreed; 16 percent slightly disagreed; 15.7 percent moderately disagreed; and 18 percent strongly disagreed.

Here we find that 50.3 percent agreed and 49.7 percent disagreed on whether they received the same benefits as most other organizations.

With regard to fourteenth statement “**I do not feel that the work I do is appreciated**”, appreciation for work done is essential for job motivation. It

correlates with job satisfaction. The respondents were asked whether they get appreciation for their works. It was learnt that 7 percent of the respondents strongly agreed to it; 10 percent moderately agreed; 18.7 percent slightly agreed; 17.7 percent slightly disagreed; 20.7 percent moderately disagreed; and 24.7 percent strongly disagreed.

Therefore, a majority of 64 percent of the respondents disagreed and opined that their work was not properly appreciated, while 36 percent agreed.

With regard to fifteenth statement **“My efforts to do a good job are seldom blocked by red tape”**, on being asked if the efforts of the respondents were obstructed because of bureaucracy, 3.3 percent of the respondents strongly agreed to it; 6 percent moderately agreed; 21.7 percent slightly agreed; 23.3 percent slightly disagreed; 18 percent moderately disagreed; and 27.7 percent strongly disagreed.

Thus 69 percent of the respondents disagreed that their efforts to do a good job were seldom obstructed by red tape, while 31 percent disagreed on it.

With regard to sixteenth statement **“I find I have to work harder at my job because of the incompetence of people I work with”** The respondents were asked if they had to work harder because of the incompetence of their co-workers. It was learnt that 11.7 percent of the respondents strongly agreed to it; 8.7 percent moderately agreed; 17 percent slightly agreed; 20.7 percent slightly disagreed; 20.7 percent moderately disagreed; and 21.3 percent strongly disagreed.

In total, a majority of 62.7 percent of the respondents disagreed that they had to work harder because of the incompetence of their co-workers, while 37.3 percent agreed on it.

With regard to seventeenth statement **“I like doing the things I do at work”**, the respondents were asked if they enjoyed the work they were assigned. It was learnt that 56.7 percent of the respondents strongly agreed to it; 24.3

percent moderately agreed; 12.3 percent slightly agreed; 2.7 percent slightly disagreed; 1 percent moderately disagreed; and 3 percent strongly disagreed.

In sum, a strong majority of 93.3 percent of the respondents agreed that they liked doing the things they did at work, while 6.7 percent disagreed on it.

With regard to eighteenth statement **“The goals of this organization are not clear to me”**, the respondents were asked if they were unclear of the goals of the organization they worked for. It was learnt that 4 percent of the respondents strongly agreed to it 5.7 percent moderately agreed; 12 percent slightly agreed; 16.7 percent slightly disagreed; 19.3 percent moderately disagreed; and 42.3 percent strongly disagreed.

Thus, a strong majority of 78.3 percent of the respondents disagreed that the goals of the organization were not clear to them, while 21.7 percent disagreed on it.

With regard to nineteenth statement **“I feel unappreciated by the organization when I think about what they pay me”** The respondents were asked if they felt like they were not rightly rewarded judging by the amount of work they do. It was learnt that 10.7 percent of the respondents strongly agreed to it 16.7 percent moderately agreed; 20.7 percent slightly agreed; 19 percent slightly disagreed; 17 percent moderately disagreed; and 16 percent strongly disagreed.

Altogether, 52 percent of the respondents disagreed that they felt unappreciated by the organization when I thought about what they paid them, while 48 percent agreed on it.

With regard to Twentieth statement **“People get ahead as fast here as they do in other places”**, the respondents were asked if their job status moved up as fast as the others from other workplaces. It was learnt that 10.3 percent of the respondents strongly agreed to it; 18.7 percent moderately agreed; 21.7

percent slightly agreed; 20 percent slightly disagreed; 13.7 percent moderately disagreed; and 15.7 percent strongly disagreed.

Consequently, 50.7 percent of the respondents agreed that people got ahead as fast here as they did in other places, while 49.3 percent disagreed on it.

With regard to twenty-first statement “**My supervisor shows too little interest in the feelings of subordinates**”, the respondents were asked if their supervisors showed too little interest in the feelings of the subordinates. It was learnt that 2.7 percent of the respondents strongly agreed to it 4.3 percent moderately agreed; 13.3 percent slightly agreed; 20 percent slightly disagreed; 26.3 percent moderately disagreed; and 33.3 percent strongly disagreed.

Accordingly, 79.7 percent of the respondents disagreed that their superiors show lack of interest in the feelings of the subordinates, while 20.3 percent agreed on it.

With regard to twenty-second statement “**The benefit package we have is equitable**”, the respondents were asked if the benefit package they had was equitable and fair. It was learnt that 4 percent of the respondents strongly agreed to it 14 percent moderately agreed; 24 percent slightly agreed; 25 percent slightly disagreed; 10.7 percent moderately disagreed; and 22.3 percent strongly disagreed.

Subsequently, 58 percent of the respondents disagreed that the benefit package they had was equitable, while 42 percent agreed on it.

With regard to twenty-third statement “**There are few rewards for those who work here**”, the respondents were asked if there were bonus rewards in their workplace. It was learnt that 17.7 percent of the respondents strongly agreed to it 13 percent moderately agreed; 26 percent slightly agreed; 14 percent slightly disagreed; 5.7 percent moderately disagreed; and 23.7 percent strongly disagreed.

Altogether, 56.7 percent of the respondents agreed that there were few rewards at the workplace, 42.3 percent disagreed on it. 4 respondents (1.3 percent) did not answer this question.

With regard to twenty-fourth statement **“I have too much to do at work”**, the respondents were asked if they were given additional work load. It was learnt that 31 percent of the respondents strongly agreed to it; 22 percent moderately agreed; 23 percent slightly agreed; 12.7 percent slightly disagreed; 10 percent moderately disagreed; and 1.3 percent strongly disagreed.

As a whole, a majority of 76 percent of the respondents agreed that their workload was too heavy, 24 percent disagreed on it.

With regard to twenty-fifth statement **“I enjoy my co-workers”**, the respondents were asked if they enjoyed co-existence with co-workers. It was learnt that 63 percent of the respondents strongly agreed to it; 21.7 percent moderately agreed; 11 percent slightly agreed; 1.3 percent slightly disagreed; and percent moderately disagreed.

In total, a big majority of 95 percent of the respondents agreed that they enjoyed each other's company at workplace, 4.3 percent disagreed on it.

With regard to twenty-seventh statement **“I often feel that I do not know what is going on with the organization”**, the respondents were asked if they were aware of the various conducted works at workplace. It was learnt that 10.7 percent of the respondents strongly agreed to it; 10.7 percent moderately agreed; 22.7 percent slightly agreed; 18 percent slightly disagreed; 19.3 percent moderately disagreed; and 18.7 percent strongly disagreed.

In sum, 56 percent of the respondents disagreed that often felt that they were not aware of what was going on with the organization, 44 percent agreed on it.

With regard to twenty-seventh statement **“I feel a sense of pride in doing my job”**, the respondents were asked if they felt a sense of pride in doing their

job. It was learnt that 53 percent of the respondents strongly agreed to it; 16.3 percent moderately agreed; 18 percent slightly agreed; 3.3 percent slightly disagreed; 4.3 percent moderately disagreed; and 5 percent strongly disagreed.

Overall, a big majority of 87.3 percent of the respondents agreed that they felt a sense of pride in doing their job, 12.7 percent disagreed on it.

With regard to twenty-eighth statement “**I feel satisfied with my chances for salary increases**”, the respondents were asked if they felt satisfied with the chances for increase in salary. It was learnt that 15 percent of the respondents strongly agreed to it; 12.3 percent moderately agreed; 28.3 percent slightly agreed; 14 percent slightly disagreed; 13 percent moderately disagreed; and 16.7 percent strongly disagreed.

In General, 56.3 percent of the respondents agreed that they felt satisfied with the chances for increase in salary, 43.7 percent disagreed on it.

With regard to twenty-ninth statement “**There are benefits we do not have which we should have**”, the respondents were asked about the absence of additional benefits. It was learnt that 30 percent of the respondents strongly agreed to it; 20.3 percent moderately agreed; 32.7 percent slightly agreed; 9.7 percent slightly disagreed; 4 percent moderately disagreed; and 3.3 percent strongly disagreed.

Thus, a majority of 83 percent of the respondents agreed about the absence of additional benefits, 17 percent disagreed on it.

With regard to thirtieth statement “**I like my supervisor**”, the respondents were asked if they liked their supervisor. It was learnt that 51.3 percent of the respondents strongly agreed to it; 25.7 percent moderately agreed; 16 percent slightly agreed; 2 percent slightly disagreed; 2.7 percent moderately disagreed; and 2.3 percent strongly disagreed.

Therefore, a strong majority of 93 percent of the respondents agreed that they liked their supervisor, 7 percent disagreed on it.

With regard to thirty-first statement “**I have too much paperwork**”, the respondents were asked if they had too much paper work. It was learnt that 16.7 percent of the respondents strongly agreed to it; 16.3 percent moderately agreed; 23.7 percent slightly agreed; 13.7 percent slightly disagreed; 11 percent moderately disagreed; and 18.7 percent strongly disagreed.

As a whole, 56.3 percent of the respondents agreed that they had too much paperwork, 43 percent disagreed on it.

With regard to thirty-first statement “**I don't feel my efforts are rewarded the way they should be**”, the respondents were asked if their efforts were properly rewarded. It was learnt that 11 percent of the respondents strongly agreed to it; 15 percent moderately agreed; 35 percent slightly agreed; 16.7 percent slightly disagreed; 11 percent moderately disagreed; and 11.3 percent strongly disagreed.

In sum, 56.7 percent of the respondents agreed that their efforts were properly rewarded, 43.3 percent disagreed on it.

With regard to thirty-third statement “**I am satisfied with my chances for promotion**”, the respondents were asked they were satisfied with promotional opportunity. It was learnt that 8 percent of the respondents strongly agreed to it; 10 percent moderately agreed; 20.7 percent slightly agreed; 14.7 percent slightly disagreed; 10.3 percent moderately disagreed; and 36.3 percent strongly disagreed.

Altogether, 61 percent of the respondents disagreed that they were satisfied with promotional opportunity, 39 percent disagreed on it.

With regard to thirty-fourth statement “**There is too much bickering and fighting at work**”, the respondents were asked there were too much bickering and fighting at work. It was learnt that 4.7 percent of the respondents strongly agreed to it; 5.7 percent moderately agreed; 10 percent slightly agreed; 12.3

percent slightly disagreed; 18.7 percent moderately disagreed; and 48.7 percent strongly disagreed.

Therefore, a majority of 79.7 percent of the respondents disagreed that there were too much bickering and fighting at work, 20.3 percent agreed on it.

With regard to thirty-fifth statement “**My job is enjoyable**”, the respondents were asked if their job was pleasant. It was learnt that 44 percent of the respondents strongly agreed to it; 26 percent moderately agreed; 19.3 percent slightly agreed; 5.3 percent slightly disagreed; 1.7 percent moderately disagreed; and 3.7 percent strongly disagreed.

In sum, a majority of 89.3 percent of the respondents agreed that their job was pleasant, 10.7 percent disagreed on it.

With regard to thirty-sixth statement “**Work assignments are not fully explained**”, the respondents were asked if their job assignments were inadequately explained. It was learnt that 3 percent of the respondents strongly agreed to it; 7 percent moderately agreed; 13.3 percent slightly agreed; 30.3 percent slightly disagreed; 24.3 percent moderately disagreed; and 22 percent strongly disagreed.

Overall, a majority of 76.7 percent of the respondents disagreed that job assignments were inadequately explained, 23.3 percent agreed on it.

SECTION II

OVERALL JOB SATISFACTION OF NURSES

Job satisfaction has primarily been defined by two approaches: a global approach that encompasses overall attitudes, feelings and emotions towards their work experience and a faceted approach that emphasizes employees' attitudes towards individual aspects of their job which is more useful at determining specific areas for improvement. Although international research varies in its specific findings, the general conclusions seem to support a sentiment of growing dissatisfaction experienced by nurses around the world. Key dissatisfies were found to include non-supportive work environments and increased workloads, while important predictors of nurse work satisfaction included autonomy, work content, professional development and recognition, and relationships with co-workers and peers. Poor working conditions and organizational climate were also strong predictors of dissatisfaction, while the social context of the job was found to be a strong predictor of satisfaction.(P.J Sharma: 2014)

Overall satisfaction is defined by ascertaining the level of job satisfaction of the nurses. In order to do so the average job satisfaction score (AJSS) has been computed. The Table: 3.2 below gives an account of overall satisfaction of nurses. This has further been depicted by Exhibit: 1

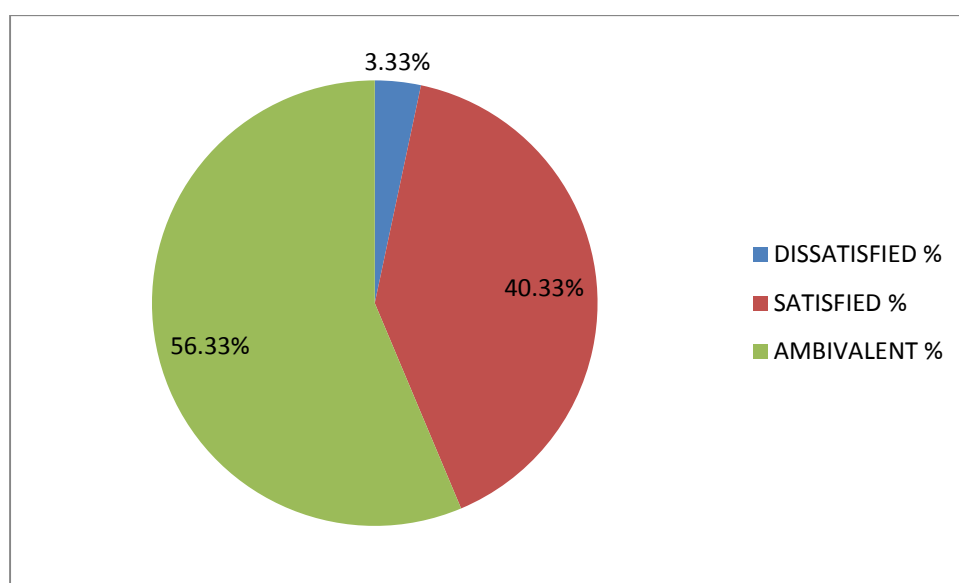
Table 3.2

Overall Job Satisfaction of Nurses

Response	No of Respondents	AJSS	Range	No of Respondents	
				Below AJSS	Above AJSS
Dissatisfied	10	100.40	92 to 108	5	5
Satisfied	121	155.42	144 to 179	71	50
Ambivalent	169	132.16	111 to 143	72	97
Overall	300	140.48	92 to 179	143	157

Source: Field survey

Exhibit 1



Source: Field survey

It has been observed from the Table 3.2 that out of the total of 300 respondents, 10 respondents representing 3.33 percent were dissatisfied, with an average score of 100.40 and their range being 92 to 108 score. There were equal number of 5 respondents below and above AJSS in this category. 121 respondents representing 40.33 percent were satisfied, with an average score of 155.42 and their range being 144 to 179 score. The number of respondents below and above AJSS in this category have been 71 and 50 respectively. The remaining 169 respondents representing 56.33 percent remained ambivalent, with an average score of 132.16 and their range being 111 to 143 score. Therefore, from a total of 300, it is inferred that 143 falls under 'Below Average Satisfaction' and 157 under 'Above Average Satisfaction'.

It is evident from the study that majority of the respondents i.e 56.33 percent were found to be ambivalent. They were neutral and were neither dissatisfied nor fully satisfied. These respondents could be in both ways as satisfied or dissatisfied. For drawing conclusion and generalization, inclusion and exclusion of these ambivalent respondents will not have any impact. So out of the remaining 131 respondents, only 7.63 percent numbering 10 respondents were dissatisfied with their job while 121 respondents representing 92.37 percent

were found to be satisfied with their job. Thus, on the basis of two extreme opinion as ‘satisfied’ and ‘dissatisfied’, the hypothesis that ‘Majority of the nurses are highly satisfied with their job’ stands proved and is accepted.

SECTION III

COMPONENT WISE RESPONSE OF THE RESPONDENTS

The Job Satisfaction Survey, JSS is a 36 item, nine facet scale to assess employee attitude about the job and aspects of the job. Each facet is assessed with four items, and a total score is computed from all items. A summated rating scale is used, with six choices per item ranging from “strongly disagree” to “Strongly agree” as discussed earlier.

The nine facets or components of the scale are Salary, Promotion, Supervision, General Benefits, Moral Rewards, Operating Condition, Coworkers, Nature of Work, and Communication.

The questionnaire was designed in such a manner that it covers all the nine facets or components. Items that go into each subscale or facet are listed below along with the questions relating to them. For example, the questions 1, 10, 19 and 28 covers the Salary facet; the other facets are covered following a similar pattern.

Component – Description of question

Salary

- 1 Fair reward depending on conducted work
- 10 Frequency and quantity of raises
- 19 Matching of work and reward
- 28 Opportunities of wage raise

Promotion

- 2 Existing promotion opportunities

- 11 Correlation of promotion and proper work
- 20 Promotion opportunities in comparison with other organizations
- 33 Satisfying promotion opportunities

Supervision

- 3 Competence of supervisor in their job
- 12 Behavior of supervisor towards subordinates
- 21 Interest of supervisor towards subordinates
- 30 Likeness towards the supervisor

General Benefits

- 4 Satisfying additional benefits
- 13 Additional benefits in comparison with other organizations
- 22 Fair additional benefits
- 29 Absence of additional benefits

Moral rewards

- 5 Recognition of a well conducted work
- 14 Appreciation of conducted work
- 23 Quantity and variety of rewards
- 32 Effort reward

Operating condition

- 6 Procedures that obstruct the conduction of work
- 15 Obstruction of work because of bureaucracy
- 24 Additional workload
- 31 Volume of paperwork

Co-workers

- 7 Rapport towards coworkers
- 16 Competence or lack of it, of coworkers
- 25 Coexistence with coworkers
- 34 Bickering and fighting in work

Nature of work

- 8 Content of conducted work
- 17 Attractiveness of work
- 27 Emotions from conduction of work
- 35 Pleasant work

Communication

- 9 Communication within the organization
- 18 Clear goals of the organization
- 26 Awareness of conducted work
- 36 Adequacy of explanation during assignment of work

Under each component the summed scores for the 4 – items ranging from 4 to 24. As per the standard of the scales, Scores of 4 to 12 will mean Dissatisfied, Scores of 16 to 24 will mean Satisfied and Scores between 12 and 16 will mean ambivalent. Table 3.3 provides a detailed description about the nurses' job satisfaction in Nagaland with reference to the nine components of nurses' job satisfaction. This has further been depicted by Exhibit: 2,3,4,5,6,7,8 and 10.

Table 3.3**Component wise response of the respondents**

Sl. No	Component	DISSATISFIED			SATISFIED			AMBIVALENT		
		N	AJSS	Range	N	AJSS	Range	N	AJSS	Range
1	Salary	108 (36%)	9.16	4 to 12	106 (35.3%)	18.03	16 to 23	86 (28.6%)	13.97	13 to 15
2	Promotion	167 (55.6%)	9.92	4 to 12	42 (14%)	17.67	16 to 22	91 (30.3%)	13.81	13 to 15
3	Supervision	8 (2.7%)	10.42	7 to 12	267 (89%)	20.57	16 to 24	25 (8.33%)	14.46	13 to 15
4	General Benefits	148 (49.3%)	9.02	4 to 12	59 (19.7%)	17.32	16 to 22	93 (31%)	14.04	13 to 15
5	Moral Rewards	78 (26%)	10.17	5 to 12	117 (39%)	17.97	16 to 24	105 (35%)	14.09	13 to 15
6	Operating Condition	171 (57%)	9.64	5 to 12	43 (14.3%)	17.11	16 to 22	86 (28.7%)	13.73	13 to 15
7	Co-Worker	12 (4%)	11.08	9 to 12	262 (87.3%)	20.22	16 to 24	26 (8.7%)	14.23	13 to 15
8	Nature Of Work	8 (2.7%)	11.5	10 to 12	261 (87%)	20.94	16 to 24	31 (10.30)	14.45	13 to 15
9	Communication	28 (9.33%)	10.57	7 to 12	215 (71.7%)	19.06	16 to 24	57 (19%)	14.17	13 to 15

Source: Field Survey

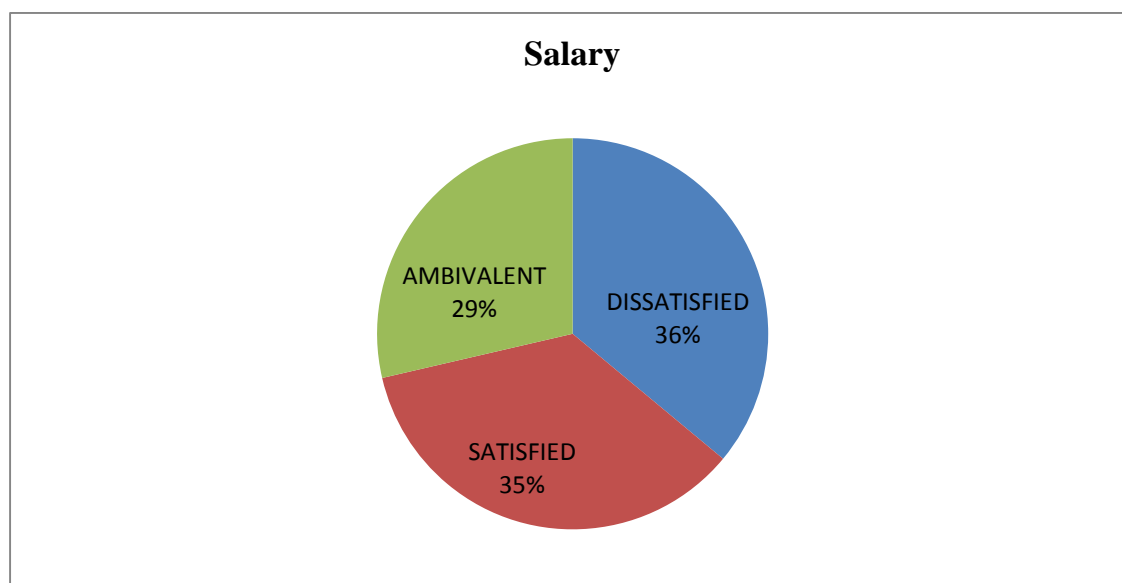
1. Salary:

Salary plays an considerable role in influencing job-satisfaction. One requires money to fulfill one's needs and salary provides for those needs. Salary is also often viewed as a reflection of the employer's concern for their employees. When salary is fair, based on job demands, individual skill level, and community pay standards, the employees are likely to be satisfied with their

payments. It is not necessarily the amount that is paid that matters, rather it is one's perception of fairness.

From the above table 3.3, the study revealed that from a total of 300 respondents, 108 respondents representing 36 percent were dissatisfied, with an average score of 9.16 and their range being 4 to 12 score; 106 respondents representing 35.3 percent were satisfied, with an average score of 18.03, and their range being 16 to 23; and the remaining 86 respondents representing 28.6 percent were ambivalent, with an average score of 13.97, ranging between 13 to 15 score. The respondents had mixed feeling about 'Salary'. Almost same percentage of respondents are found to be 'satisfied' and 'dissatisfied' with marginal tilt towards dissatisfaction. Hence, it may be treated as a neutral component.

Exhibit 2



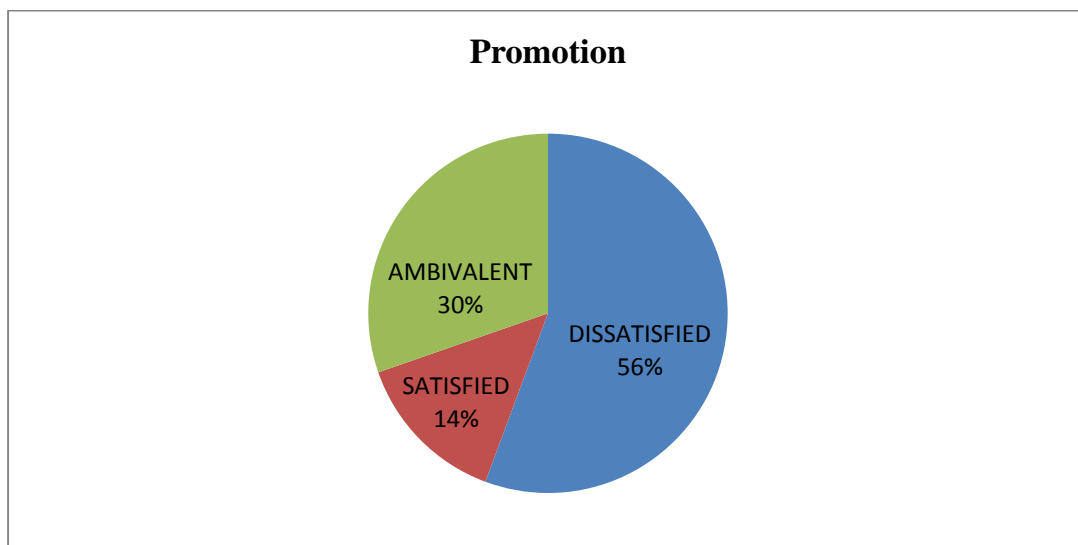
2.Promotion:

In any employment, promotions strongly affect job-satisfaction. Promotion involves a movement in job content, salary, responsibility, independence and status, and therefore is generally strongly desired by the employees. According to the respondents, the promotions scope in the government hospital is very limited as it requires a lot of time to go up to a

higher position even though the employees may be highly qualified. Promotion in government hospitals is based on the seniority of the employees. However, in private hospitals, promotion is generally based on the qualification, work efficiency and other factors.

It has been observed from the above table 3.3 that 167 respondents representing 55.6 percent were dissatisfied, with an average score of 9.92, ranging between 4 to 12 scores. 42 respondents representing 14 percent were satisfied, with an average score of 17.67, and their range being 16 to 22 scores. remaining 91 respondents representing 30.3 percent were ambivalent, with an average score of 13.81, and their range being 13 to 15 scores. This indicates that with regard to 'Promotion', hospital nurses are mostly dissatisfied, which means there is very limited scope for the nurses' promotion in the hospitals.

Exhibit : 3



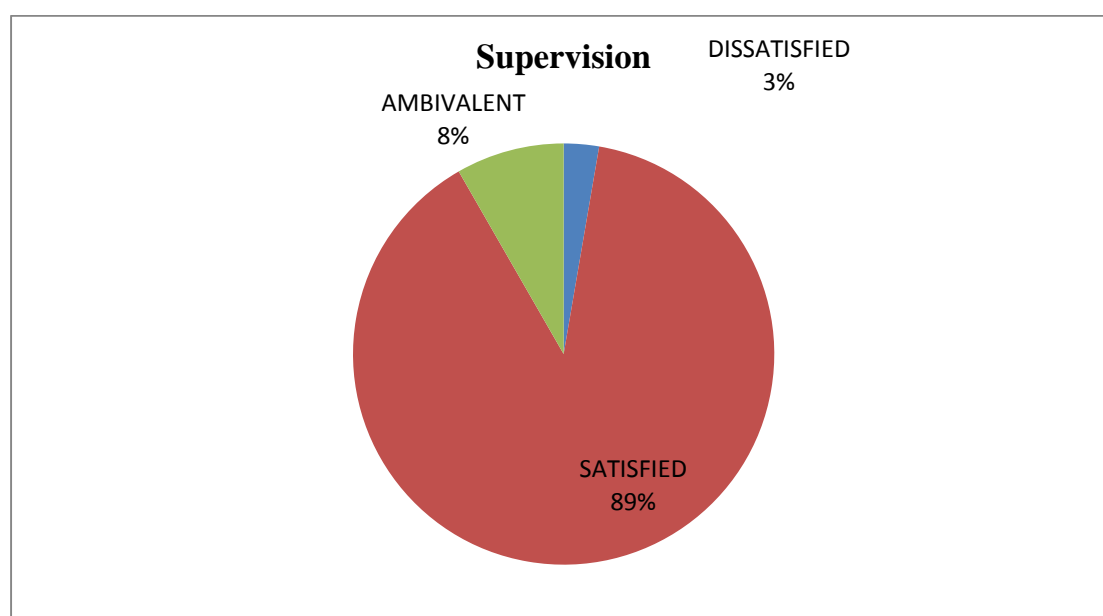
3. Supervision:

Supervisors are responsible for establishing supportive personal relationship with their subordinates. They also help employees to clearly see the goals and paths of the organization. Hence, their role is very important as they contribute to employees' satisfaction.

From this study, it is learnt that from a total of 300 respondents, 8 respondents representing 2.7 percent were dissatisfied, with an average score of 10.42, and their range being 7 to 12 scores. 267 respondents representing 89 percent were satisfied, with an average score of 20.57, ranging between 16 to 23 scores. Remaining 25 respondents representing 8.33 percent were ambivalent, with an average score of 14.46, and their range being 13 to 15 scores.

From the above analysis, it is found that the nurses as a whole are highly satisfied with the supervision system. This indicates that hospitals in Nagaland have better supervision system for the nurses.

Exhibit : 4



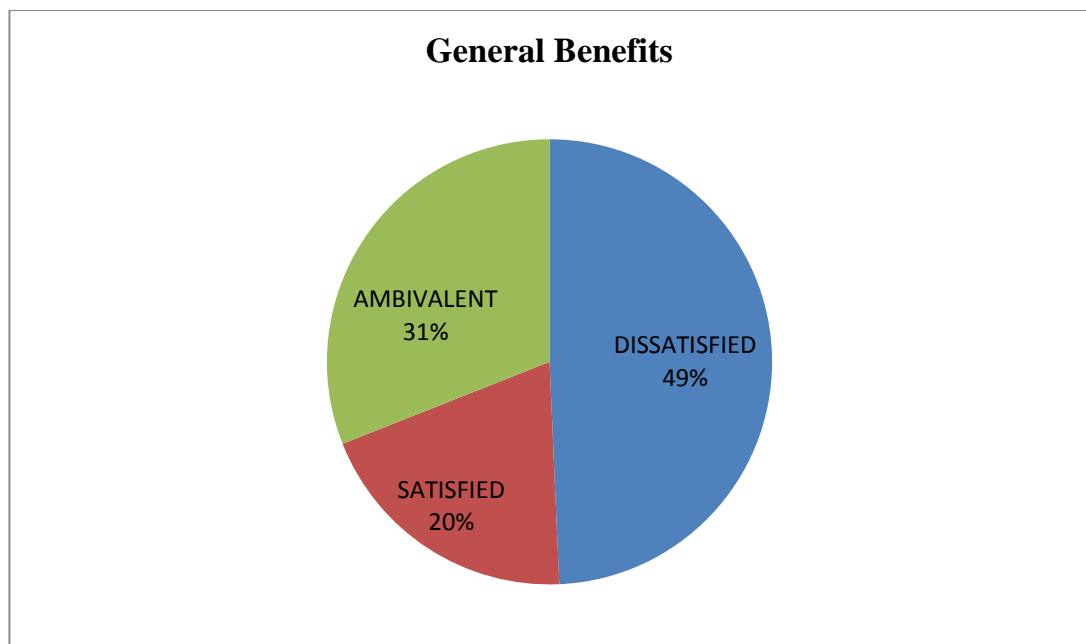
4. General Benefits:

Benefits from a job may broadly be defined in terms of increases or bonuses. This factor is one of the sources of job-satisfaction.

It is observed from the table that from a total of 300 respondents, 148 respondents representing 49.3 percent were dissatisfied, with an average score of 9.02, ranging between 4 to 12 scores. 59 respondents representing 19.7 percent were satisfied, with an average score of 17.32, and their range being 16

to 23 scores. Remaining 93 respondents representing 31 percent were ambivalent, with an average of 14.04, ranging between 13 to 15. From the above analysis it is evident that a majority of the respondents are dissatisfied with the General Benefits, which means there is limited additional benefits for the nurses.

Exhibit : 5



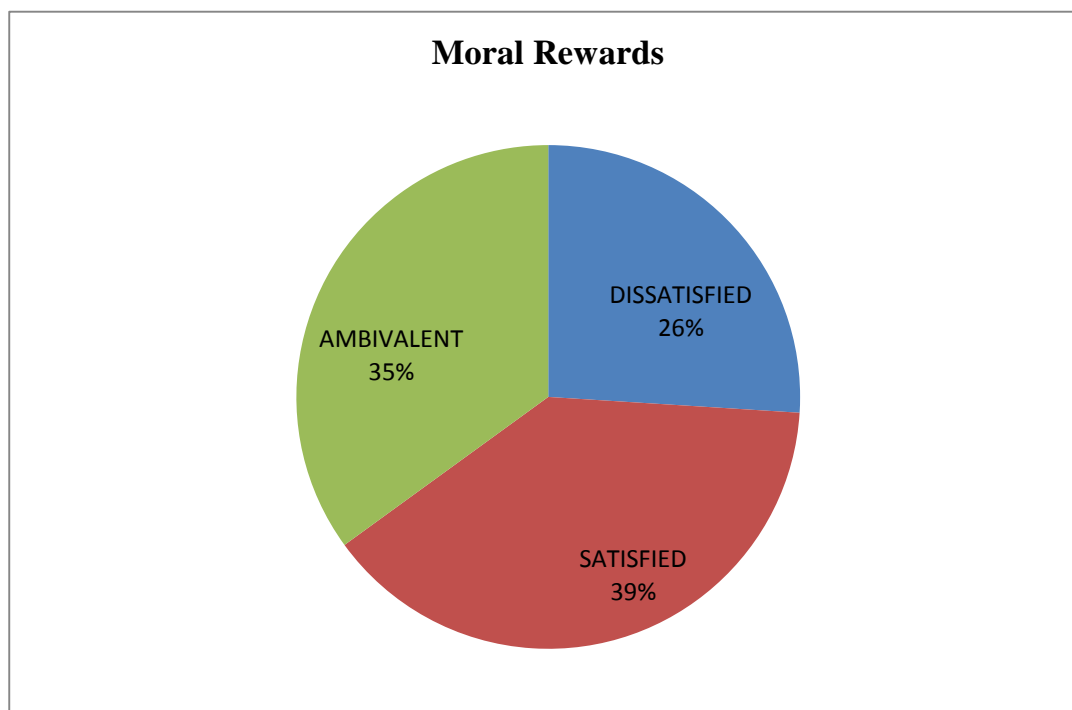
5. Moral Rewards

Rewards and incentives in the workplace have benefits for both employees and employers. When recognized for stellar performance and productivity, employees have increased morale, job satisfaction and involvement in organizational functions. As a result, employers experience greater efficiency and an increase in sales and productivity. Through workplace rewards and incentives, employers and workers enjoy a positive and productive work environment.

It is observed from the above table that that from a total of 300 respondents, 78 respondents representing 28 percent were dissatisfied, with an average score of 10.17 and their range being 5 to 12 scores. 117 respondents representing 39 percent were satisfied, with an average score of

17.97, ranging between 16 to 24 scores. Remaining 105 respondents representing 35 percent were ambivalent, with an average score of 14.09, and their range being 13 to 15 scores. Therefore, a majority of the respondents are satisfied with the Moral Rewards. Which suggests that there is recognition and appreciation for nursing job in hospitals of Nagaland.

Exhibit : 6



6. Operating condition

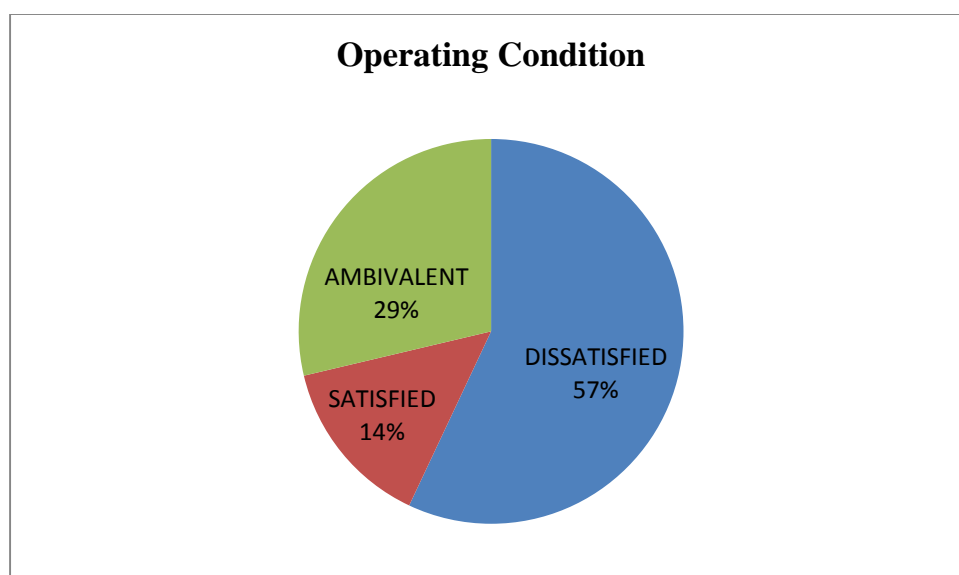
The operating condition of any workplace is very important in influencing the level of job-satisfaction of the employees. A healthy working environment motivates employees to work more efficiently.

The study reveals that out of 300 respondents, more than half 171 respondents representing 57 percent were dissatisfied, with an average score of 9.64 and their range being 5 to 12 scores. Only 43 respondents representing 14.3 percent were satisfied, with an average score of 17.11, ranging between 16 to 22 scores and the remaining more than a quarter 86 respondents representing

28.7 percent were ambivalent, with an average score of 13.73 ranging between 13 to 15 scores.

Hence, it is found that a majority of the nurses are dissatisfied with the Operating conditions because of work overload.

Exhibit : 7



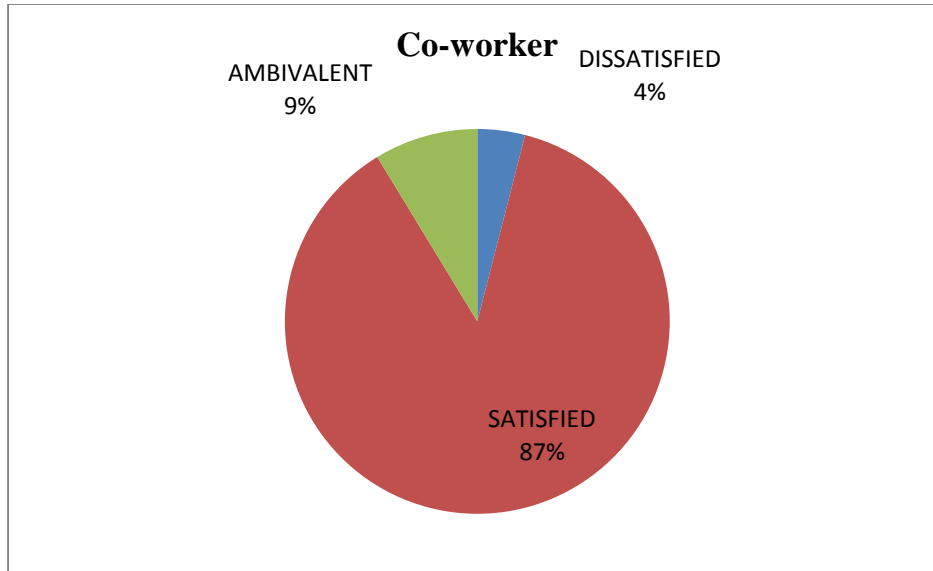
7. Co-workers

Co-workers play an important part in influencing the level of job-satisfaction. Social interaction at the workplace helps people to share their views and values. People with similar attitudes and values have less friction on day-to-day interactions.

The survey data reveals that from a total of 300 respondents, 12 respondents representing 4 percent were dissatisfied, with an average score of 11.08 and their range being 9 to 12 scores. 262 respondents representing 87.3 percent were satisfied, with an average score of 20.22, ranging between 16 to 24. Remaining 26 respondents representing 8.7 percent were ambivalent, with an average score of 14.23, ranging between 13 to 15.

From the above discussion it has become evident that the nurses are satisfied with 'Co-workers'. This suggests that there is a friendly atmosphere among the nurses in the workplace.

Exhibit : 8



8. Nature of work

Most employees crave intellectual challenges on jobs. They tend to prefer being given opportunities to use their skills and abilities and being offered a variety of tasks, freedom, and feedback on how well they are doing. These characteristics make jobs mentally challenging. Jobs that have too little challenge create boredom. But too much challenge creates frustration and a feeling of failure. Under conditions of moderate challenge, employees experience pleasure and satisfaction.

A satisfying nature of job is itself influenced by organizational factors. The nature of work and work climate are strong predictors of expectancy. It has been observed that group level task interdependence, increases the feeling of boredom and monotony. On the other hand, when jobs are challenging in nature, enhance the skills of employees, carry out innovative tasks, better prospects and freedom, they create an environment of satisfactory. Qualification of an

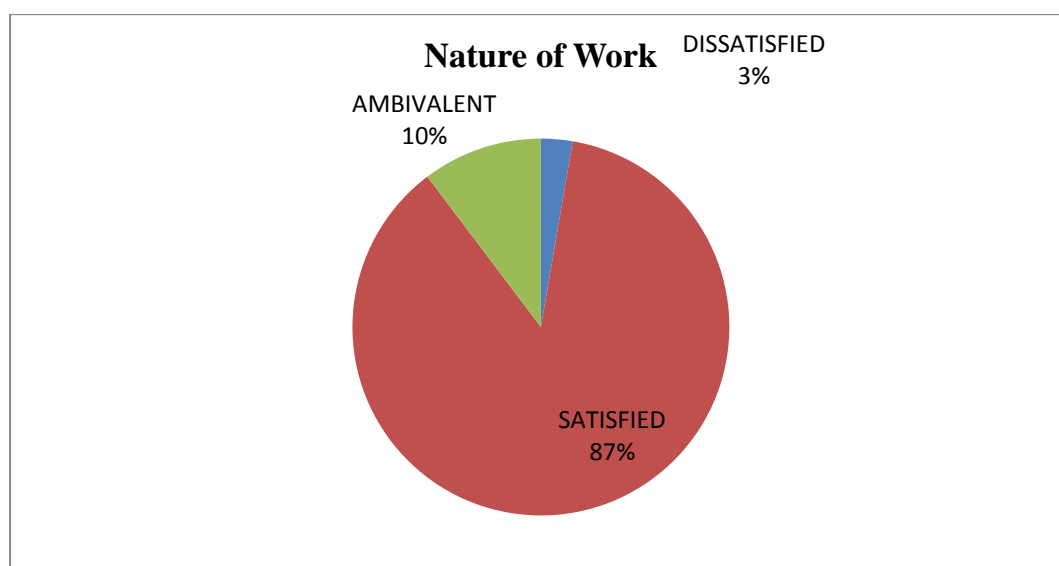
employee must match his job, if he feels that his qualification is matched with his job, naturally he will be satisfied.

Job satisfaction with work itself often results when the employee can control the pace and method of operating on the job, can utilize skills and abilities in a variety of ways, and can complete identifiable whole jobs. Work satisfaction is greater for employees with a high status job that fully utilizes their skills and talents and calls for high standards of performance.

It is observed from the above table that out of 300 respondents, only 8 respondents representing 2.7 percent were dissatisfied, with an average score of 11.5 and their range being 10 to 12 scores. More than three fourth 261 respondents representing 87 percent were satisfied, with an average score of 20.94, ranging between 16 to 24 scores. Remaining 31 respondents representing 10.33 percent were ambivalent, with an average score of 14.45, and their range being 13 to 15 score.

It is evident from the above discussion that nurses are satisfied with the nature of work. Nurses revealed that job contents are attractive and pleasant in hospitals.

Exhibit: 9

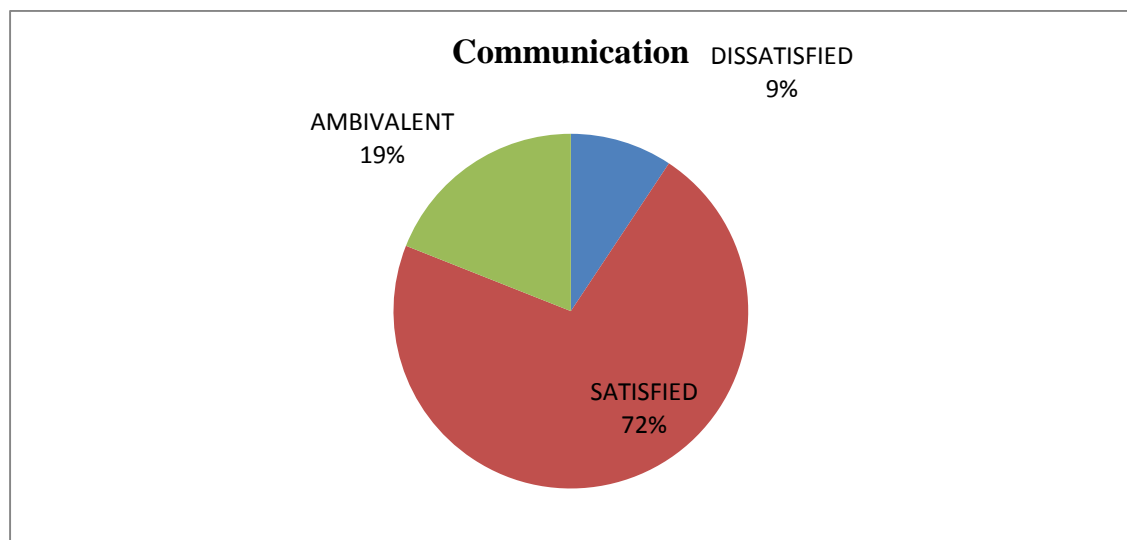


Communication

Interaction between employees in any workplace helps the employees to gain a sense of social life within the workplace. Hence this forms an important factor in influencing the level of job-satisfaction.

The survey data reveals that out of 300 respondents, 28 respondents representing 4 percent were dissatisfied, with an average score of 10.57 ranging between 7 to 12 scores. 215 respondents representing 71.7 percent were satisfied, with an average score of 19.06, ranging between 16 to 24 scores. Remaining 57 respondents representing 19 percent were ambivalent, with an average score of 14.17, and their range being 13 to 15 scores. Thus, a majority of the nurses are satisfied with communication within the organisation. There is a well defined goal and adequate explanation of the assignment of work in most hospitals of Nagaland.

Exhibit : 10



It is inferred, that the Nurses seemed highly satisfied on various work-related aspects such as "Supervision", "Co-workers", "Nature of work", and "Communication". On the other hand, they seemed highly dissatisfied over other aspects like "Promotion", "General Benefits", and "Operating Conditions". The nurses had mixed reviews on the topic of "Salary" with about the same percentages on both 'satisfied' and 'dissatisfied'.

CHI SQUARE TEST FOR GOODNESS OF FIT

With regard to satisfied nurses, chi square test for goodness of fit has been calculated in order to ascertain whether the average Job Satisfaction are in agreement with the belief that job satisfaction scores were the same across the nine facets or components of Nurses' Job Satisfaction. For this purpose AJSS of the satisfied respondent (from table 3.4) have been considered as observed or experimental variables against which expected or theoretical variables were computed the following hypothesis were formulated and tested to arrive at the conclusion.

Null hypothesis: H_0 : AJSS were same across the nine facets

Alternative: H_a : AJSS were not same across the nine facets.

Table 3.4

Analysis of sample data

O	E	(O-E) ²	(O-E) ² /E
18.03	9	81.5409	9.0601
17.67	9	75.1689	8.3521
20.57	9	133.8649	14.87387778
17.32	9	69.2224	7.691377778
17.97	9	80.4609	8.9401
17.11	9	65.7721	7.308011111
20.22	9	125.8884	13.9876
20.94	9	142.5636	15.8404
19.06	9	101.2036	11.24484444
			97.29841111

df= 9-1 = 8 and level of significance , α = 5%

Since the calculated value of $\chi^2 = 97.29$ which is more than the critical values, i.e, $\chi^2 = 15.507$ at 5% level of significance. Hence, the null hypothesis H_0 is rejected and the alternative hypothesis H_a i.e. AJSS were not same across the nine facets is accepted. Thus, it is concluded that the AJSS of the satisfied sample nurses vary across the nine facets or components of nurses Job Satisfaction.

SECTION IV

DEMOGRAPHIC PROFILE OF THE RESPONDENTS AND THEIR RESPONSES

This section deals with socio economic and personal characteristics of the nurses who were the participants in this research study and their response in term of satisfaction and dissatisfaction with their job.

1. Educational Qualification and Job satisfaction of nurses

The qualification of the nurses who were chosen for this study were divided into four categories : Below Matriculate, Matriculate, Higher Secondary and Graduate. Table 3.5 reveals that from a total of 300 respondents, 4 respondents representing 1.3 percent were below matriculate, 75 respondents representing 25 percent had matriculate qualification, 199 respondents representing 66.3 percent had Higher Secondary qualification, and 22 respondents representing 7.3 percent were graduates.

Table : 3.5
Educational Qualification and Job satisfaction of nurses

Education Qualification	Total	Dissatisfied			Satisfied			Ambivalent		
		AJSS	Below AJSS	Above AJSS	AJSS	Below AJSS	Above AJSS	AJSS	Below AJSS	Above AJSS
Below Matriculate	4 (1.3%)	0	0	0	154	1	1	140	1	1
Matriculate	75 (25%)	107	0	0	156.1	20	13	133.9	26	15
Higher Secondary Passed	199 (66.3%)	99.7	4	5	154.9	47	33	131.9	49	62
Graduate	22 (7.3%)	0	0	0	157.7	4	4	127.5	7	8

Source: Field survey

Out of 4 respondents Below Matriculate, 2 respondents were satisfied with their job, with an average score of 154, while, remaining 2 respondents were ambivalent with an average score of 140.

Out of 75 respondents belonging to matriculate, 33 respondents were satisfied with their job, with an average score of 156.1. For Job Dissatisfied the average score was 107 and for Ambivalent the average score was 133.9.

For the Higher Secondary category, 9 respondents were dissatisfied with their job, with an average score of 99.7. 79 respondents were satisfied with the job, with an average score of 154. Remaining 111 respondents were ambivalent with an AJSS of 131.9.

For the graduate group, 8 respondents were satisfied with their job with an AJSS of 157.7. Remaining 15 respondents were ambivalent with an AJSS of 127.

Thus, it is inferred that respondents across the educational qualification that majority of the respondents numbering 169 are ambivalent. 119 respondents were satisfied and only 12 respondents, who were secondary passed, dissatisfied with their job.

2. Gender wise Job satisfaction of nurses

It may well be said that women, despite having strong psychological attachment to work have lower expectations and therefore employ different social comparison processes to men when evaluating the jobs. There is some evidence that job-characteristics have a different impact on men and woman.

Table 3.6 Gender wise gives Job satisfaction of nurses

Table 3.6
Gender wise Job satisfaction of nurses

Gender	Total	Dissatisfied			Satisfied			Ambivalent		
		AJSS	Below AJSS	Above AJSS	AJSS	Below AJSS	Above AJSS	AJSS	Below AJSS	Above AJSS
Male	6 (2%)	0	0	0	150	1	2	125	1	2
Female	294 (98%)	104.4	6	4	155.5	69	49	132.2	69	97

Source: Field survey

It is observed that large majority of 294 respondents representing 98 percent were Female and only 6 respondents representing 2 percent were Male. Out of 6 male respondents, 3 respondents opined that they were satisfied with their jobs with an average score of 150 while remaining three were ambivalent; out of 294 female respondents, 10 respondents were dissatisfied with their jobs, 118 respondents were satisfied with an average score of 155.5 and 166 respondents were ambivalent .

Thus, it is inferred that majority of the male and female nurses were satisfied with their job. But female nurses have higher level of job satisfaction as compared to male nurses.

3. Age and Job satisfaction of nurses

In the past, for many years no relationship between age and job-satisfaction was consistently identified. Now, there seems to be a growing amount of evidence that there is a relationship. Perhaps one would expect the relationship to be linear, i.e. older employees reporting higher levels of job-satisfaction than younger employees. But the relationship appears to be more complex than this. Recent studies suggest the relationship is U-shaped. Very young employees report higher levels of satisfaction than those in their late 30s. Job satisfaction seems to rise again, with older employees reporting higher levels of job satisfaction.

The respondents were divided into four groups based on their age groups: 20-30, 30-40, 40-50 and 50 above.

Table 3.7

Age and Job satisfaction of nurses

Age in Year	Total	Dissatisfied			Satisfied			Ambivalent		
		AJSS	Below AJSS	Above AJSS	AJSS	Below AJSS	Above AJSS	AJSS	Below AJSS	Above AJSS
20-30	131 (43%)	98.6	4	4	157.0	26	19	131.2	35	43
30-40	65 (21.7%)	0	0	0	153.2	16	9	131.5	18	22
40-50	75 (25%)	107.5	1	1	154.2	23	14	133.5	17	19
50 Above	29 (9.7%)	0	0	0	155.7	6	8	135	6	9

Source: Field survey

From the above table 3.7 it is observed that 131 respondents representing 43 percent belonged to the 20-30 age groups. In this group, 8 respondents were dissatisfaction, 45 respondents were satisfied with AJSS as 157.7 and 78 respondents were ambivalent. 65 respondents representing 21.7 percent belonged

to the 30-40 age groups. In this group, 25 respondents were satisfied with AJSS as 153.2 and 40 respondents were ambivalent about it. 75 respondents representing 25 percent belonged to the 40-50 age groups. In this group, 2 respondents were dissatisfied with their jobs, 37 respondents were satisfied with AJSS as 154.2 and 36 respondents were ambivalent. Remaining 29 respondents belonged to 50 above age groups, 14 respondents were satisfied with AJSS as 155.7 and 15 respondents were ambivalent about it.

Hence, it is inferred that respondents with regard to the age, that majority of the respondents 169 representing 56 percent were ambivalent, 121 respondents representing 40 percent were satisfied and only 10 respondents representing 3 percent were dissatisfied. However, respondents belonging to the age group of 20-30 have a higher level of job satisfaction than the others.

4. Marital Status and Job Satisfaction of nurses

The respondents were divided into two groups based on their marital status. 50 percent (150 respondents) belonged to each group.

Table 3.8

Marital Status and Job Satisfaction

Marital Status	Total	Dissatisfied			Satisfied			Ambivalent		
		AJSS	Below AJSS	Above AJSS	AJSS	Below AJSS	Above AJSS	AJSS	Below AJSS	Above AJSS
Single	150 (50%)	115.2	3	1	154.7	42	27	133	68	11
Married	150 (50%)	100.5	5	3	156	32	22	131.3	39	51

Source: Field survey

It is observed from the table 3.8 that out of 150 unmarried respondents, 7 respondents were dissatisfied with their job, 53 respondents were satisfied with AJSS as 154.7 and the remaining 90 respondents were ambivalent about it. On the other hand, among the Married respondents, 3 respondents were dissatisfied with their job, 68 respondents were satisfied with AJSS as 156.0 and 79 respondents were ambivalent.

Thus, it is inferred that most of the unmarried and married nurses were satisfied with their job; yet, married nurses have higher level of job satisfaction as compared to unmarried or single nurses.

5. Motherhood and Job satisfaction of nurses

The information regarding the number of children and their ranges in age is not only a mathematical, but also a Malthusian enquiry in respect of the responsibility for rearing children and the financial burden attached to their various needs such as schooling, depending on their number and their ages. These concerns impact on nurses' motivation, job satisfaction and attitudes towards their work.

Table 3.9

Motherhood and Job satisfaction of nurses

Number of Children	Total	Dissatisfied			Satisfied			Ambivalent		
		AJSS	Below AJSS	Above AJSS	AJSS	Below AJSS	Above AJSS	AJSS	Below AJSS	Above AJSS
Nurse Not having Children	155 (51.7%)	98.6	4	4	156.2	34	21	131.3	41	51
Nurse Having Children	145 (48.3%)	107.5	1	1	154.7	38	28	133.1	32	45

Source: Field survey

Nurses were also classified into two groups on the basis of nurses' without having children and nurses having children. Among the Nurses' not having children, 8 respondents were dissatisfied with their job, 55 respondents were satisfied with AJSS as 156.2 and 92 respondents were ambivalent. But among nurses, having children, 2 respondents were dissatisfied with their job, 66 respondents were satisfied with AJSS as 154.7 and 77 respondents were ambivalent on the subject.

Thus, it can be inferred that the nurses with no children have a higher level job satisfaction than nurses with children, which is evident from the AJSS of 156.2 compared to the lower score of 154.7 for nurses having children.

6. Place of residence and Job Satisfaction of nurses

The respondents were divided into two groups based on their place of permanent residences as village or town.

Table 3.10

Place of residence and Job Satisfaction of nurses

Place of Permanent Residence	Total	Dissatisfied			Satisfied			Ambivalent		
		AJSS	Below AJSS	Above AJSS	AJSS	Below AJSS	Above AJSS	AJSS	Below AJSS	Above AJSS
Village	75 (25%)	101.5	1	1	157.4	12	9	130.2	21	31
Town	225 (75%)	100.1	4	4	154.9	56	44	133	52	67

Source: Field survey

It is observed from table 3.10 that out of 300 sample respondent, 75 respondents representing 25 percent were from villages, while 225 respondents representing 75 percent were from the town. Out of the 75 respondents from village areas, 2 respondents were dissatisfied with their job, 21 respondents were satisfied with AJSS, and 52 respondents were ambivalent about it. Among the nurses from town areas, 8 respondents were dissatisfied with their job, 100 respondents were satisfied AJSS, and the remaining 119 respondents were ambivalent.

Thus from the above analysis, it is inferred that nurses belonging to village areas were more satisfied than the nurses from the town areas. This is evidenced from AJSS of 157.4 for nurses belonging to villages as compared to the AJSS of 154.9 for nurses belonging to town areas.

7. Monthly income and job satisfaction of nurses

On the basis of their monthly income, the respondents were classified into 5 categories viz Upto Rs. 5000, Rs. 5000-15000, Rs. 15000-25000, Rs. 25000-40000 and above Rs. 40000.

Table 3.11

Monthly income and job satisfaction of nurses

Monthly Income	Total	Dissatisfied			Satisfied			Ambivalent		
		ASS	Below ASS	Above ASS	ASS	Below ASS	Above ASS	ASS	Below ASS	Above ASS
Upto Rs 5000	14 (4.7%)	0	0	0	153.4	5	5	131.2	2	2
Rs. 5000 - Rs. 15000	128 (42.7%)	98.6	4	4	156.8	24	18	131.2	35	43
Rs 15000 - Rs 25000	37 (12.3%)	0	0	0	151.6	10	2	131.5	11	14
Rs 25000 - Rs 40000	61 (20.3%)	108	0	0	154.5	13	11	134.6	16	20
Above Rs. 40000	60 (20%)	107	0	0	154.5	20	13	132.2	10	16

Source: Field survey

It is observed from the table 3.11 that there were 14 respondents with monthly income of Rs upto 5000. Of which 10 respondents were satisfied with AJSS as 153.4 and remaining 4 respondents were ambivalent. None were found to be dissatisfied in this category. There were 128 respondents with monthly income ranging between Rs. 5000-15000, of which 8 respondents were dissatisfied with their job, 42 respondents were satisfied with AJSS as 156.8 and remaining 78 respondents were ambivalent. 37 respondents were monthly income between Rs. 15000-25000. Out of these respondents, 12 respondents were satisfied with AJSS as 151.6 and 25 respondents were ambivalent. While there are none dissatisfied respondent in this category, with monthly income of Rs. 25000-40000, there were 61 respondents, out of which, 1 respondent was dissatisfied with the job, and 24 respondents were satisfied with AJSS as 154.5 and the remaining 36 respondents were ambivalent. Above Rs. 40000 income per month there were 60 respondents, of which, 1 respondent was dissatisfied with their job, and 33 respondents were satisfied with AJSS as 154.5 and the remaining 26 respondents were ambivalent.

Thus, it is inferred that majority of the respondents irrespective of their monthly income were ambivalent representing 56 percent. 121 respondents representing 40 percent were satisfied and only 10 respondents representing 3 percent were dissatisfied. However, nurses getting monthly income between Rs. 5000 – Rs. 15000 were more satisfied with their job than the others as it is evident from their AJSS.

CHAPTER: 4

NURSES' PREFERENCE AND SATISFACTION WITH JOB: A COMPARISON BETWEEN GOVERNMENT AND PRIVATE HOSPITALS

INTRODUCTION

Job satisfaction is one of the main factors in overall life satisfactions. Internationally, job satisfaction is one of the most researched topics in psychology. The reason for the popularity of the subject is not hard to explain. Most individuals spend a large part of their working lives at work; therefore, an understanding of factors involved in job satisfaction is relevant to improving the well-being of most of them. Another valid reason for investigating job satisfaction is the belief that increasing job satisfaction will increase productivity, particularly in the private sector but not least of all in the Government sector as well. Being happy coupled with improving one's performance could not be clearer or more evident than in "group professions" such as nursing. Because nurses work in cooperative situations, job satisfaction creates a psychological symbiosis. This is a process by which people supplement one another's psychological capabilities and resources to maintain the level of mental functioning deemed appropriate for the group to which they belong.

The nurses in Nagaland state crave to get into a government job. The level of comfort as well as the prestige and security of a government job has no match. Trained nurses generally seek job in government hospitals instead of working in the private hospitals. This is mainly due to the fact that Government hospitals have the minimum work load and provide a lot of comfort as compared to private hospitals. Nurse working in government hospital knows exactly which days he is going to work and for how long, hence providing a more relaxed as well as satisfactory life style. There is very little chance that any government nurse will ever lose his/ her job. In most of the cases, the job is retained until the individual is eligible for retirement. However, we cannot rule out the private

hospitals as something that does not offer any benefits to its employees. There are some obvious advantage while working in private hospitals. For instance, The government hospital is known for taking a lot of time in making decisions about new recruitments, while the private hospitals functions much faster, working in the private hospitals, Nurses can surely climb the ladders of success as per their ability and thus their income will also get enhanced over time and There is more scope of growth and development in the private Hospitals.

This chapter describes vividly the various reasons for the preference of government and private hospitals by nurses along with their satisfaction level. For better understanding, Component wise job satisfaction analysis has been done and nurses job satisfaction index has also been work out separately for government and private hospitals.

REASONS FOR PREFERENCE OF GOVERNMENT AND PRIVATE HOSPITALS

There could be some obvious reasons for preferring government job or private job. These reasons vary from person to person. But reasons for the preference of either government or private job do have implication on their level of job satisfaction. In this part of the chapter an attempt has been made to identify the reasons for their preference of service. Altogether Ten (10) reasons were stated in the questionnaire administered to the sample respondents. Each respondent was asked to choose any five out of ten reasons and rank them according to his/her choice. Weights from 5 to 1 were allotted in the order of 1st rank to 5th rank and weighted score for each reason was arrived at. For easy comparison, the average weighted scores per respondents was also calculated. Then all the reasons were ranked in the order of the weighted scores that each reason acquired.

Table 4.1**Reason for preference of Government/Private Hospitals**

Sl. No	Reason	Government		Private	
		Weighted Score	Rank	Weighted Score	Rank
1	Good salary	509(3.39)	1	99(0.67)	7
2	Better allowance	300(2.00)	2	51(0.32)	9
3	Fringe benefits like accommodation and transportation	75(0.5)	10	75(0.5)	8
4	Good working conditions	290(1.93)	3	458(3.05)	2
5	Enough nurses on each shift	212(1.41)	6	203(1.35)	5
6	Effective communication system	179(1.19)	7	326(2.17)	4
7	Opportunity for capacity building	133(0.88)	8	145(0.96)	6
8	Promotion scope	215(1.43)	4	23(0.166)	10
9	Easy to get Job	117(0.78)	9	393(2.62)	3
10	Location advantage	213(1.42)	5	476(3.17)	1

Note: Figure in brackets are average Scores.

Source: Field Survey

1. Reasons for preferring Government Hospitals

The reasons for Preferring Government hospitals by 150 respondents along with their respective weighted scores and their order among the stated reasons are given in Table 4.1. It has been observed from the above that ‘Good Salary’ was accorded the first rank as the reason for preferring Government hospital, with the highest score of 509, the average weighted score being 3.39 per respondent. There is a vast difference of 209 between the scores accorded to the first reason and the second foremost reason. The second foremost reason namely, ‘Better allowance’ has accrued weighted score of 300 with average weighted score of 2.00 per respondent. The next rank falls on the reason namely, ‘Good working conditions’ with a weighted score of 290. The average weighted score for this third reason is 1.93 per respondent. The fourth rank was accorded to the reason namely; ‘Promotion scope’ with total weighted score 215 and the average weight score per respondent was 1.43. ‘Location advantage’ has been accorded the fifth rank with weighted score of 213 and average weight score of 1.42 per respondents. ‘Enough nurses on each shift’ was awarded sixth rank with weight score of 212 and the average weighted score of 1.41 per respondents. ‘Effective communication system’ has emerged as the seventh reason for preferring Government service with a weighed score of 179 and the average weighed score of 1.19 per respondent.

The eight reason for preferring Government hospital by the respondent is, ‘Opportunity for capacity building’ with a weighted score of 133 and the average weighed score of 0.88 per respondents. ‘Easy to get Job’ has gained weighted score of 117, with an average score of 0.78 and emerged as the ninth reason for preferring Government service. The last rank awarded to the tenth reason namely, ‘Fringe benefits like accommodation and transportation’ with a weighted score of 75 and average weighted score of 0.5 per respondent.

Thus the most popular advantage of Government hospital is providing ‘Good salary’ and ‘better allowance’ come next. The third, fourth and fifth motivating

factors have been the ‘Good working conditions’, ‘Promotion scope’ and ‘Location advantage’ respectively. The rest of the reasons are not strong enough to attract the nurses to Government service, as the scores gained by such reasons are negligible.

2. Reasons for preferring Private hospitals

The motivating factors that prompted the nurses for preferring Private hospital have been mentioned in Table 4.1.

It is observed from the table 4.1 that ‘Location advantage’ has been the foremost reason for preferring private service by the respondents. The weighted score for this is 476 with an average weighted score of 3.17. The second rank has been awarded to ‘Good working condition’. The weighted score for this is 458 with an average weighted score of 3.05 per respondent. ‘Easy to get job’ has been awarded the next rank with weighted score 393 and averaged weighted score of 2.62 per respondent. The fourth rank is awarded to ‘Effective communication system’ with weighted score of 326 and an average weighted score of 2.17 per respondent. The fifth reason for preferring private hospital by the respondents has been ‘Enough nurses on each shift’ with a weighted score of 203 and an average weighted score of 1.35 per respondent. The sixth rank has been awarded to ‘Opportunity for capacity building’ with a weighted score of 145 with an average weighted score of 0.96 per respondent. The seventh reason has been ‘Good salary’ for preferring private hospital with weighted score of 99 and average weighted score of 0.67. The eight rank has been accorded to ‘Fringe benefits like accommodation and transportation’ with a weighted score of 75 and an average weighted score of 0.5 per respondent. The ninth rank has been awarded to ‘Better allowance’ with a weighted score of 51 and an average weighted score of 0.34 per respondent. The other reasons have been awarded the last rank with a weighted score of 23 and an average weighted score of 0.166 per respondents.

Thus it is inferred that the most popular advantage of private hospital is 'Location advantage', followed by 'Good working condition' and then 'Easy to get job'. The fourth and fifth motivation factors for preferring private service have been 'Effective communication system' and 'Enough nurses on each shift'. The rest of the reasons stated are not strong enough.

To attract the Nurses to private service as the scores gained by such reasons are negligible.

EXTENT OF NURSES JOB SATISFACTION IN GOVERNMENT AND PRIVATE HOSPITALS

In order to investigate into the nurses' job satisfaction, a comparative study between Private and Government hospitals has been undertaken in identified districts of Nagaland. Nurses' Job Satisfaction on the various aspects is abstract and qualitative. It cannot be measured directly like that of the satisfaction derived from the delivery of tangible goods.

It can be measured only indirectly through their opinion or responses to various aspects of their service. A scale by name "Nurses Job Satisfaction Scale" has been constructed to measure the level of satisfaction of each nurse respondent separately for government and private hospitals. The scale is a Likert type-five points scale (Different from the Paul Spector Job Satisfaction Scale used in chapter 3) containing 29 items relating to the various aspects of job satisfaction. Under this scale, the respondent was asked to respond to each of the statements in terms of several degrees, usually five degrees of agreement or disagreement. For instance, when asked to express opinion whether one considers his/her job enjoyable, the respondent may respond in any one of the following ways.

1. Strongly agree
2. Agree
3. Uncertain
4. Disagree
5. Strongly Disagree

These five points constitute the “Nurses Job Satisfaction Scale”. At one extreme of the scale there is ‘strongly agree’ with given statement and at the other, ‘strongly disagree’, and between them lie intermediate points.

The 29 items that have been considered under Nurses’ Job Satisfaction Scale for measuring the extent of Nurses’ are grouped under the six heads given below, with number of items under each head in brackets.

1. General Satisfaction (7)
2. Opportunity to Develop (6)
3. Responsibility (3)
4. Patient Care (3)
5. Time Pressure (3)
6. Staff Relations (7)

The responses of the respondent to the items have been recorded on five degrees and satisfaction. The most desired response is awarded four scores and the least zero. Thus, the Nurses Job Satisfaction Scale has maximum score of 116 (29X4).

Table 4.2

Extent of Nurses Job Satisfaction in Government and Private Hospitals

Type of Hospital	AJSS	Range	No of Respondent	
			Above ASS	Below ASS
Government	71.8	52-96	90	60
Private	70.2	44-93	74	76

Source: Field Survey

It has been observed from Table: 4.2 that the average job satisfaction scores (AJSS) of 150 sample respondents in Government Hospitals is 71.8 and the individual scores range from 52 to 96. The number of respondents below and above the AJSS is 90 and 60 respectively. As the average job satisfaction score is 71.8 out of the maximum of 116, it is inferred that Nurses are satisfied with their job in Government Hospitals.

While in the case of Private Hospitals the average job satisfaction scores of the sample respondents is 70.2 and the individual scores range from 44 to 93. The number of respondents above the average satisfaction score were 74 and 76 were below the average job satisfaction score (AJSS). As the average Job Satisfaction Score (AJSS) is 70.2 out of the maximum of 116, it is inferred that Nurses are satisfied with regard to Private hospitals too. However, as the mean job satisfaction score is lesser for Private hospitals than Government hospitals it can be inferred that the respondents are relatively less satisfied with their Job in private hospitals than in Government hospitals.

LEVEL OF NURSES' JOB SATISFACTION BETWEEN GOVERNMENT AND PRIVATE HOSPITALS

The respondents have been grouped into three categories, based on their level of satisfaction as shown in Table: 4.3. Nurses with less than 25 percent of the total scores (0-29) have been grouped into 'Low Satisfaction' category. Nurses with total scores between 26 percent and 75 percent (30 to 87 scores) under 'Medium Satisfaction' category, while the respondents with above 75 percent (above 88 scores) of the total scores in the 'High Satisfaction' category.

Table 4.3

Level of Nurses' Job Satisfaction between Government and private hospitals

Level of Satisfaction	Government	Private
Low	NA	NA
Medium	147(98%)	145(96.7%)
High	3(2%)	5(3.3%)
Total	150	150

Source: Field Survey

In the case of Government hospitals, out of 150 respondents, none of the respondents belonged to low level job satisfaction Category. There were 147 respondents representing 98 percent in the "Medium level of Job Satisfaction" group and 3 respondent representing 2 percent in the "High level of Job Satisfaction" group.

With regard to private hospitals, out of 150 respondents, 145 respondents were in “Medium level of Job Satisfaction” group consisting 96.7 percent and 5 respondents representing 3.3 percent of the sample is in “High level of Job Satisfaction” group. None of the respondents fall under ‘low level of job satisfaction’ even in private hospitals.

It is, therefore, inferred that the nurses are satisfied with their jobs in both Government and Private hospitals. However, there has been a marginal increase in the number of highly satisfied nurses for private hospitals as compared to government hospitals. Whereas it was reverse in the case of medium level satisfied nurses.

RESPONDENTS PERSONAL FACTORS AND NURSES’ JOB SATISFACTION

This part of analysis aims at relating the nurses’ job satisfaction in government and private hospitals with their socio economic and personal factors such as educational qualification, gender, age, marital status, place of permanent residence and monthly income.

Relation between Educational Qualification and Nurses’ Job Satisfaction

The level of education influences one’s capacity to think objectively and the level of maturity. It is expected that a person with higher formal education will be more objective about the various aspects of nurse’s job satisfaction such as opportunity to develop, responsibility, pressure care and staff relations than the others.

The Nurses’ Satisfaction of the respondent has been studied with regard to their educational level, viz.

- a) Below Matric
- b) Matriculate
- c) Higher Secondary
- d) Graduate

Table 4.4 Shows that there were 4 respondents Below Matriculate, 62 respondents were matriculate, 75 respondents were with higher secondary qualification and 9 respondents were with graduate qualification for Government hospitals. For private hospitals none of the respondents were below matriculate, 13 respondents were Matriculate, 124 respondents were higher secondary qualified and 13 respondents were Graduate. The average job satisfaction score of below matriculate is 66.25 for Government hospitals. The satisfaction score of 1 respondent where above the average score and 3 respondents were below the average satisfaction score in case of Government hospital.

Table 4.4
Relationship between Educational Qualification and Nurses Job
Satisfaction

	No of Respondents		Satisfaction Score of Government		Satisfaction Score of Private	
	Government	Private	AJSS	SD	AJSS	SD
Below Matriculate	4	NA	66.25	4.19	NA	NA
Matriculate	62	13	72.82	5.79	75.53	8.25
Higher Secondary	75	124	71.46	7.47	69.88	8.60
Graduate	9	13	71.55	6.34	67.84	13.40

Source: Field Survey

The average job satisfaction score of 62 and 13 matriculate for Government and private hospitals are 72.82 and 75.53 respectively. The satisfaction score of 37 respondents were above and 25 respondents were below the average job satisfaction score in case of Government hospitals. But 7 respondents were above and 6 respondents were below the average satisfaction score for private hospital. The mean satisfaction score of higher secondary qualified respondents is 71.46 and 43 respondents were above and 32 respondents were below mean satisfaction score for Government hospitals. But the mean satisfaction score for the respondents in this group is 69.88 while 71 respondents were above and 53 respondents were below mean satisfaction score for Government hospital. Out of 300 respondents for graduate, 9 respondents were from Government and 13 respondents were from private hospital. The average satisfaction score is 71.55 and 69.88 for Government and private hospital respectively. The number of respondent above and below the average satisfaction score were 6 and 3 respectively for Government hospital and 7 and 6 respectively for private hospital.

It is inferred that, the respondents with education qualification of higher secondary and graduate were more satisfied in government hospitals than private hospitals, while respondents with education qualification of matriculate were more satisfied in private hospitals than government hospitals.

Chi Square Test

Ho: Nurses in Government hospitals are not more satisfied with their job in terms of their educational qualification as compared to nurses in Private hospitals

H1: Nurses in Government hospitals are more satisfied with their Job in terms of their educational qualification compared to nurses in private hospitals.

Observed Frequency

Educational Qualification	Satisfaction Score in Government Hospitals	Satisfaction Score in Private Hospitals	Total
Graduate	71.5	67.84	139.34
Under Graduate	71.91	70.41	142.32
Total	143.41	138.25	281.66

Expected Frequency

Educational Qualification	Satisfaction Score in Government Hospitals	Satisfaction Score in Private Hospitals	Total
Graduate	70.94	68.39	139.34
Under Graduate	72.46	69.85	142.32
Total	143.41	138.25	281.66

Expected Frequency for each cell

$$= \frac{139.34 \times 143.41}{281.66} = 70.94$$

$$= \frac{142.32 \times 143.41}{281.66} = 72.46$$

$$= \frac{139.34 \times 138.25}{281.66} = 68.39$$

$$= \frac{142.32 \times 138.25}{281.66} = 69.85$$

Calculating Chi square

$$\chi^2 = \sum \frac{(\text{observed} - \text{expected})^2}{\text{expected}}$$

Where the square of the differences between the observed and expected values in each cell, divided by the expected value, are added across all of the cells in the table.

The distribution of the statistic χ^2 is **chi-square** with $(r-1)$ $(c-1)$ degrees of freedom, where r represents the number of rows in the two-way table and c represents the number of columns. The distribution is denoted χ^2 (df), where df is the number of degrees of freedom.

$$\frac{\text{Graduate}}{\text{AJSS Govt. Hospitals}} = \frac{(71.5 - 70.94)^2}{70.94} = 0.004421$$

$$\frac{\text{Graduate}}{\text{AJSS Pvt. Hospitals}} = \frac{(67.84 - 68.34)^2}{68.34} = 0.003658$$

$$\frac{\text{Undergraduate}}{\text{AJSS Govt. Hospitals}} = \frac{(71.91 - 72.46)^2}{72.46} = 0.004175$$

$$\frac{\text{Undergraduate}}{\text{AJSS Pvt. Hospitals}} = \frac{(70.41 - 69.83)^2}{69.83} = 0.004817$$

$$\begin{aligned} \text{Degree of freedom} &= (\text{No of Row} - 1) \times (\text{No of Columns} - 1) \\ &= (2 - 1) \times (2 - 1) = 1 \times 1 \\ &= 1 \text{ df (degree of freedom)} \end{aligned}$$

At 0.5 significance level with 1 df, the table value is 3.841.

The tabulated value of $\chi^2 = 3.841$. Since the computed value of χ^2 (0.017) is less than the table value of χ^2 at level 5 (3.841), it falls in the acceptance region. Thus the hypothesis “Nurses in Government hospitals are not more satisfied with their job in terms of their educational qualification as compared to nurses in Private hospitals” is accepted.

Relation between Gender and Nurses’ Job Satisfaction

An attempt has been made to study the gender wise level of nurses’ job satisfaction in private and government hospitals.

It has been observed from table 4.5 that female respondents are more satisfied than male respondents in Government hospital. But in private hospital male respondents are more satisfied than female respondents. The average job satisfaction score for female respondents for both Government and private hospital were 71.81 and 70.22 respectively. The number of respondents above and below the average satisfaction score, for both the hospitals were 89 and 60 for Government hospitals and 73 each for private hospitals. The average job satisfaction for male respondents for Government and private were 74.00 and 66.00. The numbers of male respondents above and below the average satisfaction score were 2 and 3 for a private hospital.

It is inferred that both male and female respondents are found to be more satisfied with the Government hospitals in comparison to Private hospitals.

Table: 4.5

Relation between Gender and Nurses Job Satisfaction

	No of Respondents		Satisfaction Score of Government		Satisfaction Score of Private	
	Government	Private	AJSS	SD	AJSS	SD
Male	1	5	71.81	6.75	70.22	9.20
Female	149	145	74	0.68	66	7.79

Source: Field Survey

Relationship between Age and Nurses' Job Satisfaction

The roles people play and the status they enjoy are often determined by age. Salaries and promotions as well as entry to certain positions is determined by age. It is thus understandable that the age of the person will influence job attitudes.

Table 4.6**Relation between Age and Nurses' Job Satisfaction**

	No of Respondents		Satisfaction Score of Government		Satisfaction Score of Private	
Age	Government	Private	AJSS	SD	AJSS	SD
20-30	17	114	67.64	7.60	70.65	9.499
30-40	30	35	71.60	7.36	68.57	8.03
40-50	74	1	72.78	5.81	75.00	1.01
50 above	29	0	72.41	7.09	0	0

Source: Field Survey

In case of Government hospital the average job satisfaction score of 17 respondents was 67.64 belonging to 20-30 years age group and there were 11 respondents above the mean job satisfaction score and 6 below the mean job satisfaction score. There were 30 respondents belonging to 30-40 years age group. Their average satisfaction score was 71.60 and there were 18 respondents above the mean satisfaction score and 12 below the mean satisfaction score. There were 74 respondents of the age group between 40 to 50 years. Their average job satisfaction score was 72.78 and 46 respondents were above the mean job satisfaction score and 28 respondents were below the mean job satisfaction score. There were 29 respondents belonging to the age group above 50 years of age. The average job satisfaction score of this group is 72.41. The satisfaction score of 16 respondents was above the mean and 13 respondents was below mean. It is observed from the above analysis that the respondents belonging to 40-50 years of age are more satisfied with their job in Government hospital followed by respondents above 50 years of age and then the respondents

of the age group 30-40. The respondents of the age group between 20-30 years are least satisfied out of 150 respondents.

With regard to private hospital, there were 114 respondents belonging to age group between 20-30 years. The average job satisfaction score was 70.65 and there were 59 respondents above the mean job satisfaction score and 55 respondents below the mean job satisfaction score. There were 35 respondents belonging to age group between 30-40 years and there were 19 respondents above the mean job satisfaction and 16 below the mean job satisfaction score. There were only one respondent between the age group of 40 – 50. The average job satisfaction score was 75.

Thus, it is inferred that the respondents belonging to the age group of 30-40 and 50 above were more satisfied in Government hospitals than in private hospitals, whereas the respondents belonging to the age group of 20-30 and 40-50 were more satisfied with private hospitals than with the Government hospitals

Relation between Marital Status and Nurses' Job Satisfaction

Table 4.7

Relation between Marital Status and Nurses' Job Satisfaction

Marital Status	No of Respondents		Satisfaction Score of Government		Satisfaction Score of Private	
	Government	Private	AJSS	SD	AJSS	SD
Single	27	123	72.37	6.51	69.74	7.41
Married	123	27	69.7	7.15	70.3	9.53

Source: Field Survey

In Table 4.7 respondents have been grouped according to their marital status as married and unmarried. The average satisfaction scores for married respondents is 69.7 for Government hospital and 70.30 for private hospital and

the number of respondents above and below the average satisfaction scores were 8 and 19 for Government and the respective number of respondents for private hospital were 13 and 14. The average satisfaction scores of unmarried respondents are 72.37 for Government hospital and 69.74 for private hospital. 15 and 12 unmarried respondents were above and below the AJSS respectively for Government hospital while 65 and 58 were above and below the AJSS for private hospital.

Thus, it is evident that the unmarried nurses are enjoying higher level of job satisfaction in government hospitals than those of private hospitals whereas; the Married nurses enjoy higher level of job satisfaction in private hospitals than those in government hospitals.

Relation between Nurses With and Without Children and Their Level of Job Satisfaction

In the study conducted by Sinha and Nair (1965) at a large machinery manufacturing plant in South India, workers who had to support fewer dependents (one to four) tended to have higher job satisfaction while those with five or more tended to be dissatisfied. It is amply clear that a large family size increases the gap between needs and their fulfillment and thus leads to dissatisfaction with one's job. In the case of nurses the researcher felt the necessity to enquire into this relationship, more so because where she is a married person, hers would be an additional income. However, should she be the sole earner with a number of dependents to support, then her income would have to stretch even further. In the case of nurses living away from home, they would have to send money home.

Table 4.8**Relation between With/without Children and Nurses Job Satisfaction**

Nurses with/without children	No of Respondents		Satisfaction Score of Government		Satisfaction Score of Private	
	Government	Private	Mean	SD	Mean	SD
Without Children	27	128	68.85	7.38	69.89	9.26
With Children	123	22	72.56	6.42	72.00	8.50

Source: Field Survey

The average satisfaction score of nurse respondents without children were 68.85 for Government hospitals and 69.89 for private hospitals. The satisfaction score of 17 respondents were above the average satisfaction score and 10 respondents were below the average satisfaction score in case of Government hospital while the satisfaction score of 71 respondents were above the average satisfaction score and 57 respondents were below the average satisfaction score in case of private hospitals.

The average satisfaction score of the respondents with children were 72.56 for Government hospitals and 72.00 for private hospitals. The satisfaction score of 73 respondents were above the average satisfaction score and 50 respondent were below the average satisfaction score in case of Government hospital while the equal number of respondents were above and below the average satisfaction score for private hospitals.

It is observed from the above analysis that the respondents without children are more satisfied in private hospitals than Government hospitals while the respondents with children are more satisfied in Government hospitals than private hospitals.

Chi Square Test

Ho: Nurses in Government hospitals are not more satisfied with their job in terms of nurses with/without children as compared to nurses in Private hospitals

H1: Nurses in Government hospitals are more satisfied with their Job in terms of nursing with/ without children as compared to nurses in private hospitals.

Observed Frequency

With/ Without Children	Satisfaction Score in Government Hospitals	Satisfaction Score in Private Hospitals	Total
Without Children	68.85	69.89	138.74
with Children	72.56	72	144.56
Total	141.41	141.89	283.3

Expected Frequency

With/ Without Children	Satisfaction Score in Government Hospitals	Satisfaction Score in Private Hospitals	Total
Without Children	69.25	69.48	138.74
with Children	72.15	72.40	144.56
Total	141.41	141.89	283.3

Expected Frequency for each cell

$$= \frac{138.74 \times 141.41}{283.3} = 69.25$$

$$= \frac{141.2 \times 144.13}{283.3} = 72.15$$

$$= \frac{142.5 \times 139.57}{283.3} = 69.48$$

$$= \frac{141.2 \times 139.57}{283.3} = 72.4$$

Chi Square

$$\chi^2 = \sum \frac{(\text{observed} - \text{expected})^2}{\text{expected}}$$

$$\frac{\text{Without Children}}{\text{AJSS Govt. Hospitals}} = \frac{(68.85 - 69.25)^2}{69.25} = 0.00231$$

$$\frac{\text{Without Children}}{\text{AJSS Pvt.. Hospitals}} = \frac{(69.89 - 69.48)^2}{69.48} = 0.00241$$

$$\frac{\text{With Children}}{\text{AJSS Govt. Hospitals}} = \frac{(72.56 - 72.15)^2}{72.15} = 0.00232$$

$$\frac{\text{With Children}}{\text{AJSS Pvt. Hospitals}} = \frac{(72.00 - 72.40)^2}{72.4} = 0.0022$$

$$\begin{aligned} \text{Degree of freedom} &= (\text{No of Row} - 1) \times (\text{No of Columns} - 1) \\ &= (2 - 1) \times (2 - 1) = 1 \times 1 \\ &= 1 \text{ df (degree of freedom)} \end{aligned}$$

At 0.5 significance level with 1 df, the table value is 3.841.

The tabulated value of $\chi^2 = 3.841$. Since the computed value of χ^2 (0.009) is less than the table value of χ^2 at level 5 (3.841), it falls in the acceptance region. Thus the hypothesis “Nurses in Government hospitals are not more satisfied with their job in terms of nurses with/without children as compared to nurses in Private Hospitals.” is accepted.

Relation between Place and Nurses Job Satisfaction

Table.4.9

Relation between Place and Nurses Job Satisfaction

Place	No of Respondents		Satisfaction Score of Government		Satisfaction Score of Private	
	Public	Private	AJSS	SD	AJSS	SD
Village	32	43	71.76	6.81	70.74	9.29
Town	118	107	72.37	6.51	68.83	8.81

Source: Field Survey

In urban areas, workers often have more job opportunities, better school, more public transportation, better salary, higher prestige and greater opportunities for spousal employment. Perhaps it is the factor explained findings that showed higher level of job satisfaction in urban educational professionals compared to those in rural settings. On the other hand, rural settings and smaller communities can provide family-oriented settings, lower crime rates, recreational access and overall enhanced “quality of life”. Two of the most commonly mentioned disadvantages to rural settings have been professional isolation and lack of opportunity for professional development. However, recent advancements in telecommunication and interactive networking through the Internet may decrease feeling of isolation and improve rural job satisfaction levels in the future.

Out of 300 sample respondents, 75 (25%) respondents were from rural areas. The average satisfaction score of the rural respondents is 71.76 for government hospitals and 70.74 for private hospitals. The number of respondents above and below the average satisfaction score was 67 and 51 for public hospital while 57 and 50 rural respondents were above and below the average satisfaction score for private hospitals.

Out of 300 sample respondent, 225 (75%) respondents were from urban areas. The average satisfaction scores of urban respondents were 72.37 and 68.83 respectively for public and private hospitals. The number of urban respondents above and below the average satisfaction score was 21 and 11 for public hospital and 21 and 22 for private hospital.

It is observed from the above analysis that respondents from town areas are more satisfied than those respondents from village areas for government hospitals while village respondents are more satisfied than the town respondent in private hospitals.

Chi Square Test

Ho: Nurses in Government hospitals are not more satisfied with their job in terms of their place as compared to nurses in Private hospitals

H1: Nurses in Government hospitals are more satisfied with their Job in terms of their place as compared to nurses in private hospitals.

Observed Frequency

Place	Satisfaction Score in Government Hospitals	Satisfaction Score in Private Hospitals	Total
Village	71.76	70.74	142.5
Town	72.37	68.83	141.2
Total	144.13	139.57	283.7

Expected Frequency

Place	Satisfaction Score in Government Hospitals	Satisfaction Score in Private Hospitals	Total
Village	72.39	70.10	142.5
Town	71.73	69.46	141.2
Total	144.13	139.57	283.7

Expected Frequency for each cell

$$= \frac{142.5 \times 144.13}{283.7} = 72.39$$

$$= \frac{141.2 \times 144.13}{283.7} = 71.73$$

$$= \frac{142.5 \times 139.57}{283.7} = 70.10$$

$$= \frac{141.2 \times 139.57}{283.7} = 69.46$$

Chi Square

$$X^2 = \sum \frac{(\text{observed} - \text{expected})^2}{\text{expected}}$$

$$\frac{\text{Village}}{\text{AJSS Govt. Hospitals}} = \frac{(71.76 - 72.39)^2}{71.76} = 0.0056$$

$$\frac{\text{Village}}{\text{AJSS Pvt. Hospitals}} = \frac{(70.74 - 70.10)^2}{70.1} = 0.0057$$

$$\frac{\text{Town}}{\text{AJSS Govt. Hospitals}} = \frac{(72.37 - 71.73)^2}{71.73} = 0.0057$$

$$\frac{\text{Town}}{\text{AJSS Pvt. Hospitals}} = \frac{(68.83 - 69.46)^2}{69.46} = 0.00371$$

Degree of freedom = (No of Row -1) X (No of Columns -1)

$$= (2-1) \times (2-1) = 1 \times 1$$

$$= 1 \text{ df (degree of freedom)}$$

At 0.5 significance level with 1 df, the table value is 3.841.

The tabulated value of $\chi^2 = 3.841$. Since the computed value of χ^2 (0.020) is less than the table value of χ^2 at level 5 (3.841), it falls in the acceptance region. Thus the hypothesis “Nurses in government hospitals are not more satisfied with their job compared to nurses in private hospitals.” is accepted.

Relation between Income and Nurses Job Satisfaction

Table 4.10

Relation between Income and Nurses Job Satisfaction

Income	No of Respondents		Satisfaction Score of Public		Satisfaction Score of Private	
	Public	Private	Mean	SD	Mean	SD
Upto Rs. 5000	0	14	00	00	79.64	9.23
Rs. 5000-Rs 15000	23	105	69.78	7.34	69.55	8.65
Rs. 15000- Rs. 25000	6	31	69.5	9.52	68.12	8.57
Rs. 25000- Rs. 40000	61	0	72.72	6.63	00	00
Above Rs. 40000	60	0	72.1	6.22	00	00

Source: Field Survey

There were 23 respondents getting monthly income ranging from Rs 5000 to Rs 15000 for public hospitals. The average job satisfaction score was 69.78. Above and below average job satisfaction score were 13 and 10. There were 6 respondents belonging to income group ranging from Rs. 15000 to Rs. 25000. The average job satisfaction score was 69.5. 4 and 2 were above and below the average job satisfaction score. 61 respondents were receiving monthly income concerning Rs 25000 to Rs 40000. The average job satisfaction score was 72.72. The average job satisfaction score above and below were 39 and 22. There were 60 respondents getting monthly income above Rs 40000 and the average job satisfaction score was 32 and 28. It is observed from the table 4.11 that the respondents getting monthly income ranging from Rs 25000 to 40000 have the highest job satisfaction in public hospital followed by monthly income group getting Rs above 40000 and monthly income group between Rs 5000 to 15000.

Monthly income group belonging to range between Rs. 15000 to 25000 get the least job satisfaction.

With regard to private hospital 14 respondents were getting monthly salary upto Rs 5000. 6 and 8 respondents were above and below the average job satisfaction score. There were 105 respondents receiving monthly income between Rs 5000 to 15000. The average job satisfaction score was 69.55. The number of respondents above and below the average score were 55 and 50. The number of respondents getting monthly income between Rs 15000 thousand and Rs 25000 was 31. 17 and 14 respondents were above and below the average job satisfaction score.

It is inferred from the above table that public hospital satisfied more than private hospital.

COMPONENTS OF NURSES' JOB SATISFACTION IN PRIVATE AND GOVERNMENT HOSPITALS

There are various components of job satisfaction. These components can be identified differently depending upon the nature and scope of investigation. For instance, the researcher could identify nine facets or components while using Paul Spector's job satisfaction scale for measuring overall job satisfaction of nurses in chapter 3. However, in this section, the researcher identified another set of six components of nurses' job satisfaction for comparing job satisfaction of nurses between government and private hospitals. On the basis of those components, analysis of nurses' job satisfaction has been done separately for private hospitals and government hospitals. Table 4.4 and Table: 4.5 provide a detailed description about the nurses' job satisfaction in Government and Private Hospitals respectively with reference to the various components of nurses' job satisfaction. This has further been depicted by Exhibit: 11, 12 and 13

Table 4.11**Components of Nurses Job Satisfaction in Government Hospitals**

SL. NO	Components	AJSS	Range	No of Respondents		SD
				Below AJSS	Above AJSS	
1	General Satisfaction	16.4	11 to 23	75	75	5.95
2	Opportunity to Develop	13.5	6 to 20	61	89	5.56
3	Responsibility	6.7	1 to 8	92	58	2.17
4	Patient Care	7.7	4 to 12	72	78	2.67
5	Time Pressure	5.8	2 to 11	59	91	2.97
6	Staff Relations	20.0	11 to 28	65	85	4.70
	Overall Nurses Job Satisfaction	68.5	52 to 96	47	103	24.0 6

Source: Field Survey

Table 4.12**Components of Nurses level of Job Satisfaction in Private Hospitals**

SL. NO	Components	AJSS	Range	No of Respondents		SD
				Below AJSS	Above AJSS	
1	General Satisfaction	15.9	10 to 21	60	90	6.15
2	Opportunity to Develop	13.6	6 to 19	74	76	5.22
3	Responsibility	8.2	3 to 12	68	82	2.18
4	Patient Care	7.7	0 to 12	68	82	2.61
5	Time Pressure	5.8	2 to 11	72	78	3.01
6	Staff Relations	18.7	8 to 28	59	91	5.53
7	Overall Nurses Job Satisfaction	70.8	44 to 93	84	66	24.73

Source: Field Survey

General Satisfaction

Job satisfaction among healthcare professionals is an important predictor of individual well-being, general life satisfaction and job performance.

It is observed that the average Job satisfaction score of the respondents as to the '*General Satisfaction*' in Government hospitals is 16.4. The numbers of respondents below and above the AJSS are 75 and 75 respectively. The average Job satisfaction score of sample respondents for Private hospitals is 15.9 which is lower than that of Government hospitals and the number of respondents below and above the AJSS are 60 and 90. It is, therefore, inferred that with regard to *General Satisfaction*, nurses in Government hospitals are more satisfied than their counter part in Private hospitals.

Opportunity to Develop:

Opportunities for growth and development help employees expand their knowledge, skills and abilities. The opportunity to gain new skills and experiences can increase employee motivation and job satisfaction. This can translate into positive gains for the organization by enhancing organizational effectiveness and improving work quality.

It has been observed that the average job satisfaction score for *Opportunity to Develop* of hospital has been 13.5 for Government hospitals and 13.6 for Private hospitals. The number of respondents below and above the AJSS have been 61 and 89 respectively for Government hospitals and 74 and 76 for Private hospitals. There is no significant difference between government and private hospitals in this regard. It is, therefore, inferred that the nurses in private hospitals as well as government hospitals are almost equally satisfied with regard to *opportunity to develop*.

Responsibility

Employee's achievement or performance improvement is a vital part of performance management. Sincere and honest praise lets employees feel that their efforts are appreciated. This simple act takes little time but will provide good benefit that can reinforce desired performance behaviors.

It is observed that with regard to *Responsibility* the average job satisfaction scores has been 6.7 for Government hospitals and 8.2 for Private hospitals. The number of respondents below and above the AJSS for Government hospitals are 92 and 58 respectively and 68 and 82 in the case of Private hospitals. Thus, it is inferred that the attitude of the nurses towards the *responsibility* has been more positive and favourable in Private hospitals than in Government hospitals.

Patient Care

When it comes to efficiency and patient satisfaction, nurses are the boots on the ground. Arguably, they spend more time with patients than any other employee. That is why it is imperative to heed their concerns. Give them a space to bring up issues, challenges and ideas for improvement. It's great to feel appreciation from patients.

It has been observed that the average Job Satisfaction score is 7.7 for Private hospitals as well as Government hospitals. Nurses found equally satisfied in Government as well as Private Hospitals with regard to *Patient Care*. The number of respondents below and above the ASS has been respectively 72 and 78 for Government hospitals and 68 and 82 for Private hospitals.

Time Pressure:

Time is a subjective experience despite the fact that it can be measured. While the quality of time is of great importance so is quantity. Literature shows that perceived time pressure is associated with low job satisfaction among healthcare professionals. Dissatisfaction about time pressure expressed by healthcare professionals may indicate concerns about autonomy.

It has been observed that the average job satisfaction score for *Time Pressure* has been 5.9 for Government hospitals and 5.8 for Private hospitals. The number of respondents below and above the AJSS has been 59 and 91 respectively for Government hospitals and 72 and 78 for Private hospitals. It is inferred that nurses in Government hospitals are marginally more satisfied with their job than Private hospitals with regard to *Time Pressure*.

Staff Relation:

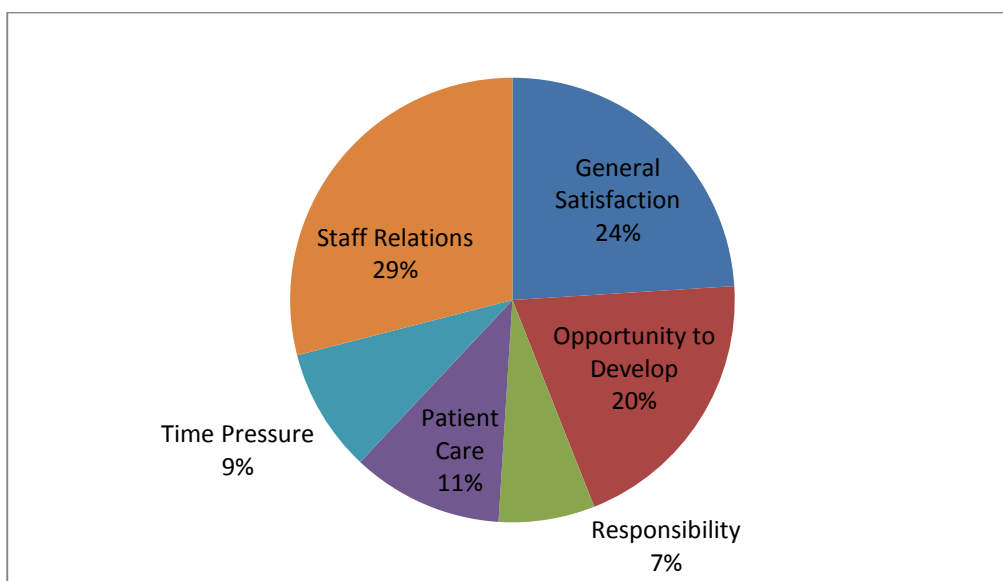
Researches have shown that workers who belong to a social group and have friendships on the job tend to be more satisfied; also employees who lack social support at work experience more stress, have less coping techniques and are generally less satisfied. Fellow employees can satisfy many social needs, and sympathetic and supportive coworkers can increase job satisfaction.

It is observed that the average job satisfaction score for *Staff relation* has been 20 for Government hospitals and 18.7 for Private hospitals. The number of respondents below and above the AJSS has been 65 and 85 respectively for Government hospitals and 59 and 91 for Private hospitals.

It is inferred that the respondents are satisfied with regard to the *staff relation* by both types of hospitals. However, with regard to *Staff Relation*, nurses of Government hospitals are marginally more satisfied than Private hospitals.

Exhibit 11

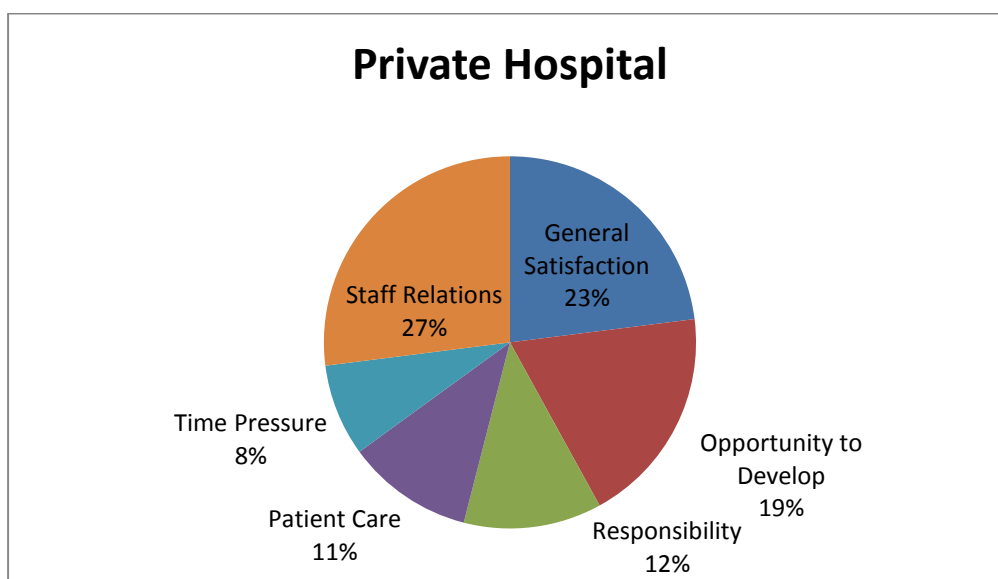
Components of Nurses Job Satisfaction in Government Hospital



Source: Field Survey

Exhibit: 12

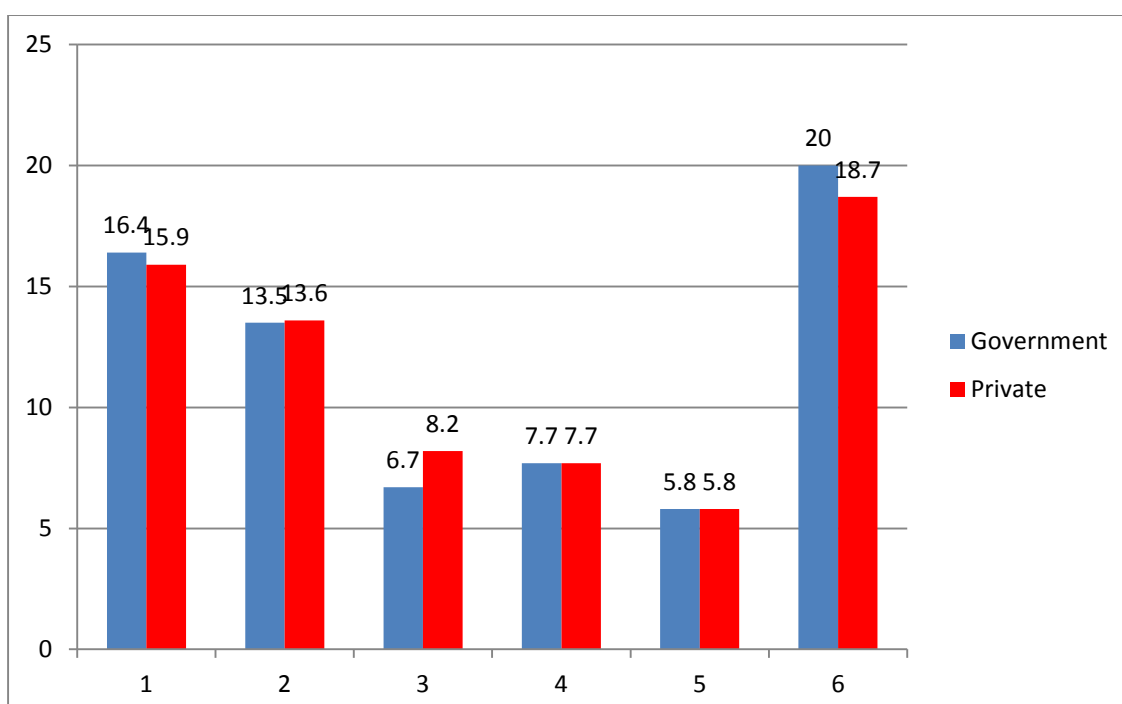
Components of Nurses Job Satisfaction in Private Hospital



Source: Field Survey

Exhibit 13:

Components of Nurses' Job Satisfaction in Government Hospital and Private Hospital



Source: Field Survey

NURSES JOB SATISFACTION INDEX

With a view to arrive at a single figure of nurses' job satisfaction, satisfaction index has been computed. Nurses' Job Satisfaction Index (NJSI) is a weighted index computed by assigning appropriate weights for different factors or components on job satisfaction of nurses. As General satisfaction and Opportunity to Develop are the important factors/components, the maximum weight of 20 is assigned to it. The rest of the components viz Responsibility, Patient Care, Time Pressure and Staff Relation have been given equal weights of 15 each. Thus, it has been attempted to arrive at a single figure of NJSI by multiplying the average of the scores awarded to all the respondents for the different questions under the components by the respective weight assigned to the component. This process is explained by the formula given below.

$$\text{NJSI} = \frac{AW1 + BW2 + CW3 + DW4 + EW5 + FW6}{W1 + W2 + W3 + W4 + W5 + W6}$$

Where,

A	=	Average Job Satisfaction Score for General Satisfaction
B	=	Average Job Satisfaction Score for Opportunity to Develop
C	=	Average Job Satisfaction Score for Responsibility
D	=	Average Job Satisfaction Score for Patient Care
E	=	Average Job Satisfaction Score for Time Pressure
F	=	Average Job Satisfaction Score for Staff Relation
W1	=	Weight assigned to General Satisfaction = 20
W2	=	Weight assigned to Opportunity to Develop = 20
W3	=	Weight assigned to Responsibility = 15
W4	=	Weight assigned to Responsibility Patient Care = 15
W5	=	Weight assigned to Responsibility Time Pressure = 15
W6	=	Weight assigned to Responsibility Staff Relation = 15

Computation of NJSI for Government and Private Hospital are as follows:

NJSI (Government hospitals) =

$$\begin{aligned} &= \frac{(16.4 \times 20) + (13.5 \times 20) + (6.7 \times 15) + (7.7 \times 15) + (5.9 \times 15) + (20 \times 15)}{20 + 20 + 15 + 15 + 15 + 15} \\ &= 12.02 \end{aligned}$$

NJSI (Private hospitals) =

$$\begin{aligned} &= \frac{(15.9 \times 20) + (13.6 \times 20) + (8.26 \times 15) + (7.7 \times 15) + (5.8 \times 15) + (18.7 \times 15)}{20 + 20 + 15 + 15 + 15 + 15} \\ &= 11.96 \end{aligned}$$

The NJSI, thus computed has been 12.02 for Government hospitals and 11.96 for Private hospitals. It is inferred from this that nurses in Government hospitals have more satisfaction than Private hospitals. Hence the null hypothesis that “Nurses of Private Hospitals are not more satisfied with their Job as compared to Government Hospitals”, stands disproved and is rejected, while the alternative hypothesis is accepted.

CONCLUSION

Job satisfaction and occupational success are major factors in personal satisfaction. To the worker, job satisfaction brings a pleasurable emotional state that can often lead to a positive work attitude. A satisfied worker is more likely to be creative, flexible, innovative, and loyal and will tend to add more value to an organization. For the organization, job satisfaction of its workers means a work force that is productive, retained, motivated, committed to high quality performance and reduction in complaints, grievances, absenteeism, turnover, and termination; as well as improved punctuality and worker morale. Job satisfaction is also linked with a healthier work force and has been found to be a good indicator of longevity. In this research, studying Nurses' Job Satisfaction in Private and Government Health services provides a comparative view of their Level of Satisfaction.

Job satisfaction among healthcare professionals is increasingly being recognized as a measure that should be included in quality improvement programmes. Low job satisfaction can result in increased level of demotivation and absenteeism, which affects the efficiency of health services.

CHAPTER: 5

DISTRICT WISE VARIATION OF NURSES' JOB SATISFACTION

INTRODUCTION

Satisfaction in one's profession can affect not only motivation at work but also career decisions, personal health and how one relates to others. The available literature shows that what contributes to job satisfaction or dissatisfaction is not only the nature of the job but also the expectation of what an individual perceives the job should provide. Health workers are at great risk of job dissatisfaction generally compared to professionals in other types of organizations. Low job satisfaction has an impact on staff turnover and absenteeism, which could reduce the efficiency of health services.

Factors influencing job satisfaction vary in nature as there are personal factors and expectations involved, which tend to generate exceptions and therefore generalizations are risky. The future of the healthcare work environment poses significant challenges for employers and employees. The implication for managers is that if healthcare facilities desire to attract and retain healthcare professionals, they will need to find ways to cater for intrinsic job satisfaction factors as well as additional benefits.

Nurses are the largest professional group within health service organization. They are expected to provide good- quality care by diagnosing and treating human responses to health and illness and empower their clients by moving them toward an independent, self-regulated, healthy life.

It is only possible to provide efficient and high quality health services by highly satisfied health care personnel in hospitals, including nurses. For this reason, determining the job satisfaction level of nurses, finding the factors that affect their job satisfaction, and putting measures into effect in response to these factors will increase efficiency in hospitals. Through this chapter, the researcher attempts to provide an insight into the job satisfaction level of hospital nurses in Nagaland.

In order to study district wise variation in level of nurses' job satisfaction, the survey was conducted in five selected districts as mentioned earlier viz (Mokokchung, Phek, Tuensang, Kohima and Dimapur), the analysis and results of which have been included in this chapter. It is through district wise analysis of job satisfaction; one can better understand or can have better insight into the satisfaction level of the nurses. The selected districts of Nagaland can have some generic differences with one another and thereby the satisfaction level of nurses can be influenced by the socio-economic and political factors in each district. It is, therefore, aptly emphasized to discuss the district wise variation of nurses' job satisfaction in the ensuing text. For this Chapter as well, the 'Nursing Job Satisfaction scale' (Likert Type 5-point scale) has been used for data analysis in order to arrive at a meaningful and reliable conclusion.

DISTRICTS WISE OVERALL JOB SATISFACTION OF NURSES

The Overall Job Satisfaction of Nurses has been worked out on the basis of average Job satisfaction score (AJSS) obtained for each district under study. The Table 5.1 and Exhibit 14 given below provides an idea about the district-wise variation of nurses 'Average Job Satisfaction Score.

Table 5.1
Districts wise Overall Job Satisfaction of Nurses

District	AJSS	Range	No of Respondent	
			Above AJSS	Below AJSS
Dimapur	70.37	44-84	60	55
Kohima	68.48	54-84	47	42
Mokokchung	76.90	64-96	19	22
Phek	70.83	62-77	16	8
Tuensang	73.00	52-89	15	16

Source: Field Survey

It is observed from the above table that there is a moderate variation in the job satisfaction level of nurses across the selected districts of Nagaland.

Dimapur: In Dimapur district, there were 115 respondents and their average Job satisfaction score was 70.37 ranging between 44 to 88 scores. The number of respondents above the average satisfaction score were 55 and 60 were below the average satisfaction score.

Kohima: In Kohima district, of the total 89 respondents, their AJSS was 68.48 ranging between 54 to 84 score. The number of respondents above the average satisfaction score were 42 and 47 were below average job satisfaction score.

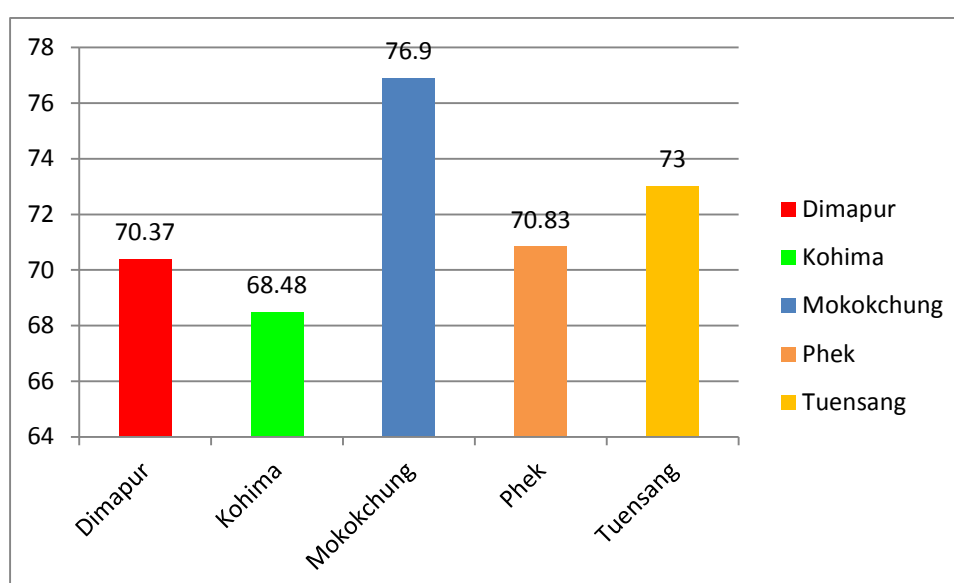
Mokokchung: For Mokokchung district, of the total 41 respondents, their AJSS was 76.90 and the individual scores ranging between 64 to 96 scores. The number of respondents above and below AJSS was 22 and 19 respectively.

Phek: In Phek, there were 24 respondents and their AJSS was 70.83 ranging between 62 to 77 scores. The number of respondents above and below AJSS was 8 and 16 respectively.

Tuensang: In Tuensang district, there were 31 respondents and their AJSS was 73.00 ranging between 52 to 89 scores. The number of above and below average job satisfaction score were 16 and 15 respectively.

From the above district-wise analysis, it is inferred that nurses in Mokokchung district were more satisfied with their job as compared to other districts, followed by Tuensang district and Phek district respectively. Nurses of Kohima district are comparatively least satisfied with their job.

Exhibit 14: District-wise overall Job Satisfaction



Source: Field Survey

LEVEL OF NURSES' JOB SATISFACTION: DISTRICT WISE

The respondents have been grouped into three categories, based on their satisfaction level (as done in chapter 4)

(i) Low:

Nurses with less than 25 percent of the total satisfaction score (0-29) have been grouped into 'Low Satisfied' category,

(ii) Medium:

Nurses with total score between 26 percent and 75 percent (30 to 87 scores) are under 'Medium level satisfied' category

(iii) High:

The respondents with score above 75 percent (88 score and above) have been group into 'High Satisfied' category.

Table 5.2

Level of Nurses Job Satisfaction District Wise

District	Low	Medium	High
Dimapur	NA	115 (100%)	NA
Kohima	NA	89 (100%)	NA
Mokokchung	NA	36(88%)	5 (12%)
Phek	NA	24 (100%)	NA
Tuensang	NA	30 (97%)	1 (3%)

Source: Field Survey

The district-wise Nurses' Job Satisfaction Level as depicted in Table 5.2 above has been discussed as under:

Dimapur: In hospitals in Dimapur district, of the total 115 respondents, there was no respondent belonging to low and high category of job satisfaction. All 115 nurses were found in "Medium level satisfied" category.

Kohima: In the hospitals of Kohima district, all 89 respondents were found to be in "Medium level satisfied" category as well.

Mokokchung: In the hospital of Mokokchung district, out of 41 respondents, none were found in the category of low satisfaction level. 36 respondents were in "Medium level of Job Satisfaction" category representing 88 percentage and 5 respondents representing 12 percent of the sample respondents were found to in the "High level of Job Satisfaction" category.

Phek: In Phek district, all 24 respondents were found to be in the "Medium level of Job Satisfaction" category.

Tuensang: In Tuensang district, there were 31 respondents, wherein none were found in the category of low level of job satisfaction. 30 respondents representing 97 percent belonged to the "Medium level of Job Satisfaction" and the remaining 1 respondent representing 3% fall in the category of "High level of Job Satisfaction".

Thus, it is evident from the above analysis that nurses at large were moderately satisfied with their job across the districts under study. Low satisfied nurses were not found in any selected district of Nagaland. Mostly nurses in Nagaland belong to the medium level of job satisfaction and very few nurses, particularly in the district of Mokokchung and Tuensang were found in the category of high level of job satisfaction.

DEMOGRAPHIC PROFILE OF THE RESPONDENTS AND THEIR LEVEL OF JOB SATISFACTION: DISTRICT WISE

This section deals with district wise Nurses' relationship and Job satisfaction score with their social, economic and personal factors such as age, gender, marital status, place of residence, educational background and family income.

Relation between Educational Qualification and Nurses' Job Satisfaction: District wise

The level of education influences one's capacity to think objectively and enhance the maturity level. It is expected that a person with higher formal education will be more objective about the various aspects of nurses' job satisfaction. Here, the nurses' job satisfaction of the respondents has been studied with regard to under matriculate, matriculate, higher secondary and Graduates.

The classification of the respondents on the basis of their education is shown in table 5.3

Table 5.3

Relation between Educational Qualification and Nurses' Job Satisfaction: District wise				
District	Average Job Satisfaction Score (AJSS)			
	Below Matric	Matriculate	Higher Secondary	Graduate
Dimapur	NA	72.23	69.98	70.85
Kohima	NA	72.56	68.25	62.88
Mokokchung	72	75.55	78.26	78
Phek	64	68.11	73.76	NA
Tuensang	65	75.46	69.66	76.66

Source: Field Work

The above table represents the relationship between Educational Qualification and the Average Job Satisfaction Score based on data from various districts.

Table 5.3 reveals the following

Dimapur: In Dimapur, 17 respondents were matriculate with AJSS of 72.23. 91 respondents were 'Higher Secondary passed' category with AJSS of 69.98 and remaining 7 respondents were in the category of Graduates with AJSS of 70.85.

Kohima: In Kohima district, 16 respondents were 'matriculate passed' with AJSS of 72.56. 64 respondents who were found to be Higher Secondary passed with AJSS of 68.25 and remaining 9 respondents were Graduates with AJSS of 62.88.

Mokokchung: In Mokokchung, There were 18 respondents belonging to matriculate passed with AJSS as 75.55. 19 respondents fell under Higher Secondary pass. There were one respondent each for below matric and graduate passed with the total score of 72 and 78 respectively.

Phek: There were 2 respondents who belonged to under matriculate with AJSS of 64.00; 9 respondents fall in Matric passed category with AJSS 68.11 and remaining 19 respondents fitted to Higher Secondary passed with AJSS 73.76.

Tuensang: There were 18 respondents belonging to Matriculate passed with AJSS as 75.46. 12 respondents completed Higher Secondary with AJSS as 69.66 and remaining 3 remaining respondents fall under Graduate category.

From the above figures, it is inferred that irrespective of their educational background, respondents were getting higher satisfaction from Mokokchung District as compared to other districts.

Relationship between Gender and Nurses' Job Satisfaction: District wise

Table 5.4

Relationship between Gender and Nurses' Job Satisfaction: District wise		
District	Average Job Satisfaction Score (AJSS)	
	Female	Male
Dimapur	70.53	64.33
Kohima	68.47	69.00
Mokokchung	76.9	00
Phek	70.83	00
Tuensang	72.96	74

Source: Field Work

Dimapur: In Dimapur District, the result shows that majority 97 percent of the respondent were female with AJSS of 70.53 and remaining 3 percent respondents were male with AJSS of 64.33.

Kohima: In Kohima District, the study shows that majority 98 percent of the respondents were female with AJSS of 68.47 and a handful of 2 percent were male respondents with AJSS as 69.00.

Mokokchung: Nurses' profession is mainly dominated by female similarly in the district of Mokokchung none of the respondents were found to be male category. 100 percent of the respondents were female with AJSS as 76.90.

Phek: In the same way, in Phek district 100 percent of the respondents were female with AJSS as 70.83.

Tuensang: In Tuensang a majority of the nurses were female representing 97 percent and remaining were male representing 3 percent with AJSS 72.96 and 74 respectively.

It is inferred from the above table that Dimapur, Mokokchung, Phek and Tuensang districts female nurses are more satisfied with their job than their counter part male except Kohima district where male nurses are marginally more satisfied than female nurses.

Relationship between Age and Job Satisfaction: District wise

Table 5.5

Relationship between Age and Job Satisfaction: District wise				
District	Average Score			
	20-30	30-40	40-50	50 Above
Dimapur	70.37	68.25	72	72.83
Kohima	66.9	69.72	72.57	69.5
Mokokchung	81.38	76.75	74.5	74.5
Phek	0	73	70	68.83
Tuensang	74.83	68.57	73.33	78

Source: Field Work

Table 5.5 reveals the following

Dimapur: In Dimapur District, 51 percent of respondents are between 20-30 of age and their average job satisfaction score (AJSS) is 70.37, while 24 percent of respondents are in the age group of 30 to 40 with AJSS 68.85, well over 15 percent of respondents are in the age group of 40 to 50 years with AJSS of 72.00. Finally 10 percent respondents are found in the age group of above 50 years with AJSS of 72.83.

Kohima: In Kohima District, the results reveal that out of 89 respondents, more than half which is 60 percent of respondents are in the age group of 20 to 30 years of age with AJSS of 66.90. While nearly a quarter 24 percent of respondents with AJSS of 69.72 are in the age group of 30 to 40 years, less than a quarter 15 percent of respondents are in the age group of between 40 to 50 years with AJSS 72.57 and remaining few 10 percent of respondents are in the age group of above 50 years with AJSS 69.50.

Mokokchung: More than a quarter of 32 percent of the respondents are between 20 to 30 years with AJSS of 81.38 in Mokokchung District; while a handful 8 percent respondents are in the age group of 30 to 40 years with AJSS of 76.75. The study shows that nearly half percent of 49 of the respondents belonged to age group of 40 to 50 with AJSS as 74.50 and remaining few 8 percent are in the age group of 50 above with AJSS as 74.5

Phek: In Phek District, out of 100 percent respondents, 37 percent of respondents are in the age group to 30-40 years with AJSS as 73.0; while 38 percent respondents belonged to the age group of 40 to 50 with AJSS of 70.0 and remaining 25 percent are in the age group of 50 above with AJSS of 68.83. None are found to be in the age group of 20 to 30 years of age.

Tuensang: The study revealed that less than a quarter of 19 percent of respondents belonged to the age group of 20 to 30 year with AJSS of 74.83, nearly a quarter of 23 percent of the respondents belonged to the age group 30 to 40 years with AJSS of 68.57. However, more than half percent of the respondents are in the age group of 40 to 50 years with AJSS of 73.33 and remaining 10 percent of the respondents are in the age group of 50 above with AJSS of 78.0.

It is inferred that the respondents whether young, old or middle aged are getting higher job satisfaction in Mokokchung district. Phek District has the least Job Satisfaction relating to relationship between age and Job Satisfaction.

Relationship between Marital Status and Job Satisfaction: District wise

Table: 5.6

Relationship between Marital Status and Job Satisfaction: District wise		
District	Average Job Satisfaction Score	
	Single	Married
Dimapur	70.1	70.73
Kohima	70.17	67.66
Mokokchung	80.66	75.34
Phek	74.5	70.5
Tuensang	72.5	73.23

Source: Field Work

Nurses' job satisfaction may also depend on the marital status of the respondents.

Dimapur: More than half of the respondents of 57 percent were in the single category with AJSS of 70.10 and less than half 43 percent respondents belonged to married category with AJSS of 70.73.

Kohima: In Kohima, Majority of the respondents were single i.e. 67 percent with AJSS of 70.17 and fewer respondents were married category i.e. 33 percent with AJSS of 33.

Mokokchung: The AJSS of single and married in Mokokchung was 80.66 and 75.34 respectively. Most of the respondents belonged to married category i.e. 71 percent and remaining 29 percent of the respondent comprised of single category.

Phek: The table shows that greater part of the respondents fitted into married category i.e. 92 percent with AJSS of 70.50 and others i.e. 8 percent fitted in to single category with AJSS of 74.5

Tuensang: One-third of the respondents i.e. 32 percent belonged to single category with AJSS of 72.50 and two- third of the respondents 68 percent belonged to married category with AJSS of 73.23.

The study revealed that regardless of the marital status, Mokokchung district has the highest nurses' job satisfaction, followed by Tuensang District and Phek respectively.

Relationship between With/Without Children and Nurses Job Satisfaction: District wise

Table: 5.7

Relationship between With/Without Children and Nurses' Job Satisfaction: District wise		
District	Average Job Satisfaction Score	
	With Children	Without Children
Dimapur	71.25	69.83
Kohima	70.96	67.34
Mokokchung	76.9	80.36
Phek	70.5	74.5
Tuensang	73.5	70.6

Source: Field work

According to designation, respondents were divided into two categories. With Children or Without Children.

Dimapur: Majority 62 percent of the respondents were without children in Dimapur District with AJSS of 69.83 and other respondents 38 percent were with children with AJSS of 71.25.

Kohima: In Kohima District, a high majority 69 percent of respondents had no children with AJSS of 67.34, while 31 percent of respondents had children with AJSS of 70.96.

Mokokchung: Most of the nurses' personnel 73 percent had children with AJSS of 76.90 and whereas 27 percent of the respondents were without children with AJSS of 80.36.

Phek: In Phek District, 92 percent respondents were with children with AJSS of 70.50 and remaining 8 percent were without children with AJSS of 74.5.

Tuensang: Majority 68 percent of the nurses were with children with AJSS of 73.50 and other 32 respondents were without children with AJSS of 70.60.

From the above table, it is inferred that districts like Mokokchung, Phek and Tuensang, nurses without children were more satisfied with their job than with children. While districts like Dimapur and Kohima nurses' were more satisfied with children than without children.

Relationship between Place of permanent residence and Nurses' Job Satisfaction: District wise

Table 5.8

Relationship between Place of permanent residence and Nurses Job Satisfaction		
District	Average Job Satisfaction Score	
	Town	Village
Dimapur	70.83	68.62
Kohima	67.64	69.9
Mokokchung	77.39	74.87
Phek	69.84	74.6
Tuensang	73.57	70

Source: Field work

Dimapur: The number of respondents regarding permanent residence were more in a town than a village. The number of respondents of town and village were 91 and 24. The AJSS were 70.83 and 68.62 respectively.

Kohima: Majority of the respondents representing 63 percent had permanent residence in the town with AJSS of 67.64 while the remaining 37 percent of the respondents had permanent residence in the village with AJSS of 69.90.

Mokokchung: In Mokokchung district, 33 respondents had permanent residence in the town representing 80 percent, while 8 respondents representing 20 percent had permanent residence in the village with AJSS of 77.39 and 74.87.

Phek: Most of the nurses had permanent residence in the town representing 79 percent whereas 11 percent had permanent residence in the village with the AJSS of 69.89 and 74.60.

Tuensang: Majority of the respondents representing 81 percent were permanent residents of town. However 19 percent of the respondents were permanent residents of the village with AJSS of 73.57 and 70.00 respectively.

From the above table it is inferred that the town respondents from Dimapur, Mokokchung and Tuensang districts are more satisfied than rural respondents, while it is reverse in the case of Phek and Kohima districts.

Relationship between Monthly Income and Nurses' Job Satisfaction: District wise

Table: 5.9

Relationship between Monthly Income and Nurses' Job Satisfaction: District wise					
District	Average Score				
	Upto Rs. 5000	Rs. 5000 - Rs. 15000	Rs. 15000 - Rs 25000	Rs.25000 - Rs 40000	Above Rs. 40000
Dimapur	77	70.27	68.04	73.2	71.91
Kohima	55	68.19	67.5	74	68.35
Mokokchung	82	80.66	75.5	76.13	72.81
Phek	0	74.5	74.5	69.49	75.25
Tuensang	82.75	59	58.5	72	76.71

Source: Field Survey

Respondents were categorized into five income groups, upto Rs 5000, Rs 5000-15000, 15000-25000, Rs 25000- 40000 and above 40000.

Dimapur: Out of 115 respondents, 2 percent of the respondents obtained income upto Rs. 5000 and their average job satisfaction score is 77.00, more than half of the respondents representing 51 percent respondents get monthly income between Rs 5000 to Rs. 15000 with AJSS of 70.27, 22 percent of the

respondents received monthly income between 15000 to 25000 with AJSS of 68.04, very few respondents get monthly income between Rs 25000 to 40000 represent 4 percent with AJSS of 73.20 and less than a quarter 21 percent of the respondents get above Rs. 40000 with AJSS of 71.91.

Kohima: The result of the table shows that 1 percent of the respondents get monthly income upto Rs. 5000 with AJSS of 55.00, majority or the respondents representing 69 percent get monthly income between Rs. 5000 – Rs. 15000 with AJSS of 68.19, 6 percent of the respondents received their monthly income between Rs. 15000 – Rs. 25000 with AJSS of 67.50, 8 percent of the respondent acquired their monthly income between Rs. 25000 – Rs. 40000 with AJSS of 74.00 and remaining 16 percent received monthly income above 40000.

Mokokchung: The study shows that monthly incomes of the respondents were grouped into five categories, upto Rs 5000, Rs. 5000 – Rs. 15000, Rs. 15000 – Rs. 25000, Rs. 25000 – Rs 40000 and above 40000. Out of 41 respondents, 17 percent of the respondents acquired monthly income upto Rs. 5000 with AJSS of 82.14, 15 percent of the respondents get between Rs. 5000 – Rs. 15000 with AJSS of 80.66, 5 percent of the respondents obtained between Rs. 15000 – Rs. 25000, majority of the respondents representing 36 received between Rs. 25000 – Rs 40000 with AJSS of 76.13 and 27 percent of the respondents get monthly income above Rs 40000.

Phek: Out of 24 respondents, 8 percent of the respondents belonged to the category of getting monthly income between Rs 15000 – Rs. 25000, large majority of the respondents representing 75 percent gets monthly income between Rs. 25000 – Rs. 40000 and remaining 17 percent of the respondents received above Rs. 40000.

Tuensang: Regarding monthly income of the respondents, 13 percent of the respondents fall under the category of monthly income upto Rs 5000, 6 percent of the respondents gets Rs. 5000 – Rs. 15000, 6 percent of the respondents received Rs 15000 – Rs. 25000, majority of the respondents acquired 52 percent

and received Rs. 25000 – Rs 40000 and 23 percent of the respondents received above Rs. 40000.

Thus, it is inferred that nurses with monthly income upto 40000 are found to be more satisfied in Mokokchung district, while nurses with monthly income above fourty thousand are more satisfied in Tuensang district.

COMPONENTS OF NURSES' JOB SATISFACTION: DISTRICT WISE

District wise analysis of nurse's job satisfaction has also been studied with reference to various components. There are 7 identified components of nurses' job satisfaction based on which district wise variation in the level of nurse's job satisfaction was computed.

General Satisfaction:

Table 5.10

General Satisfaction District Wise					
District	AJSS	Range	No of Respondents		SD
			Below AJSS	Above AJSS	
Dimapur	15.84	10-23	47	68	6.41
Kohima	15.94	10-21	37	52	5.81
Mokokchung	17.51	14-23	25	16	5.01
Phek	15.25	13-19	16	8	4.70
Tuensang	17.16	11-21	17	14	6.98

Source: Field Survey

With regard to 'General Satisfaction' that Mokokchung district has the maximum average job satisfaction score of the respondents as per the 'General Satisfaction' and minimum average job satisfaction score of the respondent was Phek district.

The district-wise General Job Satisfaction of nurses is discussed below:

Dimapur: In Dimapur district, their average job satisfaction score was 15.84 out of the total score of 28. The number of respondents below and above the AJSS was 47 and 68 respectively.

Kohima: In Kohima district, their average job satisfaction score was 15.94 from the total score of 28. The number of respondents below and above the AJSS was 37 and 52 respectively.

Mokokchung: In Mokokchung district, their AJSS of sample respondents for General Satisfaction was 17.51. The number of respondents below and above the AJSS was 25 and 16 respectively.

Phek: In Phek district, the average job satisfaction score was 15.25. The number of respondents below and above the AJSS was 16 and 8 respectively.

Tuensang: In Tuensang district, the average job satisfaction score of sample respondents was 17.16. The number of respondents below and above the AJSS was 17 and 14 respectively.

Thus, it is inferred that Nurses from Mokokchung and Tuensang districts exhibits higher job satisfaction than the other districts. Nurses belonging to Phek District are least satisfied in terms of general satisfaction.

Opportunity to Develop: District wise

Career development determines the nature and quality of individuals' lives, and the social and economic contribution they make. Career development is crucial

for an effective labour market. When individuals find a career path that utilizes their full potential, they are likely to be motivated and productive thus increasing job satisfaction. Opportunities to develop afford individuals the prospect of further enhancing themselves and growing within the ranks of their career.

Table 5.11

Opportunity to Develop: District wise					
District	AJSS	Range	No of Respondents		SD
			Below AJSS	Above AJSS	
Dimapur	13.31	6-19	54	61	5.42
Kohima	13.20	6-20	50	39	5.28
Mokokchung	14.70	10-20	17	24	6.09
Phek	13.54	12-16	10	14	3.32
Tuensang	14.12	8-19	15	16	5.59

Source: Field Survey

From the table 5.11 it reveals that the highest and lowest average nurses' job satisfaction score in Opportunity to Develop were 14.70 in Mokokchung hospital and 13.20 in Kohima hospital.

Dimapur: In Dimapur district hospitals, the average job satisfaction score of nurses was 13.31. The numbers of respondents below and above the AJSS were 54 and 61 respectively.

Kohima: In Kohima district hospitals, the average Job Satisfaction score of nurses was 13.20. The number of respondents below and above the AJSS were respectively 50 and 39.

Mokokchung: In Mokokchung district, the average Job Satisfaction score of nurses was 14.70. The number of respondents below and above the AJSS were respectively 12 and 24.

Phek: In Phek district hospital, the average Job Satisfaction score of nurses was 13.54. The number of respondents below and above the AJSS were respectively 10 and 14

Tuensang: In Tuensang district hospital, the average Job Satisfaction score of nurses was 14.12. The number of respondents below and above the AJSS were respectively 14.12.

From the above analysis, it is learnt that there is not much variation in the scores between the districts in terms of 'Opportunity to Develop'. Thus, it is inferred that the nurses from different districts have a common idea when it comes to the area of 'Opportunity to Develop'.

Responsibility: District wise

Employee participation may enhance motivation through power sharing, and increased responsibility is a predictor of positive responses. Employee participation can afford individuals an opportunity to make key managerial decisions that have an impact on other employees, thus increasing job satisfaction and performance.

Table 5.12

Responsibility: District wise					
District	AJSS	Range	No of Respondents		SD
			Below AJSS	Above AJSS	
Dimapur	8.13	3-11	59	56	2.32
Kohima	8.08	3-11	46	43	2.19
Mokokchung	9.12	7-12	28	13	1.75
Phek	8.00	6-9	18	6	2.12
Tuensang	8.03	5-11	20	11	2.42

Source: Field Survey

In this study, questions were asked to response about their responsibility, Table number 5.12 show The district-wise Responsibility of nurses which is discussed below:-

Dimapur: In the hospitals in Dimapur district, the average job satisfaction score for Responsibility was 8.13. The number of respondents below and above the AJSS were 59 and 56 respectively.

Kohima: In Kohima district, the AJSS for Responsibility was 8.08 out of 12 scores. The number of respondents below and above the AJSS were 46 and 43 respectively.

Mokokchung: In Mokokchung district, the AJSS for Responsibility was 9.12 out of 12 score. The number of respondents below and above the AJSS were respectively 28 and 13.

Phek: In Phek district, the average level of nurses Job Satisfaction score for Responsibility was 8.00 out of 12 score. The number of respondents below and above the AJSS were respectively 18 and 6.

Tuensang: The average Nurses level of Job Satisfaction score for Responsibility was 8.03 out of 12. The number of respondents below and above the AJSS were respectively 20 and 11.

From the above analysis, it is evident that there is not much variation in the AJSS scores of nurses among the districts in terms of 'Responsibility'. The highest scoring district was Mokokchung with a score of 9.12 followed by other districts with average score of 8. Thus, it is inferred that in terms of the sense of responsibility, it does not play a crucial role for determining the job satisfaction level of the nurses across the district.

Patient Care: District wise

The literature suggests that the ability of an organization to support and deliver quality patient care is important to healthcare professionals' job satisfaction. Organizational factors such as autonomy, teamwork, management support, workload and staffing levels have a great influence on job satisfaction because they impact on the delivery of quality patient care.

Table 5.13

Patient Care: District Wise					
District	AJSS	Range	No of Respondents		SD
			Below AJSS	Above AJSS	
Dimapur	7.53	3-12	63	52	2.82
Kohima	7.75	4-12	40	49	2.23
Mokokchung	8.07	3-12	18	23	2.92
Phek	7.83	5-12	8	16	2.13
Tuensang	8.09	4-12	15	16	3.00

Source: Field Survey

Dimapur: The average level of Nurses' Job Satisfaction score for Patient Care was 7.53 out of 12 score. The number of respondents below and above the AJSS were 63 and 52 respectively

Kohima: The average level of Nurses' Job Satisfaction score for Patient Care was 7.75 out of 12 score. The number of respondents below and above the AJSS were respectively 40 and 49

Mokokchung: The average level of Nurses' Job Satisfaction score for Patient Care was 8.07 out of 12. The number of respondents below and above the AJSS were 18 and 23 respectively.

Phek: The average level of Nurses' Job Satisfaction score for Patient Care was 7.83 out of 12. The number of respondents below and above the AJSS were 8 and 16 respectively.

Tuensang: The average level of Nurses' Job Satisfaction score for Patient Care was 8.09 out of 12. The number of respondents below and above the AJSS were respectively 15 and 16.

From the above discussion, it is inferred that nurses from Tuensang district has the highest Job satisfaction score in terms of 'Patient Care'. This suggests that the said district ensures the delivery of quality patient care as compare to other districts.

Time Pressure: District wise

Table 5.14

Time Pressure: District wise					
District	AJSS	Range	No of Respondents		SD
			Below AJSS	Above AJSS	
Dimapur	5.96	10-28	48	67	2.84
Kohima	5.37	8-27	48	41	2.94
Mokokchung	6.70	11-28	23	18	3.25
Phek	5.75	16-24	8	16	2.79
Tuensang	5.90	13-27	14	17	3.03

Source: Field Survey

Dimapur: The average level of Nurses' Job Satisfaction score for Time Pressure was 5.96 out of 12 score for Dimapur District. The number of respondents below and above the AJSS were 48 and 67 respectively.

Kohima: In Kohima, the average Nurses' level of Job Satisfaction score for Time Pressure was 5.37 out of 12 score. The number of respondents below and above the AJSS were respectively 48 and 41.

Mokokchung: For Mokokchung district, the average level of Nurses' Job Satisfaction score for Time Pressure was 6.70 out of 12 score. The number of respondents below and above the AJSS were respectively 23 and 18.

Phek: The average level of Nurses' Job Satisfaction score for Time Pressure in Phek district was 5.75 out of 12 score. The number of respondents below and above the AJSS were respectively 8 and 16.

Tuensang: In Tuensang district, average level of Nurses' Job Satisfaction score for Time Pressure was 5.90 out of 12 score. The number of respondents below and above the AJSS were 14 and 17 respectively.

Thus, it is inferred from the above that, on the issue of 'Time Pressure', Mokokchung district exhibits a highest job satisfaction score as compared to other districts

Staff Relation: District wise

Table 5.15

Staff Relation: District wise					
District	AJSS	Range	No of Respondents		SD
			Below AJSS	Above AJSS	
Dimapur	19.58	10-28	46	69	4.79
Kohima	18.12	8-27	38	51	5.71
Mokokchung	20.78	11-28	12	29	4.93
Phek	20.45	16-24	8	16	2.93
Tuensang	19.67	13-27	11	20	5.44

Source: Field Survey

Dimapur: The average level of Nurses' Job Satisfaction score for Staff Relation was 19.58. The number of respondents below and above the AJSS were respectively 46 and 69.

Kohima: The average level of Nurses' Job Satisfaction score for Staff Relation was 18.12. The number of respondents below and above the AJSS were respectively 38 and 51

Mokokchung: The average level of Nurses' Job Satisfaction score for Staff Relation was 20.78. The number of respondents below and above the AJSS were respectively 12 and 29

Phek: The average level of Nurses' Job Satisfaction score for Staff Relation was 20.45. The number of respondents below and above the AJSS were respectively 8 and 16.

Tuensang: The average level of Nurses' Job Satisfaction score for Staff Relation was 19.67. The number of respondents below and above the AJSS were respectively 11 and 20.

In terms of 'Staff Relation', it is inferred from the above analysis that the nursing staff of Phek district had the highest job satisfaction score and The lowest score was recorded in Kohima district.

Exhibit 15

Components of Nurses Job Satisfaction for Dimapur district Hospital

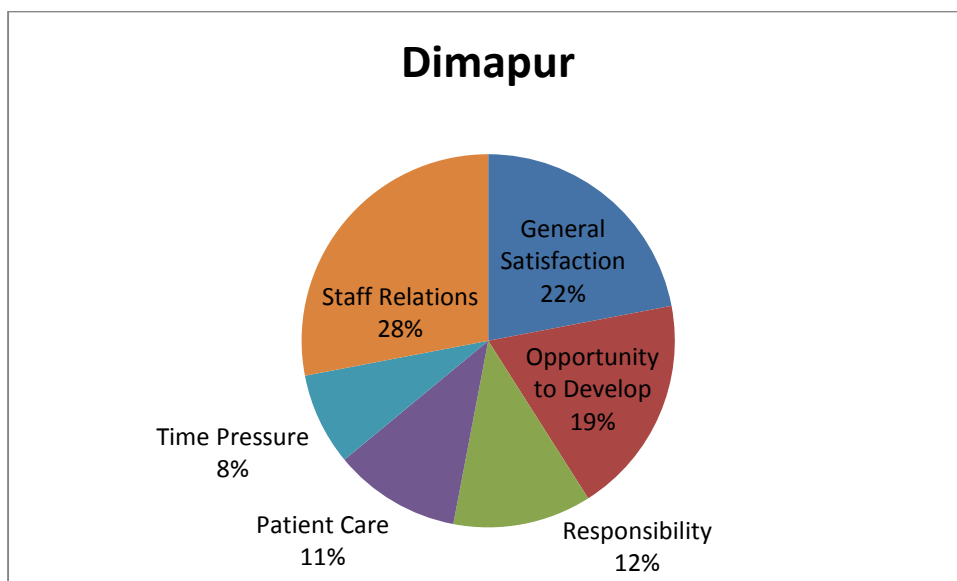


Exhibit 16

Components of Nurses Job Satisfaction for Kohima district Hospital

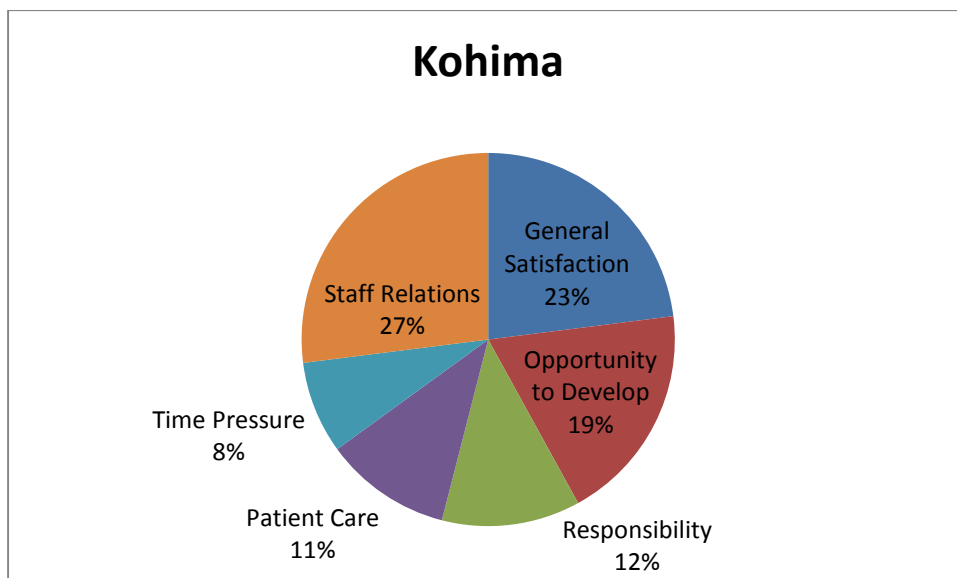


Exhibit 17

Components of Nurses' Job Satisfaction for Mokokchung district Hospital

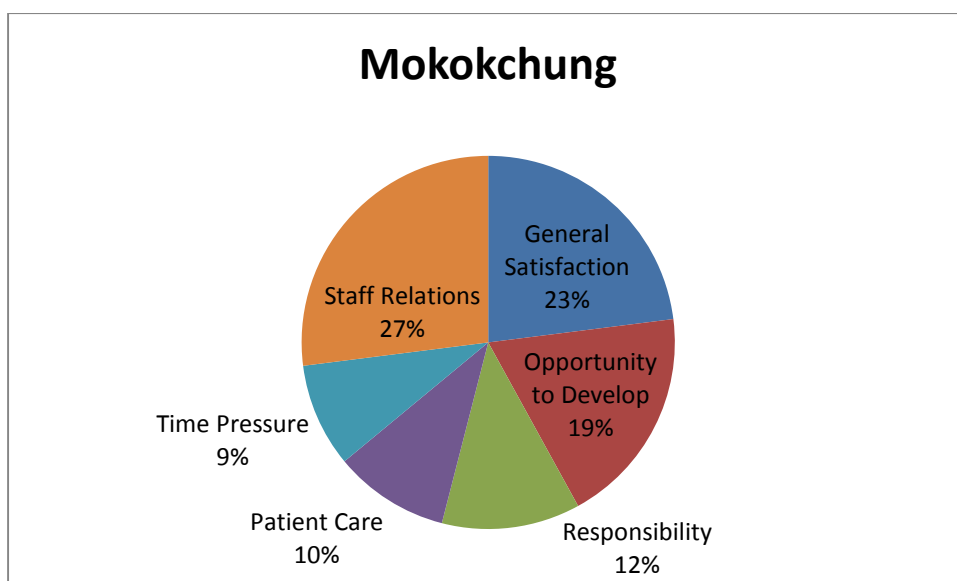


Exhibit 18

Components of Nurses' Job Satisfaction for Phek district Hospital

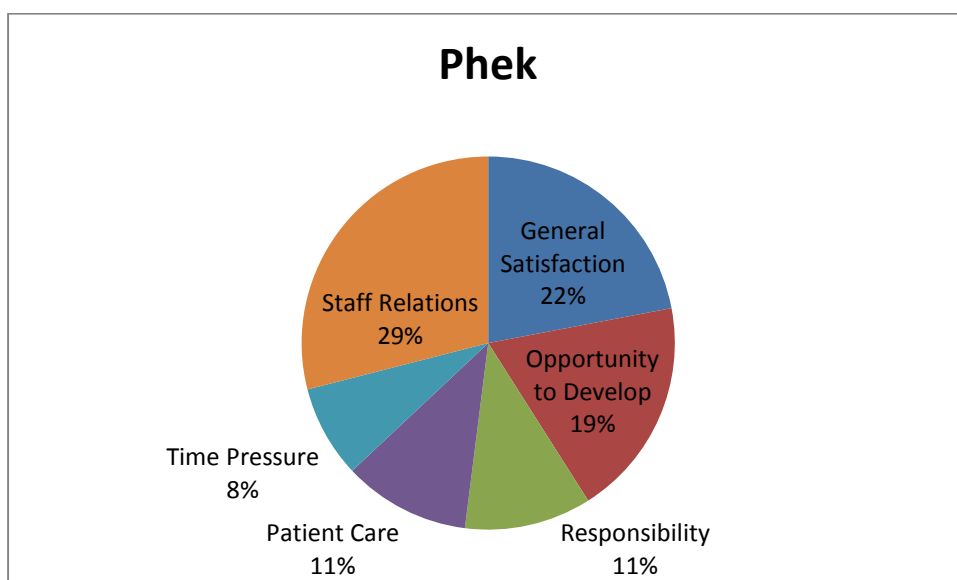
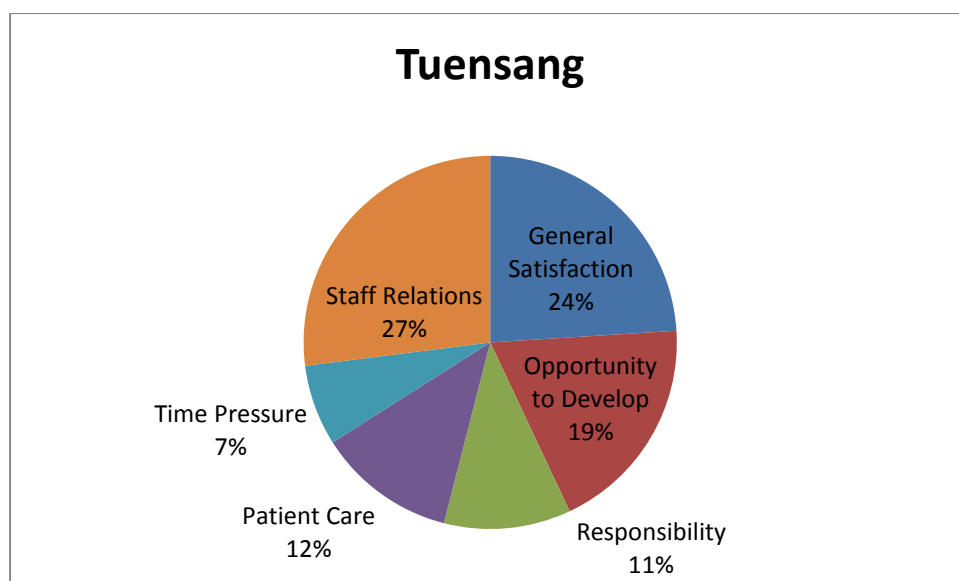


Exhibit 19

Components of Nurses' Job Satisfaction for Tuensang district Hospital



DISTRICT WISE NURSES JOB SATISFACTION INDEX (NJSI)

NJSI is a weighted index computed by assigning appropriate weights to different factors on job satisfaction of nurses. As general satisfaction and opportunity to develop are important factors, the maximum weight of 20 is assigned to it. The rest of the components viz, responsibility, patient care, time pressure and staff relation have been given equal weights of 15 each. Thus it has been attempted to arrive at a single figure of NJSI by multiplying the average of the scores awarded to all the respondents for the different questions under the components by the respective weighted assigned to the component. This process is depicted in the formula given below.

$$\text{NJSI} = \frac{\text{AW1} + \text{BW2} + \text{CW3} + \text{DW4} + \text{EW5} + \text{FW6}}{\text{W1} + \text{W2} + \text{W3} + \text{W4} + \text{W5} + \text{W6}}$$

Where,

- A = Average Job Satisfaction Score for General Satisfaction
B = Average Job Satisfaction Score for Opportunity to Develop
C = Average Job Satisfaction Score for Responsibility
D = Average Job Satisfaction Score for Patient Care
E = Average Job Satisfaction Score for Time Pressure
F = Average Job Satisfaction Score for Staff Relation
W1 = Weight assigned to General Satisfaction = 20
W2 = Weight assigned to Opportunity to Develop = 20
W3 = Weight assigned to Responsibility = 15
W4 = Weight assigned to Responsibility Patient Care = 15
W5 = Weight assigned to Responsibility Time Pressure = 15
W6 = Weight assigned to Responsibility Staff Relation = 15

District Wise Computation of Nurses Job Satisfaction indices (NJSI) are as follows:

For Dimapur

NJSI (Dimapur) =

$$\frac{(15.84 \times 20) + (13.31 \times 20) + (8.13 \times 15) + (7.53 \times 15) + (5.96 \times 15) + (19.58 \times 15)}{20 + 20 + 15 + 15 + 15 + 15}$$

$$= \frac{316.0 + 266.2 + 121.95 + 112.95 + 89.4 + 293.70}{100}$$

$$= \frac{1200.2}{100}$$

$$= 11.77$$

$$= \mathbf{12.00}$$

For Kohima

NJSI (Kohima) =

$$\frac{(15.94 \times 20) + (13.20 \times 20) + (8.08 \times 15) + (7.75 \times 15) + (7.37 \times 15) + (18.12 \times 15)}{20 + 20 + 15 + 15 + 15 + 15}$$

$$= \frac{318.80 + 264.00 + 121.20 + 116.25 + 110.55 + 273.75}{100}$$

$$= \frac{1204.55}{100}$$

$$= 12.04$$

$$= 11.77$$

$$= 12.04$$

For Mokokchung

NJSI (Mokokchung) =

$$\frac{(17.51 \times 20) + (14.7 \times 20) + (9.12 \times 15) + (8.07 \times 15) + (6.7 \times 15) + (20.78 \times 15)}{20 + 20 + 15 + 15 + 15 + 15}$$

$$= \frac{350.20 + 294.00 + 136.80 + 121.05 + 100.50 + 311.70}{100}$$

$$= \frac{1314.25}{100}$$

$$= 13.14$$

$$= 13.14$$

For Phek

NJSI (Phek) =

$$\frac{(15.20 \times 20) + (13.54 \times 20) + (8.00 \times 15) + (7.83 \times 15) + (5.75 \times 15) + (20.45 \times 15)}{20 + 20 + 15 + 15 + 15 + 15}$$

$$= \frac{304.00 + 270.00 + 120.00 + 117.45 + 86.25 + 306.75}{100}$$

$$= \frac{1204.45}{100}$$

$$= 12.04$$

$$= 12.04$$

For Tuensang

NJSI (Tuensang) =

$$\frac{(17.16 \times 20) + (14.12 \times 20) + (8.03 \times 15) + (8.09 \times 15) + (5.90 \times 15) + (19.67 \times 15)}{20 + 20 + 15 + 15 + 15 + 15}$$

$$= \frac{343.20 + 282.40 + 120.45 + 121.35 + 88.50 + 295.05}{100}$$

$$= \frac{1250.95}{100}$$

$$= 12.50$$

$$= 12.50$$

Thus, from the above, job satisfaction indices obtained for each district, it can be inferred that nurses from Mokokchung district are found to be more satisfied with 13.14 NJSI, followed by Tuensang with 12.50 NJSI and Phek with 12.04 NJSI. Nurses belonging Kohima district are least satisfied with 12.00 NJSI after Dimapur district with 12.04 NJSI.

CONCLUSION

Job satisfaction of employees has been found to be an important factor affecting productivity and has received considerable interest. District-wise analysis of nurses job satisfaction in the state, no doubt provides an insight into the mental perception of the nursing staff working in different hospitals. The result of the study is pleasing in the sense that nurses across the districts are found to be satisfied with their job. In fact level of the job satisfaction is definitely on the higher side as no one belonged to a low satisfied category.

Job satisfaction among healthcare professionals is increasingly being recognized as a measure that should be included in quality improvement programs. Low job satisfaction can result in increased level of demotivation and absenteeism, which affects the efficiency of health services. Apart from playing the primary role of the caregiver, nurses are involved in multiple other functions of the hospital. These include record maintenance, supplies, patient care, clinical issues, personnel issues and home concerns.

CHAPTER: 6

FINDINGS, SUGGESTIONS AND CONCLUSION

INTRODUCTION

Nurses join organizations with certain motives like security of income and job, better prospects, and satisfaction of social and psychological needs. Each employee has different sets of needs at different times. It is the responsibility of management to recognize this basic fact and provide appropriate opportunities and environments to people at work to satisfy their needs. Job satisfaction refers to a person's feeling of satisfaction on the job, which acts as a motivation to work.

A nurse is a health care professional, who along with other health care professionals is responsible for the treatment, safety and recovery of acutely, or chronically ill or injured people and the health maintenance of the healthy in a wide range of health care settings.

In the last several decades, many changes have occurred in the health care system which affects the organizational environment for nurses and the ways in which they provide care. Advances in technology and the greater emphasis on cost containment have resulted in changes in the structure, organization and delivery of health care services. There is a change in acuity of the patients in the hospital settings. It has increased whereas the average length of stay has decreased. This means that today's nurse particularly those in the hospital have more stressful work environment because they are caring for the patients who are more acutely ill and demands intensive care and meticulous effort from nurses. All of these factors can have significant impact on nurses' satisfaction with their jobs. Job satisfaction is an important component of nurses' lives that can impact patient safety, productivity and performance, quality of care and commitment to the organization. Whereas job dissatisfaction contributes to

medical errors, ineffective delivery of care, conflict and stress. Job satisfaction is commonly viewed as a composite of characteristics of the individual, the nature of work and the organizational context that surrounds the work. The organization has the responsibility to create a healthy and congenial atmosphere at the work place so that its human resources could offer their best for the development of the organization with a sense of belongingness, satisfaction and growth. Consequently, the personal, working and organizational condition was included in this study as a variable influencing the job satisfaction of the hospital nurses. The present study is an attempt in this direction. The overall objective of the study is to evaluate the level of nurses' job satisfaction in the selected districts hospitals of Nagaland. The study is both descriptive and analytical in character. The descriptive part of the study has been based on secondary data collected from the selected unit. The analytical part of the study has been made on the basis of primary data collected from the selected district hospital nurses and randomly selected nurses working in the selected hospitals with the help of well-structured questionnaire.

This chapter provides with a summary major findings and suggestions pertaining to the Job Satisfaction of Nurses followed by a conclusion. This is followed by a brief conclusion with areas left for future research studies.

SECTION-I

SUMMARY OF MAJOR FINDINGS

In this section of the chapter, an attempt has been made to summarize the major findings of the research study so that one can have a better insight into the various aspects of Nurses' Job Satisfaction in Nagaland. The major findings of the study have been summarized in the following heads and sub-heads:

STRUCTURE & OPERATION OF HEALTH CARE SERVICES IN NAGALAND

- The Directorate of Health and Family Welfare is headed by the Health & Family Welfare Minister and Commissioner & Secretary.
- At the Directorate level, it is generally headed by the Principal Director. She/he is assisted by the Director of Health, Director of Family Welfare, Additional Directors, Joint Directors and Deputy Directors.
- At Chief Medical Office, Chief Medical Officer heads the office. She/he is assisted by District Programme Officer, District Tuberculosis Officer, Deputy Chief Medical officer, District Immunization Officer and District Zonal Leprosy Officer.
- At District Hospital, Medical Superintendent heads the District Hospital. She/he is assisted by Superintendent, Senior Grade Specialist and Senior Medical Officer; Junior Grade Specialist and Medical Officers respectively.
- In the State Nursing Service, the Joint Director (Nursing) is the head in hierarchy. She/he is assisted by three Deputy Directors of Nursing namely – Hospital Nursing, Nursing Education and Community Health Nursing.
- Although the Nursing Staff performs the roles and responsibilities in their own respective fields, there is no proper streamlining within the administration. It was learnt from the study that there was a lack/absence of proper guidelines in documented form in the nursing administration.

MEASUREMENT AND ANALYSIS OF NURSES' JOB SATISFACTION

Measurement and analysis of Nurses' Job Satisfaction have been highlighted in the following subheads:

Aggregate response of the respondents –

The study revealed that the majority of the respondents (74.7%) disagreed with the scope of getting promotions in the nursing profession. It also revealed

that many rules and procedures make the job difficult. The salary raises were too few and far between, indicating dissatisfaction in the salary raise scheme. The promotion of nurses was not based on the performance of the nurses according to the respondents. Only in the private sector, nurses were promoted based on their job performance. The respondents (69%) in general opined that the work they did was not given proper appreciation; and also that their efforts to do a good job were seldom obstructed by excessive regulations and rules. Further, it was a common opinion of the respondents (78.3%) that the goals of the organization they worked for were unclear to them. The respondents (76%) agreed that the profession as a nurse also demanded a heavy workload, according to the study. Most of the respondents (83%) highlighted absence of additional rewards in their job. The amount of paperwork the nurses had to do was also a concern raised by the respondents.

On the other hand, the respondents (87.7%) in general agreed and trusted on the competence of their supervisors in doing his/her job. The respondents (91.3%) agreed that they liked and enjoyed each other's company, which served as evidence to a good relationship between the people in the workplace. The respondents (82%) agreed that communication within the workplace was good and that the respondents valued their jobs and found it meaningful. The respondents (91.3%) agreed that they were fairly treated by their superiors and that they showed interest in the feelings of their subordinates. The respondents (62.7%) denied that they had to work harder because of the incompetence of their co-workers. From the study, it is found that most of the respondents (93.3%) liked their profession.

Overall Job Satisfaction of Nurses

According to the study, it was learnt that most of the nurses (40.33%) in Nagaland showed overall satisfaction about their job and only a small minority (3.33%) of the respondents showed overall dissatisfaction on their jobs.

However, 56.33% of the respondents were ambivalent on the subject of overall job satisfaction.

Component wise response of the respondents

Pual spector job satisfaction scale was used to measure the satisfaction of nurses in this study. Accordingly nine components were identified and used in the scale, result of which is as under.

Salary:

On the subject of salary, the respondents had mixed reviews of either satisfied, dissatisfied or undecided. 36% of the respondents were dissatisfied, 35% were satisfied and the remaining 28.6% were undecided on the matter.

Promotion: Majority of 167 respondents representing 55.6 percent were highly dissatisfied in the promotion aspect. This indicates that the aspects of promotions in nursing is limited.

Supervision: Nurses, as a whole, were highly satisfied in the supervision system, with a high majority of 267 respondents representing 89%. This shows that hospitals in Nagaland have a good supervision system for the nurses.

General Benefits: Benefits from a job may broadly be defined in terms of increases or bonuses. A high majority of 148 respondents representing 49.3% were dissatisfied with the General Benefits, which means that there is very limited additional benefits for the nurses.

Moral Rewards: Recognition of a well conducted work and appreciation for the same is essential for boosting one's interest in their job. Moral rewards

encourage and motivate employees to work more efficiently. The study reveals that in terms of moral rewards, 78 respondents representing 28% were dissatisfied, 117 respondents representing 39% were satisfied and remaining 105 respondents representing 35% were ambivalent.

Operating condition – A healthy working environment motivates employees to work more efficiently. It is found that a majority 57% of the nurses are dissatisfied with the Operating conditions because of work overloads and excessive regulations.

Co-workers – The study revealed that the relationship between the co-workers is very good at nursing workplace in Nagaland. The facts have become apparent that 87.3% of the respondents were satisfied.

Nature of work: Nurses are satisfied with the nature of work. The respondents representing 87% disclosed that the job contents are attractive and pleasant in hospitals.

Communication: A majority 71.7% of the nurses are satisfied with communication within the organisation.

Demographic Profile of The Respondents and Their Responses

Study on Nurses' job satisfaction was based on the respondents socio economic and personal background as well. The finding of which are:

Educational Qualification and Nurses Job Satisfaction - Majority of the Nurse employees, 199 respondents (66.3% of 300 respondents) were found to be from an educational qualification of Higher Secondary Education (10+2). However, it was learnt that the respondents belonging to graduates had a higher average job satisfaction score of 157.7 than the others.

Gender and Nurses Job Satisfaction

From the study, it was learnt that there was a large female majority of 294 respondents (98%) and only 6 male respondents (2%). The female gender has a higher level of job satisfaction with a score of 155.5 compared to the male gender score of 150.

Age and Nurse Job Satisfaction - Nurses belonging to the age group of 20-30 of age had a higher level of job satisfaction than the other age groups. The fact has been proved with the help of AJSS computed for 20-30 age groups (157), 30-40 age group (153.2), 40-50 age group (154.20 and 50 above age group (155.7)

Marital Status and Nurse Job Satisfaction - Most of the unmarried and married nurses were satisfied with their job; yet, married nurses have higher level of job satisfaction as compared to unmarried or single nurses. This is presented from AJSS of 156 for married nurses as compared to the AJSS of 154.7 for unmarried nurses.

No. of Children and Nurse Job Satisfaction - The nurses with no children have a higher level job satisfaction than nurses with children, which is evident from the AJSS of 156.2 compared to the lower score of 154.7 for nurses having children.

Place of Permanent Residence and Nurse Job Satisfaction - Nurses belonging to village areas were more satisfied than the nurses from the town areas. This is showed from AJSS of 157.4 for nurses belonging to villages as compared to the AJSS of 154.9 for nurses belonging to town areas.

Monthly income and job satisfaction of nurses - Nurses getting monthly income between Rs. 5000 – Rs. 15000 were more satisfied with their job than the others. This fact has been proved with the help of computed AJSS (156.8.)

COMPARISON BETWEEN GOVERNMENT AND PRIVATE HOSPITAL ON JOB SATISFACTION

In this part of the study the various reasons for the preference of government and private hospitals by nurses along with their satisfaction level have been highlighted. For better understanding, Component wise job satisfaction analysis has been done and nurses' job satisfaction index has also been worked out separately for government and private hospitals. The finding of which are;

Reasons for Preference of Government/Private Hospitals

A) Reasons for preferring Government hospital

The top five reasons for which Government Hospital is preferred by the Nurses' are as follows:

- i) '*Good Salary*' was accorded the first rank as the reason for preferring Government hospitals over private hospitals, with the highest score of 509, the average weighted score being 3.39 per respondent.
- ii) The second foremost reason namely, '*Better allowance*' has been awarded with the weight score of 300 with average weighted score of 2.00 per respondent.
- iii) The next rank falls on the reason namely, '*Good working conditions*' with a weighted score of 290. The average weighted score for this third reason is 1.93 per respondent.

- iv) The fourth rank was accorded to the reason namely; '*Promotion scope*' with weighted score 215 and the average weight score per respondent was arrived at 1.43.
- v) '*Location advantage*' has been accorded the fifth rank with weighted score of 213 and average weight score of 1.42 per respondents.

b) Reasons for preferring Private hospital

The top five reasons for which Private Hospital is preferred by the Nurses' are as follows

- i) '*Location advantage*' has been the foremost reason for preferring private service by the respondents. The weighted score for this is 476 with an average weighted score of 3.17.
- ii) The second rank has been awarded to '*Good working condition*'. The weighted score for this is 458 with an average weighted score of 3.05 per respondents.
- iii) '*Easy to get job*' has been awarded the third rank with weighted score 393 and averaged weighted score of 2.62 per respondent.
- iv) The fourth rank is awarded to '*Effective communication system*' with weighted score of 326 and an average weighted score of 2.17 per respondent.
- v) The fifth reason for preferring private hospital by the respondents has been '*Enough nurses on each shift*' with a weighted score of 203 and an average weighted score of 1.35 per respondent.

Extent of Nurses Job Satisfaction in Government and Private Hospitals

The average job satisfaction scores (AJSS) of the sample respondents in Government Hospitals is 71.8 while the average job satisfaction scores of the sample respondents is 70.2 in Private Hospitals. As the mean job satisfaction

score is lesser for Private hospitals than Government hospitals, it can be learnt that the respondents are relatively less satisfied with their Job in private hospitals than in Government hospitals.

Level of Nurses' Job Satisfaction between Government and Private Hospitals

The nurses were moderately satisfied with their jobs both in Government as well as in Private hospitals. However, the nurses' job satisfaction in Government hospitals is higher than that of Private hospitals.

Component wise analysis of Nurses' Job Satisfaction in Private and Government Hospitals

- (a) **General Satisfaction:** The study reveals that the Nurses in government hospitals were comparatively more satisfied than those working at private hospitals with regard to 'General Satisfaction' as it is evident from the AJSS obtained that Government hospital (16.4) and Private Hospital (15.9).
- (b) **Opportunity to Develop:** There is no significant difference in this regard. The nurses in private hospitals as well as government hospitals are almost equally satisfied with regard to 'opportunity to develop'. This fact becomes apparent from the AJSS obtained by Government hospitals (13.5) and Private hospitals (13.6)
- (c) **Responsibility:** The attitude of the nurses towards the 'responsibility' has been higher in Private hospitals than in Government hospitals. The fact has been proved with the help of AJSS computed for Government hospitals (5.0) and Private hospitals (8.2)

- (d) **Patient Care:** Nurses were found equally satisfied in Government as well as Private Hospitals with regard to 'Patient Care'. The AJSS obtained by both Government and Private hospitals was 7.7.
- (e) **Time Pressure:** The respondents are satisfied with regard to the 'Time pressure' by both types of hospitals. However, with regard to 'Time pressure', nurses of Government hospitals are marginally more satisfied than Private hospitals. The AJSS for Government hospitals was 5.9 and Private hospital was 5.8.
- (f) **Staff Relation:** The respondents on the basis of their 'Staff relation' nurses in Government hospitals are more satisfied than Private hospitals. This fact has been established with the scores obtained by Government hospital (AJSS:20.0) and Private hospital (AJSS: 18.7)

Respondents' Personal Factors and Nurses' job Satisfaction

- (a) **Educational Qualification and Nurses Job Satisfaction:** The respondents with education qualification of higher secondary and graduate were more satisfied in government hospitals than private hospitals, while respondents with education qualification of matriculate were more satisfied in private hospitals than government hospitals.
- (b) **Gender and Nurses Job Satisfaction:** Both male and female respondents are found to be more satisfied with the Government hospitals in comparison to Private hospitals. The AJSS obtained by the Government hospitals ranges from 71.81 and 74.00, whereas this range for private hospitals was between 70.22 and 66.00.

- (c) **Age and Nurses Job Satisfaction:** the respondents belonging to the age group of 30-40 and 50 above were more satisfied in Government hospitals than in private hospitals, whereas, the respondents belonging to the age group of 20-30 and 40-50 were more satisfied with private hospitals than with the Government hospitals.
- (d) **Marital Status and Nurses' Job Satisfaction:** Under unmarried category, the respondents were enjoying higher job satisfaction in government hospitals than with that of private hospitals. Whereas, under Married category, the respondents from private hospitals were more satisfied than government hospitals. The AJSS obtained by government hospital was found to be 72.37 and 69.7 for unmarried and married respondents respectively. The AJSS for private hospitals was 69.74 and 70.3 for unmarried and married respondents respectively.
- (e) **With/Without Children and Nurses Job Satisfaction:** The study revealed that the respondents without children were more satisfied in private hospitals than Government hospitals; while the respondents with children were more satisfied in Government hospitals than private hospitals. The AJSS obtained by Without children was 68.85 and 69.89 from government and private hospitals respectively. On the other hand the score obtained by With children were 72.56 and 72.00 from government and private hospital respectively.
- (f) **Place and Nurses Job Satisfaction:** It is learnt from the study that urban respondents were more satisfied than the rural respondents for private hospitals while rural respondents are more satisfied than the urban respondent in private hospitals. The AJSS obtained by government hospital for rural and urban were 71.76 and 72.37 respectively, whereas for private hospital AJSS obtained for rural and town were 70.74 and 68.83 respectively.

(g) **Income and Nurses Job Satisfaction:** Regarding the Income and Nurses' Job Satisfaction, respondents from Government hospital were more satisfied than private hospitals irrespective of their level of income.

Nurses Job Satisfaction Index

From the job satisfaction indices obtained, it is learnt that nurses from Government hospitals are more satisfied than Private hospitals. The NJSI obtained 12.02 for Government hospitals and 11.96 for Private hospitals.

DISTRICT WISE VARIATION OF NURSES' JOB SATISFACTION

In order to study district wise variation in level of nurses' job satisfaction, the study was conducted in five selected districts as mention earlier viz (Mokokchung, Phek, Tuensang, Kohima and Dimapur). It is through district wise analysis of job satisfaction; one can better understand or can have better insight into the satisfaction level of the nurses. Following sub heads have been highlighted below.

District wise Overall Job Satisfaction of Nurses: From the study of district-wise analysis, it is found that nurses in Mokokchung district were more satisfied with their job compared to other districts, followed by Tuensang and Phek district respectively. Nurses of Kohima district were least satisfied with their job. As it is evident from the AJSS obtained that Mokokchung district 76.90, Tuensang district 73.00, Phek district 70.83 and Kohima district 68.48.

Level of Nurses' Job Satisfaction: The nurses at large were moderately satisfied with their job across the districts under study. Low satisfied nurses are

not found in any selected district of Nagaland. Most of the nurses in Nagaland belong to the medium level of job satisfaction and very few nurses, particularly in the district of Mokokchung and Tuensang were found to be in the category of high level of job satisfaction.

Demographic Profile of the Respondents and the Level of Job Satisfaction: District Wise

- a) **Relation between Educational Qualification and Nurses' Job Satisfaction: District wise** – The study reveals that irrespective of the nurse's educational background, respondents were getting higher satisfaction from Mokokchung District as compared to other districts.
- b) **Relationship between Gender and Nurses' Job Satisfaction: District wise** – the survey revealed that Dimapur, Mokokchung, Phek and Tuensang districts female nurses were more satisfied with their job than their male counterparts; except for Kohima district where male nurses are marginally more satisfied than female nurses.
- c) **Relationship between Age and Job Satisfaction: District wise** – the study further revealed that the respondents whether young, old or middle aged were getting higher job satisfaction in Mokokchung district. Phek District had the least Job Satisfaction regarding to relationship between age and Job Satisfaction.
- d) **Relationship between Marital Status and Job Satisfaction: District wise** – It has been found that districts like Mokokchung, Phek and Tuensang nurses without children were more satisfied with their job than

with children. While districts like Dimapur and Kohima nurses' were more satisfied with children than without children.

- e) **Relationship between Place of permanent residence and Nurses' Job Satisfaction: District wise** - The respondents from the towns of Dimapur, Mokokchung and Tuensang districts were more satisfied than the rural respondents, while the case is reversed in Phek and Kohima districts.
- f) **Relationship between Monthly Income and Nurses' Job Satisfaction: District wise** – The nurses with monthly income upto Rs.40, 000 were found to be more satisfied in Mokokchung district, while nurses with monthly income above Rs.40, 000 were more satisfied in Tuensang district.

Components of Nurses' Job Satisfaction: District Wise

- a. **General Satisfaction: District wise** - With regard to 'General Satisfaction' Nurses from Mokokchung with AJSS 17.51 and Tuensang districts with AJSS 17.16 exhibit higher job satisfaction than the other districts. Nurses belonging to Phek District with AJSS 15.25 were least satisfied.
- b. **Opportunity to Develop: District wise** - it is found that there is not much variation in the scores between the districts in terms of 'Opportunity to Develop'. Thus, the nurses from different districts have a common idea when it comes to the area of 'Opportunity to Develop'. As it is evident from AJSS obtained that Dimapur district 13.31, Kohima District 13.20, Mokokchung District 14.70, Phek district 13.54 and Tuensang District 14.12.

- c. **Responsibility: District wise** - there is not much variation in the AJSS scores of nurses among the districts in terms of 'Responsibility'. The highest scoring district was Mokokchung with a score of 9.12 followed by other districts with average score of 8. Thus, sense of responsibility does not play as a vital role for determining the job satisfaction level of the nurses across the district.
- d. **Patient Care: District wise** – With regard to 'Patient Care', Nurses from Tuensang district and Mokokchung district show higher Job satisfaction score in terms of 'Patient Care' as compared to other districts. This suggests that the said district ensures the delivery of quality patient care as compared to other districts. The AJSS obtained by Tuensang district was 8.09 and Mokokchung was 8.07.
- e. **Time Pressure: District wise** - On the issue of 'Time Pressure', Mokokchung district exhibits the highest job satisfaction score with AJSS 6.70 as compared to other districts with average score of 5.74.
- f. **Staff Relation: District wise** – So far the 'Staff Relation' is concerned the nursing staff of Phek district had the highest average job satisfaction score i.e. 20.45 and the lowest average job score 18.12 was recorded in Kohima district.

District Wise Nurses Job Satisfaction Index (NJSI): From the job satisfaction indices obtained for each district, it is learnt that nurses from Mokokchung district are found to be more satisfied with 13.14 NJSI, followed by Tuensang with 12.50 NJSI and Phek with 12.04 NJSI. Nurses belonging to Kohima district are least satisfied with 12.00 NJSI after Dimapur district with 12.04 NJSI.

TESTING OF HYPOTHESES

In this part of the chapter, an attempt has been made to test the hypotheses in order to ascertain whether the hypotheses formulated are accepted or rejected. The following two hypotheses were considered in this study for testing empirically so as to make an in-depth study of the nurses' level of job satisfaction in Nagaland.

1. Majority of the nurses are highly satisfied with their Job.
2. There is no significant difference in the level of Job Satisfaction of Nurses between Private and Government hospitals.

Testing of Hypotheses' involves a process. In the process of testing hypotheses the following important aspects are considered, analysed and studied so as to evaluate the Level of Nurses' Job satisfaction in Nagaland.

1. Overall job satisfaction of nurses emphasizing on their average JOB satisfaction scores
2. Proportion of the nurses who were either satisfied or dissatisfied with their job
3. Level of nurses job satisfaction in Government and private hospitals emphasizing on the average job satisfaction scores.
4. Analysis of nurses' job satisfaction in government and private hospitals based on selected demographic characteristics of respondents.

It is evident from data analysis (in Chapter 3) that majority of the respondents i.e 56.33 percent were found to be ambivalent. They were neutral and were neither dissatisfied nor fully satisfied. These respondents could be in both ways as satisfied or dissatisfied. For drawing conclusion and generalization, inclusion and exclusion of these ambivalent respondents will not have any impact. So out of the remaining 131 respondents, only 7.63 percent numbering 10 respondents were dissatisfied with their job while 121 respondents

representing 92.37 percent were found to be satisfied with their job. Thus, on the basis of two extreme opinion as ‘satisfied’ and ‘dissatisfied’, the hypothesis that ‘Majority of the nurses are highly satisfied with their job’ stands proved and is accepted.

It has been observed from Table: 4.2 (in Chapter 4) that the average job satisfaction scores (AJSS) of 150 sample respondents in Government Hospitals is 71.8. As the average job satisfaction score is 71.8 out of the maximum of 116, it is inferred that Nurses are satisfied with their job in Government Hospitals.

While in the case of Private Hospitals the average job satisfaction scores of the sample respondents is 70.2. As the average Job Satisfaction Score (AJSS) is 70.2 out of the maximum of 116, it is inferred that Nurses are satisfied with regard to Private hospitals as well.

The respondents were also grouped into three categories, viz. low satisfied, medium satisfied and highly satisfied based on their level of satisfaction as shown in Table: 4.3 (Chapter 4).

In the case of Government hospitals, out of 150 respondents, none of the respondents belonged to low level job satisfaction Category. There were 147 respondents representing 98 percent in the “Medium level of Job Satisfaction” group and 3 respondent representing 2 percent in the “High level of Job Satisfaction” group.

With regard to private hospitals, out of 150 respondents, 145 respondents were in “Medium level of Job Satisfaction” group consisting of 96.7 percent and 5 respondents representing 3.3 percent of the sample is in “High level of Job Satisfaction” group. None of the respondents fall under ‘low level of job

satisfaction' even in private hospitals. Based on these facts, it is can be concluded that there is no significant difference in the level of nurses' job satisfaction between government and private hospitals.

Further, The result of chi square tests between observed and expected frequencies (in chapter 4) for studying the relationship between the level of nurses' job satisfaction and selected demographic characteristics of the respondents reveals the following;

- That the Relationship between Educational Qualification and Nurses Job Satisfaction (In both Government and Private Hospitals) shows that the χ^2 (0.017) is less than the table value (3.841) so the researcher could not reject the proposition that 'Nurses in Government hospitals are not more satisfied with their job in terms of their educational qualification as compared to nurses in Private hospitals'. And the same is accepted.
- That the Relationship between Place and Nurses Job Satisfaction (In both Government and Private Hospitals) show that χ^2 (0.020) is less than the table value of χ^2 (3.841) the researcher could not reject the proposition that 'Nurses in Government hospitals are not more satisfied with their job in terms of their place as compared to nurses in Private hospitals'. And the same is accepted.
- That the Relationship between nurses with or without children and their level of Job Satisfaction (In both Government and Private Hospitals) show that χ^2 (0.009) is less than the table value (3.841) the researcher could not reject the proposition that 'Nurses in Government hospitals are not more satisfied with their job in terms of nurses with or without children as compared to nurses in Private hospitals'. And the same is accepted

Therefore, based on the extent of nurses job satisfaction and chi square test value, the research hypotheses that 'There is no significant

difference in the level of Job Satisfaction of Nurses between Private and Government hospitals' stands proved and is accepted.

SUGGESTIONS

To enhance job satisfaction of the nurses working in the Hospitals of Nagaland, following suggestions have been enumerated and recommended in the light of the findings of the study.

1. Regular workshops, in-service education programmes and conferences should be organised on National/State/ Institutional levels in discussing the problems and Suggesting measures to improve the quality of nursing profession as a whole. Short-term training courses may be organized within the institution periodically. Staff may be deputed for training programmes to other institutions based on the need of the institution.
2. Public awareness must be created for promoting nursing as an esteemed profession. And for this purpose electronic media can be used as a platform.
3. The hospital administration should pay attention on improving the processes, redefine the nursing duties and responsibilities which would reduce the overlap and duplication of work as well as reduce the clerical work.
4. Job description of various nursing personnel should be well defined with adequate understanding of division of work.

5. A proforma of detailed policies and autonomy of job should be given to all nursing personnel at the time of appointment, which can serve as job manual for the nurses.
6. In the light of increasing demand and expectations, pay scales of the nurses need to be enhanced. Increase in salaries can reduce job dissatisfaction to a greater extent.
7. There is a need for the administration to recruit more nurses to overcome shortage of nursing staffs so that job overload can be avoided.
8. The workload with existing nursing strength can also be reduced by delegating non-nursing activities to clerical staff and complete computerization of the hospital and updating hospital information system.
9. There should be a system of appreciation and recognition for better job performance in each hospital. This will improve nurse's involvement and increase belongingness.
10. It is suggested that periodic evaluation of nurses' job satisfaction may be performed for betterment of Hospital and for increasing quality of patient care. A longitudinal study would be useful with data collection taking place at different time intervals (e.g. every 2 years).
11. Administrators must consider changing the work context, especially concerning salary and promotions policies, in ways that can contribute to job satisfaction and maintain a viable nursing workforce for the future.

12. Need to improve the already existing good communication in the workplace and adopt less hierarchical structures. Both interpersonal communication and written communication has to be improved in the hospitals. The nursing staff should be provided with training on oral communication particularly speaking;
13. Uncertainty in work place is a major concern for nurses in private hospitals so, there is a need to increase job stability and security especially in private sector
14. Current promotion possibility is also a source of dissatisfaction. Changing promotion procedure in favour of nurses might make nurses more satisfied.
15. Nurse Managers must identify the reasons for nurse's dissatisfaction in time and act promptly to improve conditions in order to prevent costly turnover and provide patients with high-quality care.
16. Empowering nurses in their jobs and allowing them to be involved in organizational decision making and planning will improve nurses' job quality.
17. Supporting and promoting co-worker relationship in the organisation is an essential element of job satisfaction. The hospital administration of Nagaland should inculcate this culture through employee's participation.
18. Work life Balance is the key to job satisfaction. Nursing staff should be provided with some guidelines, physical and psychological support to the nursing staff with regard to management of family and work

place. A committee consisting of senior nursing staff and medical doctors should provide counseling and guidance to the nursing staff, particularly the younger staff.

19. Many nursing staff are affected by work stress which have to be tackled by providing training, counseling and other possible modes of support.
20. The organisational culture has to be improved by following healthy practices such as transparency in implementing rules, giving autonomy in decision making and treating the staff without discrimination. The hospitals have to involve nursing staff particularly in programme implementations. This will also contribute to nurse's job satisfaction.

CONCLUSION

This study is an attempt to evaluate the level of nurses' job satisfaction in selected districts of Nagaland. The study is based on both primary and secondary data. Primary data were collected through observation and structured questionnaire from the sample respondents selected by convenience sampling method from the identified hospitals of the selected districts of Nagaland. In fact, studying job satisfaction among nurses was important because it is necessary to distinguish between positive and negative aspects of job satisfaction. The job satisfaction of nurses, most of who are employed by hospitals, is of interest for three reasons. First, job satisfaction is related causally to turnover. Turnover creates instability in the organization and increases labor cost associated with an orientation of new employees. Second, job satisfaction is a possible determinant of effective job performance. Third, job satisfaction can be viewed as an end in itself. The result of the study shows that nurses at large are mostly satisfied with their job in both private and government hospitals. However, the basic reasons

for nurses' discontentment are found to be low pay, less recognition, less scope for promotion and work overload due to understaffing.

The findings will have implications on nurse managers and hospital administrators for planning and implementing effective health policies that would meet the unique needs of their staff and organizations. The findings will also help the administrators to better 'meet the need' of nurses and improve the quality of care in their hospitals.

This study on Nurses' Job Satisfaction in Nagaland will be helpful for future researchers as well and can provide a base for further research in the related fields. The areas in which further research can be undertaken in future may include the following.

- As the study was limited to selected variables of job satisfaction, the study could not explore Unit-based factors, such as number of beds, patient acuity, models of care delivery, and staffing patterns, were absent from this study. The inclusion of these variables could potentially contribute to variability in job satisfaction and require further study. Further interventions designed to increase work productivity or improvement in patient care can be tested to determine their effects on job satisfaction.
- Research on Job Satisfaction can be carried out for other healthcare providers like doctors, technical staff and housekeeping staff.

This study is presented with the hope that this will draw the attention of future researchers, Government, Medical administrator and experts. If the study helps them in any form, the researcher will feel that his efforts are amply recognized.

Appendix-I

Dear Respondent,

The researcher is presently working on a project in connection with his Doctor of Philosophy (Ph.D) programme from Nagaland University, Kohima campus, Meriema.

As a part of his research study, the researcher is conducting a field survey on the level of Job Satisfaction of Nurses.

In view of this study, the researcher would like to request you to provide necessary information through the Questionnaire enclosed here with.

The information provided by you will be confidential and be used only for the academic purpose. Such information will not be used for any other purpose.

Soliciting your kind cooperation and help.

(THEBI JOSEPH SHUPAO)

Research Scholar,
Nagaland University,
Meriema Campus, Kohima, Nagaland.

QUESTIONNAIRE FOR NURSES

Part: A General

1. Name _____
2. Nursing qualification _____
3. Name of the Hospital _____
4. Kind of Hospital a) Public ☐ b) Private ☐
5. Year of joining the service _____
6. Place _____

Part: B Personal information

(Please put a tick in one of the options given below)

1. Education Qualification:

a	Below Matric	
b	Matriculate	
c	Higher Secondary	
d	Graduate	

2. Gender

a) Male ☐ b) Female ☐

3. Age in years

a) 20-30 ☐ b) 30-40 ☐ c) 40-50 ☐ d) 50 Above ☐

4. Marital status

a) Single ☐ b) Married ☐ c) Other ☐

5. Number of children

a) 0 ☐ b) 1 ☐ c) 2 ☐ d) 3 ☐ e) Above 3 ☐

6. Place of permanent residence

a) Village ☐ b) Town ☐

7. Monthly income

a)	Upto Rs. 5000	
b)	Rs. 5000 - Rs.15000	
c)	Rs. 15000 – Rs.25000	
d)	Rs. 25000 - Rs. 40000	
e)	Above Rs. 40000	

Part: C Reason for preferring Private/Government Health service

Below are given 10 possible reasons for choosing the Private/government health services. Please choose five most important reasons and rank them as 1 to 5 on the basis of priority.

Sl. No	Reason	Rank
1	Good salary	
2	Better allowance	
3	Fringe benefits like accommodation and transportation	
4	Good working conditions	
5	Enough nurses on each shift	
6	Effective communication system	
7	Opportunity for capacity building	
8	Promotion scope	
9	Easy to get Job	
10	Location advantage	

Part: D Job Satisfaction Survey (Paul E. Spector)

	Please Put a tick mark in the appropriate number against each item given below	Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
1	I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
2	There is really too little chance for promotion on my job.	1	2	3	4	5	6
3	My supervisor is quite competent in doing his/her job.	1	2	3	4	5	6
4	I am not satisfied with the benefits I receive.	1	2	3	4	5	6
5	When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6
6	Many of our rules and procedures make doing a good job difficult.	1	2	3	4	5	6
7	I like the people I work with.	1	2	3	4	5	6
8	I sometimes feel my job is meaningless.	1	2	3	4	5	6
9	Communications seem good within this organization.	1	2	3	4	5	6
10	Raises are too few and far between.	1	2	3	4	5	6
11	Those who do well on the job stand a fair chance of being promoted.	1	2	3	4	5	6
12	My supervisor is unfair to me.	1	2	3	4	5	6
13	The benefits we receive are as good as most other organizations offer.	1	2	3	4	5	6
14	I do not feel that the work I do is appreciated.	1	2	3	4	5	6

	Please put a tick mark in the appropriate number against each item given below	Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
15	My efforts to do a good job are seldom blocked by red tape.	1	2	3	4	5	6
16	I find I have to work harder at my job because of the incompetence of people I work with.	1	2	3	4	5	6
17	I like doing the things I do at work.	1	2	3	4	5	6
18	The goals of this organization are not clear to me.	1	2	3	4	5	6
19	I feel unappreciated by the organization when I think about what they pay me.	1	2	3	4	5	6
20	People get ahead as fast here as they do in other places.	1	2	3	4	5	6
21	My supervisor shows too little interest in the feelings of subordinates.	1	2	3	4	5	6
22	The benefit package we have is equitable.	1	2	3	4	5	6
23	There are few rewards for those who work here.	1	2	3	4	5	6
24	I have too much to do at work.	1	2	3	4	5	6
25	I enjoy my coworkers.	1	2	3	4	5	6
26	I often feel that I do not know what is going on with the organization.	1	2	3	4	5	6
27	I feel a sense of pride in doing my job.	1	2	3	4	5	6
28	I feel satisfied with my chances for salary increases.	1	2	3	4	5	6
29	There are benefits we do not have which we should have.	1	2	3	4	5	6
30	I like my supervisor.	1	2	3	4	5	6
31	I have too much paperwork.	1	2	3	4	5	6
32	I don't feel my efforts are rewarded the way they should be.	1	2	3	4	5	6
33	I am satisfied with my chances for promotion.	1	2	3	4	5	6
34	There is too much bickering and fighting at work.	1	2	3	4	5	6
35	My job is enjoyable.	1	2	3	4	5	6
36	Work assignments are not fully explained.	1	2	3	4	5	6

Part: E I: Participation and control
(Please put a tick in one of the options given below)

		Yes	No	Don't know
1	Do you work under pressure?			

2. If you answer to question number 1 is 'yes'. What is the source of this pressure?

a)	The work itself	
b)	Sister in Charge	
c)	Matron	
d)	Other Nurses	
e)	Other	

II: Personal satisfaction and interpersonal roles
(Please put a tick in one of the options given below)

		Yes	No	Don't know
3	Is your remuneration related to the amount of work you do?			

4. If your answer to question is "No" by how much do you think your Remuneration should increase?

a)	Upto 5%	
b)	5% -10%	
c)	10%-15%	
d)	15%-20%	
e)	20% and above	

III: Working conditions in health Service
(Please put a tick in one of the options given below)

		Yes	No	Don't know
5	In general do you like the working conditions of your job?			

6. What are the things you particularly dislike about your job? Tick whichever is applicable.

a)	Low pay	
b)	Lack of recognition	
c)	Lack of Promotion	
d)	Workload	

7. What other conditions of your job that you dislike? Tick whichever is applicable.

a)	Shortage of Staff	
b)	Transfer system	
c)	Lack of opportunity for further education or training	
d)	Lack of accommodation	
e)	Lack of transport	
	Other	

		Yes	No	Don't know
8	Do you intend to remain in nursing until you retire?			

IV: Rewards and Inducements

9. How do you feel about your present post as a job in which you can continuously learn?

a)	Can still learn a great deal	
b)	Can still learn a little	
c)	Nothing more to learn	

10. How is the personal appraisal system in your workplace?

a)	None	
b)	Unfair	
c)	Good	

11. What would motivate you to improve quality care to patients in your nursing job?

a)	Good salary	
b)	Better working conditions	
c)	Reduced workload	
d)	Opportunity for promotion	
e)	Opportunity for continuous education	
f)	Opportunity for recognition of work done	
g)	Autonomy in your work arrangement	
h)	Positive interpersonal relationships	
i)	Positive supervisory relationships	
j)	The work itself	

12. What would give you satisfaction in your nursing job?

a)	Good Salary	
b)	Other considerations such as risk allowance	
c)	Abolition of the transfer system	
d)	Good working conditions	
e)	Good fringe benefits such as housing	
f)	Enough nurses on each shift	
g)	Effective communication system	
h)	Opportunity to go to workshops	
i)	Positive relationships with coworkers	
j)	High morale in team work	
k)	The work itself	

Part F: Evaluation of job satisfaction

Kindly decide how you feel about the aspect of your job described by the statement and tick the appropriate box.

GENERAL SATISFACTION		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1	If I could choose the career again I would make the same decision					
2	My job has more advantages than disadvantages					
3	My income is a reflection of the work I do					
4	There is no personal growth in my work					
5	I would like to change my career					
6	I really enjoy my work					
7	In general I am satisfied with my work					

OPPORTUNITY TO DEVELOP		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
8	I have sufficient opportunity to develop in my work					
9	The variation in my work is satisfactory					
10	My work is mentally stimulating					
11	I experience frustration in my work due to limited resources					
12	I find my work routine non stimulating					
13	Too much is expected from me at work					

RESPONSIBILITY		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
14	I enjoy the status in the community as a healthcare professional					
15	I receive recognition for tasks well done					
16	I am entrusted with great responsibility in my work					

PATIENT CARE		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
17	The patients appreciate what I do for them					
18	I have sufficient time for each patient					
19	My patients co-operate because they understand my working conditions					

TIME PRESSURE		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
20	There are many non-clinical tasks that I have to do					
21	I have enough freedom to decide how I do my work					
22	I spend more time doing what could be done by others with less experience & training					

STAFF RELATIONS		Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
23	I have a good working relationship with my colleagues					
24	There is an atmosphere of co-operation between staff & management					
25	There is a clear channel of communication at my workplace					
26	My manager is concerned about my well being					
27	Management does involve staff in decision making					
28	I can depend on my colleagues for support					
29	I am happy with the management style in my department					

Appendix II

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
1	GNM	DH DMR	1985	Matric	F	40-50	Married	3	town	Above Rs. 40000	143	67
2	GNM	DH DMR	1992	Matric	F	40-50	Married	3	town	Above Rs. 40000	152	70
3	B.SC. Nsg (P.B)	DH DMR	2013	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	118	61
4	GNM	DH DMR	1992	Matric	F	40-50	Married	1	town	Above Rs. 40000	164	76
5	GNM	DH DMR	1985	Matric	F	50 above	Married	1	town	Above Rs. 40000	145	78
6	GNM	DH DMR	1992	HS/PU	F	40-50	Married	3	village	Above Rs. 40000	164	73
7	GNM	DH DMR	1986	HS/PU	F	40-50	Married	2	town	Rs. 25000- Rs. 40000	151	73
8	B.SC. Nsg.	DH DMR	1982	Graduate	F	50 above	Married	above 3	town	Above Rs. 40000	157	76
9	GNM	DH DMR	1986	HS/PU	F	50 above	Married	2	town	Above Rs. 40000	156	58
10	GNM	DH DMR	1989	HS/PU	F	50 above	Married	3	town	Above Rs. 40000	149	77
11	GNM	DH DMR	1991	HS/PU	F	30-40	Married	above 3	town	Above Rs. 40000	152	69
12	GNM	DH DMR	1986	Matric	F	50 above	Married	3	town	Above Rs. 40000	165	70
13	GNM	DH DMR	1991	Matric	F	40-50	Married	above 3	town	Above Rs. 40000	153	69
14	GNM	DH DMR	1985	Matric	F	50 above	Married	1	village	Above Rs. 40000	158	71
15	GNM	DH DMR	2010	HS/PU	F	30-40	Married	2	town	Rs. 5000-Rs 15000	156	71
16	GNM	DH DMR	1997	HS/PU	F	40-50	Married	above 3	town	Above Rs. 40000	147	69
17	GNM	DH DMR	1992	Matric	F	40-50	Married	3	town	Above Rs. 40000	163	79
18	GNM	DH DMR	1984	Matric	F	50 above	Married	above 3	town	Above Rs. 40000	149	73
19	GNM	DH DMR	1990	Matric	F	50 above	Married	3	village	Above Rs. 40000	136	69

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
20	GNM	DH DMR	1986	Matric	F	50 above	Married	above 3	town	Above Rs. 40000	140	71
21	GNM	DH DMR	1986	Matric	F	50 above	Married	above 3	town	Above Rs. 40000	149	70
22	GNM	DH DMR	1982	HS/PU	F	50 above	Married	3	town	Above Rs. 40000	142	83
23	GNM	DH DMR	1982	Matric	F	50 above	Married	above 3	town	Above Rs. 40000	156	78
24	GNM	DH DMR	2003	HS/PU	F	40-50	Married	2	town	Rs. 25000- Rs. 40000	149	74
25	GNM	DH DMR	2003	HS/PU	F	40-50	Married	2	town	Rs. 25000- Rs. 40000	152	74
26	GNM	DH DMR	1994	HS/PU	F	40-50	Married	3	town	Above Rs. 40000	144	75
27	GNM	DH DMR	1994	HS/PU	F	40-50	Married	3	town	Above Rs. 40000	150	67
28	GNM	DH DMR	1994	HS/PU	F	40-50	Married	3	town	Above Rs. 40000	149	71
29	GNM	DH DMR	2001	HS/PU	F	40-50	Married	2	town	Rs. 25000- Rs. 40000	150	71
30	GNM	DH DMR	2002	HS/PU	F	40-50	Married	3	town	Rs. 25000- Rs. 40000	143	74
31	ANM	DH DMR	1991	HS/PU	F	40-50	Married	2	town	Above Rs. 40000	120	67
32	GNM	DH Phek	1991	Matric	F	50 above	Single	0	village	Above Rs. 40000	150	74
33	GNM	DH Phek	2009	HS/PU	F	30-40	Married	1	town	Rs. 25000- Rs. 40000	151	75
34	GNM	DH Phek	2009	HS/PU	F	30-40	Married	3	town	Rs. 25000- Rs. 40000	117	73
35	GNM	DH Phek	2012	HS/PU	F	30-40	Single	0	village	Rs. 15000- Rs. 25000	147	75
36	GNM	DH Phek	2002	HS/PU	F	40-50	Married	above 3	town	Rs. 25000- Rs. 40000	122	73
37	GNM	DH Phek	1999	HS/PU	F	40-50	Married	3	town	Rs. 25000- Rs. 40000	130	75
38	GNM	DH Phek	2001	HS/PU	F	40-50	Married	above 3	town	Rs. 25000- Rs. 40000	128	69

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
39	GNM	DH Phek	1990	Matric	F	50 above	Married	above 3	town	Above Rs. 40000	119	76
40	GNM	DH Phek	2002	HS/PU	F	30-40	Married	2	town	Rs. 25000- Rs. 40000	121	75
41	GNM	DH Phek	1986	below Matric	F	50 above	Married	2	town	Rs. 25000- Rs. 40000	142	62
42	GNM	DH Phek	1988	below Matric	F	40-50	Married	2	town	Rs. 25000- Rs. 40000	138	66
43	ANM	DH Phek	1983	Matric	F	50 above	Married	2	town	Rs. 25000- Rs. 40000	142	62
44	ANM	DH Phek	1991	Matric	F	40-50	Married	1	town	Rs. 25000- Rs. 40000	140	62
45	GNM	DH Phek	1989	HS/PU	F	40-50	Married	2	village	Above Rs. 40000	122	74
46	GNM	DH Phek	1991	Matric	F	40-50	Married	2	town	Rs. 25000- Rs. 40000	142	64
47	GNM	DH Phek	2012	HS/PU	F	40-50	Married	2	town	Rs. 25000- Rs. 40000	125	74
48	ANM	DH Phek	1991	Matric	F	30-40	Married	1	town	Rs. 25000- Rs. 40000	141	62
49	GNM	DH Phek	2002	HS/PU	F	40-50	Married	3	village	Rs. 25000- Rs. 40000	125	73
50	GNM	DH Phek	1985	Matric	F	50 above	Married	above 3	village	Above Rs. 40000	115	77
51	ANM	DH Phek	1992	HS/PU	F	30-40	Married	2	town	Rs. 15000- Rs. 25000	124	74
52	GNM	DH Phek	2013	HS/PU	F	30-40	Married	2	town	Rs. 25000- Rs. 40000	123	74
53	ANM	DH Phek	2005	HS/PU	F	30-40	Married	1	town	Rs. 25000- Rs. 40000	139	75
54	ANM	DH Phek	2000	Matric	F	30-40	Married	2	town	Rs. 25000- Rs. 40000	123	74
55	ANM	DH Phek	1985	Matric	F	50 above	Married	2	town	Rs. 25000- Rs. 40000	140	62
56	GNM	IMDH Mkg	1994	HS/PU	F	40-50	Married	2	village	Rs. 25000- Rs. 40000	132	64
57	GNM	IMDH Mkg	2013	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	112	77
58	GNM	IMDH Mkg	1995	Matric	F	40-50	Married	1	village	Rs. 25000- Rs. 40000	155	74

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
59	GNM	IMDH Mkg	1991	HS/PU	F	50 above	Married	1	town	Rs. 5000-Rs 15000	140	78
60	GNM	IMDH Mkg	2000	HS/PU	F	40-50	Married	3	town	Rs. 25000- Rs. 40000	132	70
61	GNM	IMDH Mkg	1999	HS/PU	F	40-50	Married	2	town	Above Rs. 40000	138	81
62	GNM	IMDH Mkg	1982	HS/PU	F	50 above	Married	above 3	town	Above Rs. 40000	143	79
63	ANM	IMDH Mkg	1998	Matric	F	40-50	Married	3	town	Rs. 25000- Rs. 40000	123	77
64	GNM	IMDH Mkg	1994	Matric	F	40-50	Married	above 3	town	Above Rs. 40000	144	76
65	ANM	IMDH Mkg	2000	Matric	F	40-50	Married	3	town	Rs. 25000- Rs. 40000	159	80
66	GNM	IMDH Mkg	1991	HS/PU	F	40-50	Married	1	town	Above Rs. 40000	148	74
67	GNM	IMDH Mkg	2012	Graduate	F	40-50	Married	1	village	Rs. 25000- Rs. 40000	160	74
68	GNM	IMDH Mkg	1999	HS/PU	F	40-50	Married	3	town	Rs. 25000- Rs. 40000	141	74
69	GNM	IMDH Mkg	1985	Matric	F	50 above	Married	above 3	village	Above Rs. 40000	135	75
70	GNM	IMDH Mkg	1992	Matric	F	40-50	Married	1	town	Above Rs. 40000	140	73
71	ANM	IMDH Mkg	1988	Matric	F	50 above	Married	1	town	Above Rs. 40000	139	66
72	GNM	IMDH Mkg	2012	HS/PU	F	30-40	Married	1	town	Rs. 25000- Rs. 40000	154	70
73	GNM	IMDH Mkg	1985	Graduate	F	40-50	Married	3	town	Above Rs. 40000	121	67
74	ANM	IMDH Mkg	1991	Matric	F	40-50	Married	1	town	Rs. 25000- Rs. 40000	143	85
75	GNM	IMDH Mkg	1990	Matric	F	40-50	Married	2	town	Above Rs. 40000	166	68
76	ANM	IMDH Mkg	1991	below Maric	F	30-40	Married	2	town	Rs. 25000- Rs. 40000	153	72
77	GNM	IMDH Mkg	1997	Matric	F	40-50	Married	2	village	Above Rs. 40000	143	78
78	ANM	IMDH Mkg	1990	Matric	F	40-50	Married	3	town	Above Rs. 40000	118	64
79	GNM	IMDH Mkg	1993	Matric	F	40-50	Married	1	town	Rs. 25000- Rs. 40000	161	73

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
80	ANM	IMDH Mkg	2010	Matric	F	30-40	Married	above 3	village	Rs. 15000- Rs. 25000	114	74
81	GNM	IMDH Mkg	2015	HS/PU	F	20-30	Single	0	town	Rs. 15000- Rs. 25000	158	77
82	GNM	IMDH Mkg	2006	HS/PU	F	30-40	Married	3	town	Rs. 25000- Rs. 40000	144	91
83	GNM	IMDH Mkg	2003	HS/PU	F	40-50	Married	3	town	Rs. 25000- Rs. 40000	134	96
84	ANM	IMDH Mkg	2003	Matric	F	40-50	Married	3	town	Rs. 25000- Rs. 40000	153	67
85	GNM	IMDH Mkg	2002	Matric	F	40-50	Married	1	town	Rs. 25000- Rs. 40000	141	75
86	ANM	DH.Tsg	1986	Matric	F	40-50	Married	above 3	town	Rs. 25000- Rs. 40000	146	71
87	B.SC. Nsg.	DH.Tsg	2014	HS/PU	F	30-40	Single	0	village	Rs. 15000- Rs. 25000	137	52
88	B.SC. Nsg. (P.B)	DH.Tsg	1984	Graduate	F	50 above	Married	above 3	town	Above Rs. 40000	131	72
89	GNM	DH.Tsg	2013	HS/PU	F	30-40	Married	1	town	Rs. 25000- Rs. 40000	142	68
90	GNM	DH.Tsg	2012	HS/PU	F	30-40	Single	0	town	Rs. 25000- Rs. 40000	142	69
91	GNM	DH.Tsg	1985	Matric	F	50 above	Single	0	village	Above Rs. 40000	128	73
92	ANM	DH.Tsg	1993	below Matric	F	40-50	Single	0	town	Rs. 25000- Rs. 40000	155	65
93	GNM	DH.Tsg	1989	Matric	F	50 above	Married	2	village	Above Rs. 40000	152	89
94	GNM	DH.Tsg	2010	HS/PU	M	40-50	Married	1	town	Rs. 25000- Rs. 40000	157	74
95	GNM	DH.Tsg	2012	Graduate	F	30-40	Married	3	town	Rs. 25000- Rs. 40000	139	79
96	GNM	DH.Tsg	1994	Matric	F	40-50	Married	2	town	Above Rs. 40000	128	77
97	ANM	DH.Tsg	1998	Matric	F	40-50	Married	2	town	Rs. 25000- Rs. 40000	133	79
98	ANM	DH.Tsg	1987	Matric	F	40-50	Married	1	town	Rs. 25000- Rs. 40000	138	77
99	ANM	DH.Tsg	2009	Matric	F	30-40	Married	3	town	Rs. 25000- Rs. 40000	134	73
100	ANM	DH.Tsg	1994	Matric	F	40-50	Married	above 3	town	Rs. 25000- Rs. 40000	166	78

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
101	ANM	DH.Tsg	2000	Matric	F	40-50	Married	2	town	Rs. 25000- Rs. 40000	142	72
102	GNM	DH.Tsg	1986	Matric	F	40-50	Married	above 3	town	Above Rs. 40000	148	73
103	GNM	DH.Tsg	1999	HS/PU	F	40-50	Married	3	town	Rs. 25000- Rs. 40000	151	75
104	GNM	DH.Tsg	2014	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	95	61
105	GNM	DH.Tsg	1992	Matric	F	40-50	Married	2	town	Above Rs. 40000	148	73
106	GNM	DH.Tsg	2015	HS/PU	F	20-30	Married	0	village	Rs. 5000-Rs 15000	103	57
107	ANM	DH.Tsg	1988	Matric	F	40-50	Married	above 3	town	Rs. 25000- Rs. 40000	141	78
108	GNM	DH.Tsg	1986	Matric	F	40-50	Married	above 3	town	Above Rs. 40000	148	80
109	ANM	DH.Tsg	1997	HS/PU	F	40-50	Married	3	town	Rs. 25000- Rs. 40000	108	66
110	ANM	DH.Tsg	2001	HS/PU	F	40-50	Married	2	town	Rs. 25000- Rs. 40000	138	62
111	ANM	DH.Tsg	2007	Matric	F	30-40	Single	0	town	Rs. 25000- Rs. 40000	156	74
112	ANM	DH.Tsg	2005	Matric	F	30-40	Married	1	town	Rs. 15000- Rs. 25000	151	65
113	GNM	NHAK	1984	Matric	F	50 above	Married	above 3	town	Above Rs. 40000	156	62
114	GNM	NHAK	1988	Matric	F	50 above	Married	above 3	village	Above Rs. 40000	134	75
115	GNM	NHAK	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	143	73
116	GNM	NHAK	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	153	71
117	GNM	NHAK	2003	HS/PU	F	40-50	Married	2	village	Rs. 25000- Rs. 40000	169	73
118	GNM	NHAK	2011	HS/PU	F	30-40	Married	2	village	Rs. 5000-Rs 15000	142	76
119	GNM	NHAK	1996	Matric	F	40-50	Single	1	village	Rs. 25000- Rs. 40000	142	80
120	GNM	NHAK	1994	HS/PU	F	30-40	Married	2	village	Above Rs. 40000	133	66
121	GNM	NHAK	1988	Matric	F	40-50	Married	above 3	town	Above Rs. 40000	124	67

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
122	GNM	NHAK	1991	Matric	F	40-50	Married	2	village	Above Rs. 40000	134	72
123	GNM	NHAK	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	150	70
124	GNM	NHAK	1990	Matric	F	40-50	Married	1	town	Above Rs. 40000	154	72
125	B.SC. Nsg.	NHAK	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	131	73
126	GNM	NHAK	1991	Matric	F	40-50	Married	2	town	Above Rs. 40000	138	77
127	GNM	NHAK	2006	HS/PU	F	40-50	Married	3	village	Rs. 25000- Rs. 40000	131	74
128	B.SC. Nsg. (P.B)	NHAK	2015	Graduate	F	20-30	Single	0	village	Rs. 5000-Rs 15000	140	69
129	GNM	NHAK	2001	HS/PU	F	30-40	Single	0	town	Rs. 5000-Rs 15000	163	75
130	GNM	NHAK	2011	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	146	61
131	GNM	NHAK	1986	Matric	F	40-50	Married	above 3	town	Above Rs. 40000	107	75
132	GNM	NHAK	2014	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	135	68
133	GNM	NHAK	1985	Matric	F	50 above	Married	2	town	Above Rs. 40000	168	66
134	GNM	NHAK	1999	HS/PU	F	40-50	Married	2	town	Above Rs. 40000	172	67
135	GNM	NHAK	2005	Graduate	F	40-50	Married	above 3	town	Rs. 25000- Rs. 40000	144	77
136	ANM	NHAK	1999	HS/PU	F	30-40	Married	above 3	town	Rs. 25000- Rs. 40000	170	61
137	GNM	NHAK	2015	HS/PU	F	30-40	Single	0	village	Rs. 5000-Rs 15000	126	68
138	GNM	NHAK	2014	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	112	58
139	GNM	NHAK	2010	HS/PU	F	40-50	Married	3	town	Rs. 25000- Rs. 40000	144	78
140	GNM	NHAK	1988	Matric	F	50 above	Married	3	village	Above Rs. 40000	171	75
141	GNM	NHAK	1999	HS/PU	F	40-50	Married	above 3	town	Rs. 25000- Rs. 40000	160	75
142	GNM	NHAK	2012	Graduate	F	30-40	Single	0	town	Rs. 5000-Rs 15000	144	58

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
143	GNM	NHAK	2013	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	138	79
144	B.SC. Nsg. (P.B)	NHAK	1990	HS/PU	F	40-50	Married	2	village	Above Rs. 40000	153	73
145	GNM	NHAK	2010	HS/PU	F	30-40	Single	0	town	Rs. 5000-Rs 15000	136	80
146	B.SC. Nsg. (P.B)	NHAK	2001	HS/PU	F	40-50	Married	3	town	Above Rs. 40000	136	56
147	GNM	NHAK	1990	HS/PU	F	20-30	Married	3	town	Above Rs. 40000	139	54
148	GNM	NHAK	2013	HS/PU	F	30-40	Married	3	town	Rs. 5000-Rs 15000	118	80
149	GNM	NHAK	2014	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	120	69
150	GNM	NHAK	2015	Graduate	F	20-30	Single	0	village	Rs. 5000-Rs 15000	134	72
151	GNM	BMC	2015	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	171	82
152	GNM	BMC	2014	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	135	58
153	ANM	BMC	2011	Matric	F	20-30	Single	0	town	Rs. 5000-Rs 15000	142	62
154	ANM	BMC	2013	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	172	78
155	GNM	BMC	2011	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	128	57
156	GNM	BMC	2006	HS/PU	F	30-40	Married	0	town	Rs. 5000-Rs 15000	145	67
157	ANM	BMC	2011	Matric	F	20-30	Single	0	village	Rs. 5000-Rs 15000	134	79
158	ANM	BMC	2011	Matric	F	20-30	Single	0	village	Rs. 5000-Rs 15000	132	77
159	GNM	BMC	2011	Matric	F	30-40	Married	2	village	Rs. 5000-Rs 15000	130	81
160	ANM	BMC	2014	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	126	77
161	ANM	BMC	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	130	71
162	ANM	BMC	2013	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	133	75
163	ANM	BMC	2008	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	140	75

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
164	GNM	BMC	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	131	63
165	ANM	BMC	2008	Matric	F	20-30	Single	0	village	Rs. 5000-Rs 15000	124	67
166	GNM	BH	2015	Graduate	F	20-30	Single	0	village	Rs. 5000-Rs 15000	114	57
167	B.SC. Nsg. (P.B)	BH	2015	Graduate	F	30-40	Single	0	town	Rs. 5000-Rs 15000	114	55
168	GNM	BH	2015	Graduate	F	20-30	Single	0	village	Rs. 5000-Rs 15000	138	61
169	GNM	BH	2015	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	146	62
170	GNM	BH	2015	Graduate	F	20-30	Single	0	village	upto Rs. 5000	113	55
171	GNM	BH	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	107	61
172	GNM	BH	2015	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	111	58
173	GNM	BH	2015	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	136	65
174	GNM	BH	2015	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	137	65
175	ANM	PNH	2013	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	179	75
176	GNM	PNH	2015	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	142	73
177	GNM	PNH	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	142	74
178	GNM	PNH	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	149	67
179	GNM	PNH	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	120	60
180	GNM	PNH	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	178	74
181	GNM	PNH	2014	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	142	64
182	ANM	PNH	2006	Matric	F	30-40	Married	2	town	Rs. 5000-Rs 15000	164	74
183	GNM	PNH	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	171	70
184	ANM	PNH	2013	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	136	66

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
185	ANM	OHK	2013	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	142	72
186	ANM	OHK	2010	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	124	70
187	GNM	OHK	2012	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	92	54
188	GNM	OHK	2012	HS/PU	M	30-40	Married	0	village	Rs. 5000-Rs 15000	127	61
189	GNM	OHK	2007	HS/PU	F	30-40	Single	0	town	Rs. 15000- Rs. 25000	124	60
190	GNM	OHK	2010	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	133	58
191	GNM	OHK	2009	HS/PU	F	30-40	Married	1	town	Rs. 15000- Rs. 25000	128	77
192	GNM	OHK	2012	HS/PU	F	20-30	Married	3	town	Rs. 5000-Rs 15000	127	60
193	ANM	OHK	2010	HS/PU	F	20-30	Single	0	village	Rs. 15000- Rs. 25000	125	65
194	GNM	OHK	2011	HS/PU	F	20-30	Single	0	town	Rs. 15000- Rs. 25000	133	62
195	GNM	OHK	2011	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	157	70
196	GNM	OHK	2008	HS/PU	F	30-40	Married	1	town	Rs. 15000- Rs. 25000	143	64
197	GNM	OHK	2014	Graduate	F	20-30	Single	0	village	Rs. 5000-Rs 15000	118	62
198	GNM	OHK	2010	HS/PU	M	30-40	Single	0	town	Rs. 15000- Rs. 25000	151	77
199	GNM	OHK	2014	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	140	74
200	GNM	OHK	2014	HS/PU	F	30-40	Single	0	town	Rs. 5000-Rs 15000	142	75
201	GNM	OHK	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	92	54
202	ANM	Woodland	2009	Matric	F	20-30	Single	0	village	upto Rs. 5000	151	77
203	ANM	Woodland	2014	Graduate	F	20-30	Single	0	town	upto Rs. 5000	178	93
204	ANM	Woodland	2013	HS/PU	F	20-30	Single	0	village	upto Rs. 5000	152	83
205	ANM	Woodland	2009	Matric	F	20-30	Married	1	town	Rs. 5000-Rs 15000	138	90

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
206	ANM	Woodland	2011	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	150	91
207	ANM	Woodland	2014	HS/PU	F	20-30	Single	0	town	upto Rs. 5000	161	76
208	ANM	Woodland	2014	Matric	F	20-30	Single	0	town	upto Rs. 5000	161	88
209	ANM	Woodland	2015	HS/PU	F	20-30	Single	0	town	upto Rs. 5000	171	74
210	GNM	Woodland	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	152	64
211	ANM	Woodland	2015	HS/PU	F	20-30	Single	above 3	town	upto Rs. 5000	160	84
212	GNM	Woodland	2011	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	145	84
213	ANM	ENNH	2014	Graduate	F	20-30	Single	0	village	upto Rs. 5000	140	79
214	ANM	ENNH	2014	HS/PU	F	20-30	Single	0	town	upto Rs. 5000	142	89
215	ANM	ENNH	2015	HS/PU	F	20-30	Single	0	town	upto Rs. 5000	158	87
216	ANM	ENNH	2013	HS/PU	F	20-30	Single	above 3	town	upto Rs. 5000	144	76
217	GNM	Zion H	2013	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	100	73
218	GNM	Zion H	2015	HS/PU	F	30-40	Single	0	town	Rs. 5000-Rs 15000	155	60
219	GNM	Zion H	2012	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	125	44
220	ANM	Zion H	2006	HS/PU	F	30-40	Single	0	town	Rs. 15000- Rs. 25000	125	44
221	GNM	Zion H	2008	HS/PU	F	30-40	Married	2	town	Rs. 15000- Rs. 25000	138	59
222	GNM	Zion H	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	155	74
223	GNM	Zion H	2006	HS/PU	F	30-40	Married	1	town	Rs. 15000- Rs. 25000	130	67
224	GNM	Zion H	2014	HS/PU	F	30-40	Married	1	town	Rs. 5000-Rs 15000	147	65
225	GNM	Zion H	2013	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	163	83
226	GNM	Zion H	2008	HS/PU	M	30-40	Married	above 3	village	Rs. 15000- Rs. 25000	119	60

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
227	GNM	Zion H	2007	HS/PU	F	30-40	Single	0	town	Rs. 15000- Rs. 25000	151	70
228	GNM	Zion H	2009	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	161	71
229	GNM	Zion H	2011	HS/PU	F	30-40	Married	1	village	Rs. 5000-Rs 15000	150	61
230	GNM	Zion H	2009	HS/PU	F	30-40	Single	0	village	Rs. 15000- Rs. 25000	115	65
231	GNM	Zion H	2012	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	131	70
232	GNM	Zion H	2006	Graduate	M	20-30	Single	0	town	Rs. 15000- Rs. 25000	144	72
233	GNM	Zion H	2013	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	161	72
234	GNM	Zion H	2013	HS/PU	M	20-30	Single	0	town	Rs. 5000-Rs 15000	129	61
235	GNM	Zion H	2010	HS/PU	F	20-30	Single	0	town	Rs. 15000- Rs. 25000	141	70
236	GNM	Zion H	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	144	81
237	GNM	Zion H	2009	HS/PU	F	20-30	Married	1	village	Rs. 5000-Rs 15000	137	70
238	GNM	Zion H	2013	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	121	65
239	GNM	Zion H	2011	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	108	71
240	GNM	Zion H	2010	HS/PU	F	30-40	Married	0	town	Rs. 15000- Rs. 25000	131	67
241	GNM	Zion H	2015	Graduate	F	20-30	Single	0	town	Rs. 5000-Rs 15000	126	77
242	GNM	Zion H	2008	HS/PU	F	30-40	Married	0	town	Rs. 15000- Rs. 25000	151	70
243	GNM	Zion H	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	92	49
244	GNM	Zion H	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	156	66
245	GNM	Zion H	2012	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	120	60
246	GNM	Zion H	2014	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	134	61
247	GNM	Zion H	2006	HS/PU	F	30-40	Married	1	town	Rs. 15000- Rs. 25000	135	68

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
248	GNM	Zion	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	146	71
249	GNM	Nikos H	2013	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	129	68
250	GNM	Nikos H	2013	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	121	66
251	ANM	Nikos H	2011	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	116	57
252	ANM	Nikos H	2013	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	134	79
253	ANM	Nikos H	2011	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	154	84
254	GNM	Nikos H	2011	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	149	61
255	GNM	Nikos H	2011	Graduate	F	20-30	Single	0	village	Rs. 5000-Rs 15000	134	79
256	GNM	Nikos H	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	142	75
257	GNM	Nikos H	2015	Graduate	F	20-30	Single	1	town	Rs. 15000- Rs. 25000	135	79
258	GNM	CIHSR	2009	HS/PU	F	30-40	Single	0	village	Rs. 15000- Rs. 25000	136	71
259	GNM	CIHSR	2007	HS/PU	F	30-40	Married	2	town	Rs. 15000- Rs. 25000	151	72
260	GNM	CIHSR	2007	HS/PU	F	30-40	Married	1	town	Rs. 15000- Rs. 25000	134	79
261	GNM	CIHSR	2013	HS/PU	F	20-30	Married	0	village	Rs. 15000- Rs. 25000	147	67
262	GNM	CIHSR	2014	HS/PU	F	30-40	Married	0	village	Rs. 5000-Rs 15000	140	68
263	GNM	CIHSR	2014	Matric	F	20-30	Single	0	village	Rs. 5000-Rs 15000	117	69
264	B.SC. Nsg.	CIHSR	2014	Graduate	F	20-30	Single	0	town	Rs. 5000-Rs 15000	177	68
265	B.SC. Nsg.	CIHSR	2014	Graduate	F	20-30	Single	0	town	Rs. 15000- Rs. 25000	124	45
266	GNM	CIHSR	2013	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	161	77
267	ANM	CIHSR	2015	Matric	F	20-30	Single	0	village	Rs. 5000-Rs 15000	170	80
268	GNM	CIHSR	2015	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	141	84

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
269	GNM	CIHSR	2013	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	125	66
270	GNM	CIHSR	2014	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	138	77
271	GNM	CIHSR	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	144	67
272	GNM	CIHSR	2013	HS/PU	F	20-30	Married	0	town	Rs. 15000- Rs. 25000	140	68
273	GNM	CIHSR	2014	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	168	71
274	GNM	CIHSR	2009	HS/PU	F	30-40	Married	2	village	Rs. 15000- Rs. 25000	178	76
275	GNM	CIHSR	2012	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	128	76
276	ANM	CIHSR	2011	HS/PU	F	30-40	Single	0	town	Rs. 5000-Rs 15000	141	70
277	GNM	CIHSR	2013	HS/PU	F	30-40	Married	0	village	Rs. 15000- Rs. 25000	144	70
278	ANM	CIHSR	2012	HS/PU	F	20-30	Single	0	village	Rs. 5000-Rs 15000	135	63
279	GNM	CIHSR	2012	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	143	80
280	GNM	CIHSR	2013	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	152	73
281	GNM	CIHSR	2008	HS/PU	F	30-40	Married	3	village	Rs. 15000- Rs. 25000	147	62
282	GNM	CIHSR	2013	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	140	69
283	GNM	CIHSR	2007	HS/PU	F	30-40	Single	0	town	Rs. 15000- Rs. 25000	141	71
284	GNM	CIHSR	2007	HS/PU	F	30-40	Single	0	town	Rs. 15000- Rs. 25000	139	77
285	GNM	CIHSR	2007	HS/PU	F	30-40	Single	0	town	Rs. 15000- Rs. 25000	136	71
286	GNM	CIHSR	2011	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	134	62
287	GNM	CIHSR	2014	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	170	80
288	GNM	CIHSR	2014	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	142	72
289	ANM	CIHSR	2014	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	123	77

SOCIO-ECONOMIC BACKGROUND OF THE RESPONDENTS AND THEIR JOB SATISFACTION SCORES

Sl. No	Nursing qualification	Name of the hospital	Year of Joining service	Education	Gender	Age	Marital Status	Number of Children	Place of permanent residence	Monthly Income	Total Job Satisfaction Score	
											Paul Spector	Likert
290	ANM	CIHSR	2014	Matric	F	20-30	Single	0	town	Rs. 5000-Rs 15000	143	69
291	GNM	CIHSR	2010	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	134	69
292	GNM	CIHSR	2007	HS/PU	F	30-40	Single	0	town	Rs. 15000- Rs. 25000	141	81
293	ANM	MH	1997	HS/PU	F	30-40	Married	2	town	Rs. 5000-Rs 15000	157	79
294	ANM	MH	2005	HS/PU	F	40-50	Married	1	town	Rs. 5000-Rs 15000	158	75
295	ANM	MH	2015	HS/PU	F	20-30	Single	0	town	upto Rs. 5000	130	78
296	ANM	MH	2011	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	151	78
297	ANM	MH	2011	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	121	75
298	ANM	MH	2015	HS/PU	F	20-30	Single	0	town	Rs. 5000-Rs 15000	147	77
299	ANM	MH	2015	HS/PU	F	20-30	Single	0	town	upto Rs. 5000	153	76
300	ANM	MH	2014	Matric	F	20-30	Single	0	town	Rs. 5000-Rs 15000	138	69

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