

# Sheffield Hallam University

*Determinants of job satisfaction and motivation among Gaza nurses.*

ABU, Hamad B.

Available from the Sheffield Hallam University Research Archive (SHURA) at:

<http://shura.shu.ac.uk/20612/>

## A Sheffield Hallam University thesis

This thesis is protected by copyright which belongs to the author.

The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the author.

When referring to this work, full bibliographic details including the author, title, awarding institution and date of the thesis must be given.

Please visit <http://shura.shu.ac.uk/20612/> and <http://shura.shu.ac.uk/information.html> for further details about copyright and re-use permissions.

UNIVERSITY LEARNING CENTRE  
COLLEGIATE CRESCENT  
SHEFFIELD S10 2BP

101 682 654 0



**REFERENCE**

ProQuest Number: 10701259

All rights reserved

INFORMATION TO ALL USERS

The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript and there are missing pages, these will be noted. Also, if material had to be removed, a note will indicate the deletion.



ProQuest 10701259

Published by ProQuest LLC (2017). Copyright of the Dissertation is held by the Author.

All rights reserved.

This work is protected against unauthorized copying under Title 17, United States Code  
Microform Edition © ProQuest LLC.

ProQuest LLC.  
789 East Eisenhower Parkway  
P.O. Box 1346  
Ann Arbor, MI 48106 – 1346

# **Determinants of Job Satisfaction and Motivation among Gaza Nurses**

**Bassam A/J Abu Hamad**

A thesis submitted in partial fulfillment of the  
requirements of Sheffield Hallam University for  
the degree of Doctor of Philosophy

**April 2001**

# DEDICATION

*To the Palestinian people...*

## Acknowledgements

Many people are responsible in part for my success in this endeavour toward the Doctor of Philosophy. I would like to express my deep thanks and gratitude to all the people who were involved in helping me to undertake my study, without whose co-operation this study would not have been possible.

- Many thanks go to Gaza nurses for their participation, co-operation and encouragement which make this study a reality.
- Extensive thanks go to Mrs. Kath Aspinwall, my academic supervisor for her useful guidance, kind care, continuous reassurance, motivation and friendly support.
- My high appreciation is due, to Professor M John McAuley my academic supervisor for his useful help and support.
- Many thanks to Miss Sanna'a Abu Daggaha my advisor in Gaza who exerted real efforts and enlightened the way throughout my research.
- My sincerest gratitude to the people who are working in MAP organisation, who maintained their continuous support and encouragement throughout the study. I am especially indebted to Lady Patience, Sai'ada Nusibaha, Suliman Melehat and Mona Khurdah.
- Especial acknowledgement to Mr. Sadi Abu Awad, Miss Azza Abu Dagha, Mr. Mountasser Juda, Mr. Mohammad Abu El-Leil and Miss Wedad Ewada, for their generous kind help, encouragement and invaluable assistance especially in data collection and computer work.

- My sincere thanks, respect, appreciation and love goes to all my friends in Sheffield who supported me in the difficult and the hard moments during the study. I am highly acknowledgeable to the comrades Dr Paul Keleman and Terry Roch for their valuable support and generous hospitality.
- Last but not least, my sincerest gratitude to the people who supported my during the difficult times I had during conducting this study. I am honestly indebted to Mr. Mushier El Farra whose help and invaluable support are unforgettable ones.

## Abstract

Job satisfaction and motivation continues to be of great significance in the recruitment, commitment, retention, productivity and mental health of nurses, particularly, in collectivist communities like the Palestinian one. Therefore, the overall aims of this study are to ascertain the degree of job satisfaction and motivation among Gaza nurses, to identify main factors affecting these and how these relate to other research in this area, most of which has been carried out in rather different western cultures. The study is quantitative/qualitative, cross-sectional, methodologically triangulated, and was conducted between 1997-2000. A sum of 420 nurses chosen through a Probability Systematic Random Sample were requested to complete self-administered questionnaires and 44 purposively selected nurses were interviewed in 4 focus group sessions with a response rate of 89%.

The analysis of the quantitative and qualitative data extracted seven domains that reflected Gaza nurses' expectations by reference to their job satisfaction. These are management culture, interaction and communication, professional development, professional status and self-esteem, working life, work benefits and conditions and professional autonomy. Thus, Gaza nurses perceived motivators support the Process Theories of motivation and question the Content and Scientific Theories. The study revealed that Gaza nurses were moderately satisfied (50-60%) in general, but their satisfaction could be further improved. Management dominates the general picture of Gaza nurses' motivation and most of the factors related to it. The study clarified the general picture of Gaza nurses by demonstrating their personal and organisational characteristics and provided some insights into the relationships between these variables and motivation.

The identified seven factors could be seen as constituting a model-frame for subjects' motivation. The study's findings contribute in enabling those concerned with this issue, particularly nurse managers in Palestine, to understand what motivates their nurses and to develop more effective motivational strategies.

# Contents

	<b>Page</b>
<b>Dedication</b>	ii
<b>Acknowledgements</b>	iii
<b>Abstract</b>	v
<b>List of Abbreviations</b>	ix
<b>Definitions of Terms</b>	xi
<b>List of Tables</b>	xiii
<b>List of Figures</b>	xiv
<b>List of Appendices</b>	xv
<b>Section 1: An Overview of the Thesis</b>	1
The value of investigating job satisfaction	5
Overall aim of the study	10
Purposes of the study	11
Research questions	13
Research presuppositions	14
Feasibility and cost	15
Significance of the problem	16
Summary of the section	19
<b>Section 2: Context of the Study</b>	21
Chapter 2.1 The Social Context	22
Chapter 2.2 The Healthcare Context	33
Chapter 2.3 The Nursing Context	43
Summary of the section	51
<b>Section 3: Theoretical and Philosophical Perspectives on Job Satisfaction and Motivation</b>	53
Chapter 3.1 Theoretical and Conceptual Framework	55
Chapter 3.2 Scientific Management Perspectives	69
Chapter 3.3 Content Theories Perspectives	87

Chapter 3.4	Process Theory Perspectives	117
	Summary of the section	140
<b>Section 4:</b>	<b>Research Methodology</b>	143
Chapter 4.1	Study Design	144
Chapter 4.2	Positivist Approach	153
Chapter 4.3	Qualitative Approach	166
	Summary of the section	188
<b>Section 5:</b>	<b>Findings and Analysis</b>	191
Chapter 5.1	Gaza Nurses' Job Satisfaction and Motivation	196
Chapter 5.2	Characteristics of Subjects and Organisations	211
Chapter 5.3	Management Culture	256
Chapter 5.4	Interaction and Communication	270
Chapter 5.5	Professional Development	276
Chapter 5.6	Professional Status and Self- esteem	298
Chapter 5.7	Work Benefits and Conditions	306
Chapter 5.8	Professional Autonomy	312
Chapter 5.9	Working Life	317
	Summary of the section	322
<b>Section 6:</b>	<b>Synthesis and Discussion</b>	325
	Job satisfaction status among Gaza nurses	326
	Gaza nurses constructs of job satisfaction and motivation	334
	Management culture	334
	Interaction and communication	344
	Professional development	351
	Professional status and self-esteem	360
	Rewards and work benefits	365
	Professional autonomy	369
	Working life	374
	Job satisfaction and contextual characteristics	377
	Relevancy of motivation theories to participants' satisfaction	387
	Summary of the section	396

<b>Section 7: Conclusion and Recommendations</b>	398
Conclusion	398
Implications for Gaza nurses	399
General implications	414
Conceptualisation of job satisfaction	419
Recommendations	422
Study contribution	428
Questions for future research	431
<b>Section 8: References</b>	435
<b>Appendices</b>	455

## **List of abbreviations**

ANA	American Nurses' Association
ANOVA	One Way Analysis of Variance
CE	Continuing Education
CVI	Content Validity Index
GCN	Gaza College of Nursing
GDP	Gross Domestic Product
GHSRC	Gaza Health Service Research Centre
GNs	Gaza Nurses
GS	Governmental Sector
IQ	Intelligent Quotient
LPM	Licensed Practical Midwife.
LPNs	Licensed Practical Nurses
MBO	Management by Objectives
MOH	Ministry of Health
NGOs	Non Governmental Organisations
NGs	Governmental Organisations
NHP	National Health Plan
PCBS	Palestinian Central Bureau of Statistics
PCH	Palestine Council of Health
PCH	Primary HealthCare
PCN	Palestine College of Nursing
PLO	Palestinian Liberation Organisation

PNA	Palestinian National Authority
PRP	Performance Related Pay
RNs	Registered Nurses
SHU	Sheffield Hallam University
SPSS	Statistical Package for Social Sciences
UK	United Kingdom
UKCC	United Kingdom Council for Nursing, Midwifery and Health Visitors
UNRWA	United Nations Relief and Work Agency
WHO	World Health Organisation

## Definition of terms

Autonomy	The amount of job-related independence, initiatives and freedom, either permitted or required in daily work activities.
Benefits	Money remuneration and fringe benefits received for work done and includes things like insurance, retirement and so on.
Charge Nurse	A nurse who predominantly involved in unit administration and management.
Commitment	The degree of loyalty to the organisation.
Dis-satisfiers	Factors that negatively affect the feeling of job satisfaction.
E'zwa	A term used in the Palestinian culture to describe the status of having big family and many men.
Fateh	The Palestinian Movement for National Liberation. It is the largest party of the Palestinian Liberation Organisation.
Global satisfaction	Is the sum of all items composing satisfaction "satisfaction with the job as a whole".
Governmental Sector	Organisations or services owned and funded by the government "currently Palestinian Authority".
Head Nurse	A nurse who manages patient care each shift for a whole unit.
Imam	A religious title in Islam used to refer to the head of the mosque.
Interaction	Opportunities presented for both formal and informal social and professional contact during working hours.
Intifada	The Palestinian uprising against the Israeli occupation, which started in 1987.
Job satisfaction	A pleasurable or positive emotional state resulting from the appraisal of one's job or job experience.

Licensed practical nurse	A nurse qualified through an 18-month formal practical training programme. Usually he is involved in direct patient care.
Midwife	A specially and formally trained person to take care of woman, baby and the family during parturition its antecedents and its consequences.
Motivation	The degree to which an individual wants and chooses to engage in certain specified behaviours. The inner impulses which, in order to satisfy needs, cause a person to act in a particular way.
Mukhtar	Refers to a tribal title to describe the head of the tribe.
Non-Governmental Sector	Organisations or services owned and funded by non-governmental bodies.
Professional development	The formal training that an individual health professional undertakes after the end of basic professional education.
Professional status	Overall importance or significance felt about the job, both in the nursing view and in view of others.
Promotional opportunity	Degree of power and individual exercises concerning performance at work and decision making on the job.
Registered nurse	A nurse qualified through a 3-4 year programme of formal nursing education. Usually involved in direct patient care.
Satisfiers	Factors that positively affect the feeling of job satisfaction.
Tamarji	A commonly used expression to describe traditional nurses who historically used to practice nursing tasks without getting a formal nursing education.
Working conditions	Job related conditions as working hours, schedule, physical conditions, light, ventilation, facilities and so on.

## List of Tables

<b>Table</b>	<b>Page</b>
1. Factors' sub-scale reliability estimates	162
2. Factors' loading, means and standard deviations of the research items	199
3. Level of job satisfaction in current work	201
4. Factors' ranges, means and standard deviations	203
5. Summary of selected important variables	212
6. ANOVA comparing job satisfaction and age	215
7. Independent t-test comparing job satisfaction and gender	218
8. Independent t-test comparing job satisfaction and marital status	221
9. ANOVA comparing job satisfaction and years of experience in current organisation	224
10. Independent t-test comparing job satisfaction and previous work experience	226
11. ANOVA comparing job satisfaction and the position	228
12. ANOVA comparing job satisfaction and the level of education	231
13. ANOVA comparing job satisfaction and the place of study	234
14. ANOVA comparing job satisfaction and organisational ownership	238
15. Independent t-test comparing job satisfaction. and type of work	241
16. Independent t-test comparing job satisfaction the provision of job description	243
17. Independent t-test comparing job satisfaction and the presence of selection criteria for professional development	247
18. Independent t-test comparing job satisfaction and working in department of preference	250
19. Independent t-test comparing job satisfaction and sharing results of professional development.	252
20. Independent t-test comparing job satisfaction and current enrolment in professional development	283
21. Independent t-test comparing job satisfaction and offering professional development in the last 3 years	284
22. Independent t-test comparing job satisfaction and enrolment in non-nursing professional development	286

## List of Figures

<b>Figure</b>	<b>Page</b>
1. Level of satisfaction in current work	201
2. Means of satisfaction factors identified by factor analysis	204
3. Distribution of population by age	214
4. Distribution of population by gender and marital status	217
5. Distribution of population by years of experience	223
6. Distribution of population by position	227
7. Distribution of population by education level	230
8. Distribution of population by place of education	233
9. Distribution of population by organisations' ownership	236
10. Distribution of population by type of services provided	237
11. Gaza nurses' domains of job satisfaction and motivation	332
12. Demographic characteristics and Gaza nurses' job satisfaction	379
13. Organisational characteristics and Gaza nurses job satisfaction	380

## List of Appendices

<b>Appendix</b>	<b>Page</b>
1. Map of Palestine	456
2. Map of the Gaza Strip and the West Bank	457
3. Map of the Gaza Strip	458
4. Gaza population pyramid	459
5. Rulers in Palestine	460
6. Maslow's Hierarchy of Needs Theory	461
7. Clayton Alderfer's ERG Theory	462
8. Herzberg's Theory	463
9. Ethical approval letter	464
10. Letter of request	465
11. Informed consent	466
12. Questionnaire explanatory letter	467
13. Questionnaire	468
14. Group interviews schedule	472
15. Focus groups registration forms	473
16. Useful leadership techniques	474
17. Management styles	475
18. Belbin's Nine team roles	476
19. Useful communication techniques	477

# Section 1

## An Overview of the Thesis

For the purpose of seeing the forest before becoming immersed in trees, it could be helpful to bestow a pithy account of the contents of the entire study. This first section introduces the concept of job satisfaction and motivation and its values for nurses and for healthcare organisations as well. The section also elucidates the research questions, objectives, presuppositions and the significance of the researched issue titled “*Determinants of Job Satisfaction and Motivation among Gaza Nurses*”.

Given that any situation is best understood within its frame of reference, Section 2 depicts the study context providing relevant information about the Palestinian situation that incorporates important data about the population’s demography and characteristics, the healthcare system and, more importantly, about the nursing profession and the nurses within such a diverse context.

The main themes and perspectives of job satisfaction and motivation are demonstrated in Section 3, which provides a literature-based analysis of this issue and incorporates the common motivation and satisfaction theories as well as the nursing literature in this field. The section particularly illuminates the Scientific Management perspectives and its applicability in nursing, across the different cultures and organisations. Additionally, the section discusses the concepts extrapolated from Content Theories and how these concepts have affected the nurses’ level of satisfaction and motivation. Finally, the section adds more illumination to the Expectancy Perspectives, which have been adopted by the researcher as a theoretical framework for his study. This has been achieved through an extensive reviewing of the pertinent nursing literature and analysing the degree of compatibility between the

acknowledged nurses' motivators and satisfiers and the Expectancy Perspectives. The implicit assumption of that aims to assess the degree of suitability of these perspectives to nurses from the different cultures. Two concerns have led the researcher in this approach. Firstly, concern to assess the applicability of these perspectives in the different cultures and the second is to appraise the suitability of these concepts in the nursing arena.

The purpose of the methodology section (4) is to elucidate the design of the study and to illuminate the blueprint which the researcher has followed in his research. In other words, the researcher provides important information about the study population, sampling process, methods of data collection, ethical issues, piloting and the instruments he used. The section also elucidates the strategies used to increase the scientific rigour of the study and the statistical processes utilised. The section also explicitly elucidates the two approaches utilised in this methodologically triangulated study, both the qualitative and the quantitative paradigms.

The main findings, themes and analysis of this study, are presented in Section 5, which represents the crucial research findings including the seven factors that are identified by the factor analysis and represent the core of the study are occupying a major portion of the section. Each of the seven factors is illuminated through incorporating the findings of both the qualitative and quantitative schemes. However, in that section, the researcher gives his interpretations of results and provides further analysis to the findings through exploring the relevant literature in an attempt to provide hints for possible useful conclusions.

In section 6, the researcher discusses the identified job satisfaction and motivation level with an emphasis on its uniqueness and characteristics and points to the contribution of this study to the understanding of job satisfaction in the Palestinian

community. The section also provides an explanation of the concluded satisfaction and motivation constructs and presents information that helps managers to better understand and conceptualise the satisfaction and motivation process in the Palestinian and other analogous cultures. In addition to that, the section clarifies how organisational and personal characteristics affect Gaza nurses' motivation and satisfaction and points to the motivating strategies that could be inferred from participants' responses, comments and interpretations.

Last but not least, the concluding section (7), presents the main conclusions derived from the study, which are seen as answering the research questions about Gaza nurses' job satisfaction and motivation. The section also provides more illumination to the understanding of the concept of job satisfaction in cultures other than the western cultures. Further, the section provides a set of tentative recommendations for all those who are interested in the investigated phenomenon including the policy makers, managers and the nurses themselves.

## **Introduction**

Historically, the concern for job satisfaction and motivation primarily is a 20th century phenomenon, when there was a move toward considering the psychological conditions of the employees associated with the post war industrial revolution for the purpose of increasing productivity of workers (Mullins, 1999). Therefore, internationally, studies of job satisfaction and motivation extensively examined determinants and level of satisfaction among employees in the industrial arena as well as in the professional arena including; nurses, doctors, physiotherapists, academics, teachers, pharmacists and so on.

Although the consensus among researchers reflects that job satisfaction and motivation consists of a positive attitude towards the job (Locke, 1983), there is less

agreement about how to measure that satisfaction and what factors to consider when examining it. There is much diversity among the findings of the various studies. This diversity includes the complexity of human beings (Harri, 1997), demographic trends (Misener, et al 1996; Bester, et al 1997), cultural differences (Andrews, 1998), personal differences, values and expectations (Cavanagh, 1992; Parsons, 1998), the nature of work and the available work alternatives (Al-Ma'aitah, et al 1996).

From the start, it is worth keeping in mind that although they are somewhat different, the literature indicates that job satisfaction and motivation are usually linked together (Maslow, 1970; Vroom, 1964; Herzberg, 1966). As discussed more explicitly in Section 3, the multiple aspects of the knotted concepts of job satisfaction and motivation have been demonstrated in the various job satisfaction and motivational theories, such as Herzberg's, Vroom's, Maslow's and so on. Therefore, the researcher adopted this approach of linking satisfaction and motivation together and he used the two terms synonymously in this research. Thus, the researcher sees the two integrated concepts as forming a general overall picture of the nurses' attitudes and values about their work as explained more explicitly in Section 3.

Taking into consideration the diversity and the lack of consistent opinions regarding the value of job satisfaction and motivation (at the larger general sense), the literature generally indicates that job satisfaction and motivation has been recognised to be of great value especially in humanitarian professions, particularly, among nurses (Skalak, 1987; Moss and Rowels, 1997). Unfortunately, although the issue of job satisfaction and motivation could be seen as very important in the Palestinian context, which has been underpinned by socio-political and demographic challenges, it has never been investigated in the Gaza Strip. Therefore, the researcher believes that researching job satisfaction and motivation is very valuable in the Palestinian

situation and his contribution in this field will be significant. However, many reasons stand behind the researcher's desire to conduct such a study as the following paragraphs portray.

### **The value of investigating job satisfaction and motivation**

Globally, job satisfaction and motivation has been identified to be of great value to nurses for many reasons. Job satisfaction and motivation is an intrinsic aspect of the work, something to be valued by itself for the majority of the nurses (Cavanagh, 1992; Matus and Frazer, 1996). This is important in an occupation which is quite varied and may have moments of great stress as well as joy (Cavanagh, 1992). Job satisfaction is associated with lower levels of job stress and mood disturbance (Healy and Mckay, 2000). Therefore, job satisfaction can act as a counterbalance by providing moments of reward. The literature indicates that nurses who have high job satisfaction have a more positive self-concept. People with a positive self-concept generally have a more positive approach to life (Healy and Mckay, 1999). Then, the researcher sees the concern for nurses' job satisfaction, as a moral and ethical issue that is worth considering.

Therefore, a major factor of job satisfaction and motivation that is of particular importance to the highly stressed Palestinian population, is the humanitarian implication of the issue. The attitude and the mental set that the employee develops on the job may affect his total mental outlook. So, job satisfaction and motivation is reported as an indicator of personal mental health (Skalak, 1987). Meaning that job satisfaction and motivation not only benefits the patients, colleagues and superiors but it may also have important effects on family and community mental health as well (Skalak, 1987; Snarr and Krochalk, 1996). In addition, personal satisfaction or

dissatisfaction in a job can contribute to one's growth and self-fulfilment or else it can result in frustration and lack of meaning in one's life (Lamborn, 1991; Parsons, 1998). Rather, there is the potential impact of nurses' job satisfaction and motivation on productivity and care given to patients (Cavanagh, 1992). The latter issue is very important at this transitional stage of the Palestinian situation, which is characterised by a high level of investment in order to develop the Palestinian organisations after the partial end of the Israeli Occupation and its de-developmental policies (Roy, 1995). Researchers argue that when nurses are satisfied with their work, patients are more likely to be satisfied with the care they receive (Cavanagh, 1992). Additionally, job satisfaction and motivation is a significant factor in recruitment, commitment and retention of nurses (Irvine and Evans, 1995). In contrast, dissatisfied nurses are more likely to do work badly on purpose, cause trouble by spreading malevolent gossip, engage in sabotage and steal (Farrell and Daves, 1999). Moreover, as in most collectivist communities, the importance of these issues is even greater in the Palestinian community characterised by overwhelming feelings of great emotions, sense of insecurity, valuing relationships and high social desirability (Hamad, 1997; Said, 1995); therefore, studying job satisfaction in the Palestinian community is very crucial.

What increases the value of job satisfaction and motivation is the global situation, in which nurses have a higher nurse-client ratio and an increasing workload (Cavanagh, 1992). In addition, increasingly, nurses' work includes; providing care, participating in planning, assuming more managerial responsibilities, educating and counselling clients, engaging in community services, researching and being professional role models (Taylor, Lillis and LeMone, 1997). Other work stresses may include, interpersonal conflicts with physicians, colleagues and health managers (Cavanagh,

1992) as well as concerns regarding job security and professional advancement (Adamson, Kenny and Wilson-Barnett, 1995). Moreover, in most healthcare organisations, nurses suffer from low salary (Adamson, Kenny and Wilson-Barnett, 1995), bad working conditions (Harri, 1997) and a hierarchical style of management (Parsons, 1998; Irvine and Evans, 1995). If these factors are badly perceived by the study participants, they may negatively affect their job satisfaction, which may in turn reflect on their interactions as well as their productivity and retention.

Another important factor affecting nurses' satisfaction is the image of nursing and its status. Internationally, it has traditionally been described as a 'silent partner' to medicine or the last bond in the string of power that upholds the healthcare organisations (Adamson, Kenny and Wilson-Barnett, 1995). In other words, nurses have been under-estimated and under-valued not only by the public but also by the other health professionals in general as well (Johnson and Bowman, 1997; Nolan, et al 1995). In spite of being the largest group among health professionals, little concern is directed to issues relevant to nurses' work or their psychological state at work (Anderson, 1995). Moreover, the professional image and status is so critical in the Palestinian situation. Particularly in the Palestinian healthcare system, with its perceived patriarchal and tribal orientation, the nursing profession has been ranked as a low status feminine profession (Shaheen, et al 1994). This low image could be seen by the researcher as increasing stress among nurses in Gaza and could negatively affect their motivation to work.

The researcher argues that the importance of studying job satisfaction and motivation in the Palestinian situation is extremely important. It is noticed that many people are now pursuing careers in other disciplines such as business, medicine, engineering, military services, law and so on. This attraction to other fields reduces the number

entering the profession. This factor places a greater burden on nurses and complicates the recruitment of new ones (Hamad, 1997). Moreover, this shortage of nurses has plagued Gaza for many years. For instance, the Palestinian Ministry of Health's reports (MOH), indicate that there is a need for the recruitment of more than 1000 nurses (MOH, 1999). This adds more importance to the value of assessing the level of satisfaction among Gaza nurses.

In addition, reports from the Palestine Council of Health (PCH) showed an increasing trend for turnover among nurses in Gaza (PCH, 1997). The literature indicates that one of the important reasons for the turnover of nurses could be related to low job satisfaction resulting from things such as a poor working environment, unfair employment terms, heavy work loads, poor communication, bad management, ineffective interactions and low status (Irvine and Evans, 1995; Cavanagh, 1992).

The conclusion that job dissatisfaction may lead to turnover, burnout, frustration, low productivity and leaving jobs has severe financial implications in the light of scarce resources and economic constraints (Irvine and Evans, 1995; Johnston, 1996).

However, as Section 2 portrays, nurses' workloads in Gaza are even heavier than in the other countries, especially in this critical historical period of the Palestinian history, both in terms of building and developing the Palestinian organisations (MOH, 1999).

Based on his observation, the researcher argues that what complicates nursing work more in the Palestinian community, is the rapid, unplanned, structural and technological changes the Palestinian healthcare system is currently undergoing. Gaza nurses are experiencing increasing levels of stress as a result of increasing demands for quality healthcare services, management inefficiency and ineffectiveness, changes in the societal and political situation and expectations as well

as the arbitrary restructuring of healthcare organisations (Massoud, 1994). However, these challenges imply that there is a need for a better understanding of the issue of job satisfaction and motivation of Gaza nurses who not only represent the largest group among health professionals in the Gaza Strip, but also control most of the health resources (MOH, 1999).

Given the global spread of nursing academisation, the researcher noticed that Gaza nurses are also enmeshed in an environment in which the nursing profession is striving to improve its image and to establish a university level education as a minimum entry to practice. This trend is also revealed in the strategies developed by the Palestinian Nursing Policy Unit aiming to empower nursing in Palestine (PCH, 1997). However, the issue of academic nursing education is more problematic in Palestine, as the community as well as the healthcare system, are both perceived as qualifications oriented with little concerns for experience or training. This has been reflected in an increasing trend among Gaza nurses to attend professional development programmes that lead to academic qualifications such as masters or doctorates. However, the literature indicates that the impact of these programmes on job satisfaction and motivation is controversial (Nolan, et al 1995; Sherwood, 1996; DeSilets, 1995). Therefore, a particular emphasis in this study is directed towards investigating the impact of professional development programmes on nurses' motivation and how to maximise the benefits of these programmes as effective motivational tools in the Palestinian context which is dominated by instability, rapid change and financial constraints. However, in the midst of these factors, which generate job dissatisfaction, the researcher also hopes to identify particular features that are more positive in term of job satisfaction and motivation.

In accordance with the perceived high value of studying job satisfaction and motivation in the Palestinian context, the researcher portrays the overall aim of this study in the following paragraphs.

### **Overall aim of the study**

The overall aim of this study is to ascertain the degree of job satisfaction and motivation among Gaza nurses and to identify factors affecting that, as perceived by nurses themselves. Therefore, the study contributes in providing valuable information for the improvement of Gaza nurses' work psychological conditions. Additionally, the study might contribute in improving nurses' happiness, productivity and the quality of nursing care delivered to clients as well as the organisational effectiveness. Epistemologically, this has been achieved through utilising both qualitative and quantitative designs. Questionnaires were used to collect quantitative data and focus groups were used to gather qualitative data related to nurses' perceptions and interpretations of variables affecting job satisfaction and motivation. The contribution of this triangulated approach in elucidating the concept of job satisfaction and motivation is recently recommended (Harri, 1997).

The study particularly examined the applicability of the western oriented motivation theories in a totally diverse area, in relation to people's values and expectations, socio-economical, demographic and cultural status and values. Moreover, the study researched the suitability of motivational theories in the nursing arena, which is totally different from other arenas, trying to extract a model-frame that fits the Palestinian nurses. Conclusions drawn from the study might help in illuminating the concept of globalisation of motivation and satisfaction theories, particularly in the nursing profession.

However, to achieve the study's stated overall aim, the researcher develops specific

purposes that he has seen as conceptualising the research aim in more practical and operational terms. The researcher formulated several purposes that help in illuminating the research issue meanwhile, acknowledging the impact of the cultural, professional and organisational context on nurses' satisfaction as follows:

### **Purposes of the study**

The purposes of this study are to explore the following:

1. To ascertain the degree of job satisfaction and motivation level among Gaza nurses, both quantitatively and qualitatively. The study contributes through providing an estimate of the job satisfaction and motivation level in an area that is known to be diverse in terms of socio-political, economical and cultural orientations. The study tries to elucidate the overall picture of nurses' job satisfaction in the Gaza Strip context. Assessing the job satisfaction and motivation level is a crucial factor in understanding and planning for future improvements.
2. To identify variables contributing and affecting the level of job satisfaction and motivation of Gaza nurses as perceived by them. Although, the nursing profession has its universal culture as other professions, the socio-political and demographic features of the local culture could mediate it. The researcher's presuppositions, which are based on the literature, are guiding the study in the identification of the variables affecting Gaza nurses, but emphasis on how to keep these variables open is of concern. The study is considered one of the few unique initiatives to study motivation and satisfaction among nurses in other cultures known to be different. Thus, the study attempts to extract a satisfaction model-frame that is based on the participants' perceptions of factors affecting their job satisfaction and motivation. Unlike mathematical models, emphasis is

- of concern, to develop a satisfaction model that is open and flexible to incorporate the human complexity.
3. To appraise the impact of the cultural and demographic influences on Gaza nurses' perceived level of job satisfaction and motivation. This understanding not only facilitates the development of a construct that fits the Gaza Strip situation, but also contributes in the development of a national construct about motivation that could be valid in other analogous cultures as well.
  4. To elucidate the personal and organisational characteristics of Gaza nurses' and the impact of these characteristics on the perceived level of job satisfaction and motivation. This understanding assists in the development of more effective managerial strategies that fit the Gaza Strip situation and contribute in the development of an understanding about how to transform the composition of nurses resources and/or health organisations in ways that encounter more motivating strategies.
  5. To assess the impact of the educational and professional development related variables on Gaza nurses' job satisfaction and motivation. The study endeavours to assess the differences in job satisfaction and motivation among nurses from the different educational backgrounds. The differences in the educational backgrounds and the impact of professional development on nurses' job motivation are controversial subjects. Therefore, the researcher critically analyses these issues trying to make conclusions that contribute to such knowledge and facilitate the development of a clearer construct about the impact of professional development on job satisfaction and motivation issue.
  6. To conclude from the study how it is possible to improve the level of job satisfaction and motivation among nurses. Based on the research findings, the

researcher concludes how it is possible to motivate and satisfy nurses as groups and as individuals locally. The experience of this research could be inferred at a national level and could be generalised to analogous cultures. The study aims to answer some of the job satisfaction and motivation questions and contributes towards the global understanding of these phenomena and raise other issues for future research.

To clarify these objectives and make them clearer in a more researchable context, the researcher raises many questions that guided him in the design of his study. These questions steer the researcher through designing the research, developing the instruments and collecting the data as well as conducting the analysis. However, they are as follows:

### **Research questions**

- 1-What is the degree of job satisfaction and motivation among Gaza nurses?
- 2-Based on participants' perceptions, what are the main constructs of job satisfaction and motivation that affect them?
- 3-Are the commonly known motivation theories applicable to the nursing profession in the Gaza Strip?
- 4-To what degree are the motivational theories applicable to the Palestinian culture?
- 5-What is the demographic composition of Gaza nurses? Are there any differences in job satisfaction and motivation among nurses related to their personal variables, such as age, marital status, gender, position, level of education, longevity of experience and previous work in other organisations?
- 6-What is the organisational related composition of Gaza nurses? Are there any differences in job satisfaction and motivation related to organisational variables including, type of service, ownership of the organisation, working in the unit of

preference, the provision of job descriptions and having fair criteria for selection of participants for professional development opportunities?

7-What is the status of professional development among Gaza nurses? Are there any differences in job satisfaction and motivation among nurses related to professional development, such as enrolment in professional development programmes, sharing results of professional development, place of study and enrolment in non-nursing educational programmes?

8-What are the suggestions and the conclusions drawn from the study that could improve the level of job satisfaction and motivation in the Gaza Strip?

Given that the issue of satisfaction and motivation is a complex human experience that cannot possibly be accurately measured by statistical processes, a major concern of this study is keeping motivation and satisfaction factors open. However, the literature indicates inconsistent findings' in the factors affecting job satisfaction and motivation. This means that, the nature and the direction of the relationships of the factors affecting satisfaction and motivation are controversial. Therefore, the researcher formulated several non-directional presuppositions. A non-directional presupposition clarifies that a relationship exists but does not describe or predict the nature of the relationship (Burns and Grove, 1997). Therefore, the researcher formulated presuppositions for the quantitative research questions as follows:

### **Research presuppositions**

1. Gaza nurses level of job satisfaction and motivation is not satisfactory and is less than the level of satisfaction in other countries.
2. Gaza nurses' perceptions of the satisfying and motivating factors differ from other nurses from other cultures particularly western nurses.
3. The composition of Gaza nurses by reference to demographic variables is

different from elsewhere and there are differences in job satisfaction and motivation among Gaza nurses related to the personal variables including; age, level of education, marital status, gender, position, longevity of service and previous work in other organisations.

4. In reference to the organisational related variables, Gaza nurses are unique and there are significant differences in Gaza nurses' job satisfaction and motivation related to organisational variables including, type of service, ownership of the organisation, working in the unit of preference, the provision of job descriptions and having fair criteria for the selection of participants for professional development opportunities.
5. Gaza nurses job satisfaction and motivation is significantly affected by the professional development related variables, such as the enrolment in professional development programmes, sharing results of professional development, place of study and enrolment in non-nursing educational programmes.

To ensure the feasibility of the study the researcher conducted an assessment of the different factors that could affect the achievement of the research objectives. The researcher used his wide network to gain support and commitment from the different stakeholders towards the achievement of the study goals. Additionally, he made all the necessary arrangements to eliminate or at least to reduce the possible obstacles that might block the study as follows:

### **Feasibility and cost**

To maximise the feasibility of this study, the various stakeholders were involved in the preparatory discussion about the research. Therefore, extensive discussion took place with the responsible people in the MOH, nursing departments in the concerned health organisations, the Nursing Association and the Ethical Research Approval

Body “Helsinki Committee”. Job satisfaction and motivation was considered a key issue for all health institutions in the Gaza Strip as well as for the nurses themselves. However, the project is mainly self-funded, co-ordinated and supervised by the School of Education and the Business School at Sheffield Hallam University. The Palestine College of Nursing (PCN), the Gaza Health Service Research Centre (GHSRC), the School of Public Health and the Ministry of Education gave the researcher the necessary research support. This includes the ethical approval to conduct the study, access to the study population, computer services, printing, photocopying, electronic communications and the research advice. However, the researcher faced some difficulties in conducting his research that resulted from the reluctance of some nurse managers to support investigating this sensitive issue. In spite of facing some problems created by nurse managers, the response rate was very high (89%) and these concepts are presented more explicitly in the methodology section.

However, several factors made this study significant and different from other studies. The study is considered one of the few studies that assessed nurses job satisfaction in cultures outside the western ones. The significance of that, is the researcher trial to estimate the level of job satisfaction and motivation at the Gaza Strip and to illuminate the applicability of motivation theories in the nursing arena within a different culture that has certain unique political, economical and cultural characteristics. However, the coming paragraphs demonstrate that more explicitly.

### **Significance of the problem**

Although the issue of job satisfaction and motivation has been extensively studied in other countries, the issue of job satisfaction and motivation among Gaza nurses has never been investigated. The only exception for that was a study conducted by

Hamad (1997), investigating Gaza nurse educators' job satisfaction and motivation. Not only did the study findings reflect the socio-cultural and demographic impact on nurse educators' motivation but it also delivered important and interesting conclusions (Hamad, 1997). Therefore, this study is a unique trial in developing an understanding of what motivates Gaza nurses, within the Palestinian context, which is underpinned by unique socio-economical, political, managerial as well as developmental characteristics. However, the study shows how these factors influence nurses' perception of the commonly known and acknowledged motivators and satisfiers as it is clear in Section 5.

This study seeks to examine the issue of job satisfaction and motivation by focusing on nurses outside the western context. It is worth noting that western thinkers formulated most of the satisfaction concepts in the first half of the last century in an attempt to explain the nature of motivation and satisfaction. Management scholars argued that many of the satisfaction theories, which reflected western cultures, might be less valid in other cultures (Hofstede, 1997; Lim and Yuen, 1998). One argument for that could be the differences in the cultural perspectives. Western culture is characterised by a noticeable individualistic approach while more concern to the community orientation is a characteristic of cultures like the Palestinian one. Another factor could be related to the cultural variations in the amount of importance and prestige given to nursing. In addition, people of different cultures responded differently to job satisfaction and motivation factors (Adams, Kenny and Wilson-Barnett, 1995). This variation could be related to differences in values, norms, cultures, management attitudes, economical, political, social, demographic and educational variations. Therefore, the present study represents one of the few initiatives to examine the applicability of motivation theories outside the western

cultures. However, in this thesis, the researcher demonstrates that job satisfaction and motivation in the Palestinian situation has its psychological, political, cultural, social as well as financial dimensions.

Specifically, studying job satisfaction and motivation among nurses in Gaza is very important in this critical historical transitional period, both in terms of building and developing the Palestinian organisations in the light of scarce resources and economic constraints. In addition, evidence in the literature exists to suggest that there is a relationship between lack of satisfaction and a high staff turnover (Cavanagh, 1992; Lim and Yuen, 1998). However, at the time of the greater demand, the problem of nurses leaving jobs is of greater financial and managerial concern. It is worth noting that, in the Palestinian healthcare system, the personnel budget is the largest expense in the overall budget and nursing human resources represent the largest group in that budget (MOH, 1999). Recognising that nurses' turnover is expensive and that nurses' job satisfaction and motivation are significant to nurses' retention (Goodell and Coeling, 1994; Johnston, 1996), the issue of job satisfaction and motivation is uniquely important in the Palestinian system.

Finally, yet importantly, the researcher aims to conclude strategies that would promote Gaza nurses job satisfaction which are based on nurses' perceptions of what satisfies and motivates them both individually and in groups. Such suggestions will be available to decision-makers and nurse managers who are capable of developing and manipulating policies, strategies and resources in a way that could enhance the level of job satisfaction and motivation. Therefore, the study contributes to improving the psychological conditions of nurses and making more efficient and effective utilisation of the Palestinian resources and high quality performance in the Palestinian organisations. However, the study conclusions could be utilised in other communities

having the same circumstances. Additionally, the study could answer some questions and could raise others regarding motivators and satisfiers at work places in general and in comparing Gaza nurses' motivation to other places especially western communities. The study also contributes to providing a base for other researchers to conduct research studies on nurses who are experiencing the same circumstances and will raise more issues for future research. It is therefore the researcher's belief that the study will offer a contribution to knowledge in this field that will not only benefit Gaza nurses, but also other professionals as well.

### **Summary of the section**

To conclude, historically, the concern over job satisfaction and motivation is primarily a 20th century phenomenon, when there was a shift toward considering the psychological conditions of the employees associated with the post war industrial revolution for the purpose of increasing productivity of workers. Therefore, internationally, studies of job satisfaction and motivation extensively examined determinants and level of satisfaction among employees in the industrial arena as well as in the professional arena. Unfortunately, although the issue of job satisfaction and motivation is very important in the Palestinian context, which has been underpinned by socio-political and demographic challenges, the issue of job satisfaction and motivation among Gaza nurses has never been investigated. Therefore, the overall aim of this study is to ascertain the degree of job satisfaction and motivation among Gaza nurses and to identify factors affecting that as perceived by nurses themselves. The study seeks to examine the issue of job satisfaction and motivation by focusing on nurses outside the western context. It is worth noting that western thinkers formulated most of the satisfaction concepts in the first half of the last century which attempted to explain the nature of motivation and satisfaction. Management scholars

argued that many of the satisfaction theories, which reflected the western cultures, might be less valid in other cultures (Hofstede, 1997; Lim and Yuen, 1998). In addition, people of different cultures responded differently to job satisfaction and motivation factors (Adams, Kenny and Wilson-Barnett, 1995). This variation could be related to differences in values, norms, cultures, management attitudes, economical, political, social, demographic and educational variations. Therefore, the present study represents one of the few initiatives to examine the applicability of motivation theories outside the western cultures.

As this introductory chapter has indicated, the study aims to assess the level of job satisfaction and motivation among Gaza nurses and factors affecting that. The assumption which guides the researcher is that, job satisfaction is underpinned by socio-cultural, demographic, political and organisation context. Then, it is necessary to give a brief analysis of the Palestinian case including population demography, healthcare system as well as nursing context, as Section 2 portrays.

## Section 2

### Context of the Study

Any situation is best understood within its frame of reference therefore, the researcher briefly presents some background information about Palestine, the Palestinian healthcare system and the nursing profession in Palestine, that he sees as having implications for the study. This section contains 3 chapters that follow a funnel design of presenting the social context firstly, including demographic and socio-political situation in Palestine especially those relevant to nurses' satisfaction and motivation.

The second chapter (2.2) deals with the healthcare context, which the researcher has seen as strongly impacting on nurses' satisfaction, as it reflects the structures, beliefs, managerial trends and the interactive climate within the health organisations. However, Palestinian health organisations are currently experiencing different circumstances in such political and economic diverse situations which could influence nurses satisfaction and motivation.

Chapter 2.3 depicts the general picture of nurses in the Palestinian context. It is widely assumed that nursing is a socially dynamic profession that is highly underpinned by certain cultural, ethical, legal and organisational factors which could influence nurses' satisfaction and motivation and worthwhile to be considered as it is clear in this chapter.

It is worth noting from the beginning that most information about Palestine and its healthcare system as well as nursing is under-reported, under-documented and under-investigated.

Therefore, some of the information reported in this section, reflects the available limited literature blended with the researcher's own personal perceptions and interpretations. The researcher's long experience, more than 15 years of working for the Palestinian healthcare system, enabled him to suggest some tentative suppositions of the Palestinian situation.

## **Chapter 2.1**

### **The Social Context**

As mentioned earlier, this first chapter provides information about the Palestinian characteristics that the researcher has seen as influencing Gaza nurses' job satisfaction and motivation. The researcher provides in this chapter, information about the Palestinian history and the political situation and how they increased the stress level among the population. Additionally, the researcher reflects on the economic conditions and how they affected people's values and expectation. The chapter also portrays the demographic characters of the Palestinians with an orientation to the different expectations and values they have especially regarding their mode of management and leadership as well as education. However, the researcher starts by presenting some useful information about the demography of the population.

#### **Demographic context**

Palestine (historical Palestine) is a small country 26,323 Square Kilometre about the size of Wales in the United Kingdom or New Jersey in the United States of America (Cattan, 1988). It has an important strategic geographic location as it is situated on the western edge of the continent of Asia, the eastern coastal extremity of the Mediterranean Sea. Palestine is bordered by Lebanon in the north (Appendix 1), Syria and Jordan in the east, the Gulf of Aqaba in the south and by Egypt and the Mediterranean Sea in the west (MOH, 1999). The land of Palestine is sacred for the perceived three main religions Judaism, Christianity and Islam (MOH, 1999). According to the Old Testament, the Prophet Moses and his people wandered the wilderness for 40 years before reaching the land of Palestine (Taylor, Lillis and LeMone, 1997). It is the birthplace of Jesus, the Cradle of Christianity and the place from which the Prophet Muhamad experienced the transfiguration of Al Esra'a and El Mairaj (MOH, 1999). The Old City of Jerusalem is the place that contains the El-Aqsa Mosque, the

Church of the Holy Sepulchre and the Western Wall. Among the holy Palestinian cities, Bethlehem, which contains the Church of Nativity and Hebron which contains Abraham's "the Father of Prophets" Mosque therefore, the Palestinian land is sacred for the three religions (MOH, 1999).

As a result of its strategic location of being at the cross roads of Africa, Asia and Europe, many forces tried to occupy Palestine and the Palestinians continued to defend their country and struggle for freedom, sovereignty and independence (Cattan, 1988). However, at the end of the First World War, Palestine was placed under the British Mandate. Incorporated into the mandate was the Balfour Declaration in 1917 providing a homeland for Jews, which led to the establishment of Israel in 1948 (Abu-Lughod, 1971). The subsequent Arab-Israeli war in 1948, resulted in the loss of the majority of the Palestinian land, de-population and demolition of more than 400 Palestinian villages and the wiping out the Palestinian culture (Cattan, 1988). Around 914,000 refugees (four out of five of the population) were uprooted from their cities, towns and villages, most of them to the West Bank, the Gaza Strip, Jordan, Lebanon and Syria (Said, 1992).

Subsequently, the Gaza Strip and the West Bank are the two geographically separated small pieces of land, which remained in Palestine after the Arab-Israeli War (Cattan, 1988) in 1948 (Appendix 2). However, in 1967, during the Six-day War, Israel occupied the rest of Palestine, namely, the West Bank including East Jerusalem and the Gaza Strip, starting 26 years of military occupation (Said, 1992). However, the Israeli occupation is faced by strong constant Palestinian resistance, which has been intensified during the Palestinian uprising since 1987, known internationally as the "Intifada" (Said, 1995). It is worth noting that, the population density per square mile in Palestine in 1948 was 20.2, which is higher than that of Syria and Lebanon (8.3) and Turkey (10.6) at that time (Cattan, 1988; Abu-Lughod, 1971).

The Gaza Strip is a narrow band of land, located on the south of Palestine, constituting the coastal zone of the Palestinian territory along the Mediterranean Sea between Egypt and Israel (Appendix 2). It is 45 kilometres long and 6-12 kilometres wide with an area of 362 square kilometres and an altitude of 0-40 metres above the Mediterranean Sea level (MOH, 1999). It is a subtropical region of 4 distinct seasons characterised by hot humid summers and warm humid winters (MOH, 1999). Currently, the Gaza Strip is composed of five provinces: North Gaza, Gaza City, Mid Zone, KhanYounis and Rafah (Appendix 3). There are five towns in the Gaza Strip, eight refugee camps and fourteen villages (MOH, 1999). Demographic reports indicated that the Gaza Strip is the second most densely populated area on earth after Hong Kong (Battersby, 1993; World Bank, 1997). According to the 1997 census of the Palestinian Central Bureau of Statistics (PCBS), the total Palestinian population residing in the Gaza Strip and the West Bank including Jerusalem was 2,895,683 of whom 1,074,718 are registered refugees (PCBS, 1997). The population in the Gaza Strip was estimated to be 1,022,207 with 65.1% refugees. More than 17 % of the population reside in the north of Gaza, 51 % in the central and 32 % in the southern area. Urban population is estimated at 44%, the rural at 30% and about half of the refugee population resides in refugee camps (World Bank, 1997; PCBS, 1997). The population density in the Gaza Strip is more than 2,824 inhabitants per one square kilometre (PCBS, 1997). It is important to note that around 35% of the total area is still occupied by a few hundred Israeli settlers. Therefore, the actual density rate is much higher than the estimated figures. Moreover, age structure in the Gaza Strip (Appendix, 4) is similar to that in many developing countries, where nearly half of the total population is under 15 years old (20% in UK) (World Bank, 1997). Should the present rate of population increase continue, the Gaza population would almost double in 10 to 15 years (MOH, 1999). This will create a desperate situation in terms of education, employment, health, slowing production growth and increasing the prevalence of poverty.

What makes things worse is that, more than one million of the Palestinians are living inside the green line “Palestine 1948” and the number of Palestinians who are living in Diaspora is estimated at 3.5 million (MOH, 1999). In fact, this political situation has led to the separation and splitting up of many Palestinian families (Cattan, 1988; Said, 1992). The researcher assumes that these demographic and political situations could affect the psychological status of the population and subsequently, the level of job satisfaction and motivation among nurses.

The researcher’s supposition is based on the fact that such demographic characteristics affect nurses in more than one way. Palestinian nurses are experiencing the same circumstances as the rest of the population and this affects their psychological and motivational status. The nursing profession is a dynamic socially responsive profession, therefore, the nursing profession in Palestine is underpinned by such demographic and cultural factors of the society (PCH, 1997; PCH, 1994). Additionally, the rapid growth rate of the population together with the increasing percentage of a non-earning population influences nurses workloads and places more economic pressure on nursing as well as on the healthcare system in general (MOH, 1999).

### **Socio-political context**

For a better understanding of the issue of job satisfaction and motivation among Gaza nurses, the researcher reports some important political, social and organisational factors that dominate the Palestinian society. However, currently, the Gaza Strip has been undergoing the new experience of autonomy since the Peace Agreement between Palestine Liberation Organisation (PLO) and the Government of Israel on 13th of September 1993 (Said, 1995), providing for a partial transfer of authority to the Palestinian National Authority (PNA). However, the PNA is formally responsible to the Executive Committee of the PLO and the elected Palestinian Legislative Council that represents Palestinians from the Gaza Strip and

the West Bank including the Old City of Jerusalem (Usher, 1995). The PNA, the Executive Committee and the Legislative Council are responsible to the Palestinian National Council, which is supposed to represent all the Palestinians inside and outside the Palestine “Diaspora” (Usher, 1995). Whilst, the largest Palestinian political movement “Fateh” is the main constituent of the PNA, many opposition parties are not involved in the peace process and some are even engaged in military activities against it (Said, 1995). This could be seen as contributing in the instability and uncertainty status of the Palestinian situation and as affecting the entire life experiences of the Palestinians including nurses.

Moreover, similar to most developing countries in the Middle East, the Palestinian regime is noticeably a highly centralised, authoritarian and power centred system (Said, 1995; Usher, 1995). Decisions are mainly concentrated in the hands of the Chairman and few responsibilities and authority are delegated to other people lower in the hierarchy (Said, 1995). Thus, concept and practice of modern democracy is not incorporated into the conceptual framework of politicians, decision-makers or even ordinary citizens. Further, the PNA’s system is highly political (at the larger sense) and tribal in nature (Usher, 1995). To a high extent, politics interfere even in low-level non-political professional issues, such as recruitment, promotion and rewards (Massoud, 1994). However, this situation could be seen as affecting not only the mode of working in the Palestinian organisations but also the entire life experience of the Palestinian population. Thus, the researcher claims that the healthcare system is a reflection of the leadership trends dominating the society, which has been formally represented in the PNA leadership style. Both the uncertainty situation and the mode of taking decisions adversely affected the Palestinian organisations including healthcare organisations (Massoud, 1994; World Bank, 1998). Most decisions therefore are arbitrary ones, with a high degree of political rather than professional orientation (Massoud, 1994). Additionally, most strategic decisions are highly centralised and flow in a top-down

uni-dimensional direction with a minimum degree of involvement or professional autonomy (Massoud, 1994).

This managerial style could be a reflection of the Arabic and Islamic culture. The Arabic culture reflects a strong hierarchy of people (Torrington and Hall, 1998) with a sacred obedience for the figurehead. Traditionally in each Arabic tribe, there is a leader called “Mukhtar” who is usually the oldest among his followers and what he decides is really un-negotiable and considered as doctrine by the members of the tribe (Azzam, 1979). At a smaller sense, this is even practised inside the family where the father gives the orders and the others listen and implement. Additionally, such a managerial culture could be seen as a reflection of Islam. The Islamic culture generally assumes that people have to follow their leaders, are usually called “Imam” as far as they follow the Holy Book “Quran”, and assumes that not following exactly what Imam says is a taboo that necessitates punishment (Azzam, 1979). However the literature indicates that culture influences people therefore such an Arabic Islamic culture could influence people’s mentality, values and style of behaving in general including their management style (Andrews, 1998).

What complicates the situation more are the great expectations people developed concerning the peace process both at the personal level as well as at the organisational and community levels. Political leaders and peacemakers raised people’s expectation from the peace process both in terms of economic as well as socio-political perspectives (Said, 1995). Politicians from both sides made brave noises about being like Singapore, an island of prosperity in a sea of poverty (Said, 1995). Unfortunately, currently, the peace process failed to meet people’s expectation in relation to both the economic achievements as well as any political improvement therefore, people developed a level of disappointment that is congruent with the degree of their expectation (Said, 1995; Usher, 1995).

One could claim that the implementation of the partial autonomy has had its impacts on the

society after the many devastating wars and the twenty-seven years of occupation and dispersion over the globe. Both peacemakers and the ordinary people who were living in the area, in this volatile climate, have huge expectations for the future (Edda'ma, 1995).

However, Israel still holds overall sovereignty over the Gaza Strip. It has the upper hand over borders, movement of goods and travellers in and out of Gaza, particularly the Palestinians themselves (MOH, 1999). It also controls trade, the commercial market, water, the main sources of energy, the means of communications and security (MOH, 1999).

Hence, it still has a hold over the Palestinian economy. This forms the pre-supposition that Gaza nurses, as other Palestinians, could be highly concerned about their safety, interpersonal relationships and security.

Additionally, there has been a recent sharp down turn in wage income from Israel due to the security closure of the borders between Gaza and Israel (MOH, 1999; World Bank, 1997). It is estimated that between 1993 and 1996, border closures resulted in the loss of US \$ 2.8 billion, which is equivalent to about 70% of the Annual Gross National Product (GNP) (World Bank, 1997). This has been complicated by the massive contraction of employment opportunities in Israel from 116,000 workers in 1992 to 28,000 workers in 1996 (World Bank, 1997). Additionally, other deteriorating factors of the economy, are a loss of the trickle down benefits from the Palestinian workers in the aftermath of the Gulf War and a delay in the flow of financial assistance from donor countries to the Palestinian Authority "about US \$ 1.3 billion of the pledged US \$ 3.4 billion aid packet had been disbursed by the end of 1996" (World Bank, 1997; Edda'ma, 1995). The Palestinian Authority has also imposed more economic demands on people for structural adjustment purposes capitalising on local resources to build up the country (Edda'ma, 1995). Therefore, compared to other countries in the world, Palestinians are the most heavily taxed population (MOH, 1999).

Palestinians are required to pay the same tax as the Israeli people who are known to be

among the most heavily taxed population (Bergman, 1986), plus the transportation and security check up fees. This situation represents a serious threat to the earning population and their families including nurses. This has led the researcher to pay attention to this issue within the Gaza nurses' motivation.

According to the Document of the World Bank (1997), the per capita GNP in Palestine is US \$ 1710. GNP in Gaza Strip is even half of that of the West Bank and 40% of the Palestinians in Gaza are estimated to live in poverty. Further, unemployment is estimated at 30% in the Palestinian community; however, it is, remarkably, higher in Gaza than the West Bank and only 8-10% of the formal workforce in Gaza is female (World Bank, 1997). It is worth mentioning that daily life expenses in Gaza are similar to Israel, both share one commercial market despite the high purchasing power of the Israeli community compared to the Palestinian community (World Bank, 1998). Therefore, the researcher identifies salary as a possible factor in motivating Gaza nurses and that these financial constraints could badly affect nurses' motivation both in terms of improving nurses' salaries as well as in improving their work environment. Added to that, this factor could be a contributing factor in increasing nurses' workload as a result of stress and poverty related illnesses.

Due to the political and economical instability, the Palestinian population has one of highest fertility rates in the region 7.4, compared to 3.5 in Egypt, 3 in Lebanon, 2.4 in Israel and 3.2 in Turkey (World Bank, 1997; PCBS, 1997). The population growth rate has been estimated at 3.8% in 1997 (World Bank, 1997). High fertility rates could also be related to many factors including, cultural, educational, tribal and religious factors. Religious and cultural beliefs dominating the society encourage fertility and having many children (Azzam, 1979). Furthermore, polygamy is not an uncommon phenomenon in the area. Many Palestinian men have more than one legal partner (PCBS, 1997). According to Islam, a man can marry up to 4 wives at a given time (Azzam, 1979). However, having many children "according to the

Palestinian community” provides a type of security and protection to the family and to the tribe against others (PCH, 1997). This phenomenon could be perceived as a direct result of the absence of a well-regulated government that is committed to the safety and security of all its citizens. Another significant factor affecting the high fertility rate is the political situation dominating the area. Most Palestinian families lost martyrs in the consecutive wars and most of the Palestinians are aware of the demographic dimension of the Arab-Israeli conflict therefore, they are committed to the principle of having many children (MOH, 1999; PCBS, 1997). Some Palestinians perceived high fertility and having many children as prestigious (E’zwa) and it is among the very few available chances for them to prove themselves and to prove that they exist (PCBS, 1997). Furthermore, children provide social security and financial support to their family that is unlikely to be provided regularly and adequately by the government (PCBS, 1997). Additionally, having a large family is a necessity for agricultural work, the main earning source to the majority of people in Gaza (PCH, 1997). However, this could affect nurses and could increase their workload in many forms. Nursing population is also experiencing the same cultural practices; therefore, the researcher argues that family pressure on nurses is even greater and is complicated by the tendency of males not to contribute in domestic responsibilities (PCBS, 1997). Additionally, the high growth rate of the population could increase nursing workload both at primary care as well as secondary care levels (MOH, 1999). However, the World Health Organisation recognises high birth rates as one of the negative indicators of the health status of a given population (Taylor, Lillis and LeMone, 1997).

It is worth noting that the Palestinian population has suffered a lot from recurrent occupations, starting with the Turkish Rule and ending with the Israeli Occupation.

Appendix 5 shows rulers in Palestine from 1517 till 1994 (Cattan, 1988). This created a sensitive, insecure and volatile personality in the population (Hamad, 1999; Usher, 1995).

Due to political and economic vulnerability, stress is inherent in the life of the Palestinian population (Hamad, 1999; Usher, 1995). Therefore, the researcher would suggest that they put more value on security, safety and interpersonal relationships than other needs. At the same time, Palestinians are survivors and their perseverance is clearly evident through their struggle for freedom and independence, which has intensified since the turn of the twentieth century (Cattan, 1988; Said, 1992). Therefore, all these factors affected the researcher's presuppositions that the Palestinians nurses' evaluation of motivators and satisfiers, which have been identified by motivation theories, could be uniquely different from other nurses experiencing different circumstances. Thus, Palestinian nurses' values and perceptions are underpinned by their culture, therefore, the researcher would suggest that they could place more value on their interactions, interpersonal communications, work environment and security than other nurses.

Palestinians place a high value on education and regard it as a durable and movable asset "contrary to land and houses that can be and were lost" therefore, this value is instilled in their children (PCBS, 1997; Cattan, 1988). It is not, therefore, unexpected to find that many of the Palestinian pioneers emerged from the very poor, inhuman Palestinian refugee camps and that the Palestinian people enjoy one of the highest literacy rates among the Arab countries (World Bank, 1997). In other words, comparing to other lower middle-income countries, the Palestinian population is well educated and literacy percent counts for 84%, in Egypt 51%, in Iraq 54%, in Jordan 86% (World Bank, 1997).

Furthermore, Palestinians are a highly emotional community, with a strong commitment to the institution of marriage (MOH, 1999). By the age of 20 years, most (71%) of the Palestinian females are married (PCBS, 1997). Palestinians also show particular respect for elderly, handicapped, chronically ill, weak people and children (Cattan, 1988). Congruently, it is important that managers, policy makers and researchers should pay concern to the

psychological and emotional conditions of their employees.

To conclude, the Gaza Strip is a highly populated, politically turbulent and economically deprived area. This situation influenced the people of being highly sensitive, volatile, insecure who place high value on security and interpersonal relationships. Additionally, Palestinians place a high value on education and regarded it as a durable and movable asset. Palestinians have high adaptation ability with a strong national affiliation. The mode of management in the Palestinian context is influenced by a tribal, Arabic and Islamic culture, which values the community interest for the individual interest. The Palestinian system is highly centralised and authoritarian, which maintains community solidarity in such a politically unstable situation. Further, the political situation also affected the Palestinians ability to set strategic plans and this affected the culture and mode of functioning in the Palestinian situation. However, these demographic factors might affect nurses' job satisfaction and motivation and need to be considered.

However, these characteristics of the Palestinian population have many consequences. They could be perceived as not only affecting nurses' satisfaction and motivation but also remarkably affecting the healthcare system in the country. This is true not only by reference to the type of diseases or the availability of the needed resources, but also more importantly, to the mode of management and its impact on job satisfaction and motivation. The next chapter explores the Palestinian healthcare system and its influence on the level of nurses job satisfaction and motivation.

## Chapter 2.2

### The Healthcare Context

Among the other relevant contextual characteristics that might affect nurses' motivation and satisfaction, the researcher is interested to present some information about the healthcare system and health status of the Palestinian population. The researcher also provides background information about the Palestinian healthcare organisations, as it is perceived to influence nurses' satisfaction and motivation. Particularly, the researcher demonstrates the features of management in the Palestinian health organisations trying to focus on particular issues relevant to nurses' motivation and satisfaction as the coming pages portray.

Compared to other countries at a similar level of economic development, the Palestinian population's overall health status is relatively good (World Bank, 1997). The infant mortality rate is estimated at 28 per 1000 live births, (62 in Turkey, 41 in Egypt, 40 in Tunisia, 21 in Jordan and 7 in Israel) (MOH, 1999). The leading causes of adult death are similar to developed countries including cardiovascular disease and cancers with a high prevalence of stress and psychological trauma related diseases (MOH, 1999). On the other hand, diseases of poverty are still prevalent, such as respiratory infections and diarrhoeal diseases that remain important causes of child mortality and morbidity (MOH, 1999). The later conditions are due to a large extent, to the widespread poor sanitary and environmental conditions. For instance, only 35 percent of the households are connected to the sewage network (World Bank, 1997).

Additionally, whilst, most of the Palestinian population has reasonable physical access to health facilities, effective financial access is constrained for the one half of all households, which is not covered by the government health insurance programme (World Bank, 1997). They must bear, out-of-pocket payments at the time of illnesses, the full costs of healthcare (MOH, 1999). Those mostly face financial difficulties in accessing healthcare (World Bank,

1998). However, the following paragraphs clarify the Palestinian healthcare system

In 1994, the newly formed Palestinian MOH inherited a fragmented, largely unregulated, pluralistic healthcare system from the Israeli Civil Administration (MOH, 1999). In fact, not only was the healthcare system generally under-funded, understaffed, under-supplied and under-equipped but also there was mal-distribution of human resources to the disadvantage of rural areas (PCH, 1997). The primary healthcare (PHC) settings were also at a disadvantage in comparison with the hospital settings. Additionally, Palestinian professionals' involvement in managing the health services at that time, was limited and most strategic issues, such as policies, budgets and promotions were maintained under the direct control of the Israeli Ministry of Defence, which negatively manipulated these issues in the Israeli's interests (PCH, 1994). It could be argued that, such a situation could be seen as affecting the Palestinian sense of autonomy, commitment and belonging to health organisations as well as affecting the Palestinians' ability to develop experience in managing their organisations.

Thus, the researcher assumes that both of the above mentioned factors can affect the current healthcare system and subsequently, nurses' experience of motivation and satisfaction.

However, currently, the four major players of healthcare services in the Gaza Strip are the Ministry of Health, the United Nations Relief and Works Agency (UNRWA), non-governmental organisations (NGOs) and the private for-profit service providers (MOH, 1999). The MOH is responsible for a significant portion of PHC, secondary care and some tertiary care (more than 50% of services were provided by Government) (PCH, 1997; MOH, 1999). Moreover, the MOH purchases tertiary services from other health providers both locally and abroad (MOH, 1999). UNRWA plays an important role in health services delivery, providing free of charge PHC and purchasing secondary and tertiary services for the registered Palestinian refugees (World Bank, 1997). Additionally, UNRWA contracts for services with NGOs, primarily for secondary and tertiary care and with some Israeli facilities

for limited speciality for tertiary care (World Bank, 1997). Therefore, a significant challenge for the MOH is to facilitate co-ordination among these different service deliverers, to ensure rational use of scarce Palestinian resources available for the health sector (World Bank, 1997).

One aspect of the MOH efforts in this regard has been the initiation of a demonstration project involving the purchase of PHC services by the MOH from other providers mainly NGOs (World Bank, 1997). However, the researcher argues that such plurality could affect the identity and the regulation of the healthcare system and also could be seen as affecting nurses' ability to develop a clear and well-identified identity of the nursing profession as well. Additionally, such plurality could affect the nurses' ability to regulate themselves and to develop their professional unity. Subsequently, nurses from the different healthcare sectors experienced different forms of status, working lives and management cultures (PCH, 1997).

An important issue currently emerging in almost any discussions about healthcare systems is the funding of health organisations. Given the transitional developmental status of the healthcare system in the country, many parties contribute in funding the Palestinian health organisations. International donors' contributions continue to be an important source of revenues for the health sector, with a shift of the main recipient of aid from the NGOs sector to the MOH (World Bank, 1997). Currently, around 80% of donors' assistance is directed to capital investment and capacity building (MOH, 1999). In 1996, government spending accounted for about a third of the total expenditure, direct out-of-pocket spending accounted for about 40%, NGOs about 7% and external donors about 24% (World Bank, 1997). The large external contributions partially explain the high level of health spending related to the emerging trend of developing the healthcare system in the country. However, donors'

contribution are not sustainable therefore, the concept of having a well institutionalised healthcare service can be seen at risk.

The MOH's reports point that many of the donors' projects did not positively affect the healthcare system and also were negatively perceived by Palestinian professionals (MOH, 1999). A clear example of that is the professional development training programmes, which have been offered sporadically, without conducting needs assessment and therefore, have failed to achieve their intended goals (Shaheen, 2000). Therefore, the researcher raises the issue of developing Palestinians own resources for the purpose of having sustained, relevant and community based programmes and assesses the impact of such donation on these programmes.

The Palestinian Authority devotes an unusually large share of its resources to health sector. In 1998, health spending was estimated at about 9% of Gross Domestic Product (GDP), which is usually more than most middle-income countries (MOH, 1999), which spend 4-5% of GDP (7 percent in UK, Denmark and Japan). Per capita health expenditure in US \$ is 100 a year (World Bank, 1997), in contrast with neighbouring countries e.g. Egypt 30 and Turkey 105. Yet in the midst of this, there is a discomfort among public, politicians and professionals in Palestine regarding the quality of healthcare and the work climate in health organisations (Massoud, 1994). It is worth noting that, the World Health Organisation's health indicators in Palestine are similar or even lower than other countries spending remarkably less on their healthcare systems (MOH, 1999). There appears to be a general consensus that Palestinians are obtaining low outputs and that the degree of waste in the health system is large and highly indicative of inefficiency of the system (Massoud, 1994). In other words, there appears to be an over-investment leading to outcomes that are normally obtainable with less investment. Therefore, the answer to the problem of health services could be related to the process of delivery of healthcare not entirely to investing more, as

some people have called for (Massoud, 1994). The problem of the system seems to dominate the big picture of the healthcare system in Palestine (PCH, 1997). Therefore, it is argued that many of the perceived problems in the system including employees' low morale, alienation and dissatisfaction could be related to the bad management of health organisations (Massoud, 1994; Al-Shubak, 1993). It seems that, the Palestinian managers failed to play their role in managing health organisations and failed to lead employees in a way that increases their productivity as well as increases their commitment and motivation to work (Misener, et al 1996; Massoud, 1994).

Massoud (1994) argues that many management factors are affecting the effectiveness of healthcare system in Palestine. According to Massoud, at the top of the list of these factors, is leadership in healthcare organisations (Massoud, 1994). Further, he claims that, this is probably the single most important management issue leading to poor performance. It is the exception, not the rule, when healthcare delivery is led by a strong visionary leader who is fully devoted to lead the organisation and who has the relevant skills and authority to do so (Massoud, 1994). Moreover, the researcher assumes that many of the motivational tools for employees are in fact under the control of their managers. Although nurse educators are less predisposed to managerial problems as they usually experience a greater degree of professional autonomy, the researcher's study of Gaza nurse educators' satisfaction, recognised the central role of management in managing human resources, particularly motivation (Hamad, 1997).

What complicates the situation more in the Palestinian healthcare system in general and for nurses in particular, is the physicians' domination over the system (PCH, 1997; Shaheen, et al 1994; Massoud, 1994). It is a matter of fact that senior physician managers (80% of the Ministry's Director Generals) overwhelmingly manage healthcare settings (World Bank, 1997). Generally, Palestinian managers are chosen on account of being either highly

qualified in clinical practice and/or having the proper political or tribal connections (Massoud, 1994). Upon taking such leadership positions, they generally do not undertake any special training in management or leadership (Massoud, 1994). In addition, to maintain patient access to their private clinics, they remain in a full-time or part-time clinical practice. Managerial positions are valued as prestigious rewards and the management of the organisation takes only a fraction of the director's time and efforts and comes second to his or her personal interests (Massoud, 1994).

Moreover, congruent with the general line of thoughts dominating the entire activities of the PNA, healthcare organisations are generally managed in a traditional fashion (PCH, 1994). Decision-making is judgmental rather than research or data based (PCH, 1997; World Bank, 1998). The system institutionalised in most organisations is perceived mainly as command and control system and reflected on a predominant club culture organisations (Massoud, 1994; Handy, 1993). There is little workers involvement in the life of the organisation. Information sharing and communications are usually very poor and team spirit is lacking (PCH, 1994). The culture of appointments, promotion or rewarding by connections, political affiliation or personal favours has grave consequences for the system (Massoud, 1994; PCH, 1997). Furthermore, to a high extent, the healthcare system is influenced by a tribal and political culture (PCH, 1994). This culture affects decision-making processes in most organisations is a hindrance to both accountability and to placing the right person in the right place (Massoud, 1994). It is worth noting that many of the rules and regulations currently controlling Palestinian health organisations were made during the Turkish Rule (Appendix 5) and slightly changed by the subsequent occupations (PCBS, 1997). Thus, recent approaches in management are not yet utilised in Palestinian organisations. For instance, part time employment, age discrimination protection policy and gender discrimination protection policy are not currently existing (MOH, 1999).

However, in the midst of such atmosphere, described by the literature as being de-motivating, the researcher hopes to identify factors, which influence Gaza nurses mostly in such a transitional period (Cavanagh, 1992; Healy and McKay, 2000). The researcher claims that although many of these factors are identified by the literature as motivation influencing factors, Gaza nurses perceptions of these could vary based on cultural as well as situational factors. However, with such an atmosphere dominating the culture of health organisations, it has guided the researcher in the design of his study but in the midst of this literature-based de-motivating atmosphere, the researcher leaves the gate open for possible positive motivators.

An important issue that has been acknowledged by the literature for its positive influences on employees' motivation is the concept of human resource development (Senge, et al 1994; Wade, 1999). Although learning implies development, growth and change, it is a widely accepted concept in the healthcare system in Palestine that professionals start off with much enthusiasm, hard work and good technical abilities when they are new in the system (PCH, 1994; Massoud, 1994). Overtime, adaptation to the organisational environment occurs and performance starts to deteriorate. Unfortunately, as human resources start to get "burn out", they are recognised by other colleagues or by their managers, as having understood the "system" and now they have "matured" (Massoud, 1994). This is exactly the contradiction of management concept of developing people through work (Senge, et al 1994). This does not only affect organisational productivity but also employees' morale, commitment, alienation and most of all motivation (PCH, 1994; PCH, 1997). The literature indicates that a culture of excellence, which stimulates continuous life long development and learning organisation, could be important factors in motivation to work (Senge, et al 1994; Massoud, 1994). Hence, such phenomenon dominating health organisations has guided the researcher to consider this issue in this research.

Another commonly noticed problem encountered in the healthcare system, is the wide spread phenomenon of the blame culture, which is quite compatible with the dominant organisational culture (Massoud, 1994). The common response to any problem can be summed up in setting up a committee, which answers the question “who did what thing wrong” and penalising him/her accordingly (PCH, 1997). The problem is linked always with people not the system (Massoud, 1994). Unfortunately, this neither solves a problem nor prevents its re-occurrence (Berwick, 1995). Such an organisational culture is hardly supportive to the employees who are already highly predisposed for work overload and stress (PCH, 1997).

Among the other features of the system, is the lack of an equal opportunity philosophy, which is not endorsed, in the conceptual framework of decision-makers and politicians (Said, 1995).

Among the common noticeable forms of discriminations are the political, tribal, professional and cultural ones (Massoud, 1994). Favouritism, nepotism and hypocrisy are alleged to be common features of the Palestinian health organisations (Massoud, 1994). Again, these factors have been acknowledged in the literature to adversely affect the employees’ sense of motivation (Adams, 1965). As far as the literature indicates that these features are potential dissatisfiers, the researcher’s focus is influenced by these concepts in order to recognise how they affect nurses’ perceptions of their satisfiers and motivators in the Palestinian culture.

Most organisations within the healthcare system lack clearly defined organisational structures, which regulate the relationships among the people and departments involved (PCH, 1997). Functions, responsibilities, authorities of various managers and staff members are poorly defined, if at all (Massoud, 1994). Administrative and professional practice policies and procedures for the operation of the system are practically absent (PCH, 1994). Further, the concept and practice of the collaborative multidisciplinary team approach to the provision of health services is not part of the conceptual framework of key policy makers,

managers and practitioners (Massoud, 1994). In addition, resources like staffing, hiring, firing, promotions, funding and so on are centrally decided upon and provided (MOH, 1999). Furthermore, the healthcare professionals are neither rewarded nor penalised for their performance. Their earnings are completely unrelated to their performance, therefore, competition among the same or different health providers is completely non-existent (Massoud, 1994).

Furthermore, pay, rewards and promotions are not related to performance appraisal (PCH, 1994). To be more specific, performance appraisal is only restricted to filling in a sheet called the Secret Report without any involvement or discussion with the employee (PCH, 1994). In fact, it is not allowed for the employee even to see the sheet at all. Moreover, it is unlikely for this sheet to be seen by other supervisors and in most of the cases it is just kept in the employee's file (PCH, 1994). However, this is against the widely utilised management trend of conducting performance evaluation that is mutually agreed between the appraisees and the appraisers which is perceived to contribute in improving organisations performances and helping employees to develop their developmental plans (Fisher, 1999). Therefore, the researcher presupposes that such a managerial atmosphere, which is acknowledged by the literature to create many stressful factors, that could be of value studying, for the purpose of improving satisfaction and motivation among Gaza nurses.

To summarise, the healthcare system in Palestine encounters many problems that have been seen by the researcher as affecting the level of nurses' job satisfaction and motivation.

Healthcare in Palestine is delivered by different sectors. Such a plurality has affected the identity and the regulation of the healthcare system and affected health professionals' ability to develop a clear and well-identified professional rules and regulations. Moreover, the large contributions in funding health services reflect over spending that is not sustainable therefore, the concept of having well institutionalised healthcare services is at risk.

The problem of the system seems to dominate the big picture of the healthcare services in Gaza. Therefore, the researcher argues that many of the problems in the system could be related to the management of health organisations. Moreover, most organisations within the healthcare system lack clearly defined organisational structures, which regulate the relationships among the people and departments involved. Performance evaluation, functions, responsibilities, authorities of various managers and staff members is poorly defined if at all. Further, the concept and practice of the collaborative multidisciplinary team and developing people through work are not part of the conceptual framework of key policy makers, managers and practitioners.

In accordance with the adopted funnel design, the researcher presents in the next chapter the nursing context in Palestine. Given that nursing is a socially responsive profession, Gaza nurses have certain characteristics that are influenced by the wider community context, as it is explained in Chapter 2.1 and also by the healthcare system which is described in Chapter 2.2. It is needless to say that, in order to understand Gaza nurses' job satisfaction and motivation, it is important to conceptualise that within the nursing situation in Palestine. The next chapter provides a chance for a better an understanding of Gaza nurses, as the chapter clarifies.

## Chapter 2.3

### The Nursing Context

This chapter provides information about the nursing profession in Palestine that could reflect the cultural orientation of the profession. As acknowledged earlier, nursing is a socially responsive profession that is underpinned by cultural, legal, organisational and other contextual factors as well. This chapter elucidates some of the unique characteristics of Gaza nurses that the researcher assumes as having an impact on their satisfaction and motivation. In other words, the chapter clarifies the historical development of the nursing profession in Palestine as well as the nursing manpower and its distribution both in terms of qualifications and in terms of organisational related variables. Additionally the chapter depicts the utilised method of the nursing practice as well as the regulatory process in nursing. Moreover, the chapter particularly focuses on the nursing education within the Palestinian context and the values and beliefs controlling it.

However, it is worth noting that, until recently, most health related activities as well as nursing, were not accurately documented in Palestine and information about the Palestinian nurses was limited and inconsistent. This could be partially related to the absence of health professional regulatory bodies. However, all over the world, the nursing profession is a relatively new career in comparison to other professions. For instance, formal nursing education started in UK in 1860, in USA in 1873 and in Palestine in 1925 (Shaheen, et al 1994). Subsequently, the first Palestinian professional nursing training programme (3-year diploma programme) was started in 1925 in Jerusalem during the British Mandate (Shaheen, et al 1994).

The Christian Missionary Society started on-the-job training programmes in Gaza in the early fifties in the British Hospital now called Al-Ahli Arabi Hospital. Baptists took over the operation of the Christian Missionary Society Medical Services in Gaza in 1954 (PCH,

1997). In 1956, they established the Baptist School of Allied Health Sciences (Shaheen, et al 1994). This school offered a three-year diploma programme, accredited by the local authority at that time. It is worth noting that, most of the faculty members were foreigners educated to degree level and all teaching was carried out in the English Language (Shaheen, et al 1994). One reflection of that, is the external orientation of nursing in Palestine, with a dominance of the western model of nursing rather than the local model. Although remarkable changes were introduced to the nursing curricula to meet the Palestinian needs, still more changes are necessary to be taken to promote the socio-cultural and political orientations of the curricula (PCH, 1997).

However, to meet hospitals' needs, the Israeli Civil Administration had established later on another two nursing programmes (Diploma) in the Palestinian territories. The three programmes graduated a cohort of diploma nurses who were prepared according to the Israeli Ministry of Health's curriculum (Shaheen, et al 1994). It is worth noting that, most of the diploma graduates' training was hospital based and medically oriented (PCH, 1994; PCH, 1997). At a latter stage, Bethlehem University has established the first Palestinian nursing academic programme (Bachelor) in 1974 (Shaheen, et al 1994). Followed by the nursing programme at the Arab Colleges of Medical Professions in 1979 and a third programme at the Islamic University in 1992 (PCH, 1997). Currently, there are more than 25 nursing colleges or schools in Palestine, many of them teach nursing at a degree level (PCH, 1997).

Such a historical orientation can affect nurses in many ways. Unlike nurses from Arab countries, Gaza nurses have been exposed to modern perspectives of nursing (Shaheen, 2000). It is noticed that their aspirations, ways of thinking and professional perspectives are not in accordance with the common line of thoughts of health managers who came from Arab countries, which usually prepare nurses to be non-assertive, followers and doctors' handmaidens (PCH, 1997). However, such inherited characteristics of Gaza nurses can be a

frequent source of inter-professional conflicts between nurses, doctors and managers (PCH, 1997).

According to the Palestinian Healthcare reports, there were about 3862 nurses in Palestine, nearly equally distributed between Gaza and the West Bank (PCH, 1997). Unlike nurses from other countries, the Palestinian nursing population is relatively young, where 66.8% are less than 37 years of age (Healy and McKay, 1999; PCH, 1997). The female to male ratio is 1.7:1, generally in Palestine. However, the ratio is lower in Gaza than in the West Bank where males outnumber females by a ratio of 2:1 (PCH, 1997). Although the female attraction to the nursing profession is noticeably improving, it is still considered by many families as a non-preferred profession (Shaheen, et al 1994). This could be related to many factors including socio-cultural factors where the community values men's work over women's (Shaheen, et al 1994). Meanwhile, the majority of the Palestinian nurses are practical nurses (49%); diploma nurses constitute about 28% and bachelor degree holders' represents 22% (PCH, 1997; MOH, 1999). This reflects education-valuing attitudes among Palestinians, which resulted in a situation, characterised by relatively highly educated nurses, especially, in the theoretical aspect (PCH, 1997). However, the researcher argues that as far as these demographic characters of the Palestinian nurses are quite different from other nurses, they may affect their perceptions and attitudes of their satisfiers and motivators. Therefore, the research design in this study considers these demographic factors.

It is worth noting that the Palestinian health records indicate that 31% of nurses are working in PHC settings (PCH, 1997). However, this percentage is less than in other countries, which invest more in the primary health sector. For instance, in USA 54.9% of nurses are working in hospitals (Taylor, Lillis and LeMone, 1997). Interestingly, the literature indicates that the type of work done does influence satisfaction and motivation to the benefits of PHC (Croese, 1999; Cavanagh, 1992). Moreover, the public sector constituted the largest health provider

with an employment status of 50.2%. Managers and educators held approximately 10% of the nursing qualifications in Palestine (PCH, 1997), compared with 2% in the USA. The high percentage of managers in comparison to other places, could reflect a state of inefficiency of the Palestinian healthcare system, which is overwhelmed by managers who are often appointed just to provide them money and prestige (PCH, 1997; Massoud, 1994). Therefore, the researcher considered these factors important in his study.

Among the other problems that dominate the Palestinian healthcare system is the shortage of nursing personnel. Both the nurses' bed ratio (0.89:1) and the nurses' population ratio 13.8 per 10,000 inhabitants are very low (World Bank, 1997; PCH, 1997). The ratio in neighbouring countries is much higher. For example, 23 per 10,000 in Egypt, 25 in Jordan and 63 in Israel (World Bank, 1997). Among the other commonly noticed problems are the multi-categories of nurses associated with different titles and unclear functions or job descriptions (PCH, 1994). Further, other possible stresses include poor salaries and inadequate incentives (PCH, 1997). It is apparent from the literature that these issues increase nurses' workloads and could be seen as having an impact on the quality of nursing work life as well as on the nursing profession as a whole (Healy and McKay, 2000; PCH, 1997; MOH, 1999). Such a situation led the researcher to consider these factors in his study.

In regard to the method of nursing care delivery, it is noticed that nursing care is delivered in few units with primary or case method as in the intensive care unit, coronary care unit and nursery (PCH, 1997). Primary method assumes the delivery of holistic care considering the bio-psycho-social aspects of the human being (Taylor, Lillis and LeMone, 1997). Functional method as a model of nursing care delivery seems to dominate nursing departments in Palestine including the two main departments; medical and surgical wards (PCH, 1997). Further, functional method considers dividing the work to specific tasks and assigning specific responsibility for each nurse to deliver care to all patients (Taylor, Lillis and

LeMone, 1997). Neither the holistic approach “dealing with the human being considering the bio-psychosocial and spiritual dimensions” nor nursing process are fully integrated in the nursing care (PCH, 1994). However, a clear system of implementation and evaluation of nursing care is lacking, therefore, nursing care is still considered low standard comparing to the international standards (PHC, 1997).

Moreover, a commonly noticed problem in the Palestinian healthcare system is the lack of standards for professional practices which resulted in variations in practice that are dependent on the individual basis (PCH, 1994). Professional practice policies are orally transmitted.

Documented policies are neither clear nor consistent. Procedure manuals are lacking in most nursing areas (PCH, 1997; MOH, 1999). What complicates the situation more is the performance of non-nursing duties by nurses. PCH report indicated that nurses frequently perform administrative rather than nursing tasks, which increase nurses’ workload (PCH, 1997). However, the absence of job descriptions, standards and work protocols exposes nurses to conflicts and uncertainty especially in such a culture characterised by dramatic dynamic change (PCH, 1997). Among the other important issues to consider, is the absence of infection control and quality teams, a low level of cleanliness, inadequate support services and so on (PCH, 1994). Therefore, in his search to understand nurses’ perceptions about the possible influence of such factors on job satisfaction and motivation, the researcher included these factors in his research design. The researcher argues that such uncertain situations might affect nurses’ perception of their job satisfaction and motivation.

The Palestine Council’s health report indicated that only a total of 77 nurses reported that they have personal subscriptions to professional journals. This is about 2.1% of the total nursing population. However, a few nurses have access to professional journals at their work sites especially those employed by the major hospitals where institutional libraries are available (PCH, 1997). Moreover, few nurses have conducted or participated in research

studies (Misener, et al 1996). Utilisation of research findings from analogous cultures is rarely considered (PCH, 1997). Additionally, the PCH reports indicate that nurses frequently identified ethics and professionalism in nursing, nurse doctor relationships, patient nurse relationships and communication as learning needs for colleagues (PCH, 1997). This indicates that nurses need to develop appropriate professional values and attitudes and to develop effective communication strategies.

Additionally, World Health Organisation (WHO) reports indicated that, like most developing countries, nursing carries a low social status (WHO, 1994). Gaza nurses perceive their status to be lower than other professionals. They perceive their influence on the health system to be lower than doctors (PCH, 1997; WHO, 1994). Nursing position within the organisation structure does not allow for effective participation of nurses in the organisational “strategic” decision making process (PCH, 1997). In fact, physicians hold key policy-making and managerial positions within the Palestinian healthcare system (Massoud, 1994). The report also pointed to a critical signal relating to nurses’ retention. Seven percent of the Palestinian nurses have the desire to leave their nursing jobs during the coming five years (PCH, 1997). Added to that, 4% will naturally retire by the year 2000 due to age (PCH, 1997). This phenomenon could have its implication on both the practice and the education of the nursing profession.

Given the increased number of Gaza nurses who currently seek academic education, nurses’ interactions with other students from other colleges are increasing and this could contribute in empowering their self-esteem (Wade, 1999). The literature suggests that the academic orientation of nurses can raise their expectations, which cannot be associated with responsive interactions either from the management side or from the organisation side (Waddell, 1996). Moreover, nursing academic education endorses new roles for nursing together with new methods of delivery of care (Deloughery, 1995). Academic nursing also prepares nurses to

work autonomously, with full respect to nursing professional autonomy (Taylor, Lillis and LeMone, 1997). However, all these factors could create challenges for nursing generally and could be also relevant to Gaza nurses in such a traditional paternal community. Therefore, the researcher focuses on his research on examining how organisational variables interact with such professional characteristics by reference to motivation.

Many upgrading programmes are currently offered at most nursing colleges and many nurses are currently enrolled in these programmes (Shaheen, 2000). A considerable number (36%) of the Palestinian nursing personnel participated in continuing education activities between the years 1994-1996 (PCH, 1997). This could reflect the cultural and professional values, Palestinian nurses perceive in regard to their professional development. Currently, continuing education activities mainly include, upgrading of practical nurses to registered nurses, upgrading of midwives and upgrading of diploma nurses to bachelor degree (MOH, 1999; PCH, 1997). However, opportunities to pursue clinical specialisation are limited and few speciality programmes are offered at certain colleges and the shortage is severe or completely absent in many specialities (PCH, 1997). This raises the issue of programmes relevancy to the community needs. However, although many educational programmes have been offered, the impact has never been assessed. Therefore, this research gives some signals on the impact of professional development on nurses' motivation and satisfaction, which could give some indicators about the impacts of continuing education in general.

However, from his long experience in working in nursing, the researcher acknowledges many factors which influence Palestinian nursing. Given that nursing is a socially responsive profession and due to political instability, Palestinian nurses were prepared to face disasters and their training incorporated causality courses, such as traumatology, conducting deliveries, working under difficult conditions and so on (Hamad, 1999). Palestinian nurses' preparation endorses working in emergencies and very dangerous conditions and many of them became

martyrs as the Israeli army has killed them during their serving of the victims (MOH, 1999).

These considerations add more load and complexity to nurses' work. Subsequently, the amount of stress encountered on nurses' work can be greater than that of other nurses from different places (Hamad, 1999). Further, the political situation also affected Palestinian nurses' ability to set strategic professional plans and this also affected nurses' ability to regulate themselves and to develop a clear identity for their profession (PCH, 1997).

In addition, the Palestinian nursing education emphasised knowledge and understanding of different cultures (Hamad, 1999). Palestinian nurses are exposed to work in different cultures and to meet different conditions and regulations provided by non-Palestinian regulatory bodies or countries (Hamad, 1999). Added to that, the economical instability at times such as these, seem very far away-people were heavily taxed, nurses must learn how to do the most with the least, preserving quality while considering costs (Hamad, 1999; MOH, 1999). All these factors can possibly increase the load over nurses and can increase the amount of stress nurses experience. The literature recognises that these issues are pushing nurses towards dissatisfaction and burn out (Cavanagh, 1992). It is worth noting that, in 1997, the Palestinian Council of Nursing and Midwifery is established via a Presidential Decree to lead the professional development of nursing and midwifery in the country (MOH, 1999). The council needs to be activated to take its role in regulating the nursing profession, accreditation of nursing curricula and personnel and supporting the professional development of nursing and nurses (MOH, 1999).

However, such a situation does not only stimulate the researcher to conduct his study, but also influences the researcher's design in a way that reflects the Palestinian situation. The literature indicates that many of the aforementioned points could be relevant to satisfaction and motivation and are subject therefore for in-depth analysis in the study.

## Section summary

To summarise, the Gaza Strip is a densely populated, politically unstable and economically damaged area. This situation influences the personality of the people being highly sensitive, insecure and volatile who place more value on security, safety, solidarity and interpersonal relationships than other needs. Further, the political situation also affected Palestinian nurses' ability to set strategic professional plans and this also affected nurses' ability to regulate themselves and to develop a clear identity for their profession. Palestinians place a high value on education and professional development and regard it as a durable and movable asset. Therefore, these demographic factors might affect nurses' job satisfaction and motivation and need to be carefully considered.

Healthcare services in Palestine are provided through different independent players and such plurality has affected the identity and the regulation of the healthcare system and affected nurses' ability to develop a clear and well-identified identity of the nursing profession.

Moreover, the large contributions in funding health services reflect over spending that is not sustainable; therefore, the concept of having well institutionalised healthcare services is always at risk.

The problem of the managerial system seems to dominate the big picture of the healthcare services in Gaza and many of the problems in the Palestinian system could be related to the management of health organisations. Moreover, most organisations within the healthcare system lack clearly defined organisational structures, which regulate the relationships among the people and departments involved. Functions, responsibilities, authorities of various human resources are poorly defined if at all. Further, the concept and practice of the collaborative multidisciplinary team, conducting effective performance evaluation, collaborative learning and empowering people through work, are not part of the conceptual framework of key policy makers, managers and practitioners. By contrast, the Palestinian

health managers are highly centralised, bureaucrats and authoritarian who received no training in management and were appointed by years of experience or through political affiliation.

Gaza nurses are trained according to the western perspectives of nursing and are experiencing a heavy workload related to the shortage of nurses, restructuring of healthcare system, poor staffing methods and increasing demands of work. Further, the current nursing position within the organisation structures does not allow for effective participation of nurses in the organisational strategic decision making process as physicians hold key policy making and managerial positions within the Palestinian healthcare system. All these factors could increase the burden over nurses and could increase the amount of stress nurses are experiencing and could be seen pushing them to leave their profession.

Congruent with the research objectives of assessing the level of Gaza nurses job satisfaction and motivation and identifying the factors affecting as perceived by the nurses themselves, the research conducted an extensive review of the relevant literature. The purpose of that is not only to illuminate the common acknowledged nurses' satisfiers and motivators but also to further illuminate the perspectives of job satisfaction and motivation. The researcher analyses the suitability of the common motivation theories in reference to the nursing arena through analysing the concepts of these theories within the nurses' practice. However, the researcher portrays differences and similarities between nurses from different cultures that conceptualised interesting themes as the next section (3) clarifies which considers three main perspectives to motivation and satisfaction. The Scientific Management Perspectives, the Content Theories Perspectives and finally the Process Theory Perspectives, as detailed in the coming section.

## **Section 3**

# **Theoretical and Philosophical Perspectives on Job Satisfaction and Motivation**

In accordance with the research's stated objectives, this section discusses the common motivation and satisfaction theories and their suitability in the nursing arena. The researcher keeps in mind the impact of cultural and contextual diversity and how it affects people's perceptions and feelings. Particular emphasis is directed to add more understanding and illumination to the theoretical analysis of the global concept of job satisfaction and motivation. The chapter also discusses the nursing literature and the research studies in this field reflecting upon the Palestinian situation. Additionally, the section also considers the critique attached to the motivation and satisfaction theories and provides an orientation to the different values and beliefs in this regard.

Moreover, the researcher explores his presuppositions, which are based on the literature and have guided the study in the identification of the variables affecting Gaza nurses' job satisfaction and motivation. Based on the cited literature, the section also develops a clearer understanding of the issue of job satisfaction and motivation among nurses and helps the researcher reflect on how it is possible to motivate and satisfy nurses. Thus it will facilitate the development of a construct that fits the Palestinian situation; meanwhile contributing to the development of a global construct about satisfaction and motivation. Congruent with that, relevant local, national and international research studies are acknowledged and critically discussed in relation to these theories, which reflect the

chronological, socio-cultural and political influences on nurses job satisfaction and motivation.

To achieve that, the section consists of 4 chapters that incorporate the main perspectives of job satisfaction and motivation in reference to the nursing context. To be more precise, Chapter 3.1 depicts the theoretical framework of the research, Chapter 3.2 portrays the Scientific Management perspectives, Chapter 3.3 illustrates Content Theories perspectives and, finally, Chapter 3.4 discusses Process Theory perspectives. However, given that job satisfaction and motivation is a multi-dimensional concept that lacks adequate precise definition, the researcher presents his preferred concepts in this regard. The researcher's beliefs and attitudes about job satisfaction and motivation are influenced by the cultural and contextual diversity of the Palestinian situation. Therefore, the researcher adopts a conceptual framework that he sees as fitting the Palestinian situation and forms the theoretical framework of this study, as it is clear in the coming pages.

## Chapter 3.1

### Theoretical and Conceptual Framework

Keeping in mind that the Palestinian culture is a uniquely diverse area from other cultures (Section 2) particularly western ones, the researcher tries in this study to illuminate the general overall pattern of Gaza nurses' satisfaction and motivation. This is an area that has never been investigated before. Therefore, the researcher adopted a framework that fitted the study context as well as the researcher's stated objectives. Congruently, the chapter clarifies the researcher's adopted conceptual definitions, his theoretical framework as well as his beliefs about the relationship between satisfaction and motivation, to be the base for this study from the start.

Based on a gestalt orientation, in this research, the investigator adopts a philosophy of intertwining satisfaction and motivation together. However, although they are somewhat different, the literature indicates that job satisfaction and motivation are usually linked together (Maslow, 1970; Herzberg, 1966). The argument about that could be related to the fact that the researcher is investigating a complex psychological issue (Misener, et al 1996), that has never been investigated in this context before and is perceived to be influenced by people's values, expectations and needs. In other words, the researcher tries to elucidate the general picture of Gaza nurses attitudes towards their work, particularly their satisfaction and motivation, rather than investigating specific relationships among the variables affecting employees' satisfaction, which could be helpful in any future subsequent research.

Consequently, the multiple aspects of the integrated concept of job satisfaction and motivation have been demonstrated in the various job satisfaction and motivation

theories, such as Herzberg's, Vroom's, Maslow's and so on. Although some of these theories deal more with motivation, rather than satisfaction or vice versa, most of these theories regarded the two psychological concepts as integrated concepts that are inextricably linked. For instance, Herzberg (1966), in his famous Two-Factor Theory, used the terms motivators and satisfiers synonymously. The same is typically true regarding Maslow's Theory, which links needs to satisfaction as explained in Chapter 3.3.

In other words, Maslow treats motivators the same as satisfiers and the same is true regarding de-motivators and dis-satisfiers (Cole, 1996). Additionally, according to most motivation theories, motivating drives for behaving are usually fuelled from unsatisfied need, which creates motives and pushes the person to react. The result of the subsequent reaction provides results that could be satisfying. Therefore, such an approach, that links motivation and satisfaction, is guiding the researcher in his study to achieve a holistic metaphorical picture of Gaza nurses' psychological status at work. However, the following paragraphs provide a clearer picture of the two concepts including similarities and differences.

### **What is motivation?**

Motivation has been defined as "the inner drives/impulses, which in order to satisfy needs, cause a person to act in a particular way" or "the degree to which an individual wants and chooses to engage in certain specified behaviours" (Childs, 1977, p. 114). Atkinson (1974) suggested a working definition of motivation based on two pillars. Firstly, it is an inferred, rather than an observed event and secondly, it energises and directs behaviour (Atkinson, 1974). Similarly, Martin (1997) contended that motivation designates that aspects of behaviour concerned with the initiation, determination and

intensity of goal directed behaviour (Martin, 1997). Therefore, motivation should be conceptualised as being a multidimensional construct that can be influenced by a number of factors, such as needs, wants, mood, values and other external contextual factors (Martin, 1997).

The key to understanding motivation lies in the meaning of and the relationships between needs, drives and goals. Many of the different approaches to motivation have been based on a system model, concerned with a need within the individual. From this, internal drives lead to certain behaviours in order to achieve satisfaction of that need, thereby, returning the individual to a state of equilibrium (Coombs, 1991). In other words, motivation impulses stimulate a person to act in a certain way but satisfaction is an outcome of the results of behaviour. However, it could be argued that the individual is more motivated and more willing to react to things, which finally bring satisfying results (Vroom, 1964).

Maher and Braskamp (1986) have classified concepts of motivation into two categories. Firstly, people do not work in a space or in isolation from their cultures, and cultural factors affect their norms and values. Secondly, the nature, meanings and values attached to work are affecting the motives for conducting it (Maher and Braskamp, 1986). Thus, these concepts could be seen as acknowledging the different cultural, professional and organisational related factors affecting motivation and have guided the researcher in the design of his study. Moreover, the researcher is influenced by the modern trends in motivation, which focus on the cognitive process of how an individual's perceptions, meanings, values and expectations are affecting her/his motivation in a given context (Coombs, 1991). We must keep in mind that the Palestinian situation is different and that

these concepts could allow room to accommodate the Palestinian nurses' motivating issues. However, the different categories of motivation theories concerned with nurses' motivation, are more explicitly discussed in Chapter 3.2 but before that, the researcher presents in the coming paragraphs the other concept of the investigated issue that is job satisfaction.

## **Job satisfaction**

Job satisfaction is a multifaceted construct with a variety of definitions and related concepts. Although the consensus among researchers is that job satisfaction consists of a positive attitude towards the job, less agreement exists about how to measure it and what factors to consider when examining it (Misener, et al 1996). There is much diversity among the findings of the various studies, making it difficult to achieve a clear, universal construct about job satisfaction and motivation (Cavanagh, 1992; Grant, et al 1993).

Cavanagh (1992), who extensively studied job satisfaction, claimed that there is no commonly accepted definition of that concept. He pointed out that the factors predicting job satisfaction are so complex that even advanced statistical techniques have failed to explore them. Further, he argued that there is a need to develop qualitative research methodologies in this area to improve the understanding of it (Cavanagh, 1992; Harri, 1997). Therefore, epistemologically, the researcher followed such an approach in his study by looking at the issue from different angles.

Moreover, despite the increased interest in the issue of job satisfaction, especially in the past few decades, there still appears to be no universal theoretical framework within which to consider job satisfaction among nurses. However, the following paragraphs

show the researcher's adopted conceptual definitions of job satisfaction, which guided the research design.

Locke (1983) defines job satisfaction as "A pleasurable or positive emotional state resulting from the appraisal of one's job or job experience". Job satisfaction results from the person's perception that "one's job fulfils or allows the fulfilment of one's important job value" (Locke, 1983, p. 1301). It could be argued that, whilst this definition is useful in giving a broad understanding of what job satisfaction can involve, it does not discuss the various perspectives about the source of job satisfaction.

Vroom (1964) proposed that employees' job satisfaction and motivation is directly related to the extent to which their jobs provide them with rewarding outcomes. These rewards include things, such as pay, recognition, promotion, close interaction with colleagues, professional autonomy and so on (Vroom, 1964). Additionally, Vroom described six main determinants of job satisfaction and motivation. These include supervision, the work group, job content, wages, promotional opportunity and hours of work (Vroom, 1964). However, although these concepts somewhat guided the researcher in his study, they are nevertheless seen by the researcher as inadequate. One reason for that is that they neglect what characteristics Gaza nurses have as professionals who have grown up in such a diverse culture which could be assumed to influence their perceptions, attitudes, needs and expectations, not only about their work but also about their profession as well. More importantly, the researcher is influenced by Locke, who identified three major perspectives about variations in job satisfaction and motivation among workers. The researcher sees these variations as adequate enough to encapsulate the diversity of the Palestinian context. Therefore, the researcher found these to be very

helpful in designing this study. These include, personality differences, job differences and value differences (Locke, 1983). These are explained in the coming paragraphs. The personality differences perspective, views job satisfaction and motivation as a phenomenon that can be explained predominantly in terms of the personalities and the demographic character of the individual workers (Locke, 1983). For instance, the perception of autonomy at work is influenced by the value placed on this factor by the individual. Consequently, in some cultures such as the Palestinian culture, females report that they are less concerned than males with regard to their level of autonomy (Hamad, 1997). However, while the personality of the individual has certainly some effect on job satisfaction and motivation, this explanation ignores the association of job satisfaction and motivation with other job characteristics, such as type of work and the culture of the organisation (Cavanagh, 1992; Matus and Frazer, 1996). It is well established that, for some people, there is a relationship between benefits and job satisfaction and motivation, while others look to other aspects such as interactions for more fulfilment (Matus and Frazer, 1996). Therefore, other perspectives of variations are presented in the following paragraphs.

The job differences perspectives argue that variations in job satisfaction and motivation among workers are the result of the differences in the nature of the jobs that people perform. This perspective has stimulated researchers to identify essential characteristics that must be present in the work place, or the individual, to make the job more likely to be perceived as being pleasant (Cavanagh, 1992). An assumption is made that job characteristics are causally related to job satisfaction and motivation (Herzberg 1966). Therefore, the nature of the job is frequently analysed against various indices of job

satisfaction and motivation including; the organisation's culture, professional autonomy, rewarding system, interpersonal factors, promotional opportunities and the chances for professional development available at work (Henderson, 1995; Keenan, 1998).

The value differences perspectives have a different focus. Roberts and Glick (1981), consider that the previous two perspectives ignore both the contextual nature and the individual differences in the satisfaction experienced by people holding similar jobs (Roberts and Glick, 1981). Differences arise not only because people evaluate similar job characteristics and organisational contexts differently but also because of the different values people gain from work or the work environment, or from needs that are identified and satisfied through work (Cavanagh, 1992; Andrews, 1998). Therefore, some people view their work as a very important part of their life, whilst others consider it to be an aspect of life, which exists to meet other needs (Harri, 1996).

However, the researcher argues that personal values are acquired to a great extent and that culture influences people's values and behaviours not only at the personal level but also at the professional level as well. For instance, although American thinkers like Deming and Juran originally developed the concepts of quality, their ideas have been successfully implemented in Japan rather than in America, mainly due to the effect of the culture, which is widely perceived to be less individualistic in Japan (Deming, 1986; Berwick, 1995). Another interesting point that reflects the impact of culture on work motivation is related to the perceived influence of religion on work. Whilst the literature indicates that being unorthodox is a positive point in motivation and satisfaction in the western culture, Hamad, who studied nurse educators' satisfaction, found that some participants, related their inner motivation to religious beliefs (Hamad, 1997).

Interestingly, the literature acknowledges that personality is a determinant of how people think and feel about their jobs (Andrews, 1998). An individual's personality influences the extent to which thoughts and feelings about a job are positive or negative. For instance, the Palestinian community is like other collectivist communities which are perceived to have emotional, volatile and extrovert populations and who tend to be concerned with their interactions and interpersonal relationships (Andrews, 1998; Hamad, 1997). In contrast, individualists communities value self-development, efficiency, autonomy and value for money (Andrews, 1998).

This implies that, considering only a few variables related to certain differences, is unlikely to lead to an in-depth understanding of job satisfaction and motivation.

Therefore, these variables guided the researcher in his design as it considers the interaction of job variables, personal variables and the organisational ones as well.

However, to be more precise, such concepts have guided the researcher to adopt a theoretical framework for his research design that considers these variables. Meaning that, concern is needed to keep this framework flexibility in order to provide room that can incorporate satisfaction variables in a way that acknowledges the uniqueness of the Palestinian situation as it is presented in the following paragraphs.

## **Theoretical framework**

In this part of the chapter, the researcher depicts the ideas extracted from the different theories, which have been incorporated into his theoretical framework. Attention is paid keeping these concepts open and flexible to accommodate the diversity of the Palestinian situation. Further, given that nursing is a relatively new career (Section 2) and nurse managers usually adopt concepts of motivation and satisfaction from other arenas, such

as the business arena, concern is maintained to keep the frame flexible and open as much as possible, in order to accommodate nurses' characteristics. This includes not only the uniqueness of nursing as a profession but also the uniqueness of the social values attached to it which are very diverse (Adamson, Kenny and Wilson-Barnett, 1995). In other words, the researcher adopted a flexible framework extracted from the general motivation and satisfaction theories as portrayed in the following paragraphs.

In trials to understand job satisfaction and motivation, psychologists, sociologists and management thinkers devised many theories. The two main traditional categories of these theories are; the Scientific Management Theories, such as Taylor's, Fayol's and so on and the Content Theories, such as Maslow's, Herzberg's, Alderfer's, McClland's and so on. However, these two categories are extensively investigated and critiqued. None of them provides a fully adequate enough explanation of what satisfies people at work (Vroom, 1994). One reason for this is could be that, most of these try to find out one specific norm of behaviour, which will remain true and effective in all circumstances (Cole, 1996). Additionally, it does not also consider the uniqueness of individuals or the influence of the cultural, political, financial and the social factors on job satisfaction and motivation (Mullins, 1999). They also neglect the person's own assessment of what satisfies/motivates her/him (Vroom, 1964). However, none is a wrong theory and each has certain valid concepts. However, detailed discussions of these concepts are presented in Chapter 3.2 and Chapter 3.3.

More recent theories have taken a broader look at the process of job satisfaction and motivation. Process Theories, such as Adam's, Vroom's and so on, could be seen as allowing room to consider the way in which such variables as expectations, needs and

values interact with the job characteristics or tasks as well as the organisational behaviours and cultures. Additionally, it considers the individual, the employer, the working environment and the management to produce job satisfaction and motivation (Harri, 1997). However, these theories have also got a flexibility to acknowledge the impact of socio-cultural, economic and political impact on job satisfaction and motivation (Lamborn, 1991; Martin, 1998). However, the researcher argues that Process Theories are more flexible and open to accommodate the different types of work and the various professions. Given that nurses tend to be different from other professionals, as described in Section 2, the theory allows room to encapsulate nurses' perception of their motivators and satisfiers. Therefore, many nurse researchers in their studies of job satisfaction and motivation (Lamborn, 1991; Cavanagh, 1992; Harri, 1997) have considered these theories. Concurrent with that, the researcher considered ideas from this school in his research, as it has been seen by the researcher as suitable to endorse Gaza nurses' unique characteristics.

The researcher believes in the flexibility and suitability of Vroom's Expectancy Theory (Vroom, 1964), which describes expectancy type models for the prediction of work choice, efforts and job satisfaction and motivation (Vroom, 1964). However, Expectancy Theory remains one of the most heavily researched theories of motivation by researchers and managers in the professional as well as the non-professional arenas (Graham and Bennett, 1998). Examining the Expectancy Theory reveals that Vroom links motivation to the value of rewards and expectations concerning the likelihood of their attainment (Vroom, 1964). The main theme underlying Expectancy Theory is that an employee will

attempt to maximise his or her rewards; given a choice between two or more options, an individual will choose to use the one with the highest expected value (Lamborn, 1991). However, the three main concepts of Expectancy Theory are valence, expectancy and instrumentality (Vroom, 1964). Valence reflects the strength of the desire for the expected outcome (Vroom, 1964). It is the degree of interest an individual attaches to the outcome. These can be positive or negative, depending on the appeal of the outcome (Lamborn, 1991). Expectancy refers to an individual's opinion of the relationships between behaviours and its consequences. Vroom clarified two types of expectancies: effort-performance expectancy and performance-consequence expectancy (Vroom, 1964). Lamborn (1991) has conceptualised effort performance as "a person's perception of the chance that a given level of effort will lead to good job performance, as defined by the organisation" (Lamborn, 1991, p. 34). The performance-consequence expectancy is quite different as it reflects an individual's perception of the opportunity that job performance will lead to certain consequences (Vroom, 1964). Additionally, Vroom clarified that instrumentality; the force of motivation to behave in a certain way is stronger when the person believes that the behaviour will lead to favourable outcomes according to her/his judgement (Vroom, 1964). If the employee believes that a situation will lead to a positive outcome, the person will have an optimistic attitude toward it and is more likely to be highly motivated to achieve it (Vroom, 1964). In contrast, if the situation is perceived as leading to negative outcomes, the employee will have a pessimistic attitude toward it and is more likely to be de-motivated to do it (Vroom, 1964).

Based on the previous explanation, Vroom's Theory could be perceived as placing an emphasis on the psychological processes and forces that affect motivation. It is also concerned with people's perceptions of their working environment and ways in which they interpret, understand and interact according to that. It also has room to respond to the employees' evaluations as groups or as individuals of what motivates and satisfies them. Furthermore, Vroom's Theory could be seen as providing a much more relevant and applicable approach to motivation than other theories. Thus, it might be more useful to managers and decision-makers. Moreover, given that Vroom's Theory has room for flexibility to endorse a wide variety of occupations and professions, many nurse researchers, who investigated job satisfaction and motivation used this theory in their designs (Lamborn, 1991; Bester, et al 1997; Cavanagh, 1992). In addition to that, Vroom's Theory provides a more comprehensive understanding of motivation than other theories, which usually describe one single way or linear relationship between the many motivational variables (Harri, 1997). These factors have affected the researcher forecasting that this theory provides a valid vehicle of determining, exploring and understanding of job satisfaction and motivation while considering the differences among people's values, personalities, cultural and job related differences. However, more detailed discussion about the applicability of this theory in the nursing arena is presented in Chapter 3.4.

It is worth remembering that the researcher's focus in this study is directed on searching for issues that matter to Gaza nurses as groups and as individuals as perceived by them and trying to understand these issues in a universal context. This is particularly important as the issue of job satisfaction and motivation has never been investigated in the Gaza

Strip, which is well known as a politically, economically, socially and culturally diverse area. Upon successfully achieving that, the study examines the applicability of the perceived individualistic western approach to motivation in a different Arabic, Islamic, hierarchical culture characterised by more community orientation (Section 2).

In other words, the researcher intends to contribute to knowledge through identifying constructs and factors affecting Gaza nurses' satisfaction that could constitute a model-frame for Palestinian motivation that could be tested and developed through further research. Furthermore, despite the numerous international investigations of job satisfaction and motivation, many questions remain unanswered and the study contributes to knowledge by revealing some of them within the Palestinian context.

However, for further in-depth analysis and understanding of the issue of job satisfaction and motivation, the researcher analyses nursing's relevant perspectives that critically illuminate the investigated issue. This analysis adds further illumination and contribution in the advancement of knowledge of this important issue. Interestingly, concern about job satisfaction and motivation has been apparent since the beginning of the 20th century, when there was a shift toward considering the psychological conditions of the employees (Mullins, 1999). The literature acknowledges that desires of the owners of the production means concerns for increasing productivity had influenced such phenomenon (Martin, 1998). Such desires, which were remarkably noticed in the post war era (Martin, 1998), pushed psychologists and management thinkers to investigate the nature of motivation and to formulate satisfaction theories. Their investigations were mainly based on the over simplified presuppositions derived from the psychology, indicating that human beings are rational animals (Williams, 2000). When they behave in a certain way, they

do it for one reason or another. Such attitudes influenced researchers who extensively studied employees' motivation at work mainly in the industrial arena in the early stages and later on in the professional arena.

However, in the coming chapters, the researcher demonstrates the various perspectives of job satisfaction and motivation categories that are chronologically categorised into three main themes, Scientific Management Perspectives, Content Theory Perspectives and Process Theory Perspectives. The analysis provided in these themes adds further illumination and contribution to the advancement of knowledge of this important issue.

## Chapter 3.2

### Scientific Management Perspectives

This chapter portrays the first generation of management science theories that the researcher has seen as contributing a lot in our understanding of job satisfaction and motivation. Therefore, the research explores the main theories lying under the umbrella of Scientific Management and the critique attached to them and contributes through providing more in-depth understanding to these concepts. Particularly, the researcher explores the applicability of these theories across cultures, trying to add more illumination to the applicability of these concepts in cultures that are totally different from the western cultures in which this school of thoughts was originally devised and tested. It is worth keeping in mind that aspects of variations could be related to values, economic conditions, employment status and religious influences as well as the nature of people as explained more explicitly in the chapter. Additionally, given that the concepts of Scientific Management were originally developed in the business arena, the researcher analyses the applicability of its concepts in the professional arena, particularly, among nurses who are known to be different from other professions and are perceived as caring and altruistic (Deloughery, 1995). As is clear in the coming paragraphs, this has been achieved through exploring the variables acknowledged in the literature to affect nurses' satisfaction and motivation which illuminates the applicability of Scientific Management to nursing. As a start, the researcher discusses concepts of Scientific Management developed by Taylor, Fayol and their followers, as it is clear in the coming paragraphs.

## **Taylorism and nurses' job satisfaction**

This school of thought contributes to the development of management science in various fields including professional and non-professional arenas and it is commonly referred, to by researchers the Extrinsic Satisfaction School. Scientific Management School heroes like Taylor, Fayol and their followers believed that there is a best machine for each job, so there is a best working method by which people should undertake their jobs (Taylor, 1911; Fayol, 1949). Therefore, this school considered that all work processes could be analysed into discrete tasks and that only by scientific method is it possible to find the one best way to perform each task (Taylor, 1911). Additionally, Scientific Management generally assumes that deriving satisfaction of needs using work as a means to an end (Taylor, 1911). Scientific Management adopts an instrumentality thinking revealed in the belief that work provides us with money; money enables us to obtain satisfaction, so money, not the nature of the work, is the main satisfier according to this school of thought (Taylor, 1911; Fayol, 1949).

The researcher concludes that, although, these are the basics of the theory, over time many modifications have been introduced to it and more liberal forms of it were produced, such as Management By Objectives (MBO), Goals Attainment Theory and Performance Related Pay (PRP). Moreover, although, most motivational theorists have critiqued Scientific Management, many of the original ideas developed by this school are still actually working in almost all organisations (Cole, 1996). An example of that are job descriptions and standards of care commonly used in healthcare organisations. The researcher claims that Scientific Management contributes in nursing development by

introducing at least two major concepts to nursing, instrumentality and functional nursing as discussed more explicitly in the subsequent pages.

An important concept of the theory is that, it believes in the rational economic need concept of motivation (Martin, 1998). Congruently, if management acted according to its concepts, work would become more satisfying and more advantageous for all those concerned. Additionally, workers would do the work faster than they used to do therefore, productivity will increase and subsequently employees' benefits (Hume, 1998). In other words, this school assumes that the more people are remunerated the more they will produce (an instrumental approach). Simplifying the work will also relieve the worker from the stress and confusion related to work ambiguity and making decisions related to work issues and will increase productivity as well (Taylor, 1911).

However, nurse researchers have extensively investigated the issue of financial rewards and its impact on job satisfaction and motivation and the financial rewards of nurses has increasingly been viewed as a necessary and valuable component of management across healthcare settings. Further, monetary rewards have been widely used as successful strategies to motivate nurses in general (Knox and Gregg, 1994; Healy and McKay, 1999). However, whilst different people hold different views regarding the value of money, it provides individuals with the ability to meet basic needs as well as psychosocial needs which have been identified as motivators by other motivation theorists, such as Maslow, Alderfer and so on. More importantly, money could carry a social message. Generally, higher income is associated with a higher a work role and/or a higher social status (Knox and Gregg, 1994). Therefore, money could be seen as a motivator regardless of the mechanism that is utilised.

Nurses' salaries are generally regarded markedly less than doctors in almost all cultures. Nurses' needs for monetary rewards therefore must be taken into account when considering what motivates nurses (Knox and Gregg, 1994; Adamson, Kenny and Wilson-Barnett, 1995). Contrary to scientific management suppositions, which assume one rule of behaviour that is permanently true, the literature indicates that nurses value money differently depending in many factors, among them, is the need for it (Knox and Gregg, 1994). Subsequently, nurses from western cultures, who live a relatively more stable economic life, were found to be less concerned than nurses who are experiencing difficult socio-economic conditions, such as Jordanian nurses and the Palestinian nurses (Ma'atiah, et al 1996; Misener, et al 1996). In accordance with their needs, Jordanian nurses ranked money as the most important motivator (Ma'atiah, et al 1996).

To make it clearer, whilst money has been perceived as an important motivator, generally, people's evaluation of the relative importance of it, is significantly different. Therefore, it could be argued that, the use of reimbursement as a motivating influence for employees largely depends upon the value which the individual places upon money. The value of money is perceived differently by different people (Vroom, 1964; Knox and Gregg, 1994). Even the same person, may attach different values to money differently in response to other factors; among them, is the needs that money will meet at a given time (Knox and Gregg, 1994).

Interestingly, although little is found in the literature regarding nursing cross-cultural differences, the literature indicates that different people have different values related to work. Andrews (1998) pointed out that there are two main approaches concerning values and norms attached to work, individualism and collectivism (Andrews, 1998). With

individualism, importance is placed on individual inputs, rights and rewards.

Individualism emphasises values, such as self-sufficiency, value for money and autonomy and is most prevalent in English speaking and European countries.

Congruently, pay was identified as the most single important satisfying factor in some studies (Goodell and Coeling, 1994). On the other hand, collectivism entails the need to maintain group harmony above individuals' interests and this approach is dominant in Asia and Africa (Andrews, 1998). It is worth remembering that Palestinian are perceived to be an emotional, insecure and collectivist people (Cattan, 1998), who could place values that are different from those placed by westerners regarding the concepts of Scientific Management. However, studies in the area that are concerned with the relationships between satisfaction and benefits have indicated similar findings (Misener, et al 1996; Al-Shubbak, 1993; Al-Ma'aitah, et al 1996; Hamad, 1997). On the contrary, Matus and Frazer (1996) reported no statistically significant relationships existed between job satisfaction and motivation and salary (Matus and Frazer, 1996). This could be seen as questioning Taylor's supposition that it is only money that motivates people to work and implies that motivators can not be isolated from the general cultural context and that the search for generalised motivators that work in all circumstances is a vain quest. Another important point related to the nature of nurses that could affect their perception of their financial rewards, is that, traditionally, nurses tend to be emotional, human oriented, socially concerned, altruistic, caring, non-assertive, responsive and feminine professionals (Deloughery, 1995; Potter and Perry, 1995; Moloney, 1992). Their desire to seek status, honour, prestige and financial gains is usually less than other health colleagues, such as physicians and managers (Hogeston and Simpson, 1999). However,

although these characters of nurses are currently perceived to be changing all over the world, the image of nursing has still never reached the status, power, influence and material benefits noticed among other health professionals (Deloughery, 1995; Hogeston and Simpson, 1999).

In spite of the fact that nurses represent the largest group among health professionals, the literature indicates that nurses have been the least privileged group among them with regard to salary increment in the last decade. For instance, in USA, nurses' salaries increased only by 53% comparing to teachers' salaries risen by 100% (Coward and Serow, 1992). Therefore, the concept of instrumentality that fits many occupations should be carefully considered in nursing context. Concurrently, it could be concluded that, if the individual nurse places a high value on money, or any other associated benefits, then the attraction of an increased wage is likely to assist in motivating her/him. On the other hand, if the nurse places little value on money, then a system of compensation is unlikely to motivate her/him (Knox and Gregg, 1994).

However, the concept that it is only money that motivates nurses in all cultures could be perceived as a myth. The argument about that could be related to the assumption that money is limited as a sustainable form of rewards. The need for other motivators, such as interactions, supportive management, autonomy, growth and achievement could be highly appreciated as well, especially in certain communities, which highly value these concepts like the Palestinian case (Nolan, et al 1995; Matus and Frazer, 1996).

Therefore, balancing monetary and non-monetary motivators have been seen widely as more desirable (Knox and Gregg, 1994).

The researcher assumes that, the old functional nursing paradigm, is a typical application of Scientific Management principles in nursing practice. Functional nursing evolved after the Second World War and is concerned with efficiency at work, where tasks are achieved quickly with little confusion regarding responsibilities and with the minimum number of nurses (Marquis and Huston, 2000). That paradigm adopts a philosophy of dividing the tasks involved in each patient's care and assigning each staff member to perform only one or two care tasks to all patients (Hogeston and Simpson, 1999).

Relatively poorly trained nurses are assigned to do simple tasks and gain aptitude by repetition (Gillies, 1994).

In other words, in functional nursing, each staff member is likely to become dextrous at a particular task, with increasing speed and efficiency in conducting it, that is the main employers' concern especially with the current global contraction of nursing resources (Marquis and Huston, 2000). However, whilst, this approach has been frequently criticised, most healthcare organisations still adopt functional nursing in certain departments, such as operating rooms and casualty departments due to the validity of such an approach in these areas (Marquis and Huston, 2000). Functional nursing may lead to a fragmentation of care to clients and does not consider the holistic philosophy of nursing care that has been widely recommended recently by nursing theorists (Nicoll, 1997; Potter and Perry, 1995). Tasks nursing also leads to the depersonalisation of care, dissatisfaction of clients, demoralisation of nurses providing the care and decreasing the quality of nursing care (Potter and Perry, 1995; Adams, Bond and Hale, 1998).

Paradoxically, the literature indicates that utilising approaches other than functional nursing in the delivery of nursing care, such as team nursing, nursing process or primary

nursing are more effective and more satisfying (Adams, Bond and Hale, 1998; Marquis and Huston, 2000). However, these more recent modes of care, are congruent with the Content Theory Perspectives as discussed later in this Section (Chapter 3).

In contrast to Scientific Management assumptions, researchers have found that the level of satisfaction is highly influenced and determined by the nature of work. Acute hospital nurses report generally more satisfaction than chronic hospital nurses and surgical units nurses report the same in some studies more satisfaction than medical units nurses (Al-Ma'aitah, et al 1996; Cavanagh, 1992). Nurses who are working in hot challenging areas (areas which involve emergencies, such as causal departments and intensive care units) are more satisfied than those who work in chronic units (Kivimaki, Voutilainen and Koskinen, 1995). These findings could have resulted from the fact that work in the aforementioned departments is characterised by dynamic, challenging and enjoyable work that creates interesting experiences, such as saving lives of people, performing stylish procedures and doing intellectual work, which are internally motivating.

However, it is worth mentioning that, although nurses work in such hot departments requires well-established protocols and written guidelines that could be seen as fitting Scientific Management, care provided in these departments is mainly determined by autonomous judgement and creative initiatives of the involved nurses. Meaning that, not always do the Scientific Management principles work well in the professional arena.

Consequently, studies comparing general nurses' satisfaction with nurse educators' satisfaction revealed findings that contradict the Scientific Management school concepts. Nurse educators job satisfaction seems to be higher than general nurses' satisfaction (Moody, 1996). In contrast to Scientific Management, the fact that nurse education is an

interesting challenging job in itself, resulted in a general positive job attitudes among nurse educators (Harri, 1997). Most researchers have found that nurse educators are more satisfied with the nature of the work, professional status and professional autonomy as well as the climate of the academic settings. Nurse educators placed a high value on professional issues and the nature of work. Meanwhile, general nurses placed more value on salary, benefits and easy unchallenging work (Harri, 1997; Guidry, 1991). One could conclude that Scientific Management works well with lower level jobs that require less skills rather than high level professional jobs and that one should be careful to not generalise concepts of Scientific Management to all situations.

The researcher sees the widespread phenomenon of having job descriptions as another reflection of Scientific Management to nursing practice. Internationally, health managers maintained nurses under strict rules, descriptions, protocols and regulations in order to retain them and to maintain their conformity and faithfulness to their organisations (Marquis and Huston, 2000). Moreover, among the different cultures, nursing researchers referred to the low self-esteem, low status, non-assertiveness and low level of autonomy commonly noticed among nurses for many reasons. Central to them all, is being overwhelmed by regulations, standards and job descriptions (Al-Ma'aitah, et al 1996; Kivimaki, Voutilainen and Koskinen, 1995).

However, in the Palestinian healthcare organisations, the researcher noticed that nursing leaders who are typically authoritarian, frequently use certain principles of Scientific Management at work, both in managing nursing units and in controlling the rewards provided to nurses. Nevertheless, Scientific Management might be seen as maximising work efficiency and can be suitable in situations characterised by shortage of staff, as is

the case in the Palestinian situation. It could be perceived as the best form of staffing in emergencies that are quite common in health organisations where each nurse knows exactly his/her responsibilities and performs those tasks according to certain protocols (Gillies, 1994). The fact that Scientific Management philosophies are acknowledged to influence nurses' job satisfaction, has caused the researcher to endorse these philosophies in his design, trying to test their applicability in the Palestinian nursing context.

However, as with any theory, although Scientific Management contributed to the development of management science in general and has many helpful applications in nursing that are valid and still working in most, if not all, health organisations, it has many drawbacks that affected its motivating effects. Many of these pitfalls are related to the methodology used in Taylor's experiments as the following paragraphs portray.

### **Limitations of Scientific Management**

A possible reason for the drawbacks of Scientific Management is that it could be related to a research bias in its experiments. For instance, empirical stocktaking of Taylor's research reveals a methodological bias in the selection of people for his experiments.

Taylor conducted his studies on people who were known to be of low IQ, as he selectively chose only one of every eight workers (Mullins, 1999; Cole, 1996).

Therefore, the representativeness bias in his experiments was high and his findings should not be blindly accepted. This questions the applicability of the theory in the professional arena, as most professionals are usually highly educated and well trained people. They have their own characteristics of being single minded, self-regulatory, autonomous, achievement oriented and who are known to dislike strict management in general (Scholes, 1994). Moreover, Taylor's studies tend to deal with human beings as

architectural designs neglecting the human being's complexity and the bio-psycho-social nature of her/him. Taylor neglected also the human purpose of the organisation and was only concerned with the efficiency of the work (Hogston and Simpson, 1999). It is worth noting that, organisations exist not only to produce but also to have a human purpose as well (Mullins, 1999).

One could argue that nurses as other professionals, are more motivated by things that are more oriented to achievement and growth and that they pay less concern to money (Moody, 1996). Scientific Management does not fit all employees in all situations and works more effectively with selected people who are experiencing a sense of underpayment or having a particularly high need for money and are less concerned with their development and growth at a particular time (Grohar-Murray and DiCroce, 1997). Some researchers have perceived Scientific Management as a reflection of an individualistic spirit that prevented efficiency in the American factories' operations. Such a spirit predominated among migrants, and therefore Scientific Management developed to increase cost effectiveness in industry for the interest of the proprietor rather than workers (Cole, 1996). Rather, it could be claimed that Scientific Management is a reflection of capitalism and the adaptation of workers to the needs of the capital at that time (Mullins, 1999).<sup>1</sup> Scientific Management does not allow the process of developing workers intellectually and guarantees their loyalty to the owner and gave managers a dangerously high level of uncontrolled power (Hogston and Simpson, 1999; Csikszentmihalyi, 1975).

Moreover, Scientific Management implies rationality and scientific logic but in fact many of our actions are irrational, mindless and done robotically without weigh the advantages

and the disadvantages for our behaviours. In other words, although the human being is a rational being, still many irrational forces are acting upon her/him. Human beings are not always the only sources of their behaviour and many forces are acting upon them and influencing their values, behaviours and motives, such as genetics, culture, traumas, education and many other factors (Myers and Myers, 1995).

Upon weighting the pros and the cons of Scientific Management, the theory provides very useful concepts and endorses many applicable concepts in management that are effectively working in the professional and non professional arenas, including nursing. However, Scientific Management has also got its limitations. Therefore, to overcome some of these limitations whilst maintaining its helpful core concepts, management thinkers developed more liberal versions of theories. The aim of these theories was to develop a more applicable approach to motivation that could fit professional work and endorses professionals' characteristics as presented in the coming pages.

### **More liberal forms of Scientific Management**

Max Weber devised ideas on job specifications and division of work that seems to tie in with the principles of the Scientific Management in certain aspects. Weber presented bureaucracy as an efficient, effective and fair model for managing organisations that could be seen as ensuring stability, safety and systematic performance (Weber, 1947). He described bureaucracy as having a well-defined hierarchy of authority, division of work, highly specific rules governing employees' duties and rights, detailed work procedures, impersonal interrelationships and promotion based on technical competence and seniority (Weber, 1947; Gillies, 1994). Interestingly, almost 100 years after Weber's findings, components of the bureaucratic structure continue to be found in the design of

most organisations especially health ones (Marquis and Huston, 2000). Most, if not all, healthcare systems adopt a kind of bureaucratic structure (Ferlie, et al 1996).

Bureaucracy ensures stability, routine and standardisation of work and the value of that is highly significant in healthcare that is concerned with human being. Bureaucracy is considered highly stable, legitimate, safe, precise and reliable (Handy, 1993).

Interestingly, many of these characteristics are perceived by the researcher to be congruent with the values and beliefs attached by the Palestinians to work ethics.

Torrington and Hall (1998) described different perceptions held by the different peoples in regard to their organisational norms, ethics and values. Arab countries are at the top of the Torrington and Hall's hierarchical culture list. The researcher assumes that Arab people could be seen perceiving management and the role of leader as a sacred issue. As acknowledged earlier, political, cultural, religious and social factors could influence people's attitudes and values and subsequently their work ethics. The sense of political insecurity, the patriarchal attitudes and the influence of the Islamic beliefs could be seen as pushing people more towards obedience of authority and affected people's valuing of such hierarchical attitudes not only in organisations but also in life's experience as a whole. This is reflected in the fact that bureaucracy is highly prominent in the Palestinian situation and points to the importance of managers as motivators in it. Furthermore, this implies that any trial for motivating should challenge this issue and the managers' role in that is seen as highly significant. This has influenced the researcher to focus on this issue in his study trying to examine its impact on the Palestinian context.

At the other end of the spectrum, bureaucracy could be seen as rigid, unresponsive to today's rapid societal and technological changes (Handy, 1993). Further, bureaucracy

could be seen as an over simplification of work culture that has taken employees motivation for granted and is therefore, too idealistic. Additionally, it does not consider complexities of the work situation and neglects the employees/employers interactions. However, current research supports the presupposition that allowing more autonomy at work, interpersonal relationships and the decentralisation of work are more motivating to nurses (Keenan, 1998; Marquis and Huston, 2000). Therefore, such findings have been seen as contradicting Weber's concepts in this regard. However, more discussions about the management impact and roles in motivation are provided in Chapter 3.3 and Chapter 3.4.

As acknowledged earlier, although researchers heavily criticised concepts of Scientific Management, they are considerably utilised in almost all organisations today in varying degrees. This is not only true regarding the role of money as a motivator but also the importance of having clear objectives and principles in work. This stimulated management thinkers to develop ideas of Scientific Management and Bureaucracy further into a more modern commonly used concept of management called MBO.

Drucker developed ideas on MBO concerned with setting clear short-term objectives jointly between the employee and her/his supervisor. MBO could be perceived as a more liberal form of Scientific Management that incorporates ideas about employees' wants, expectations and involvement. Moreover, Goal Attainment philosophy could also be seen as corroborating with such an approach. In such a philosophy certain goals are developed and employees are stimulated to achieve these goals. If these goals will be achieved they can positively affect organisation's performance as well as employees' satisfaction (Locke, 1981). If these goals will not be achieved employees will modify

these goals or their behaviours. To increase the motivation tendency, goals need to be challenging but attainable, specific and acceptable with the possibility of having feedback. However, such an approach contributes to motivating employees in business and industry (Drucker, 1985; Loke, 1981) and currently, some health manager adopt this philosophy in their organisations (Gillies, 1995; Tomey, 1996).

The fact that healthcare organisations are characterised by highly stressful internal environments, caused nurses to concentrate more on daily problems rather than setting long-term plans, which are the concern of managers at the top level (Tomey, 1996). Subsequently, the approach of mixing top level and first level objectives, provision of specifications and precision, as MBO implies, is highly needed and reported to be motivational for employees (Marquis and Huston, 2000). MBO could be seen as supporting the relationship between the employees and their organisations and decreases expectation gaps (Tomey 1996). Further, MBO allows the organisation to respond to its employees' interests and aspirations regarding their work. It also promotes organisational efficiency and, at least partially, ensures the involvement of nurses in the life of the organisation (Marquis and Huston, 2000). MBO empowers the relationships between nurses and their managers especially in setting mutual goals and directing the organisation that is very important in healthcare organisations (Gillies, 1994).

Additionally, MBO could encourages delegation of responsibilities, fosters self-direction, decreases resistance to change and increases employees' motivation (Drucker, 1985).

To reflect the other side of the reality, MBO is not a universal remedy for everything. MBO is not suitable for unpredictable situations that are part of the daily experiences of healthcare organisations. Given that MBO focuses on goal achievement and neglects the

process of care delivery, there is a potential risk that those goals, not the clients, are the main concern (Marquis and Huston, 2000). MBO is a genus of planning and could be seen as being not responsive to innovations that are common in health organisations, especially Palestinian organisations which are characterised by instability and rapid change (Tomey, 1996). It is a matter of fact that political, economic and organisational uncertainty influences planning. MBO is more concerned with the organisational achievement and less attention is focused on people's needs (Fincham and Rhodes, 1999; Marquis and Huston, 2000). This is quite dangerous in highly stressful professions like nursing, especially for the Palestinian nurses who are experiencing difficult economic and political situations.

Another important managerial motivation strategy, which could be seen extrapolated from the legitimacy of Scientific Management: is PRP. PRP has been seen as a useful system of employees rewarding especially in western countries (Marquis and Huston, 2000). PRP assumes a transparent managerial system that is open for employees' comparisons (Williams, 2000). Nevertheless, this is not always easy to achieve. The model could also increase competition and conflict among staff members and could adversely affect teamwork (Marquis and Huston, 2000). However, the applicability of this model in some cultures, such as the Palestinian culture, could even be more problematic, where people are not interested in challenging performance related jobs and prefer secured low risk jobs. The model also requires a clear and an explicit managerial system especially in regard to rewards and incentives, which is not the case in the Palestinian situation (Massoud, 1994). However, the model maintains a dangerously high level of control in the managers' hands either in controlling employees' inputs or

outcomes. Therefore, the researcher would suggest that the applicability of this model in the Palestinian situation in the current situation is not feasible especially with the presence of such poorly-trained managers who are perceived to be neither fair nor logical in their style of management (Massoud, 1994).

To conclude, Scientific Management and its modified ideas are contributing a lot in management and many of these ideas are still working to some extent in most health organisations. They are of particular importance for newly established uncertain organisations, as is the case in the Palestinian situation. Scientific Management principles apply more to employees with low-level duties and are less likely to work with high-level jobs. In emergencies, which are a common phenomena in health organisations, especially the Palestinian one, most health teams apply concepts of Scientific Management. Scientific Management's ideas of financial rewards, setting job descriptions and specifications and formulating specific goals and objectives are largely utilised in health services including nurses' work. Nevertheless, Scientific Management could be seen as a constraint in professional work, which requires innovation, flexibility and a high degree of autonomy and freedom. It therefore fits lower level work more than professional work. However, these concepts guided the researcher in his design and he considered the motivating impacts of concepts extrapolated from this school of thought. With the chronological advances, researchers and management researchers tried to overcome the drawbacks of Scientific Management by developing other more socially oriented humanistic scheme. This scheme is called Content Theories, which attempts to identify people's needs and their relative strengths and the goals they pursue in order to satisfy these needs. Thus, it links motivation to people's needs and the probability of

meeting these needs. A literature-based analysis of this approach is provided in the next chapter.

## Chapter 3.3

### Content Theories Perspectives

This chapter elucidates the second generation of management theories, which the researcher has seen as contributing to the understanding of job satisfaction and motivation within the nursing context. It is argued that this generation named Content Theories, tries to counterbalance the perceived capitalist attitudes of Scientific Management, as they are more human than production oriented. Consequently, the research explores the main theories which lie under this umbrella term, which are common, and the critique attached to them. Particular emphasis is directed to illuminating the understanding of these theories within the nursing context meanwhile maintaining an open eye to the Palestinian context which is acknowledged to be uniquely diverse.

The implicit assumption of that, is trying to explore the cross-cultural diversity regarding the applicability of these theories, particularly, the Palestinian culture, which is totally diverse from the cultures in which the school of Content Theories was originally formulated and researched. As will become clear in the coming paragraphs, this has been achieved through a literature based analysis, which explores the variables acknowledged in the literature affecting nurses' satisfaction and motivation in reference to these theories. Such analysis illuminates the applicability of the Content Theories to the nursing practice meanwhile it considers variations related to the cultural, political, social and organisational factors among nurses. In particular, the researcher discusses perspectives related to the main Needs Theories (Maslow, Herzberg and Alderfer) and the Two-Factor Theory (Herzberg) as is clear in the coming text.

## **Needs Theories and nurses' satisfaction**

In this school of theories, theorists attempt to recognise people's needs and their relative strengths and the goals they pursue in order to satisfy these needs. Unlike Scientific Management, this school of thoughts/believes in deriving satisfaction of needs from the work itself therefore, called intrinsic motivation (Maslow, 1970; Herzberg, 1966; Alderfers, 1972).

In an attempt to explain personal motivation to growth and self-development, Abraham Maslow formulated his individual development and motivation theory. However, although Maslow's early work was not applied particularly to work motivation, his later work has been developed to offer some insights into workplace motivation (Martin, 1998). Maslow explains satisfaction (Appendix 6) as a series of ascending hierarchical drives of needs (Maslow, 1970). Maslow's basic supposition is that people always want more and what they need depends on what they have achieved. However, the debatable idea of Maslow's Theory assumes that human needs are orderly arranged, and are in a hierarchy of importance. He assumes that only unsatisfied need motivates (Maslow, 1970) but once being satisfied or met, it no longer motivates and the subsequent need in his pyramid of needs, comes into action. However, the concepts in Maslow's Theory were heavily researched and criticised as presented later on in this chapter. Nevertheless, the theory contributes a lot to the understanding of the human complexity and people's needs in their outside life as well as in work. Nevertheless, the theory stimulated other theorists, such as McClland and Alderfer to devise more liberal versions of the theory that adopt the same big ideas of the influence of needs on motivation, as explained later in this section. It is worth acknowledging that Needs Theories, particularly Maslow's,

influenced nursing practice, as they enable nurses to understand and meet their patients' needs to the extent that some nursing philosophers considered them as a model-frame for their beliefs and practices about nursing as explained later in this chapter (Nicoll, 1997). However, the following paragraphs discuss the concepts of Needs Theory with reference to nursing.

Congruent with Needs Theories, research studies have indicated that nurses' satisfaction is largely related to meeting their needs for professional status, prestige and recognition (Carter, 1994; Johnson and Bowman, 1997) which have been highly ranked by Maslow. The need for status and occupational prestige has been a frequent concern for nurses' and an area of frequent debate that globally affected nurses' image and self-esteem in the eyes of public, health professionals and the nurses themselves therefore, worthwhile to be considered in more depth.

It is worth noting that, universally, occupations requiring greater skills, longer periods of training, high level of education, codes of discipline, a unique body of knowledge and a unique scope of autonomous practice, receive greater status and higher prestige (Deloughery, 1991). These factors are the main determinants of the social status and prestige given to an occupation, along with higher wages and a better style of life (Johnson and Bowman, 1997). Prestige reflects societal opinion and cultural values linked to a profession or an occupation (Fung-Kam, 1998). Nurse researchers concluded that nurses' status and prestige results in improving job satisfaction and motivation and supporting nurses' autonomy in decision-making related to patient care (Johnson and Bowman, 1997; Fung-Kam, 1998). This finding influenced this researcher's design to

consider this factor in the Palestinian context with its diverse characters, for the purpose of developing more of an understanding of this culturally related factor.

One example that shows how Content Theories neglected the chronological, cultural and contextual factors influence on motivation is the changing views attached to nurses across cultures. Nursing is widely viewed as a part of predominantly female and womanhood related issues (Fung-Kam, 1998). The nursing profession has been undervalued through the gender discrimination process, as nursing has been historically viewed as a feminine profession (Deloughery, 1995). Therefore, the status of nursing reflects the community's attitudes and the social development movement towards female's work and this affected nurses' ability to gain the status and to influence healthcare decisions (Carter, 1994). In accordance with Maslow's developmental needs, professional status is also affected by the influence the nurses can exert in their organisations. Recent studies of nurses' conformity suggest that nurses are currently more reluctant to follow physicians' instructions without questioning and this change in the level of compliance is probably associated with increasing self-esteem and the emerging desires to meet higher level needs among nurses (Adamson, Kenny and Wilson-Barnett, 1995). However, all these factors are potential sources for cross cultural nurses' variations, which could be seen as questioning the fixed order of human needs as Maslow assumes.

In the last decade, nurses' perceptions of their needs and subsequently their priority list, have changed in most places. These changes could be seen as a reflection of the cultural changes occurring in societies caused by pressure groups such as the Women's Liberation Movement and others which has affected change in healthcare institutions.

Internationally, nurses in recent years have taken more active steps towards

professionalisation and empowerment. Among the noticeable actions, improving nurses' economic status, improving working conditions, developing a body of unique knowledge, assuming collective bargaining strategies (Adamson, Kenny and Wilson-Barnett, 1995). Additionally, nurses tend nowadays to be more assertive and have a high self-esteem, as well as being more active in playing the political game (Johnson and Bowman, 1997). These emerging trends among nurses corroborate with the developmental approach of Needs Theories. However, unlike Needs Theories assumptions, these needs are chronologically changed, culturally led and driven and depend on nurses' expectations and the sense of inducing change. As acknowledged earlier, the image about nursing is highly important in the Palestinian situation with its paternal character and calls for examining this status issue in the Palestinian situation which could be different from other cultures that place different values and ethics on, so-called women's work.

Another debatable culturally perceived need in the nursing profession, is the need for professional identity, which is viewed as a fundamental part of the nurse's personal identity (Ohlen and Segesten, 1998). It is claimed that the sense of a personal identity is a precondition for the development of a professional identity (Ohlen and Segesten, 1998). The researcher presupposes that cultural values affect peoples tendency to accept one of the two previously acknowledged paradigms (Chapter 3.2); collectivism, which underestimates the personal identity to the interest of the community and individualism which values self-autonomy, growth and self-identity (Andrews, 1998). Consequently, the literature described autonomous nurses as having the feeling of being professionals who can practice nursing with proficiency and accountability (Ohlen and Segesten, 1998). It also implies an awareness of personal resources and limitations and the need for

self-development and empowerment. Nurses' professional identity refers to the code of conduct and the commonality of the nursing profession and to the way the nurses practice that within the nursing profession (Ohlen and Segesten, 1998). The researcher assumes that this sense of autonomy and professional identity could be seen as influencing Gaza nurses' perceptions and attitudes in this regard. The political (being partially occupied till now), the cultural and the demographic situation could push autonomy aside as many other factors are needed before that. In this sense, the concept of autonomy and professional identity corroborates with Maslow's ordering of human needs.

Another example related to Needs Theories, is professional development and education, which are linked with higher level of Maslow's needs, have been identified as a powerful factor in improving status, prestige and job satisfaction and motivation. Should the educational programmes be well designed, they would affect the employees' satisfaction motivation (Hamad, 1997). Education chances are widely seen as raising status and increasing remuneration (Wildman, et al 1999). Additionally, not only does professional development strengthen motivation and satisfaction and sustains morale, it also helps nurses to adapt to the continuous and rapid changes that occur in the health field (Keith, et al 1998).

Moreover, in his study of Gaza nurse educators' satisfaction, Hamad (1997) indicated that providing effective educational opportunities is a crucial factor in motivation and satisfaction. Therefore, he calls for providing more educational opportunities, training, workshops and attending conferences that he concludes to be one of the crucial factors that affect status and motivation (Hamad, 1997). This is particularly important in the Palestinian context as people value education (Section 2) and regard it as an investment

that sustains regardless of their political situation (Cattan, 1988). Interestingly, Hamad's conclusions could be seen as confronting Maslow's ordering of needs. A reason for that could be related to the priority list of the Palestinians who, whilst, lacking lower level needs, such as physiological and safety needs (Section 2), are concerned with a higher level need which allows them self-fulfilment, recognition and high self-esteem. This implies that needs are not in isolation from the culture, politics, demographic factors and values apparent in a society and calls for a consideration of the interface of these factors. Moreover, contrary to Maslow's assumption of the high motivating effect of professional development, controversial findings exist. Meanwhile, relatively small number of research studies demonstrated that professional development programmes can enhance staff retention rates, very few studies reported negative findings (Rath, et al 1996). It could be claimed that the tendency not to report negative experiences implies that the literature does not accurately reflect the effectiveness and efficiency of all continuing professional education (Rath, et al 1996). However, backward-looking evaluations of educational experiences resulted in disappointments about unmet learning objectives, wasteful efforts and increased theory practice gap (Barriball and While, 1996). This finding gives an indication that needs related motivators are not always true and many other factors are at play affecting that as explained later. This implies that one should be careful of taking needs-related motivators for granted in all circumstances. Rather, these needs need to be blended with other factors.

However, the concept of rewarding nurses through meeting their higher needs, such as recognition, feedback and performance evaluation, has long been viewed as a necessary and valuable component of management across healthcare delivery settings (Moody,

1996; Hamad, 1997). The literature indicates that for many nurses, recognition of achievement, chances for professional development and a challenging job are more powerful than monetary methods and have been successfully used as significant strategies to retain, recruit and motivate nurses (Knox and Gregg, 1994). This gives an idea about how needs are perceived and interpreted differently by different people. In other words, although human needs are the same, the motivating effects of these needs vary, depending on many factors. Central to them all is the perception of people about the necessity of these needs at a particular time and within a particular context as explained in the next chapter.

What makes Needs Theories highly important in nursing practice is the ordering of human needs that has been depicted by Maslow. Therefore, nurses use these theories in delivering care to patient, as they pay a priority concern to basic physiologic needs especially in emergency, while maintaining attention to other needs, such as socialisation and self-esteem needs. Therefore, in many countries, nurses adopted Maslow's Hierarchy as a philosophy of care for nursing organisations and the hierarchy is considered as one of the non-nursing theories that still guide the nursing practice (Nicoll, 1997). Additionally, Maslow's Theory is helpful as a theory of personal development for nurses that might be helpful for developing nurses' self-concepts and globally many nursing organisations adopted the theory in their missions and philosophies.

As indicated earlier, although Maslow's Theory contributes a lot in understanding the human complexity and people needs, its concepts were profoundly investigated and analysed. This stimulated other theorists, such as McClland and Alderfer to devise more

liberal versions of the theory that acknowledge the same big ideas of the influence of needs on motivation but in a different way, as is explained later in coming paragraphs.

### **Other forms of Needs Theories**

Alderfer (1972) made another contribution to the motivation theories in his trial to overcome some of the difficulties associated with Maslow's Theory. He suggested a more flexible continuum of needs called the ERG (Existence-Relatedness-Growth) Theory by squeezing Maslow's five levels of needs into only three points based on the core needs of existence, relatedness and growth (Appendix 7). Existence needs are concerned with fulfilling human existence and incorporate physiological and safety needs. Relatedness needs are related to social relationships and endorse love, belonging, affiliation and interpersonal relationships. Growth needs are interested in development of potentials and envelop self-esteem and self-actualisation (Alderfer, 1972). Alderfer, presents these needs on a line and assumes that an individual may move in a continuous cycle from one point of the line to another and back again, rather than following a hierarchy of importance (Alderfer, 1972). This research perceives this modified version of Needs Theories as more realistic and practical. The theory endorses the different values attached to the different needs and is flexible enough to allow more sensible understanding of the different needs of people and how people may react to these needs in the different circumstances. Nevertheless, still the theory encounters many of the pitfalls of this category of theories as explained later in the chapter.

McClland (1961) offered a modification of Maslows' Hierarchy originated from subsequent research in this field. McClland identified the following motives, worthwhile, to be considered regarding needs: the achievement motive, the power motive

and the affiliative motive (McClland, 1961). These motives are similar to Maslow's self-actualisation, esteem and love needs. The strength of these motives varies among individuals and occupations. For instance, whilst managers usually appear to be higher in achievement and power motivation than other motives, affiliation-oriented people are more concerned with relationships, interpersonal communications and socialisation (McClland, 1961).

The literature shows that women generally are more concerned with affiliation than men and that nurses generally have higher affiliation needs than doctors and other health professionals (Marquis and Huston, 2000; Kutlenios and Bowman, 1998). Paradoxically, power oriented people are stimulated by the power that they could achieve through their enthusiasm to command, get results and to be recognised (McClland, 1961). Therefore, McClland claims that managers could motivate their employees by recognising their orientations (power, achievement and affiliation) and developing suitable motivational strategies to meet these needs. It is worth noting that McClland believes that these needs and motives are learned and therefore could be manipulated by managers (Williams, 2000).

Interestingly, McClland (1961) was concerned with economic growth in the developing countries and he contributed to designing training programmes for the purpose of increasing the productivity of managers (Fincham and Rhodes, 1999; Marcic, 1995) and he successfully contributed to increasing motivation and productivity through training. His concepts are compatible with the further developed concept of a learning organisation as discussed in this chapter. However, unlike McClland's suggestions, which take for granted the motivating effect of training and empowerment, the motivating impact of

professional development and training in the nursing field has been frequently questioned. The literature indicates inconsistent findings regarding this issue as explained in the following paragraphs.

As acknowledged before, the dearth of empirical research documenting the correlation between professional development and continued competence in nursing, increased the debate about the value of professional development and its impact on job satisfaction and motivation. The impact of professional development programmes is affected by personal and professional values, practice culture and the managerial attitudes of the employing organisation (Sherwood, 1996; Waddell, 1993). Scheller (1993) identified three major issues for consideration when studying the impact of training in the nursing arena.

Firstly, the challenges in evaluating the progress produced by the training on knowledge, skills, attitudes and values of participants. Secondly, most research investigated the utilisation of knowledge whilst neglecting the other intervening factors. Thirdly, researchers have focused on the changes in behaviours and neglected changes in values, attitudes and thinking (Sherwood, 1996). These factors are important, as they constitute an integral part of learning and must be considered in evaluating the impact of professional development. Assuming that Gaza nurses are different from other nurses (Chapter 2) they could hold different values and concerns about these issues. This has led the researcher to consider these concepts in his design.

However, although the literature shows inconsistent findings regarding the relationships between education and its impact on the nursing arena, recent research findings provided more positive hints (Scheller, 1993; Sherwood, 1996; DeSilets, 1995). Waddell, conducted a meta-analysis review of existing research and confirmed the positive effects

of professional development on nursing practice (Waddell, 1992). One should notice that this diversity, about the value of continuing education, reflects problems encountered in Content Theories, which takes the motivating effect of professional development for granted. A possible reason could be that Content Theories focus mainly on the nature of human needs and neglect how these needs interact with other variables within the larger context. Therefore, motivation through meeting needs should not always be taken for granted regardless of other factors. However, the coming paragraphs portray more critique to the Content Needs Theories School.

### **Constraints and limitations of Needs Theories**

In spite of its perceived importance in understanding human needs and motives, it could be argued that many of the Needs Theories have a number of pitfalls. According to Maslow's ideas, once a need has been satisfied it will remain so eternally. However, are individuals who are struggling to achieve the higher needs, such as self-esteem, achievement and self-actualisation, not at the same time trying to satisfy their basic needs, such as hunger and security? Additionally, the researcher argues that, for some cultures like that in Palestine, Needs Theory could be seen as pushing toward a value system more relevant to western societies, as it implies that self-actualisation and self development are more valuable than other needs, such as food, security and belonging. The order of these needs might be seen as pushing the individual towards the top of the hierarchy, which is headed by the term "self" and that reflects the selfishness and individualism that is more prominent in certain cultures. Therefore, one should be cautious about judging all individuals according to certain cultures (Andrews, 1998), which reflect certain values and beliefs that are different from other cultures.

As mentioned earlier, Needs Theories focus mainly on the nature of human needs and neglect how these needs interact with other variables within the larger context. Further, the ordering of human needs is controversial and depends on the individuals and the communities' value systems as well as many other important variables. The researcher claims that among certain individuals the need for belonging, defending and sacrificing themselves for the community's interest, is the ultimate need rather than self-actualisation. In other words, many of the people with high ideological beliefs become martyrs and sacrifice themselves for the interest of their countries, beliefs and or values. They could perceive that as their ultimate self-actualisation. If so, where do they rank in Maslow's Hierachy? Interestingly, it is noticed that in the Palestinian situation many people among those who achieved higher level needs, such as self-esteem, were refugees and people who belong to the lower social class families who are lacking the basic needs, especially safety and shelter. This could be related to the political situation affecting the Palestinian context as discussed earlier in Section 2. Therefore this questions Maslow's ordering of needs and implies that needs are culturally perceived and judged.

Moreover, it could be claimed that the issue of needs is more related to the values and ideologies people hold and strive to achieve, which are influenced by socio-economic, political, cultural and demographic variables. People's perception of their basic needs is culturally determined. However, the theme of relative deprivation that is influenced by societal expectations and customs could reflect people's perceptions of their needs. For instance, in general, the western person's perception of basic needs could include things perceived by others as luxurious, such as having a television. However, this concept

could vary if we consider the basic needs in some poor countries in Africa. For instance, anything more than food could be perceived as a luxury.

Interestingly, the researcher assumes that in some cultures self-actualisation is related to physiological deprivation and is achieved through meeting culturally related spiritual needs, whilst neglecting the body's physiological needs, such as food and clothing. It could be argued that even people who are at the same level of needs, tend to behave differently depending on many factors that could be related to their personalities, value systems and other socio-cultural factors. Interestingly, in some cultures like the Palestinian culture, people prefer low paid secure jobs, while in contrast, some people, mostly westerners prefer high paid challenging contract jobs (Hamad, 1997). This phenomenon could be explained by the cultural and political situations affecting the psychology of people and the value they place on safety versus growth and security versus development.

One of the problems that could be perceived as pervasive to Needs Theories is that they apply to all human experience, not necessarily only at work (Cole, 1996). Some people tend to achieve certain types of needs outside their work, such as belonging needs and self-esteem needs. Therefore, it appears that restricting the applicability of these theories only to the work situation is considered to be fallacious (Tomey, 1996). It is practically impossible to frequently evaluate an employee's need status inside and outside work for the purpose of understanding her/his motivational status.

Another important point is related to the fact that Needs Theories also refer motivation to inner drives that are controlled at the unconscious level therefore, it is less controlled by the employee and therefore less liable to be modified (Lamborn, 1991). This restricts the

applicability of these theories in the work place and leaves no room for management interventions. Thus, it could be seen as neglecting the widely perceived influence of management on motivation and satisfaction (Blegen, 1993). A possible explanation of this phenomenon could be related to the fact that many of the Need Theories were originally developed as individual development theories rather than management or motivational theories. Hence, one must be careful about over considering Needs Theories at work places.

To conclude, research studies of Needs Theories indicated inconsistent conclusions regarding the validity of these theories, making it difficult to empirically test and validate them (Hume, 1998; Martin, 1998). Some Needs Theories lack clear operational definitions: therefore findings are subject to various interpretations by different researchers (Hume, 1998). Although Needs Theories have many useful applications at work and their concepts clarify the complexity of human beings, they failed to explain employees' motivation at the workplace. As explained previously, Needs Theories are not particularly concerned with individuals' motivation at work, rather they provide an orientation to motives and needs in general inside and outside work. However, Needs Theories limitations stimulated management thinkers to develop more recent Content Theories that are more suitable to workplace motivation. In particular, the researcher discusses Herzberg's Theory and its application to the nursing arena as the rest of the chapter portrays.

### **Two-Factor Theory and nurses' satisfaction**

Frederick Herzberg developed a motivation theory that is be perceived as one of best-known Content Theories in this regard. The Two-Factor Theory, devised in 1959, is a

well-known Content Theory of motivation and satisfaction which contributes largely in nursing development by introducing practical steps in how jobs could be redesigned to improve nursing care and to incorporate more motivators and satisfiers as explained later. Herzberg assumed that there are two categories of forces acting on the employee (Appendix 8). The first category includes the motivators which, being at hand, only have the capacity to motivate the person. These factors are linked to the work itself. Herzberg assumes that these factors influence the feelings of satisfaction or not but not dissatisfaction (Herzberg, 1966). Interestingly, these factors are consistent with Maslow's higher level needs. In other words, Herzberg assumes that factors, such as a sense of achievement, nature of work, responsibility, recognition, personal growth and advancement in the job are the only possible factors that could motivate people at work (Herzberg, 1966).

In contrast, Herzberg names the second category of factors Hygiene Factors. This category of factors are those necessary to keep employees healthy and wherever they are lacking, they cause dissatisfaction (Herzberg, 1966). They endorse issues related to job context and environment external to the job itself, such as management, interaction, pay, benefits, working conditions and supervision (Herzberg, 1966). They widely have been seen as reminiscent of Maslow's lower level needs. Herzberg argues that, whilst these factors are needed to prevent dissatisfaction, they can never be sufficient enough to produce motivation or satisfaction (Herzberg, 1966). Therefore, according to this postulation, hygiene factors get motivation up to a zero state (Herzberg, 1966). In contrast to Herzberg's assumptions, one could claim that, if concepts of Herzberg's Theory are entirely correct and valid, both motivators and hygiene factors need to be

considered concurrently. Therefore, motivation only occurs when hygiene factors as well as motivators are at least reasonably satisfied. However, in the coming paragraphs the researcher analyses Herzberg's concepts within the nurses' motivation arena. Research studies examined the suitability of Herzberg's Theory in the nursing field and showed controversial findings, as it is clear in the following paragraphs regarding one of Herzberg's best motivator namely, professional growth and development.

In studying variables affecting the motivating effect of professional development, a controversy is revealed as discussed in Chapter 2. Sherwood (1996) conducted research to investigate managers' perceptions of the impact of professional development and concluded that nurses' participation in professional development has many benefits. The study states that professional development programmes result in improving knowledge, skills and attitudes, personal and social adjustment, professional standing, communication and the ability to network (Sherwood, 1996). Researchers argue that professional development allows for shared interaction and facilitates the collaborative learning. Another important reported benefit of professional development is sharing knowledge (Senge, et al 1994; Sherwood, 1996). Consequently, the benefits of the professional development programmes are maximised, when the attendants of such programmes are committed to endorse the knowledge gained into the organisational objectives and culture. The tendency to share knowledge is seen as a way to empower the organisation and to extend the benefits of professional development toward creating a culture which utilises collaborative learning and is committed to a life long learning process (Senge, et al 1994; Aspinwall, 1996).

Unlike Herzberg's suggestion which indicates that growth and professional development are guaranteed motivators, many other factors that could badly influence motivation are significant to be acknowledged in this regard. Among them, the organisational support for learning that means the degree to which the organisational culture and structure facilitates learning (Sherwood, 1996). Another of the significant factors is the supportive relationships related to the degree of co-operation among nurses to perform together as a team in the organisation rather than as a collection of people (Hart and Rotem, 1995). Furthermore, the degree of professional autonomy, promotion strategies, management styles and the desires to induce changes are also significant factors to professional development (Hart and Rotem, 1995). This raises a question of taking Herzberg's concepts for granted and trying to utilise them away from the contextual factors of the organisation. However, as acknowledged earlier in Section 2, the Palestinian organisations are perceived to be unconcerned about developing their employees (Massoud, 1994) therefore, the researcher intends to investigate this issue and contribute in this regard. This could be of significance in the Palestinian situation characterised by current restructuring of its health organisations with high level investment in this regard. The value of that is even more critical as the Palestinians value education and professional development as explained before (Section 2).

Although Herzberg concluded that interactions and work relationships are only hygiene factors that never satisfy, empirical research extensively studied health providers' interactions in the healthcare organisations with particular emphasis on nurses/doctors interactions and noted the impact of interactions and relationships on nurses' motivation. Given the apparent historical discrepancy between nursing and medicine, the literature

indicates that the doctor/nurse relationship is a constant source of nurses' dissatisfaction and is a barrier to collegial relationships (Deloughery, 1995). The literature indicates that organisations characterised by good supportive relationships are highly motivating (Fallacaro, 1997; Fung-Kam, 1998). However, interactions between health professionals within the healthcare organisations have emphasised that nurses demonstrate a high degree of submissiveness to doctors (Fung-Kam, 1998). Communication patterns have revealed that nurses show respect to physicians but that they are not give it in return (Carter, 1994). Furthermore, the literature indicates that where authoritarian physicians dominated organisational structures, characterised by conflicting communications and bad interactions, nurses' professional status, autonomy and motivation decline and the rate of turnover increases (Adamson, Kenny and Wilson-Barnett, 1995; Fallacaro, 1997). In other words, contrary to Herzberg's suppositions that regarded interactions as only a Hygiene Factor that does not really influence motivation, the issue of interaction is a frequent source of debate in nursing. Globally, nurses frequently perceive themselves to be more dissatisfied than doctors with regard to their autonomy, communications, interactions, relationships and status (Adamson, Kenny and Wilson-Barnett, 1995). They also perceive the medical profession to be better treated and accepted by the public than the nursing one (Fung-Kam, 1998). Furthermore, they perceive doctors to be more autonomous and authoritarian having influence in resources allocation (Johnson and Bowman, 1997). It is worth noting that the professional image developed by health professionals largely affects their interactions. Nurses frequently describe doctors as authoritarian, powerful, assertive, arrogant, prestigious, autonomous and complacent. In contrast, nurses are usually described as caring, empathetic, obedient and doctors'

handmaidens (Deloughery, 1995; Cuesta and Bloom, 1998). However, these concepts are widely recognised by researchers to adversely affect nurses' motivation and satisfaction and raise questions about Herzberg's classification of motivators and demotivators.

It is a widely accepted phenomenon in nursing that interpersonal relationships largely influence motivation, as they set the basis for work, degree of respect and management style (Henderson, 1995; Smith, 1995). Unless the organisational structure permits easy communications, interpersonal relationships, open organisational climate and supportive organisational culture, nurses tend to be dissatisfied and to be not interested in their work (Irvine and Evans, 1995). This approach is of even greater value in collectivist communities characterised by a high level of emotionality, group solidarity and interpersonal relationships, especially when they experiencing insecurity and stress as is the case in Palestine.

Interestingly, Herzberg's Theory contributed to the understanding of satisfaction and motivation by describing how people's jobs can be redesigned to incorporate more motivators and satisfiers. Particularly in nursing, concepts of job redesigns are having highly validity (Yamashita, 1995; Healy and McKay, 2000). The development of primary nursing as a pattern of patient care delivery is widely utilised nowadays in nursing that could be seen supporting Herzberg's ideas. Where primary care is practised, nurses give complete care to the same patients over time and assume a high degree of accountability and responsibility for the quality of care (Kivimaki, Voutilainen and Koskinen, 1995). The literature shows a consensus that nurses who work in units that utilise primary methods of care delivery, are more satisfied than those who utilise

functional method of delivery (Cavanagh, 1992; Kivimaki, Voutilainen and Koskinen, 1995).

Consequently, recent approaches to nursing care, such as team nursing, that bring all nursing personnel into small mutually supportive nursing teams and allow for the exchange of expertise, are found to be more satisfying (Hogeston and Simpson, 1999). In situations where care is delivered in a holistic method and patients receive all the care from one person, the maximum satisfaction level of nurses has been reported (Gillies, 1994; Hogeston and Simpson, 1999). Subsequently, the currently emerging theme of academic nurse training adopts many of Content Approach ideas and focus on allowing nurses to realise their professional potential to the maximum capacity. This approach substitutes the old paradigm of preparing nurses to be task oriented who assume technical dependent roles propagated by paternal hierarchical managers (Gillies, 1994; Grohar-Murray and DiCroce, 1997). However, this shift in nursing education coincides with the shift from Scientific Management which is perceived as functional nursing to Content Approach which is perceived as holistic or primary nursing.

Another example that supports the ideas of Content Theories particularly Herzberg's Theory in the field of nursing practice, is the adoption of a nursing process approach. Contrary to Scientific Management principles, nursing process is a framework that enables nurses to plan the holistic care of clients during the whole period of care; meanwhile, considering all their needs as bio-psychosocial needs (Marquis and Huston, 2000). However, most nursing professional bodies adopted a philosophy that identifies nurses as autonomous professionals who are responsible for delivering a holistic care that is adherent to the holistic individualistic nursing process (American Nurses Association,

1984). However, although the nursing process approach to nursing care has been critiqued for being highly academic, this approach is increasingly gaining a good reputation and is widely endorsed as the formal vehicle of nursing care delivery (Nicoll, 1997). However, such an approach was originally developed in the United States of America (USA) in the early fifties and adopted by the United Kingdom Council for Nursing, Midwifery and Health Visitors (UKCC) in 1977, in a trial to move nursing away from the traditional task oriented nursing (Nicoll, 1997). It is worth remembering that, although such more liberal approaches of nursing care delivery are widely utilised in other places, the model of nursing care in Gaza is still traditional (Section 2) and this influenced the researcher to consider the impact of this variable on nurses satisfaction and motivation.

However, contrary to the mode of nursing care delivery, there was an inconsistency regarding Content Theory's assessment of the role of management in motivating employees, as is clear in the following paragraphs.

One of the problems of Content Theories is that they regarded management as only a Hygiene Factor that does not really significantly count towards satisfaction and motivation. In contrast, research studies indicate that management moves quickly to the top of almost any discussion about job satisfaction and motivation, as they control most of the needed resources to manipulate employees' motivation (Snarr and Krochalk, 1996). In fact, the literature indicates that nurse managers are among the main motivation/de-motivation makers (Dunham-Taylor, 2000), as the coming paragraphs depict. Moreover, the job satisfaction of managers may influence employees' job satisfaction and turnover. Researchers examined the relationships among administrative

leadership behaviours, organisational characteristics and job satisfaction and concluded that leadership behaviour is a significant factor in nurses' satisfaction (Snarr and Krochalk, 1996; Healy and McKay, 1999).

Consequently, the literature indicates that leaders who initiate and maintain an organisational culture that supports employees, have been found to positively contribute to nurses' satisfaction (Dunham-Taylor, 2000). Furthermore, investigators reported that the leader role in establishing and maintaining effective communication, team relationships and collegiality culture is highly significant for job satisfaction (Tovey and Adams, 1999). Tumulty (1992), conducted a well-controlled study on hospitals' head nurses in the USA and indicated that the job satisfaction of the leading nurse directly influenced nurses' job satisfaction and turnover (Tumulty, 1992). Thus, he concluded a link between nurses' retention and the job satisfaction of the leading nurse. Additionally, Taunton, et al (1997), conducted a study to investigate the effects of managers' leadership characteristics on staff nurses' retention. The impacts of managers' characteristics were assessed in relation to retention, work characteristics, job stress, job satisfaction, commitment and intent to stay. The researchers concluded that managers' consideration of nurses' intent to remain, directly affected retention (Taunton, et al 1997). Moreover, it is acknowledged that the nursing faculty managers' job satisfaction, positively influences the nurse educators' job satisfaction (Henderson, 1995). However, the common theme in nursing literature points to the failure of nurse leaders in improving the satisfaction level of their nurses (Moloney, 1992). This supports the assumption that management and leadership are essential motivators and not only Hygiene Factors as Herzberg has suggested.

The literature indicates that not only is management a crucial factor in motivation, but that management even affects the degree of satisfaction and motivation of other factors as well (Dunham-Taylor, 2000). For instance, researchers studying management role in promoting the effectiveness of professional development, found that, in certain institutions, the organisational culture negatively influenced the utilisation of professional development and management policies were seen as obstacles rather than facilitators (Waddell, 1993). However, management support and recognition are significant factors in nurses' utilisation of professional development (Sherwood, 1996). Themes suggest that features of the practice area influence the effectiveness of professional development. Many of them are significant in promoting the utilisation of knowledge within the workplace and the development of a culture that is conducive to learning and continued professional development (Hart and Rotem, 1995).

However, the role of management and leadership in motivation is more explicitly described in Chapter 3.4. Nevertheless, before that, the researcher is interested to reinforce his supposition that the value and importance of management is culturally led. Palestine, like most hierarchical countries, value management to the extent that it is considered a sacred issue (Section 2). As acknowledged earlier, this perception could be as a result of cultural, Islamic and political factors. A lesson to be gained from that is to consider motivators and satisfiers of individuals within their culture, which largely determines people's expectations and values, as explained in the next chapter. However, this assumption has led the researcher in his design to maintain flexibility that is able to envelop peoples' different expectations and values.

In accordance with Content Theories principles, professional autonomy is the variable most often cited as a cause of job satisfaction and motivation for nurses (Kivimaki, Voutilaninen and Koskinen, 1995; Pierce, Hazel and Mion, 1996). Autonomy is the degree of influence a nurse practices at work and the ability to assume decision-making related to the job (Relf, 1995). Parkin (1995) argues that professionalisation is a political process and issues of job of power, influence and control are central to it (Parkin, 1995). Keenan (1998) argued that nurses' perception of autonomy is significantly related to their longevity of service and their position in the organisation. Further, Keenan argues that to act independently, one must be able to diagnose and prioritise aspects of knowledge relevant to a situation (Keenan, 1998). However, it could be argued that accountability for behaviour is a corollary of autonomy. Accountability means responsibility and answerability to authority for one's actions (Parkin, 1995). Therefore, if employees want to be autonomous, they must accept accountability for their actions (Keenan, 1998). Congruent with that, in a study conducted on Australian critical care nurses, satisfaction was positively correlated with their participation and involvement in clinical decisions (Bucknall and Thomas, 1996). In that study, participants were asked about their involvement in critical care decisions and the study depicts that the level of task satisfaction is positively correlated with the level of task involvement, thus supporting the hypothesis that nurse-task decision autonomy is associated with job satisfaction (Bucknall and Thomas, 1996). Therefore, the value of autonomy and its impact on nurses' satisfaction and motivation is highly recognised as a strong motivator which is worth considering when dealing with the motivation issue.

However, the researcher assumes that the cultural values and the societal norms could affect Gaza nurses' valuing of their autonomy. Given that Palestinian nurses are different in terms of political, economical and cultural situations (still partially occupied country), they could value autonomy differently. It is worth reminding the reader that the literature indicates that collectivist communities show more concern about group solidarity and interactions over self-development and autonomy, which are prominent in individualist communities (Andrews, 1998). The researcher supposes that autonomy could be seen as non-conformity and an explicit challenge to the management, which is perceived as a sacred issue in the Palestinian context (Section 2). Therefore, these concepts led the researcher to show concern for this issue and to leave it open to incorporate the cultural differences in this regard. However, Chapter 4 depicts a reflection on people's different expectations and values regarding many managerial issues, including autonomy.

However, although Herzberg's Theory contributed to our understanding of satisfaction and motivation by outlining work motivators and satisfiers and also by suggesting ideas of how to redesign jobs to incorporate more motivators, the theory encounters many problems. The issue of redesigning jobs to encounter more motivators is highly useful in nursing but the theory could be seen as having many problems with reference to nursing. The following paragraphs present some of these problems.

### **Limitations of Content Theories**

One problem with Herzberg's Theory is that it distinguishes between satisfaction and dissatisfaction. It is difficult to imagine that it is possible to divide these aspects of the human attitude by a solid line. Such a division could be seen as incompatible with the assumption that the human being is an holistic unit (Nicoll, 1997). Additionally,

Herzberg's findings might be altered by the supposition that, as a defence mechanism, people tend to give external rationale to their inadequacy and internal values for their success (Martin, 1998). In other words, it could be concluded that Herzberg's subjects referred their achievement to their inner aspirations and potentials but related their work problems to other people's organisational inadequacies. More practically, it could be claimed that the two categories of factors reflect participants' perceptions of these factors rather than a valid and legitimate division of these factors (Fincham and Rhodes, 1999). Therefore researchers investigating nurses motivation need to be careful of taking these factors for granted.

It is worth noting that Herzberg's Theory, like many Content Theories, was conducted on subjects who are mainly technical employees (accountants and engineers). Technical employees are most typically convergers in their learning style and are oriented to specifications and division of work rather than seeing the whole picture (Kolb, 1986) therefore, there is a possibility for a methodological research bias in this regard. It is worth noting too that research subjects were typically middle class and therefore, a social stratification bias could be recognised and a generalisation to other society strata should be cautiously considered (Martin, 1998). This implies that other professionals with a different nature of work, particularly those who deal more with human beings and/or who having certain professional values and demographic characteristic like nurses (as explained before), could have concerns regarding the Herzberg's recognised motivators and satisfiers. This questions the general applicability of the theory to all professions and cultures and calls for considering a more flexible approach in this regard as explained in the next chapter. In other words, the theory neglects the cultural differences that are

related to many factors including, economic, political and demographic factors and ignores the individual variations among people that are related to different variables including psychological factors, value systems and expectations.

Moreover, the literature indicates that Herzberg factors are not uni-directional. One could argue that a given factor may be the cause of job satisfaction and motivation for one person but job dissatisfaction for another person, or vice versa (Vroom, 1964). Even for the same person, a given factor can be the source of both satisfaction and dissatisfaction depending on her/his needs and expectations at a given time. Therefore researchers concluded that the Two-Factor Theory is an oversimplification of the sources of job satisfaction and motivation (Vroom, 1964; Lamborn, 1991).

Although Content Theories mainly have gone a long way in describing the motivation by describing practical steps in this regard such as job redesign, research studies conducted in different settings investigating a wide range of professionals, have indicated a lack of consistency of the theories. For instance, some of the hygiene factors were identified as motivators that satisfy (Yamashita, 1995). Some of the motivators were recognised as marginal factors in satisfaction (Al-Ma'aitah, et al 1996). In some studies there was mixing of the two groups of factors (Hamad, 1997). Therefore, it could be argued that none of the aforementioned categories of theories provides a fully consistent satisfactory explanation of what satisfies people. One reason for this is that Content Theories assume that all employees enjoy the same needs and drives. They therefore recommend the characteristics that should be available at work. Additionally, most of these theories try to isolate one predictable way of behaving that works effectively and eternally. Moreover, they disregard the individual's own assessment of what satisfies him/her.

Nevertheless, these theories have certain valid facets and could be seen as helpful in explaining the behaviour of certain people at certain times.

It is worth paying attention to the fact that European or American scientists devised most of the motivation theories in the first half of the last century. Therefore, most of these theories reflected certain cultures dominated by certain circumstances. Additionally, most of the theories were based on research that had been conducted on manual workers or technicians rather than professionals. Hence, one should be careful not to generalise the findings of these research studies to the professional arena. This implies that findings and conclusions of these studies should be carefully considered nowadays especially in other cultures and one should be careful of generalising these western oriented individualistic conclusions to other cultures which are characterised by more community orientation and community concerns. Therefore, it could be concluded, that the hunt for a universal theory of work motivation that is working all the time for all individuals in all the circumstances appears a vain quest. On the other hand, any theory or study that contributes to the understanding of how to motivate and satisfy people at work could be constructive.

In fact, we cannot fully conceptualise most human motivational desires and behaviours without considering many crucial factors. Among the important factors we have to acknowledge are; culture, politics, economic situation, professional values and ethics, emotions, needs, values, life goals, expectations, psychological processes, physiological factors and many more factors, all of which will interact, even if it is not all at once (Fincham and Rhodes, 1999). Therefore, motivation is a very complex phenomenon that one has got certain level of it and other factors are contributing to it and those are largely

individually determined. However, a much more liberal way of thinking, stimulated management thinkers to develop more flexible and applicable approaches to satisfaction and motivation. This approach affected more recent theories that have taken a broader look at the process of job satisfaction and motivation and named Process Theories, which attempt to identify the relationships among the dynamic variables that make up motivation. The researcher presupposes that Process Theory approach could provide a further contribution to the understanding of the complex nature of work motivation and allows flexibility to encapsulate variations related to the nature of nurses as professionals. Additionally, given that the Palestinian community is a diverse case, this approach allows room to endorse variations related to socio-cultural, economic, political and organisational factors. Therefore, the researcher adopted this approach for his design as acknowledged earlier in Chapter 3.1. The next chapter deals with this approach and its applicability to nursing practice.

## Chapter 3.4

### Process Theory Perspectives

In an attempt to overcome the shortcomings of the classical motivation theories, Process Theories have taken a more expanded, more recent and broader look at the issue of job satisfaction and motivation. They have contributed a lot to the understanding of job satisfaction and motivation. Unlike the old classical approach, the chapter depicts how Process Theories have taken a different approach by attempting to account for the way in which the many variables affecting motivation are interact. Such approach acknowledges the interaction of the employee's expectations, needs and values, with the job variables, the organisational variables and the contextual factors, to produce job satisfaction and motivation.

Additionally, this chapter elucidates a literature-based analysis of this approach of theories and the critique attached to them and contributes through providing a more in-depth understanding of its concepts. In particular, the researcher explores the validity of this approach across cultures, trying to add more illumination to the possibility of applying these concepts to other cultures that are perceived as being different from the western cultures in which this school of thought was originally created and researched. As acknowledged earlier, aspects of variations could be related to values, expectations, economic conditions, societal norms, available alternatives and religious influence, as well as the nature of people. Also, through an extensive review of the nursing literature, the researcher analyses the applicability of the Process Approach concepts in the nursing arena, particularly, among nurses who are known to be different from other employees

(Section 2). As a start, the researcher discusses the concept of Process Theories developed by Vroom, as will be clear in the coming paragraphs.

### **Expectancy Models and job satisfaction**

Victor Vroom (1964) was the first theorist to propose an Expectancy Theory Model focused on work motivation. The Expectancy Model differs significantly from Content Theories by highlighting not only factors in work related variables that affect job satisfaction but also the model covers the entire work environment as well as individual's concerns, attitudes and values. Central to them all is expectation. In other words, the model assumes that a mixture of blended factors of the individual, work, culture and the environment control behaviours and assumes that different people have different needs, expectations and behaviours; therefore, different employees have different agendas to achieve from work. Additionally, the model endorses an individual's preference among the possible available alternatives based on her/his understanding as to whether a particular course of actions will lead to a looked-for result (Vroom, 1964). In other words, the main concept of the theory is that people fancy certain results from their behaviours to others and they expect feelings of satisfaction if their preferred enjoyable results, are more likely to be achieved (Vroom, 1964), as detailed before (Chapter 3.1). What distinguished Process Theories from other theories, is that they can also acknowledge the impact of socio-cultural, economical and political context on job satisfaction and motivation (Lamborn, 1991; Vroom, 1964). Therefore, the researcher argues, that Process Theories are more flexible and open to accommodate the different types of work and the various professions. Given that nurses tend to be different from other professionals as described in Section 2, the theory allows room to encompass

nurses' perception of their motivators and satisfiers. Moreover, the Process Theory Model considers the different values of different individuals and then allows for the possibility of responding to each person uniquely. The model also endorses variations that could be related to job differences, such as job autonomy, job characteristics, job identity, job significance, work load and so on. Furthermore, the model considers personal characteristics that could affect motivation including age, sex, years of experience, education and so on. By the end, it could be concluded that motivation is the sum of the interactions between all these complex variables. It is for this reason that the researcher has adopted this model in this research as acknowledged earlier in Chapter 3.1. Congruent with the Process Theories, many nurse researchers studied the factors that affect nurses' job satisfaction and motivation and classified these factors into two categories. The factors that positively affect job satisfaction and motivation, "satisfiers" and the factors that negatively affect satisfaction, "dissatisfiers". The extensive review of the international nursing literature identified many factors that were considered important to acknowledge when examining job satisfaction and motivation. These include; demographic factors such as age, sex, intelligence, education, longevity of service and position in the hierarchy (Hinshaw and Atwood, 1984; Healy and McKay, 2000; Cavanagh, 1992). Researchers also found environmental factors to be important, including; the clinical area and the type of work, nursing care delivery model (Al-Ma'aitah, et al 1996), degree of professionalisation (Fung-Kam, 1998), organisational climate (Blegen, 1993), supervision and interpersonal relationships (Volk and Lucas, 1991; Busby and Banik, 1991). In addition, reports revealed certain job characteristics to be important such as status (Johnson and Bowman, 1997), autonomy, repetition of duties

(Keenan, 1998), the nature of tasks to be performed (Irvine and Evans, 1995), job outcomes and pay (Grant, et al 1993; Nolan, et al 1995; Knox and Gregg, 1994). These wide range of factors give some indications as to the complexity of job satisfaction and motivation and the difficulties in assessing and improving the level of job satisfaction and motivation among nurses. Therefore, these investigations could indicate that Expectancy Theory forms a generally accepted approach to study motivation and satisfaction within the nursing arena. However, this diversity has influenced the researcher in his trial to assess the overall picture of Gaza nurses satisfaction and motivation therefore, he included most of the previously acknowledged factors in his design. The implicit assumption of that is related to the fact that Gaza nurses' level of job satisfaction has never been investigated. Therefore, the researcher tries to assess factors affecting that broadly, in order to provide a base information for other researchers to conduct more research studies that could encounter fewer variables and more vigorous statistical analysis as acknowledged earlier.

However, Vroom's Model is perceived to be best working in organisations characterised by collegiality, openness and transparency. In reality, collegial relationships are not the usual norm that describes health organisations in many countries. For example, nurse-doctor relationships are historically, a conflicting issue. A possible reason for that could be that nursing represents an example of gender bias in occupational prestige attainment (Johnson and Bowman, 1997). Gender issues that may negatively affect occupational status for nurses include; gender prejudice to the advantage of men and a paternal philosophy of division of work responsibilities (Johnson and Bowman, 1997). However, generally, women receive less status for their work than men do. Research studies

showed that female physicians spend 32 hours per week more than male physicians doing household work (Johnson and Bowman, 1997). Additionally, female physicians are less represented in managerial positions in proportion to their number (Arnetz, 1997).

It could be claimed that the concepts and expectations of people in general regarding nurses, also affect the professional self-image of them. However, the image of the nurse in the international media has changed overtime from “battle-axe”, “angel of mercy” and “girl Friday”, in the beginning of the last century, to “heroine”, “wife” and “mother”, “doctor’s handmaiden” and “sex object” (Ohlen and Segesten, 1998; Deloughery, 1995). However, nowadays, at least at a theoretical level, the image of the independent careerist is emerging (Deloughery, 1995). Recently, nursing theories reflect a change in the image of the nurse showing different characteristics with a shift from Needs Theories to Interaction Theories (Nicoll, 1997). Needs Theories represent an image of the nurse as active and busy working, focusing on deliberate and well-planned activities, while Interaction Theories, reflect an image of the situational, humanistic, present and process orientated nurses (Ohlen and Segesten, 1998). Interestingly, this change in nursing theories is congruent with the shift in management theories from the classical traditional approach to the more recent liberal process approach. Therefore, efforts aimed at improving nurses’ motivation need to consider many factors including management trends, people’s values and attitudes about nursing and more importantly nurses’ attitudes and expectations about their image.

Al-Ma’aitah (1996) has conducted a study, which examined the quality of working life for men and women nurses in Jordan. Her findings indicate that nurses’ mean scores on most variables were around or below the midpoint of the scales, which reflects nurses’

dissatisfaction with their jobs across all settings. However, these findings support the WHO's report (1994), which found a multiplicity of problems facing the nursing profession in the Mediterranean Region (WHO, 1994). Gender differences were clearly evident in nurses' perception of the quality of their working life. Contrary to some research studies conducted in the North American culture, it is concluded that gender is an essential issue in satisfaction. Men were more dissatisfied on a number of variables including financial rewards, type of work, career future and trust in management (Ma'aitah, et al 1996).

In other words, in accordance with the different expectations they had, most research studies concluded that females are more satisfied than their male counterparts and they are also more committed to the organisation (Ma'aitah, et al 1996; Moody, 1996; Arnetz, 1997). Conversely, some studies indicated that men are more satisfied than women are (Bookman, 1989). However, the different hold of values and expectations of work, in relation to what are called women's roles, could explain these findings. The researcher could assume that in many cultures like the Arabic culture, women lowered their expectations level and therefore appear to be more satisfied. Added to that, females' nature of being caring, more human oriented and more empathic could also affect their expectations of work and subsequently their motivation. The literature indicates that, in general, a woman is greater in her ability to cope and tolerate stress than man (Kutlenios and Bowman, 1998; Andrews, 1998).

One conclusion of these findings could be that nurses differ in their satisfaction depending on their expectations from work that are value-led and influenced by many demographic, cultural and organisational factors. Vroom's Model links motivation to

valence and expectations which are significantly different between males and females, as the literature demonstrated earlier. However, the researcher argues that the workloads and family pressures are much greater in Arabic cultures, which are typically paternal, hierarchical and male-dominated cultures. Males carry very few, if any, domestic responsibilities and therefore, females carry heavy loads of responsibilities, as explained in Section 2. It is worth reminding the reader that the demography of Gaza nurses is different from other countries as indicated in Section 2. The Palestinian Health Reports (PCH, 1997) show that males dominate the nursing structure in Gaza and most health leaders are males who perceive nursing as a low-level, marginal profession. This context stimulated the researcher to consider this important issue in his research design, especially the impact of having a different overall picture of nurses dominated by males in such an Arabic, Islamic culture.

Vroom's Expectancy Model has contributed a lot to this debate by highlighting the effects of cognitive, developmental and perceptual processes on work conditions and expectations. A clear example of how nurses' expectations are changing is shown by the relationships between age and satisfaction. Age was found to be of critical value in terms of job satisfaction and turnover. The literature shows inconsistency concerning the relationships between satisfaction and age. However, some studies suggested a linear positive correlation between age and satisfaction (Fincham and Rhodes, 1999). In other words, an employee's job satisfaction level increases as s/he advances in age. Recently many satisfaction studies suggested a U-Shape relationship. Meaning that, very young employees report more satisfaction than those in their late 20s (Fincham and Rhodes, 1999). Job satisfaction and motivation seems to rise again with older employees (Hamad,

1997). It may be the changes of expectations, energy levels, aspirations, attitudes and values could be responsible for that change in job satisfaction. Additionally, with advancing age, people could be seen as becoming more hopeful of gaining the fruits of their previous efforts, as they have paid the fees for promotions or achievement when they were younger. Another possible explanation could be related to the development of more realistic expectations as they have been exposed to different experiences from which they could be seen as gaining more wisdom and more ability to cope. Moreover, these inconsistent findings regarding the impact of age on job satisfaction reflect the differences in values and expectations of the different people. As cited before, values are culturally led and influenced within the larger context in the community. Therefore, one should be careful about generalising findings in this regard to different places. This stimulated the researcher to consider the demographic characters of Gaza nurses and its impact on satisfaction and motivation.

Another explicit example that supports Vroom's contribution to highlighting the effects of cognitive and perceptual processes on work conditions and expectations is the relationships between the level of education and job satisfaction. The literature indicates that education largely influences nurses' expectations of their work. The level of education affected the level of satisfaction negatively, nurses with higher level of education tended to leave jobs more frequently than those with lower education attainment (Cavanagh, 1992; Lucas, 1991). This finding might be related to the increased opportunities for those with higher education levels, inside and outside the profession. Similarly, higher qualifications may lead employees to develop different expectations of their jobs, with the organisation being unable, or unwilling, to meet these demands.

Highly educated nurses may experience a gap between what they possess in terms of knowledge and experience and tasks they can or can not do (Wade, 1999). For instance, many nursing delivery systems are mainly functional rather than holistic. It may be difficult to satisfy highly educated nurses who are trained to care for their patient from a holistic perspective, than low level educated nurses whose training is more task oriented (Wade, 1999). This implies an incompatibility between the present nursing working environment and the attitudes of the growing population of well-educated nurses. However, the concept of professional development and its consequences is discussed more explicitly in the coming pages.

Another example that supports Vroom's Expectancy Model is related to the different reasons and expectations given by participants regarding the issue of professional development. Professional development has been taken for granted by Herzberg as a motivator and by Maslow as a higher level need that perpetually highly motivates. DeSilets (1995) indicated that, when reasons for attending professional development programmes are considered, programmes' designs could be more closely relevant to learners needs, thus, it could be more learner centred and therefore more motivating (DeSilets, 1995). Consequently, researchers identified many factors that fuel participants' attending professional development including professional evolution, benefit to humankind, improving interactions, avoiding tediousness, meeting professional requirements (such as re-licensure) or having an aspiration to learn (DeSilets, 1995). Among the other reported reasons, professional commitment and reflection, personal benefit, societal goals and security at work (Laszlo and Strettle, 1996).

However, the literature indicates that young, newly employed, bachelor degree nurses are the most enthusiastic group to enrol in professional development programmes (DeSilets, 1995). Interestingly, degree level nurses placed as much value on interactions, professional improvement and collaborative learning. On the other hand, diploma nurses placed more value on professional service and work related issues (Laszlo and Strettle, 1996). However, midwives cited main reasons for seeking professional development being influenced by their need to promote professional competence and an instinctive need to empower themselves (Laszlo and Strettle, 1996). Based on their expectations of professional development programmes, participants in professional programmes reported controversial reactions. This could partially answer the question why professional development does not always result in positive impacts and calls for more consideration in planning professional development programmes. The literature indicates that without careful planning, professional development is unlikely to convey the predictable development of competent, reflective and motivated nurses who are capable of improving patient care (Waddell, 1999). As indicated before, some studies concluded that participation in professional development education does not necessarily result in the attainment of the required knowledge (Barriball, While and Norman, 1992). Moreover, the literature assumes that more attention should be given to the importance of considering the relationships between the learner, the employing organisation and the learning process (Waddell, 1996).

Consequently, researchers who investigated participants' perception concerning professional development programmes' contents concluded, that areas such as human sciences, ethical issues, management and research were more valued than basic life

sciences courses (Wildman, et al 1999). The researcher presupposes that this reflects an accountability within the profession and the appreciation of the holistic care approach considering all aspects of human beings' experiences as well as increasing the social orientation of the nursing profession. It is also clear that professional development courses that are relevant to work are more appreciated than courses with a theoretical basis (Wildman, et al 1999). This calls for considering needs and expectations when planning educational programmes as explained in the following paragraphs.

Research findings indicate the importance of assessing and identifying nurses' needs and expectations of professional development programmes if these programmes are going to be fruitful. This includes both their reasons for attending professional development programmes, as well as the content and strategies of these programmes (Barriball, While and Norman, 1992). In other words, it is only by considering learners' concerns and needs, that programmes planners can meet the needs and expectations of their participants. However, these needs and expectations should be blended with the employing organisation's vision, mission and philosophy. This will ensure that the programmes will match the different interests of the different stakeholders (Larcombe and Maggs, 1991). In accordance with that, the literature demonstrates that educational needs are related to professional, personal, clinical and organisational needs and that the identification of needs is not an easy task. It is not helpful to count simply upon what nurses' call for, because this reflects only their views which are not always realistic ones (Wadell, 1996). The risk is that not only does this approach neglect the organisational side in this respect but also it is not uncommon to notice that what nurses' request and what they actually need are two different things (Larcombe and Maggs, 1991).

This finding points to the phenomenon that even the same motivator could be perceived differently depending on many factors that are underpinned by needs, expectations and values as well as organisational variables. This stimulated the researcher to search this issue in the Palestinian context, which largely values education especially at these critical moments of restructuring the Palestinian health organisations. The Palestinian MOH has offered many professional development programmes and the investments in this regard is particularly high but still the concept of developing people through work is not congruent with the mentalities of health managers nor professionals (Massoud, 1994; Shaheen, 2000). Therefore, this drives the researcher to examine this issue critically in the Palestinian context.

The literature indicates that nurses particularly complain about the lack of management support and encouragement for professional development (Barriball, While and Norman, 1992). Many nurses reported that bad work assignments levels, lack of funds and the anti-learning culture often created obstacles that negatively affected their attendance at professional development (Larcombe and Maggs, 1991). Another important barrier affecting nurses' enrolment in professional development programmes include the lack of concern of adult learners' characteristics. Nurses have many other responsibilities that compete for their time and energy, such as a job and household responsibilities that negatively affected their participation in professional development (Barriball, While and Norman, 1992). Furthermore, the literature indicates that little concern is focussed on acknowledging what nurses prefer in terms of schedule, duration, flexibility in attendance and the strategies of teaching (Barriball, While and Norman, 1992; Larcombe and Maggs, 1991). All the previously mentioned factors affect the impact of educational programmes

and their anticipated benefits. This adds more complexity to the issue of motivation and shows how even the same factor could be affected by many other contextual factors.

However, this literature-based analysis guided the researcher in his design to explore these issues within the Palestinian context.

Another example that reflects variations in expectations, is related to the differences in motivation and job satisfaction in relation to position. As a result of their achievement and power orientations, it appears that generally speaking, nurses holding higher positions within the organisation, seem to stay longer in their jobs and to be more satisfied (Misener et al, 1996). Such findings were affected by the external factors such as benefits, power and type of work (McClland and Boyatzis, 1964; Cavanagh, 1992).

However, it could be argued that nurses in higher positions share more exposure and have a broader perspective of the organisation because they have a greater opportunity to interact with other departments. Nurses at lower levels have a narrower focus on the organisation. Staff nurses report a low level of satisfaction with the ability to give and receive assistance from co-workers, a feeling of isolation from other units and a decreased ability to extend their role to the community (Parsons, 1998).

Given that the level of job satisfaction of the leading nurse affects her/his followers satisfaction, (Tumulty, 1992) as explained earlier, the researcher considers the issue of managers satisfaction in the Palestinian context. Palestinian managers have unique characteristics as explained in Section 2. It is worth remembering that most of the Palestinian managers are appointed through their political affiliation or seniority. It is not the common thing to find capable, competent visionary leaders who are trained in management (Section 2). Additionally, most nurse managers are males in a culture that is

perceived to underestimate women's work in general and nursing in particular (MOH, 1999). Therefore, these issues pushed the researcher to assess the influence of that on Gaza nurses' motivation.

### **Trans-cultural differences in job satisfaction**

Another example that the researcher sees as supporting more evidence to Vroom's Theory is the trans-cultural differences in job satisfaction and motivation among nurses. Depending up on their expectations and values, nurses from the different cultures responded differently to the motivating and satisfying factors. Therefore, researchers who investigated cross-cultural differences among nurses concluded that, in certain cultures, nurses perceived their prestige to be lower, their interactions to be less effective and their working lives to be less comfortable than other nurses from other places (Adamson, Kenny and Wilson-Barnett, 1995; Cavanagh, 1992). Additionally and frequently, nurses perceived a wide gap between the theory and actual work practice (Adamson, Kenny and Wilson-Barnett, 1995). Some nurses were more concerned with the communication problems in their organisations (Arnetz, 1997). Yet, others perceived themselves to be more satisfied with regard to their pay, prestige, management and culture of the organisation (Adamson, Kenny and Wilson-Barnett, 1995; Cavanagh, 1992). However, the following paragraphs show some differences among nurses from the different cultures.

Yamashita (1995) studied job satisfaction and motivation among Japanese nurses and concluded that nurses in the study were moderately satisfied. Extrinsic factors, such as having little opportunities for promotion or less favourable working conditions appeared to negatively influence job satisfaction and motivation (Yamashita, 1995). Canadian and

Jordanian staff nurses burnout was linked to job satisfaction in both cultures (Ma'aitah, et al 1996). The kind of work, amount of work and career future were found to be important indicators of burnout and career future and prospects were associated with how likely they were to leave their current positions (Armstrong-Stassen, et al 1995). In a study conducted by Fung-Kam (1998), Hong Kong nurses reported dissatisfaction rather than satisfaction generally and they valued the job components of autonomy, professional status and pay more than interactions, task requirements and organisational policies. In addition, results showed that the need for autonomy of this group of nurses was below the mid-score of the scale (Fung-Kam, 1998).

Consequently, to explore occupational prestige for nurses in the Asia-Pacific region, Johnson and Bowman (1997) conducted a study that revealed that 70% of Census Bureau of those countries that responded, agreed that nurses and medical officers had comparable professional status. However, Australia, Indonesia and Singapore (30%) had a different professional status between nurses and medical officers. This could be related to the fact that these countries were former British Colonies and are still influenced by the British image with regard to nursing status and prestige (Johnson and Bowman, 1997). It is worth mentioning that in the UK, in spite of restructuring the healthcare system, registered nurses are not regarded as full professionals yet (Johnson and Bowman, 1997).

In the light of the cultural, economic, social and political diversity (Section 1), nurses' motivation in Gaza area could be a distinctive one. However, the researcher considered job satisfaction in the area through exploring it within the larger context of the "Middle East". The literature indicates that there is a dearth of research about nurses' job satisfaction in the Middle East. Comparative studies to examine factors, which serve as

satisfiers or dissatisfiers among Jordanian and American nurses, indicated that the only significant difference between American and Jordanian nurses was the ranking of the different factors contributing to job satisfaction. Jordanian nurses were more satisfied by pay and task requirements, while the American nurses were more satisfied by autonomy and interactions. This may reflect the bad economic situation and the cultural differences between the two places (Zuraikat and McCloskey, 1986; Abu Dahrieh, 1989).

Both the West-Bank Palestinian and Israeli nurses were found to be moderately (50%) satisfied. Job satisfaction recognised as being related to satisfaction with work, supervision, co-workers and the job in general (Guidry, 1991). Among the other important factors that affected satisfaction are professional status, participation in research and facilities in work settings (Abu Ajamieh, 1991). Conflicting reports existed about satisfaction with pay, job security, benefits and promotional opportunities (Abu Ajamieh, 1991; Guidry, 1991). There was a high corroboration between Palestinian and Israeli nurses satisfying/dissatisfying factors. The only significant difference was the ranking of salary, promotion and job security, which elicited the lowest mean among the Israeli nurses (Guidry, 1991). This may be related to the difficult economic and political situation in Palestine.

Moreover, Hamad (1997), conducted a research study to assess the level of job satisfaction among Gaza nurse educators and concluded that there was a relatively high level of job satisfaction in the population studied, 65.9%. Gaza nurse educators ranked the following as the highest five satisfying factors in descending order of preference: Sense of achievement, recognition of achievement, sense of autonomy, salary and participation in decision making (Hamad, 1997). In contrast, among the five

dissatisfying factors low salary ranked first, followed by workload, un-qualified managers, poor communications and working environment. Managerial related issues such as management style, recognition, autonomy, involvement, communications, promotion, organisation structure, team relationships, interactions, decision-making and leadership behaviours were found to be significant factors in educators' satisfaction (Hamad, 1997). The study concluded that leadership behaviours, such as inspiring shared vision, enabling people to achieve their full potential, creating and managing a supportive organisational culture are highly effective determinants of satisfaction (Hamad, 1997). These conflicting findings reflect the personal, socio-cultural, political, economic and managerial interplay-affecting people. However, the satisfying-dissatisfying factors are almost the same but nurses' perceptions and expectations vary according to the culture and the value system dominating the organisation and/or the society. Of the implications of these cross-cultural diversities, one should be careful not to adopt a motivation theory or model and trying to implement it blindly without considering the cultural implications of that. The concept of cultural, individual and organisational diversity guided the researcher in his study by asking people what really influences their motivation. However, one could conclude that the main strength of Vroom's Model is its orientation to cultural and societal differences and its impacts on job satisfaction and motivation. Process Theory's philosophy considers the interplay between different organisational, extra-organisational, personal and cultural variables. Central to all of them is expectations. However, the concept of expectations could be subjective and liable to perceptual, individual and cultural differences. This stimulated more research to be carried on in this field and many researchers devised other particular versions of

expectancy models that deal with the issue of satisfaction and motivation from a particular concise focus, as the coming paragraphs depict.

### **Other expectancy forms and nurses' satisfaction**

Adams devised another narrowly focused form of Expectancy Theories. She presented ideas in 1965, which suggest that it is not the conclusive value of an incentive that satisfies but the person's perception of how non-discriminatory (equitable) that incentive is (Adams, 1965). Adams concluded that employees value the fairness of plunder both in reference to effort and in reference to what other employees are achieving. Where a person perceives that there is disproportion between what s/he is performing and what s/he is accomplishing, then, s/he will attempt to restore equilibrium (Janssen, Jonge and Bakker, 1999). This could be achieved either by decreasing efforts or by leaving the organisation. However, the researcher argues, that although most people usually do a sort of comparison, people vary in their sensitivity and reaction to the differences between their inputs and outputs. Their reaction is dependent on their values that are culturally led and determined. It could be also influenced by the norms underpinning the community such as human rights and equal opportunity philosophy. For instance, although the concept of equal opportunities is not practised in the Palestinian context, with its hierarchical patriarchal culture, as acknowledged before, (Section 2), Hamad (1997), concluded that people's reactions to that are not always demonstrated in leaving their organisations. Further, he concluded that, although Gaza nurse educators perceived their health system as being unfair, their commitment to the country has maintained them in their organisations, although they were not satisfied. This shows how the different concepts of satisfaction could be differently perceived and interpreted across the different

cultures. Therefore, this research considers this issue and its impact on nurses' motivation and satisfaction.

The heavily researched concept of Job Characteristics Model of satisfaction, which has been developed by Hackman and Oldham (1976), could be seen as a sophisticated version of Vroom's Model. The Job Characteristics Model assumes that the causes of job satisfaction are inherent in the objective characteristics of a job. They explained that work differs in the extent to which it incorporates five basic factors (Hackman, et al 1976; Fincham and Rhodes, 1999). Skill variety is concerned with the use of many diverse skills and aptitudes in a task. Task identity is oriented to the achievement of a particular section of the work. Task significance is the degree of influence the task has on other people. Task autonomy is the degree of freedom and independence in decision-making related to the task and, finally, task feedback is the extent to which employees are provided with information about the effectiveness of their performance (Hackman, et al 1975). According to Hackman and Oldham, when these cores are considered, work motivation and satisfaction will be high (Fincham and Rhodes, 1999).

However, concepts derived from this theory offer a reasonable theoretical foundation, in that it combines and unifies Content Theories Concepts of job characteristics on the basis of Expectancy Theories concepts of personal characteristics. Hackman and Oldham concluded that the differences in job satisfaction between individuals could be related to differences in the cultural backgrounds of employees (Hackman, et al 1975). In their testing of the model Hackman and Oldham argue that subjects differences are related to their personal growth and development needs at work (Hackman, et al 1975). The authors were mainly interested in those factors that initiate high satisfaction and

recommended three main issues that the researcher has seen as corresponding highly to the upper level of Maslow's needs and Herzberg's motivators but which are encapsulated within an expectation umbrella. First, a person must experience the work as a meaningful, as something that is generally important and valuable. Secondly, a person must experience autonomy and responsibility for the results of what he/she does. Finally, a person must have feedback about her/his work. That is, the person must be provided with feedback and an evaluation about her/his performance about the job. According to the authors, it is indispensable for all the three of these factors, labelled "critical psychological states" to be present for motivation to develop (Hackman, et al 1975). However, concepts of this model have been frequently tested and evaluated and have been seen as containing many helpful concepts that the researcher used in this design. An example of that is the concept of providing feedback and performance evaluation that have been largely neglected in the Palestinian situation (Section 2). There is accumulative evidence in the general literature, as well as in the nursing literature, of the value of feedback not only in motivating employees but also in ensuring organisational and personnel growth and development (Fisher, 1999; Crose, 1999). Therefore, these issues have been searched in the Palestinian context within its diverse context. However, the researcher assumes that the problem of the Job Characteristic Model is that it could be perceived as considering only certain job related characteristics, thus neglecting other important factors. Additionally, the model has been seen by the researcher as inflexible to encapsulate other variables affecting job satisfaction that are related to personal differences and value differences. Moreover, the Job Characteristics Model neglects the

impact of the cultural and demographic influence on motivations, as it limits motivation to the influence of job related variables only.

However, concepts of Job Characteristic Model could be seen as having some affinity with MBO in many aspects particularly in providing feedback. This is due to the fact that Expectancy Models act properly when people's expectations match the required level of performance and the goals of the organisation. One could argue that in this respect, it could be regarded as a sophisticated form of MBO or even Goal Attainment Theory. Nevertheless, Vroom's Model provides a broader understanding that incorporates the entire employees' experience not only concerned with meeting organisational objectives, as it is the case in the latter two versions.

Moreover, the Variance Satisfaction Concept could be seen as another concept that follows the Expectancy Model idea. The Variance Satisfaction Concept is based on the following idea. If an employee needs something from her/his job, she/he is most likely to be satisfied to the degree that it provides her/him with that (Fincham and Rhodes, 1999). The major problem with that is in defining what employees do want from work.

However, relevant variances depend on the type of the work, position in the organisation, value differences and personality differences (Fincham and Rhodes, 1999). However, the literature indicates support for the Variance Concept in general (Fincham and Rhodes, 1999). For instance, the attitudes and expectations of nursing faculty and working relationships in relation to job satisfaction vary according to the position, level of education, longevity of service and academic rank in the faculty (Grunbaum, 1988). Full professors are more concerned with being creative, having good relationships with subordinates and are more satisfied regarding status. Nursing faculty who were

instructors and assistant professors were interested in receiving praise, having competent supervisors and good relationships with secure jobs (Grunbaum, 1988). However, one could notice that the literature generally supports concepts of an Expectancy Model. A possible reason is that its orientation to the individual, cultural and societal differences and its impacts on job satisfaction and motivation. The Expectancy Model's philosophy considers the blended interactions between the many factors affecting job satisfaction and motivation. However, the concept of expectations could be subjective and liable to perceptual, individual and cultural differences. Therefore it could be seen as encountering many limitations. The following paragraphs portray some of them.

### **Constraints of the Expectancy Models**

The researcher argues that the Expectancy Model works best when there is a consensus and collegial relationships inside the organisation. However, this is not always the case especially in large healthcare organisations that employ different professionals with different interests. However, the issue of human resources is even more complicated in health organisations due to the fact that they are considered more important and more critical than human resources in other industries (Berwick, 1995). Additionally, the model also requires a frequent assessment of employees' expectations and instrumentality, which is not easily done. However, all these factors complicate the applicability of the model in practice particularly in the Palestinian situation.

However, numerous research studies aimed at testing the Expectancy Model appear to suggest a general support for the theory but they also highlight difficulties with some of the concepts involved. Some concepts of the Process Theories are poorly defined, such as 'effort', thus creating difficulties in measuring and researching these concepts

(Lamborn, 1991; Harri, 1997). However, although they are increasingly applied, Expectancy Models are not always easy to understand, or to apply. There are many other variables that affect behaviour at work as well. A problem can arise in attempting to include a large number of variables or in identifying those variables that are most appropriate in particular situations (Lamborn, 1991). Expectancy Theory does, however, draw attention to the complexities of work motivation. It provides further information in helping to explain the nature of behaviour and motivation at work.

However, one point that the author is interested to consider is that the Expectancy Model fits only conscious actions that are under the control of the employee, whilst job motivation and satisfaction are internal feelings that some times controlled at the subconscious (Fincham and Rhodes, 1999). In other words, Vroom's Model adopts the analytic rational cognitive mathematical approach to people's expectations and behaviours and that is not always workable in the life experiences. Although it is generally accepted that individuals are rational beings, they behave irrationally in certain cases, as explained before in Chapter 3.2. Expectancy Theory mentions nothing about sub-conscious motivation (Mullins, 1999). This is supported by the literature, which indicates that there is not even an agreed operational definition of the concept of job motivation and satisfaction and the factors predicting job satisfaction and motivation are complex and that even sophisticated statistical techniques or models have failed to unravel them (Cavanagh, 1992). However, in spite of that, Expectancy Model remains one of the most useful approaches to assess motivation at work.

## Summary of the section

Of the multi-dimensional interacting forces affecting nurses at work, job satisfaction and motivation is among the most complex ones. Theories of job satisfaction are primarily a 20th century phenomenon, when there was a shift toward considering the psychological conditions of the employees. Western psychologists and management thinkers devised most of the satisfaction theories in the first half of the last century. All these theories tried to explain the factors that lead to satisfaction and all looked to the same issue from different angles. No one theory is bad and each has certain valid concepts. Over the years, employees have changed, along with their changing culture and most theories have responded with an increasingly humanistic approach that considers processes and needs with an emphasis on the satisfied/motivated employee. The literature clarifies that many of the job satisfaction concepts and theories are relatively valid in certain situations. Job satisfaction is a multifaceted construct with a variety of definitions and related concepts. Although the consensus among researchers is that job satisfaction consists of a positive attitude towards the job, less agreement exists about how to measure that and what factors to consider when examining this attitude. However, there was much diversity among the findings of the various studies, making it difficult to achieve a clear universal construct about job satisfaction. These diversities included the complexity of human nature, demographic trends, personal differences, values and expectations, nature of work, organisational climate, managerial factors and the available work alternatives. The researcher argues that nurse managers might do better their turning attention to following Vroom's Expectancy Theory idea of identifying things which matter to their nurses and responding accordingly as much as it is feasible. Most of the literature is

concerned with western nurses and much of the research was carried out some time ago. Nursing is a socially responsive profession and nurses all over the world have certain professional value and share certain characteristics but on the other hand, they have their own with all equally unique characters. Although there is a dearth about research on job satisfaction of nurses from the developing countries compared to developed countries, the literature-based analysis shows that there is some agreement between nurses' satisfaction and dissatisfaction factors in certain variables. Nevertheless, nurses from the developing countries, significantly differ from western nurses in regard to their motivation and satisfaction factors.

Many researchers identified factors that enhanced the feeling of job satisfaction, "satisfiers", which include; autonomy, participation in decision making, opportunities for growth and promotion, a sense of achievement, recognition of achievement, flat organisational structures, supportive organisation cultures and a democratic style of management. At the other end of the spectrum, the "dissatisfiers", include; heavy work loads, low salary, inadequate supervision, bureaucracy, bad management, directive leadership and bad communication. There was much diversity about demographic trends and its relation to satisfaction among the research findings such as age, marital status, years of experience, position in the organisation, level of education and so on.

However, the researcher's concern in this project is to assess the level of job satisfaction and motivation` among Gaza nurses and to explore how it is possible to improve it. As far as this issue has never been investigated in that area, the researcher discussed the findings of his research in the light of the available literature considering agreement and diversity and then suggested managerial recommendations for future improvement.

However, as acknowledged earlier, the literature indicates that research findings are diverse. The researcher sees this as complicating the process of achieving a clear construct about the issue of job satisfaction and motivation and confusing the method of measuring it. In other words, the literature points out that the factors predicting job satisfaction are so complicated that even advanced statistical processes have failed to portray them. Therefore, in order to adequately capture this issue, the researcher adopts a triangulation of research methods. Meaning that, epistemologically, the researcher follows a triangulated approach that combines the quantitative and the qualitative designs. Such a triangulated approach reflects the two composites of the reality. Actually, the researcher utilises a satisfaction scale to provide a numerical estimate about job satisfaction and motivation and conducted focus groups to reveal participants' perceptions and feelings in this regard. However, the researcher sees this approach as fruitful in assessing such a complex attitude as detailed in the next section, which provides explicit data about the research methodology utilised in this study.

## **Section 4**

### **Methodology**

This section explores the methodology utilised in this research which is a triangulation of qualitative and quantitative methods. The section consists of three chapters; namely, study design, quantitative approach and qualitative approach. Chapter 4.1 deals with general research issues providing information about the general design used including the nature, timing and place of the study, target population, sample and sampling, instrumentation and the process of data collection. Further, the chapter highlights the ethical concerns, eligibility criteria, piloting process and the limitations encountered in this study.

Chapter 4.2 discusses the theoretical underpinning the quantitative research, questionnaire design, method of quantitative data collection and the psychometric of the questionnaire including the issue of validity and reliability. The chapter also demonstrates the researcher's concerns about the generalisation of the study findings. Additionally, the chapter clarifies the method of quantitative data analysis and the statistical processes utilised to achieve the study objectives.

The last chapter is concerned with the theoretical basis of the qualitative research and the strategies used in this approach. Additionally it gives a detailed description of the focus groups and how participants interacted in them. Further, the researcher presents how the method of analysis was utilised and the strategies followed to increase the scientific rigour of this study. However, the researcher starts by discussing the general design of the study as it is clear in the coming chapter (4.1).

## Chapter 4.1

### Study Design

This study is a quantitative/qualitative cross-sectional methodologically triangulated study. It has been selected because it is useful for descriptive, correctional, interpretative and evaluative purposes (Burns and Grove, 1997). Cross-sectional studies are generally carried out in a population at a specific point of time or over a short period. Cross-sectional studies usually are quick (snap-shot) and economic (Polit and Hungler, 1999). Causes and effects are examined at the same point of time therefore they may give some insights and understanding into the associations between causes and effects (Coggon et al, 1993).

Triangulation as an approach to research, is the use of a numerous methods or data (Denzin and Lincoln, 1998). Triangulation achieves a comprehensiveness that a single method could not achieve (Dootson, 1995). However, quantitative job satisfaction scales usually include items related to patterns of interaction and communication, management, supervision, promotional opportunity, status, autonomy, quality of working life and so on. However, as acknowledged earlier in Section 3, despite the considerable benefits that psychometric instruments offer in terms of objectivity, they do run the risk of only partially capturing the truly important variables by which people judge their level of job satisfaction and motivation (Cavanagh, 1992). Therefore, qualitative methods concerned with employees' comments, perceptions and understanding are a highly useful approach to study job satisfaction and motivation (Dootson, 1995).

The researcher therefore utilised a methodology triangulation: collecting quantitative data "questionnaires" and qualitative data "focus groups". Unlike the practice of most

researchers who start with qualitative data, the researcher here started by collecting data quantitatively and then identified areas for further in-depth discussions in the focus groups. However, there is support for the validity of this approach (Krueger, 1998; Morgan, 1998).

### **Study population frame**

All Gaza nurses who are members of the Palestinian Nursing Association at the time of the study were considered as constituting the study overall population frame. It is worth mentioning that, more than 95% of Gaza nurses are members of the nursing association. However, the membership list at the time of the study, included 1887 nurses (PCH, 1997). From this population a sample has been selected as explained later on.

### **Period of study**

The study started in mid 1997, when the researcher prepared the research plan, sought ethical approval, set up the administrative procedures and so on. Quantitative data collection started in June 1998 and continued until September 1998. Qualitative data collection was carried out in March/April 1999. However, the whole study took around 4 years to complete.

### **Place of study**

The study was carried out in all governmental and non-governmental healthcare institutions in the Gaza Strip. The study included nurses who were working in the governmental, non-governmental, UNRWA and the private sector. The researcher contacted the majority of nurses at their places of work. Others were contacted at home, as the nurses' association list was not updated with valid information and hence subjects were not available at their workplace at the time of the study.

## **Sample method**

To ensure the representativeness of all nurses' categories, 420 nurses were selected through a Probability Systematic Random Sample. In order to determine the starting up number, a list of nurses' names was prepared and an independent person performed a poll. That person randomly selected a paper from previously numbered ten papers, from number one to ten. The selected number was 6 and the researcher started by number 6 in the list and then highlighted every 4<sup>th</sup> number with a marker.

A list of the chosen subjects was made and the researcher obtained demographic details about them. Interestingly, the sample characteristics were found to be congruent with the demographic characteristics of Gaza nurses as it was acknowledged in the PCH's Report (1997) on nursing human resources (PCH, 1997). Focus groups subjects were selected via a Purposive Sample, as detailed in the qualitative research chapter (3).

## **Method of study**

Self-administered questionnaires for a Representative Systematic Sample composed of 420 nurses and in-depth focus groups interviews for 44 nurses of the target population were utilised. Such methodology was used, in order to ensure data representativeness, triangulation, probing deeply into the concerned issue as well as to increase the scientific rigour of the study. The researcher elected to use self-administered questionnaires for the entire large population sample as it saved time, provided wide coverage and limited the researcher's effect on the study. This was partly because the time was limited but more importantly, because the researcher wanted to limit the possibilities of his position affecting the study. This was significant, as according to the researcher's background, he

was either a colleague or a teacher for many of the subjects or for others from a competing institution.

On the other hand, interviewing is also a common and effective method of data collection (Bell, 1993). It allows flexibility and makes it possible for researchers to follow the interests, attitudes and thoughts of informants. It usually generates rich data (Holloway and Wheeler, 1996). However, the purpose of probes is a search for elaboration, meaning or reasons. The interviewer can follow up certain points that the participants make or words they use. This is particularly important in attitude issues, such as job satisfaction. However, no device of data collection has been more thoroughly questioned than the interview and none continues in such regular use, since, in spite of the best effects of its drawbacks, it seems to serve some real purposes (Morgan, 1998). The researcher elected to use focus grouping in this study on which more details are provided in Chapter 4.3.

### **Ethical matters**

In this study care has been exercised to ensure that the rights of the participants are protected. The Modified International Code of Ethics Principles (1975), known as the Declaration of Helsinki, which is adopted by the World Medical Assembly were followed and an official letter of approval to conduct the research was obtained from the Helsinki Committee-Gaza Strip (Appendix 9). Additionally, to gain support and facilitate the research process, official letters were sent to the key stakeholders mainly the health organisations for which the research participants were working (Appendix 10). Apart from the involved health organisations, the researcher formally informed the Minister of Health, UNRWA Field Health Officer, the President of the Nursing Association, Directors of the concerned NGOs and so on. However, such

involvement was not only necessary because of the political and bureaucratic orientation of the society, but also to enhance the possibility of implementing of the research recommendations latter on.

In accordance with the Principles of the Helsinki Ethical Declaration, every subject in the study received a complete explanation of the research purposes, programme, confidentiality and sponsorship (Appendix 11 and Appendix 12). Every nurse in the study population knew that participation in the research was optional (Appendix 11 and Appendix 12). Written consent forms were obtained from the nurses who participated in the study (Appendix 11). Additionally, formal permission for taking notes and tape recording of the focus groups discussions were formally obtained (Appendix 11).

Last but not least, to increase the responses' credibility, the researcher maintained adherence to the Ethical Code Principles, through providing and maintaining anonymity and confidentiality (Appendix 13). The researcher assumed that other ethical rights were protected through respect for people and respect for truth.

### **Constraints and limitations**

The researcher's background enabled him to have the least possible obstacles in this study. Organisations offered help including supportive services and access to the study population. This might aid in explaining the high response rate, 89%, in this study. At the other end of the spectrum, the target population was either colleagues from competing institutions, with whom the researcher had good relationships or colleagues working in the same organisation in a broader sense (MOH). However, both of these conditions

might affect the scientific rigour of the study. Indeed, the researcher maintained reliability and validity via many methods as detailed later in this section.

However, the limitations of this study are those common in cross-sectional surveys.

Cross-sectional studies (snap-shot) evaluate the situation at a particular time, while job satisfaction attitudes could be influenced by time, circumstances and so on. Using research designs with longitudinal methods of data collection might also elicit more accurate information about the satisfaction process. Such longitudinal studies could better answer the question of how nurses' satisfaction is fostered or enhanced. Therefore, further research is needed that considers the chronological factor and examines the impact of practice changes on job satisfaction.

Additionally, the data collected, especially quantitative data, was solely reliant on self-report instruments. Self-report surveys may be inaccurate because participants are sometimes unwilling to describe accurately their experiences, attitudes or feelings (Burns and Grove, 1997). This is important in the Palestinian situation where social conformity is perceived to be higher than in some other places (Section 2). Self-report techniques and responses may have been influenced by personality, emotion and time or by the tendency to minimise complaints due to fear of victimisation from autocratic managers dominating the Palestinian organisations (Section 2). Such potential biases occur more often when subjects are asked to describe themselves and/or their values (Burns and Grove, 1997). In addition, the questionnaire's questions are more vulnerable to changes in wording, emphasis and sequence than are questions about facts. It is worth noting that, although confidentiality and anonymity were provided and maintained some scepticism must still remain about the credibility of the responses. This assumption is related to

political, cultural and social influences dominating the area as discussed in Section 2.

However, it was possible to overcome the limitation to internal validity of the study by using advanced statistical methods; as well as, by utilising a triangulated design, which increased the scientific rigour of this study. It is worth recalling that, the results of this study may reflect the small specific sample employed and its generalisability is therefore reduced. Therefore, larger-scale research studies are needed that incorporate larger size samples. The study focused only on Gaza nurses. Thus, to extend the generalisability of this study, future comparative research could perhaps focus on samples of nurses from other places in Palestine or similar cultures or from western cultures.

Other difficulties arise associated with field studies, including problems of ambiguity and bias. Relative to experimental and quasi-experimental research, such studies within a particular social setting reduce the ability to determine causal relationships (Polit and Hungler, 1999). However, surveyed questionnaires also inherit another limitation related to the fact that it forces the participant to give opinions in regard to certain given statements. There could be other factors that affect the respondent's satisfaction, which are not mentioned in the questionnaire. Additionally, a satisfaction scale may give an idea about the participants' feelings about their satisfaction, but it does not give solutions to the investigated issue. However it was possible in this study to overcome these limitations through focus groups.

Moreover, most information about Palestine and health care system as well as nursing are under-reported, under-documented and under-investigated; therefore, much of the information reported in this study reflects the researcher's personal experiences,

interpretations and perceptions. Since these suppositions are based on personal interpretations, they are liable to personal bias and should be treated with care.

Another problem worth mentioning is the lack of support by some managers at the organisation level. Some managers had misgiving about the research. A few of them might have felt threatened by the research results, "people do not like to be evaluated", others might have felt envious of the researcher. More positive attitudes from managers of health organisations could encourage more research studies to be carried out. For instance, lack of management support was one of the factors that discouraged the researcher from doing action research to test the applicability of a model or a strategy of motivation in Gaza.

Additionally, an unanswered question remains as to the job satisfaction of the sample population is non-respondents. It is possible that non-respondents are extremely dissatisfied. Another unanswered question relates to the job satisfaction of those nurses who left the profession (voted by their feet). It could be argued that they could be the mostly dissatisfied ones and therefore, worthy of being studied. Other limitations included limited time available, limited resources, such as educational materials, journals and books and lack of logistic facilities such as transportation.

## **Inclusion and exclusion criteria**

### **\*Inclusion criteria**

The subjects eligible for this study were: "any nurse from the Gaza Strip who is registered at the time of the study in the Palestinian Nursing Association's Membership List. This included nurses who were working in any healthcare centre regardless of the ownership".

**\*Exclusion criteria**

\*Gaza nurses who were not registered in the nursing association. This includes those who opted not to register and those who did not meet the registration criteria.

\*Refusal to participate in questionnaire or focus groups interview.

\*Nurses who changed their career and assumed other professions.

The next chapter examines in more detail the quantitative part of this study, which assumes the traditional objectivity and scientific approach to enquiry.

## Chapter 4.2

### Positivist Approach

This chapter illuminates the philosophy of the quantitative part of this research and its basic assumptions of reality and objectivity. The chapter elucidates the questionnaire design, method of data collection, sampling process and the psychometric of the used instrument with a particular concern to the issue of validity and reliability. Moreover, it demonstrates the researcher's belief regarding the possible generalisation of the study findings. Additionally, the chapter depicts the method of the data analysis and the statistical procedures that were used in this to achieve the study

The traditional scientific quantitative research comes under the umbrella of the positivistic paradigm, which emphasises rationality and scientific orientation to phenomena (Polit and Hungler, 1999). The positivistic approach assumes that there is a material reality out there that could be studied and revealed (Burns and Grove, 1997).

Believers in the scientific approach assume that nature is basically ordered and regular and that an objective reality exists independent of the human experience (Polit and Hungler, 1999). Positivistic approach seeks to be as objective as possible in the detection of knowledge; therefore, researchers attempt to hold their personal beliefs and biases away as much as possible (Holloway and Wheeler, 1996). Further, the positivistic scientific approach involves the use of systematic statistical procedures that are assigned to test the research hypotheses (Duffy, 1987). Meaning that, the quantitative method searches for quantifiable or measurable data (Holloway and Wheeler, 1996). However, although such approach has inherited many strong points, it encounters many

disadvantages especially when the concerns is the human feelings and perceptions that can not be quantified with adequate level of accuracy.

However, in this study, the researcher elected to use a self-administered questionnaire for its advantages, such as wide coverage (Bell, 1993), generalisability, saving time (Holloway and Wheeler, 1996), enhancing confidentiality, supporting internal and external validity, facilitating analysis, saving resources and limiting researcher's effect on the study (Polit and Hungler, 1999). The positivistic approach's disadvantages were counterbalanced by the approaches to focus groups as presented in Chapter 4.3.

### **Sample size**

The researcher selected 420 nurses through a Systematic Random Sample to complete the self-administered questionnaires. To scientifically determine the sample size, the statistical calculator of an Epi-Info Software Package of the 1997 "Version 6" was used for sample computation. The proposed sample size was computed at 95% confidence level and it was estimated to be 308 subjects. In order to increase the study's credibility and to overcome problems associated with possible low response rate, the researcher decided to increase the sample size up to 420 subjects. This large number reinforces the study's scientific rigour. In general, the larger the sample's size in quantitative research the more representative of the study population and the more likely that the sampling error decreases (Burns and Grove, 1997). A large sample size allows for more credible statistical analysis (Lewis-Beck, 1993).

### **Questionnaire design**

A self-administered questionnaire was developed with closed and open-ended questions. The questionnaire comprised of three main sections as follows; classification details

questions, education related questions and questions (scale) related to issues of job satisfaction and motivation. The questionnaire included some demographic variables that reported to make difference in job satisfaction and motivation, such as age, gender, position in the organisation, years of experience and marital status. To examine the relationships between the educational variables and satisfaction, the researcher included variables related to the level of education, enrolment in professional development, sharing results of professional development, place of study and enrolment in non-nursing education programmes. Furthermore, many organisational variables were devised that are related to satisfaction including; type of service, ownership of the organisation, working in the unit of preference, provision of job descriptions and having criteria for selection of participants for professional development.

However, the researcher developed a self-constructed scale that contains different categories relevant to the constructs composing job satisfaction and motivation. The researcher considered many satisfaction concepts that are acknowledged by the literature to be affecting satisfaction and motivation (Al-Shubbak 1993; Al-Ma'aitah, et al 1996; Stamps, 1986; Misener, et al 1996). Additionally, concepts that were included are extrapolated from the satisfaction and motivation theories including interactions in health organisations, status of nursing profession, professional development of nurses, autonomy at work, quality of life, management and leadership behaviours, benefits and rewards. The researcher constructed most of the items with orientation to the acknowledged literature, personal experience as well as his own observation.

Unnecessary personal, leading, irrelevant, complex and duplicated questions were avoided. In each questionnaire, an explanatory letter was attached that covers some

ethical considerations and that solicits nurses' participation (Appendix 12). To facilitate the filling of questionnaires, questions were arranged in a logical sequence (Appendix 13).

A Likert's Scale measure was used to measure the degree of satisfaction. Likert's scales are forms of summated rating scales used to ascertain opinions or attitudes (Burns and Grove, 1997). A five point Likert's scale was used to assess respondents' attitudes. The five options were numbered from 1 to 5 as follows; 1= "strongly disagree", 2= "disagree", 3= "neither agree nor disagree", 4= "agree" and 5= "strongly agree". The sum of scores for each dyad and the average were calculated. The average scores indicated the average highest two and the lowest two attitudes toward the job satisfaction and motivation. Overall, the average score indicated the total overall feeling about job satisfaction and motivation.

Items with continuous variables, such as age and years of experience were left open and coded later on based on subjects' responses. Most variables were numerically coded and questions with many optional answers were given sequential numbers. However, a draft questionnaire was designed in Sheffield-UK, with the help of the researcher's academic supervisors. Because some of the target population are not familiar with the English Language, a version of the questionnaire was produced in the Arabic Language. At a latter stage, research experts validated the draft questionnaire and a statistician was consulted. The questionnaire was also amenable to Content Validity Index testing (CVI) as discussed later on in this chapter. Additionally, some changes were also made after the piloting process. The process of the questionnaire development was fully discussed in the reliability and validity section.

## **Pilot study**

A piloting process has been conducted before starting the data collection in order to test recruitment, response rate, effect, validity and suitability of the questionnaire; as well as, areas of ambiguity before the long expensive study starts so that modifications and re-framing could take place. Fifty-five nurses, from the various nurses' categories participated in the piloting process.

As it was with the actual study, the pilot study recruitment rate was very high (86%).

Pilot study questionnaires were entered in the computer by the researcher for analysis.

The Statistical Package for Social Sciences "1997" (SPSS) programme was used. The internal consistency test of the pilot study was computed and it was encouraging (0.723).

However, the pilot study brought about remarkable modifications. Not only many questions were reworded, but also the researcher considered respondents' comments.

Changes were introduced to many questions including questions number

9,14,24,27,31,32,33 and 35 (Appendix 13). Questions, which revealed invalid or

logically inaccurate and useless data were cancelled. Several new questions were added,

such as 63,64 and 65 (Appendix 13). To detect response bias and to have more accurate

and valid responses, many questions were negatively phrased, such as questions number

26, 31, 37, 40, 42, 50, 53, 60, 63 and 64 (Appendix 13).

To overcome ambiguities related to inaccurate translation, two bilingual senior lecturers

and an Arabic Language expert were consulted before the final Arabic version of the

questionnaire was produced and then distributed (Appendix 13).

## **Data collection**

Contrary to tradition, the researcher started with the quantitative data aiming to identify things that matter to the majority of participants and to identify issues for further in-depth inquiry. The literature indicates the validity of the qualitative approach in understanding issues and findings generated by quantitative research (Morgan, 1998; Kreuger, 1998).

The issues identified were subjected to in-depth discussion in focus groups.

Arrangements for dealing with the ethical matters and the arrangements with the institutions' administration took place prior to the start of data collection as discussed earlier in Chapter 4.1.

Several decisions were made to implement the research tool. The researcher decided to physically distribute the questionnaires rather than mailing them due to the ineffectiveness of the mail system in the country. In Palestine, mail is mainly used for outside country communications. Further, the researcher noticed that the Palestinian people prefer physical contacts in their communications rather than other means and the tradition of using mail for research is seldom utilised in the area.

Eight-trained research assistants were chosen to assist in the questionnaires' distribution. The researcher selected them for their experience in research work, their personal and professional commitment to the research; as well as, their popularity among nurses. The researcher conducted two meetings with them. A strategy was formulated to contact in person each nurse in his/her place of work. For many subjects, who left their places of work for one reason or another, the researcher contacted them at their home. This took a little bit of time due to the lack of reliable addresses.

Research assistants distributed 420 questionnaires by hands. Each subject received an envelope, which contained an instruction sheet, a questionnaire and an empty envelope. The process of quantitative data collection was achieved within 70 hard working days, during which the research assistants collected 370 questionnaires. The average time for filling a questionnaire was about 15 minutes and the response rate was 89%. This unusually high response rate could be attributed to nurses' personal and professional commitment to the research, high commitment of the researcher's assistants and also the professional status of the researcher. The interesting nature of the study, the shortage of research studies in the region and the successfully utilised strategy for data collection may also have been factors. It could also be inferred that the nurses desire to be heard about their work-related problems was an important factor in increasing the response rate of this study.

### **Data analysis**

As a preparation for data analysis, the researcher overviewed the completed questionnaires. Partially or inaccurately completed ones were eliminated. Usable questionnaires were coded and prepared for data entry. The researcher used his personal computer for analysis. Prior to computing the data, the computer files that will hold the data were checked for capacity. Variables were appropriately coded and defined. Coding is the process of transforming qualitative data into numerical symbols that can be computerised (Burns and Grove, 1997). The researcher used the SPSS for Windows Programme (1997) for data analysis.

Data were entered to the SPSS programme during periods of time with minimal interruptions. The researcher carried out data entry by himself and the process has been

achieved within three weeks. In order to clean data, the researcher printed out the data file and he examined every piece of datum for accuracy. Computer analysis of variables' frequencies was also performed as a second check up procedure for the accuracy of data. Values outside the logic range of measurements of variables were reviewed. Mistakes were corrected and missing data were rechecked and decisions taken accordingly. The researcher computed all variables and in some cases, data were transformed. Negatively, phrased items were transformed and some variables were re-coded.

Before conducting advanced statistical tests, the researcher examined the internal consistency of the instrument using Cronbach's Alpha Test. The construct validity of the study was evaluated statistically by factor analysing items that reflect the research constructs. The researcher used the Principal Component Extraction Method and the Rotation Method was Varimax with Kaiser Normalisation.

To become familiar with the nature of the data, the researcher examined the data descriptively. Each variable was examined using measures of central tendency and dispersion. Confirmatory analyses were performed in reference to research objectives and questions. Based on the level of measurement, the researcher selected certain statistical procedures including, t-test, One Way Analysis of Variance (ANOVA), Chi Square Test and Correlation Coefficient. To indicate the direction of the relationships among groups, Post Hoc analysis were performed and the researcher used the most conservative test "Scheffe" (Burns and Grove, 1997). The statistical level of significance was accepted when the P value was less than 5% (0.05).

## **Psychometrics of the questionnaire**

### **Reliability**

The total instrument reliability test was high as 0.8618. Reliability is concerned with how consistently the measurement technique measures the concept of interest (Cronbach, 1951; Nunnally, 1967). Reliability is considered as a measure of the amount of random error in the measurement technique. It is concerned with such characteristics as dependability, consistency, accuracy and homogeneity.

The statistical test used for internal consistency was Cronbach's Alpha Coefficient. In particular, the researcher used this method due to the limitations of other types in relation to this study. It is also the most general form of reliability estimate and is concerned with the homogeneity of the items comprising a scale (Burns and Grove, 1997). In fact, the internal consistency method works quite well in field studies because it requires only one administration. A strong correlation among the items may imply strong links between the items and the latent variables. Hence, this method was chosen for this study. Typically, a reliability coefficient of 0.70 or more is considered adequate to study group differences in a well-developed scale (Burns and Grove 1997). Several sub scales Cronbach's Alpha tests were carried out for each factor among the seven factors identified by the factor component analysis. Table 1 shows the reliability estimates for the seven identified factors concluded from the factor analysis.

**Table 1: Factors sub-scale reliability estimates**

No	Factor No	No. of Items	Cronbach's Alpha	Number of Cases
F I	Interaction and communication	5	0.7	362.0
F II	Professional development	4	0.7	360.0
F III	Benefits	5	0.6	359.0
F IV	Professional status	3	0.7	367.0
F V	Management	5	0.5	359.0
F VI	Autonomy	2	0.8	369.0
F VII	Working life	4	0.5	364.0

**Validity:**

The validity of an instrument is a determination of the extent to which the instrument reflects the abstract construct being examined. Messick (1989), defined the validity of an instrument as: "*An integrated evaluative judgement of the degree to which empirical evidence and theoretical rational support the adequacy and appropriateness of inferences and actions based on test scores or other models of measurement*" (Messick, 1989, p. 143). To accumulate evidence of validity, the researcher utilised two types of validity in this study; Content Related Validity and Construct Validity as presented in the coming paragraphs:

**Content Related Validity:**

Content related validity examines the extent to which the method of measurement includes all the major elements relevant to the construct being measured (Messick, 1989; Burns and Grove, 1997). This evidence is usually obtained from three sources: the

literature, representatives of the relevant populations and content experts. The domain of this study was determined and developed through a concept analysis and an extensive review of the literature.

Six experienced nurse researchers were chosen to evaluate the initial research instrument. Specific instructions were given to them, such as conceptual definitions, operational definitions, numerical scales and so on. The researcher adopted the CVI developed by Waltz and Bausell (1981) as an instrument that determines the validity of the items provided in the questionnaire. Using this instrument, experts rated the content relevance of each item using a 4-point rating scale. The following scale has been adopted: 1 = not relevant item and should be omitted; 2 = not relevant unless major change are introduced; 3= relevant but needs minor modifications; 4 = very relevant and succinct (Waltz and Bausell, 1981; Burns and Grove, 1997).

Six experts rated the content relevance of each item. Experts' panel discussion took place and at least four out of six (experts) had to agreed on each item. Many items were added, modified or deleted. The experts' panel discussion took about 2 hours.

### **Construct Validity**

The construct validity of this study was evaluated statistically by factor analysing items that reflect the research constructs. The researcher used the Principal Component Extraction Method. The Rotation Method was Varimax with Kaiser Normalisation. Based on the literature, this method is the most accurate, common and suitable for attitudinal research studies (Burns and Grove, 1997).

Factor Analysis is an analytic technique that permits the reduction of a large number of interrelated variables to a smaller number of latent variables. Factor analysis uses the

smallest number of explanatory concepts to explain the maximum amount of variance in a correlation matrix (Tinsley and Tinsley, 1987; Burns and Grove, 1997).

Results of the factor analysis provided a listing of eleven factors with an eigen value above 1.0. An eigen value of 1.0 or greater indicated that the factor possessed at least as much total variance as contained in a single item (Yamashita, 1995; Burns and Grove, 1997). Eigen values are the sum of the squared weights for each factor. Usually researchers examine the eigen values to decide the number of factors to be included.

Based on the factor extraction data, eigen value, scree plot and variance, eleven factors were identified.

It was easy to logically determine names for seven factors. The researcher was unable to name factor 8 and 9. Factor 10 and 11, each contained only one item; therefore, they were deleted. The Scree test and percentage of variance indicated that the eleven factors were substantially above chance levels and accounted for 56.573% of the variance. A factor loading of 0.35 was used as a cut-off point for the elimination of items. The loading expresses the extent to which the variable is correlated with the factor. In other words, a factor loading is actually the regression coefficient of the variable on the factor.

The factor loading indicates the extent to which a single factor is related to the cluster of variables. The factor loading of each item was examined. Any item with a factor loading below 0.35 or items that loaded on more than one factor were eliminated. This resulted in the deletion of several items (Appendix 13). They are as follows:

- \* Q.39 There is an effective communication system in my organisations
- \* Q.47 I can make judgements and decisions in my work.
- \* Q.55 I am satisfied about my current position.

\* Q.58 My organisation is an equal opportunity organisation.

\* Q.62 Changes are done after careful planning in my organisation.

The identified seven factors represented 45.228% of the total amount of variance.

The identified seven factors were used for the advanced statistical analysis. The remaining other items were used as descriptive data for interpretations and discussion as it is presented in Section 5.

It is worth recalling that, the issue of job satisfaction lacks an adequately clear definition and that the factors predicting job satisfaction are so complicated that even advanced statistical processes have failed to portray them (Harri, 1997). Therefore, in order to adequately capture this issue, the researcher adopted a triangulation of research methods. Meaning that, epistemologically, the researcher followed a triangulated approach that combined the quantitative and the qualitative designs. Such a triangulated approach reflects the two composites of the reality. Actually, the researcher conducted focus groups to reveal the participants' perceptions and feelings in this regard. However, the researcher sees this approach as being fruitful in assessing such a complex attitude as detailed in the next chapter, which provides an explicit data about the qualitative research approach utilised in this study.

## Chapter 4.3

### Qualitative Approach

This chapter reflects the other side of the reality, as it illuminates the qualitative approach of this study. The chapter demonstrates the philosophy of the qualitative research and the strategies used in this approach by the researcher. Additionally the chapter gives information about the method utilised to gather the qualitative data, which was carried out by focus groups interviewing method. It also provides description of the focus groups and how the participants interacted within them. Further, the researcher presents the method of analysis he utilised and the strategies he adopted to increase the scientific rigour of this study.

However, unlike the positivist approach (quantitative), the post positivist (qualitative) approach is an independent field of enquiry in its own right that crosscuts disciplines and fields (Denzin and Lincoln, 1998). Qualitative research implies a reality that is not a rigid cadaver but rather is a creation of the subjects participating in the study (Polit and Hungler, 1999; Denzin and Lincoln, 1994). Reality exists within a context and many constructions and interpretations are possible. Therefore, qualitative researchers largely believe in relativism and that there are always multiple facets and perceptions of the reality (Denzin and Lincoln, 1994). In addition, the qualitative paradigm suggests that social reality is not only subjective in nature, but also essentially the creature of participants, as they interact within a particular social context (Dootson, 1995).

In other words, qualitative research is multi-faceted in nature and many methods and approaches come under its umbrella including interviewing, participants' observation, case study, personal experience and many other methods (Denzin and Lincoln, 1998).

Qualitative research uses many methods such as anecdote, content, dialogue, jokes and even in certain cases statistics (Denzin and Lincoln, 1998). However, the use of multiple methods or triangulation in qualitative research, reflects an attempt to ensure an in-depth understanding of the researched phenomenon.

One of the strong points that characterises qualitative research is that, it involves perception, understanding and interpreting phenomena as they are (Dootson, 1995).

Meaning that, qualitative research studies phenomena in their natural settings endeavouring to make sense of realities as people convey, perceive and react to them (Denzin and Lincoln, 1998). Moreover, the qualitative approach focuses on realities existing in the form of multiple mental hypotheses that are socially and culturally led and dependent for their content and consistence on the people who believe in them (Denzin and Lincoln, 1994).

Unlike quantitative researchers, epistemologically, qualitative researchers believe that knowledge is more fruitful, when the distance between the researcher and the participants is negligible. Therefore, traditionally, the qualitative researchers become highly engaged in their research and strive to achieve a comprehensive view of the situation (Haase and Myers, 1988; Kreuger, 1998). The words, perceptions and interpretations of the study participants are key to the understanding of the phenomenon and subjective interactions are the main way to access them (Kreuger, 1998). Meaning that, the findings of qualitative research are in part the product of the interactions between the researcher and the participants. Qualitative approaches attempt to deal with the issue of human complexity by exploring it directly. Researchers in naturalistic research emphasise the

inherent complexities of humans, the ability of humans to shape and create their own experiences and the idea that truth is an amalgam of realities.

Consequently, naturalistic research, places heavy emphasis on understanding the human experience as it is lived, as mentioned before (Haase and Myers, 1988; Denzin and Lincoln, 1998). Qualitative researchers tend to emphasize the energetic, holistic and individual aspects of the human experience and try to capture those aspects in their entirety and within the context of those who are experiencing them. Therefore, it is a highly valid paradigm for the study and understanding of human psychology, perceptions and feelings as it is in the field of job satisfaction and motivation. Furthermore, given that this approach explores phenomena in their natural settings, the impact of socio-cultural factors should be recognised and acknowledged. However, naturalistic studies result in fruitful, in-depth information that has the potential to illuminate the multiple concepts of a complicated phenomenon. Denzin and Lincoln (1994) have stated: *“The qualitative approach implies an emphasis on processes and meanings that are not rigorously examined, or measured in term of quantity, amount, intensity or frequency. Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry”* (Denzin and Lincoln, 1994, p. 2).

However, in this study, the researcher used focus groups as his qualitative approach. The coming paragraphs discuss focus groups as a qualitative research commonly used method.

## Focus groups

Focus groups have been described as a carefully planned group discussion, centred on a specific topic (focus) and facilitated by a moderator or facilitator designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment (Kreuger, 1998). Group discussions seek to generate primarily qualitative data, by capitalising on the interaction that occurs within the group setting (Sim, 1998).

A discussion is generated around a specific topic within a loose structure that is guided by a facilitator whose role is to develop the exploration of the topic in question. The idea behind the focus group method is that group processes can help people to explore and clarify their views and perceptions in ways that would be less easily accessible in a one to one interview (Morgan, 1998). When group dynamics work well, the participants engage alongside the researcher, taking the researcher into new and often unexpected directions (Sim, 1998).

Unlike questionnaires, the aim of focus groups is less about measurement and more about gaining an understanding about feelings, behaviours and thinking (Torn and McNichol, 1998). Focus grouping is an effective method of data collection. It allows flexibility, dynamics and makes it possible for researchers to follow the interests, attitudes and thoughts of participants. It generates rich data (Holloway and Wheeler, 1996; Bell, 1993). The purpose of probes is a search for elaboration, meaning, understanding, interpretations, consensus or hidden reasons (Clark, 1998). The researcher can follow certain points that participants make or words they use. This is particularly important in this study where attitudes, feelings, perceptions and the sense of job satisfaction and motivation is the concern.

Focus groups have many advantages. Firstly, focus groups are cheap and economical and allow the researcher to tap views of people without individually meeting them (Butler, 1996). Secondly, the feeling of group cohesiveness and membership supports and encourages participants to express views freely (Sim, 1998). Members do not feel obliged to respond to every question individually (McDaniel and Bach, 1996). Thirdly, they provide dynamic information of opinion and attitude changes in the group (Haase and Myers, 1988). Groups' interactions elaborate meanings and encourage the delivery of a holistic view of the investigated issue that individual interviews are unable to achieve (Kreuger, 1998).

Focus group as a research methodology has also its pitfalls. Social desirability affects the willingness of group members to freely express their ideas and concepts (Vaughn, et al 1996). This is particularly dominant in conservative cultures where people value social conformity as in the Palestinian situation. Reluctance to discuss sensitive issues may affect focus groups discussions. Thus, findings could be also affected by socio-political culture dominating the society (Dilorio, et al 1994; Morgan, 1998). Furthermore, focus groups not only require careful planning but are also liable to bias. The literature recognises many sources for bias in qualitative research in general and in focus group in particular. Among the frequently cited sources of bias are representativeness, which is related to selection of sample, epistemological bias, which is related to the nature of the relationships between the researcher and the researched phenomenon (Dilorio, et al 1994). Focus groups also require carefully prepared and well-trained personnel. Some authors have acknowledged that time spent in preparation and training of people for focus group is greater than the time that would be saved from the individual interviews

(Dilorio, et al 1994; Morgan, 1998; Kreuger, 1998).

Focus groups are also liable to problems including people problems related to participants' behaviours (dominant participants, disruptive participant), participant comments (disrespect, personal attack) and participant questions. Focus groups also encounter problems related to the number of participants, distractions encountered during discussions (Dilorio, et al 1994), equipment related problems (Morgan, 1998) and problems related to the location (Kreuger, 1998). However, focus groups are recognised as having high face validity, due to the credibility of comments from the group members. Group discussions also provide valid data that reflect real life experiences (Carey, 1994). However, after this brief account about focus group, the researcher presents the techniques and strategies used in this study.

## **Sampling**

Based on the purpose of the focus groups, four purposive focus groups were developed. Selected nurses "Purposive Sample" voluntarily participated in the group discussions. The researcher solicited the contribution of eleven nurses in each group and he chose participants according to type and purpose of the focus groups as well as for similarity and homogeneity among the group members. To enrich discussions, the researcher recruited with a view to homogeneity as well as to dissent and to forming groups containing a mixture of strangers and acquaintances.

The researcher selected focus group participants from the nursing association membership list. A list of the selected nurses has been made. Three "goal free" experienced nurses were consulted independently to prepare a suitable list that fitted the purpose of the study. A consensus was reached among the different selectors. The list

considered many variables including age, gender, type of work, position, years of experience, personal characteristics and personal relationships with the researcher and/or other participants. Each participants was handed an individual envelope containing an explanatory letters (Appendix 12), consent form (Appendix 11) and the interview schedule (Appendix 14). The researcher individually made phone calls to participants, in order to confirm their participation and to negotiate dates and places of the interview. The researcher has made additional personal calls 48 hrs prior to the interviews to confirm and remind participants.

Four focus groups were formulated as follows:

- Group of nurse managers
- Group of female staff nurses
- Group of male staff nurses
- Group of practical nurses

### **Focus group technique**

The researcher conducted his focus groups after finishing quantitative data entry and analysis. Issues to be clarified in the group discussions were recognised and semi-structured interview schedule was developed (Appendix 14). Interviews schedule contained 9 questions that were clear, brief, reasonable and jargon free. The researcher carefully designed interview questions and avoided sensitive phrases, such as “why” questions.

In order to maximise the effectiveness of the focus groups, the researcher followed the following steps: Firstly, performing further focused literature review of techniques for group interviewing with emphasis on job satisfaction and motivation among nurses.

Secondly, choosing convenient focus group participants “purposive samples” based on shared background and a mixture of strangers and acquaintances. Thirdly, strictly considering the ethical arrangements. Fourthly, conducting the interview in a convenient relaxing environment “the quiet area of the Palestine College of Nursing Library”.

The researcher decided to use this place, as it is quiet, relaxing, accessible, neutral and physically comfortable. The place is well ventilated, with adequate lighting and furnished with comfortable seats and a large table, surrounded by a pleasant garden. To make the atmosphere more relaxing, the researcher provided refreshments and soft drinks throughout the interviews.

In order to prepare him/her self mentally, the researcher arrived to the interviewing place 40 minutes before the scheduled time. He prepared him-self mentally according to the techniques suggested by Kreuger (1998) including practising the introduction and questions, checking the list, interview schedule and mediatic guidelines. He also prepared the needed equipment including, cassette recorder with its attachments, index cards, marking pens, extra-batteries, blank cassette tapes, copies of questions, list of participants’ names, blank papers and notebooks. Beside that, the researcher checked the final arrangement of the room. He arranged seats, the table, the physical conditions, the recording equipment, refreshments and the registration table. Much of this work was done with his assistant.

The researcher was neatly dressed. He showed positive regard and interests in the participants and warmly welcomed them individually as soon as they arrived.

Meanwhile, the researcher’s assistant asked participants to register in a short registration form that included personal and demographic data (Appendix 15). The researcher carried

on talking to participants informally about issues of minor importance. These hosting activities relieved anxiety and tension among the participants and maintained a warm and friendly environment. The researcher followed Kingry's Principles in questioning the participants (Kingry, et al 1991), starting with a nice introduction, orientation and providing ground rules for the discussion. These included things such as no interruption, one person speaks at a time, no smoking, respect of others' opinion, no correct opinion, guarantees of confidentiality and so on. It is worth noting that the researcher began with general introductory questions, which acted as a warm up for the group. Then, the sequence progressed from the general questions to the specific ones "funnel design". Moreover, the researcher kept in his mind to present non-challenging questions first and then challenging ones.

The researcher who performed the moderation and his assistant conducted all sessions.

Although this is the first experience for the researcher of conducting focus groups, he was familiar with interviewing individuals and groups. The researcher maintained his moderating role in directing the discussion, raising interest among participants, encouraging interviewees' participation and probing participants without biasing responses. The moderator was comfortable, relaxed and familiar with group dynamic processes. He showed self-confidence and maintained eye contact with participants. The researcher showed capabilities and readiness to hear unpleasant views. He experienced tact and diplomacy in exerting a mild, yet unobtrusive control over participants.

Moreover, as moderator the researcher was able to communicate clearly and adequately about the investigated issue. Although it was difficult, he succeeded in playing delicate roles of keeping a fine line between following an interview schedule to assure that the

purpose and the objectives for the group was achieved and maintained group enthusiasm and interest. The moderator ensured that dialogue occurred among the group members, rather than between members and the moderator. He consciously kept in his mind that he is a moderator not a participant. However, by the end, he contributed up to 8% of the transcripts. The moderator generated interest in the discussion about the area of investigation without at the same time leading the group to reinforce existing expectations or confirm a prior hypothesis. The moderator clearly indicated to the group that he is there to learn from the participants, rather than the reverse.

The moderator carefully maintained control of his verbal and non-verbal reaction throughout the interviews. Reactions, such as short verbal responses, head nodding, smiling, lifting an eyebrow and so on, were seriously taken into consideration. Silence as a non-verbal communication was effectively handled during the interviews. The researcher was comfortable with moments of silence that reflected thinking or emotional reaction. However, at the end of the interviews, the moderator gave summaries of the interviews and asked participants to comment, correct, or amend regarding what had been said. The researcher also asked participants about important omitted parts and reacted accordingly. The researcher invited participants to ask questions and maintained an open-door for further communication with them. Finally, the researcher expressed appreciation for the time and effort of the participants. He also told them how the results will be used and where and when they will be available.

The researcher's assistant was familiar with focus group procedure, as he had conducted many focus groups before. Moderator's assistant also played an important role in assisting the moderator in handling distractions and taking detailed written notes, which

served as back up to the taped communication. Furthermore, he recorded interactions and managed the recording process. He documented descriptive data about the participants and the interview process. Beside that, he monitored the entrance and handled interruptions carefully. The assistant also handled refreshments and jointly with the researcher, debriefed interview meetings.

Following each focus group, the researcher and his assistant “note taker” immediately produced a debriefing report. Debriefing process took 20 minutes on average.

Debriefing reports contained the most important themes, differences among those themes, important quotes, groups’ interaction, untrue and/or unsaid vital information, memos, major ideas and concepts, verbal and non-verbal messages and summaries of group discussions.

### **Description of focus groups**

Participants were interviewed in four focus groups. All groups’ interviews were held in the library of the Palestine College of Nursing. The moderator and his assistant conducted all interview sessions and they managed the sessions in a comfortable relaxing environment. The researcher invited 44 nurses to participate in the four assigned sessions. About 70% of them actually participated in the group discussions. The average participants’ number per each group was 8. The average questions per each group were 9 and the average focus group formal time excluding introductory and ending sessions was 90 minutes, subsequently, the average minutes per question per participant was 1.3 minutes.

The researcher decided to keep the door open at the end of meetings by leaving the participants in the field with the understanding that the researcher might want to return

for another visit, interview or phone call. In deed, the researcher promised participants to provide feedback on the findings, thus he keeping the door open to further communication. All focus groups discussions were double recorded. This included taking notes and tape-recording. In order to follow verbatim analysis, tape recording is generally recommended. This has the additional advantage that the researcher's attention is free to engage with the group. Although, some participants may be suspicious of tape-recording, participants in this study appreciated the idea of tape recording. Krueger (1998) recommended that written notes should be taken even when the researcher used tape recording. Not only does this protect against the effects of machine failure, but also more importantly it provides a means by which observations of the non-verbal interaction taking place within the group can be linked to the verbal accounts provided by the participants. Tape-recording cannot capture these interactions.

Two copies were made from the master tape. The master copy was kept in the safe and the other was given to the assistant for transcription. The researcher also transcribed the other copy. The transcriptions were then checked by both of them for accuracy. These interviews delivered about 40,000 words.

### **Focus groups interactional observations**

The recruitment process of groups' participants was effective. Nurses who were unable to participate in their groups expressed their regret and requested alternative days.

Interviews made a difference for the researcher. They allowed him to probe deeply and to follow participants' responses and generated rich and valuable data. However, there were observable variations within and among groups in their willingness to freely express themselves in response to in-depth questions and/or in their individual understanding of

concepts related to job satisfaction and motivation. The researcher noticed relevant remarks.

Participants showed high commitment to the task. Most of them arrived before time and continued the discussion after the end of the formal interviews. There were no latecomers or early leavers. This reflected an important characteristic of the Palestinian professionals that is their enthusiasm and professional commitment to research. It could be argued that, participants' desire to be heard and to talk about the problems they face at work motivated them to attend group discussions. Furthermore, participants received no incentives and refused the researcher's offer to take some reimbursement for transportation. As explained earlier in Chapter 4.2, Palestinians are highly emotional, altruistic and highly social population who like helping and doing favours for others; therefore, the response rate was very high in this study.

Although, there were slight variations in understanding of some of the issues raised in discussions, there was consensus among participants regarding most of the issues discussed. Argumentative discussions were prominent in male staff nurses' group, which elaborated rich and meaningful data. However, the discussion environment was a non-threatening one. Indeed, it was relaxing and comfortable. Therefore, participants delivered rich data, which the researcher found very useful for the purpose of the study.

Participants showed high degree of flexibility and groups' interactions were highly dynamic. Participants reflected and interacted positively with their colleagues; they maintained commitment to the discussions' ground rules given by the research before starting the discussion. However, interruption was generally minimal and only noticed in male staff nurses' group.

Many participants talked in a complaining tone about their clearly stated frustrations. It looked as though they wanted an audience for their complaints. Those participants were extremely expressive without any probing or the building of a trusting atmosphere by the researcher. In contrast, a few interviewees seemed to be somewhat conservative, discussing only obstacles and problems facing their work. But still the feeling of being an employee who is interviewed in a group was thought to be interfering with the willingness to tell everything. Needless to say, Palestinians pay attention to their safety and security in their politically uncertain circumstances.

Many participants seemed to be completely secure in talking. They seemed to be very concerned with critiquing their healthcare systems frankly. They expressed their ideas assertively and they seemed to be extremely stimulated. Whilst, few participants were influenced by their political affiliation and have tried consciously to express ideas congruent with their political ideas, the atmosphere was professional in general. The researcher noticed that a few participants seemed to be slightly inexpressive, consequently demanding probing skills from the moderator guiding them.

There were obvious variations among groups' participants in their ability to generate ideas and concepts. Fortunately, there were thought leaders in each group who generated new ideas that stimulated others to interact. The researcher used probing statements to stimulate less active participants. It is noticeable that, staff nurses' group participants showed high commitment in terms of attendance and conformity and their group delivered rich data. The female nurses' group elaborated the richest concepts and data. The nurse managers' group scored the lowest both in attendance and in the elaboration of data followed by the practical nurses' group, which elaborated reasonably important

information. Although focus groups were formed comprised of those from the same background as well as dissenters, participants showed homogeneity rather than divergence and conformity rather than dissonance. Groups' polarisation was only dominant in the managers' group.

The researcher and his assistant concluded that the presence of the recorder did not affect participants' reaction to the discussion or their free expression of their ideas and concepts. However, the researcher noticed that group members occasionally gave un-true data. The moderator and his assistant succeeded to listen and to control their reactions against such tendency. In certain cases, in trying to discuss some concepts deeply, the moderator tried to probe certain important issues, but participants did not fully discuss or respond to that.

### **Focus groups analysis**

The researcher mainly used open coding content analysis method strategy for qualitative analysis. The literature indicates the superiority of content analysis method of analysing focus groups over other methods (Henderson, 1995). The content analysis open coding strategy enables researchers to make distinction and to compare subdivisions constantly and openly, thereby, allowing the theory or hypothesis to be examined to a greater degree (Kreueger, 1998). Content analysis allows flexibility and is congruent with the qualitative research philosophy of taking the researcher to even unpredicted situations (Burnard, 1991).

The researcher used content analysis Burnard's (1991) guidelines (Burnard, 1991) as a framework for the study. The interviews' tapes were transcribed verbatim, including incomplete sentences, phrases and un-finished thoughts. The researcher and his

assistance independently achieved the process of transcription. Transcripts were compared to reach a consensus. The researcher kept in his mind that although, transcripts are the basis for the analysis, they are not the only source of it. The researcher maintained the following materials to initiate the analysis: A copy of the interview schedule, copies of all the transcripts, demographic information about the respondents, inter-actional observational remarks, copies of written notes and debriefing reports. The researcher, who already moderated the focus groups, carried out the analysis process. Each transcript was read independently, at least, three times and notes were made throughout the reading on the general themes arising from the data that are relevant to the study. This process is known as immersion in the data. Kreueger (1998) recognised that it is important to consider the words, the context, the consistency, the specificity and to find out the “big ideas” when analysing transcripts (Kreueger, 1998). Therefore, the researcher considered meanings and the context of words that were spoken at the time, voice inflection, the animations with which the words or phrases were used and whether the words were spoken as statements or questions. Transcripts were examined again and the researcher attempted to write down as many headings as necessary to describe all aspects of the content.

The researcher examined data again to identify words or phrases, which reflect a theme and highlighted them with a marker. This process was continued until most of the transcripts had been absorbed and highlighted with markers of different colours.

Moderator comments were not coded to eliminate any bias and contamination of the data.

What Field and Morse (1985) described as “dross” was also not coded. Dross relates to the “unusual fillers in an interview” (Burnard, 1991), that is, statements or comments that

are not related to the main topic. The researcher then went to the next step, which was to collapse categories, condensing sub-categories into broader categories. In order to achieve this, each statement was examined individually and the researcher elicited the essence of that statement. The sub-categories were then diagrammatically linked to the main category by the development of a cognitive map for each category (Torn and McNichol, 1998). To further clarify the subcategories and the main categories, they were also further subjected to the funnelling technique (Burnard, 1991). The funnelling technique allows the subcategories to be collapsed into broader categories and then perhaps to still broader ones. This enables finer distinction to be made and the subdivisions can be constantly compared, thereby, allowing the theory or hypothesis to be examined to a greater degree. To assist in data categorisation and data reduction, the researcher put away data for 3 weeks and repeated the process with clean copies of the transcripts. Putting the initial analysis aside after it is completed and returning to it after several weeks allows the investigator to pick up the “big ideas”. It is often difficult to select big ideas when the researcher is actively involved in the analysis. This process provides content analysis and an ethnographic summary as suggested by Morgan (1998). Two expert colleagues were invited to generate category system independently and without seeing the researcher’s list. The three lists of categories are then discussed and adjustments were made as necessary. The aim of this step is to attempt to enhance the validity of the categorising method and to guard against researcher bias. Transcripts were re-read alongside the finally agreed list of categories and subheadings to establish the degree to which categories covered all aspects of the interviews. Adjustments were made as necessary.

To distinguish between responses among groups, transcripts were photocopied on coloured paper as follows female nurses on white paper, male nurses on red, nurse managers on green and practical nurses on yellow. To maintain transcripts' context integrity, several copies of the completed transcripts were also made and kept for reference purposes.

Each coded section of the interviews was manually cut out of the transcripts and all items of each code were collected together. Sections that were fitted more than one code were photocopied. The cut out sections were pasted onto flip chart sheets, headed up with the appropriate headings and subheadings. Selected participants were asked to check the appropriateness or otherwise of the category system. Adjustments were made as necessary.

### **Scientific rigour**

The reliability and validity of qualitative research, including focus group interviews, have often been questioned. Several authors have highlighted the fact that qualitative research methods are often criticised for failing to clearly address issues of validity and reliability in their studies (Clark, 1998; Reed and Payton, 1997; Torn and McNichol, 1998).

However, whilst in quantitative research, scientific rigour, "the accuracy or precision of the study" is established through the measurement of reliability and validity, the scientific rigour in the use of focus groups relies on many basic assumptions (Burns and Grove, 1997). Not only individuals are valuable sources of information about themselves, but they are also able to report or verbalise their thoughts and feelings. People can remember and verbalised their thoughts and feelings honestly (Sim, 1998; Torn and McNichol, 1998).

Group interviews are superior to individual interviews due to the effect of group interactions, which aids in revealing valuable information as aforementioned. Focus group setting encourages participants to generate ideas and pressure on individual subjects to respond to each question is reduced. Group pressure may discourage participants from providing inaccurate data. Focused questions raised by the researcher in focus groups can help people to recall relevant information. Questions asked in focus groups are specific to the area of study and encourage participants to reveal data the importance of which they might not have been aware (Dotsson, 1995). Qualitative researchers carefully address neutrality, which refers to the freedom from bias in the research process (Shih, 1998). Qualitative research writers have proposed that, in qualitative research, confirmability that is achieved by establishing auditability, applicability and truth-value should be the standard by which neutrality is judged (Reed and Payton, 1997). Auditability is achieved when the researcher leaves a clear decision trail concerning the study from its beginning to its end (Sim, 1998). The researcher maintained clear description of the research steps, explaining and justifying what was done and why; meanwhile, he maintained neutrality throughout the research process. However, in the coming paragraphs the researcher presents more explicitly the issue of validity and reliability in his qualitative approach.

### **Reliability**

Unlike quantitative research, determining reliability in qualitative research is more difficult because the researcher without structured or standardised measurement instruments makes observations and measurements. The reliability of qualitative research depends on the possibility to follow the decision trail or audit trail of the original

researcher. This includes being able to trace the decisions made by the researcher at each stage of data collection and analysis. The reliability of qualitative research can only be determined by careful review of the description of the procedures used to select subjects, the methods of observing and recording and the process of data analysis (Reed and Payton, 1997).

To increase the scientific rigour of focus group interviews in this study, the researcher followed several specific steps. The researcher selected participants according to the type and the purpose of the focus groups as well as similarity and homogeneity among the group members. The researcher selected focus group participants from the nursing association membership list. A list of selected nurses was made. Three nursing experts were consulted independently to prepare a list suitable for the purpose of the research study. Modifications were introduced to the researcher's list. Although the sample was purposive and certain people were selected, the sample represented nursing strata. The list considered many variables including age, gender, type of work, position, years of experience and personal characteristics. The researcher list included a mix of known and unknown nurses to the researcher.

In order to increase interview reliability, the researcher carried out one pilot interview to develop interview skills. Reliability was also addressed in terms of equipment employed in the interview. A tape recorder was used to record all interviews, thereby, increasing reliability. Interview questions were developed and consulted with two experts.

Questions were used in the same manner in each interview. Methods of recording data were also used consistently. The procedure for data analysis was used in the same manner in each interview. However, the literature indicates the validity of such approach

in increasing the validity and reliability of focus groups (Appleton, 1995; McDaniel and Bach, 1996).

### **Validity**

The researcher acknowledges that “validity” which is often described as “the degree to which a procedure really measures what it is supposed to measure” (Reed and Payton, 1997) needs to be thought through very carefully in the context of qualitative research.

The classical statistical methods of examining validity are not working in focus groups (Bailey, 1997; Torn and McNichol, 1998). Suggestions that focus groups reflect some broadly defined realities of perceptions or practices, that it presents facts about the real world external to the focus group, seem to be mistaken (McDaniel and Bach, 1996).

Several authors have suggested that validity is inappropriate way of determining the scientific rigour of qualitative research. Rather, it has been suggested that one should evaluate qualitative research on the basis of trustworthiness, which is composed of credibility, dependability, confirmability and transferability (McDaniel and Bach, 1996; Denzin and Lincoln, 1998; Nyamathi and Shuler, 1990).

Nyamathi and Shuler (1990), in their discussion of the validity of focus groups, argued that typically focus groups have high face validity, due to the credibility of comments from participants (Nyamathi and Shuler, 1990). Researchers always aim to increase the possibility that their research will produce credible results. According to Leininger (1994), credibility refers to the truth, value, or believability of the findings that have been established by the researcher (Leininger, 1985). Conceptually, credibility is similar to validity, but the process of establishing it is different. The researcher enhanced the credibility of this study by prolonged engagement with the participants and the research.

Prolonged engagement enabled the researcher to ask questions that are comprehensive, sensitive and useful in reflecting participants' understanding and perceptions of the investigated issue. The researcher's interest in the investigated topic was maintained and not allowed to fade over time. Time also played a role in gaining the participants' trust. The provision of enough time allowed the researcher to devote major portions of the interviews to participants' feelings. Prolonged engagement allowed the researcher to look at big issues and to understand them.

Additionally, the researcher circulated the interviews' interpretations to selected participants and solicited their feedback about the accuracy of his interpretation. The researcher also utilised members' check method. Another method that the researcher used was peer debriefing, in which the researcher asked two disinterested peers to examine the researcher' interpretations and to probe for possible researcher biases that could influence the interpretations of the data. A commonly used concept to describe the scientific rigour of qualitative research is dependability, which refers to data stability over time and a cross various conditions (Torn and McNichol, 1998). The researcher enhanced the dependability by asking other researchers to examine the process of the research study.

Confirmability refers to an audit trail of the researcher's decisions that can be followed by independent investigators, who would reach similar conclusions about the data (Shih, 1998; Sim, 1998). Two investigators examined the documents in relation to sample selection, analysis and evidence of congruency between actual data and the conclusion drawn. Investigators' conclusions were congruent with the researcher's to a high degree. Further, applicability in qualitative terms is related to external validity in quantitative

research. External validity refers to the generalisability of findings and the representativeness of subjects, tests and testing situation. Guba and Lincoln (1994) suggest that the idea of fittingness is more appropriate and should replace the term generalisability when evaluating qualitative research. Applicability was enhanced in this study by asking two experienced nurse researchers to read transcripts and to independently identify major categories (Burnard, 1991). This coding was then compared to the researcher's own data reduction. After discussion, agreement over coding was reached between the two parties; therefore, this would suggest that the coding system devised does have some degree of validity.

Moreover, the researcher also utilised correlational validity (triangulation) in which results of focus groups were compared with the findings of the quantitative research (Appleton, 1995). There was congruency and corroboration between qualitative and quantitative findings. Qualitative findings provided explanation and in-depth understanding of some quantitative findings.

### **Summary of the section**

The type of the study prescribed was a quantitative/qualitative cross-sectional methodologically triangulated study that has been carried out at a point of time, as it is quick, economical and evaluative. Given that triangulation achieves a comprehensiveness that a single method could not achieve, the researcher included 420 nurses who were selected through a Probability Systematic Random Sample who completed a self-constructed, self-administered questionnaire and in-depth focus groups interviews for 44 nurses. The subjects who were eligible in this study are those nurses from the Gaza Strip who were registered at the time of the study in the Palestinian

Nursing Association's Membership List including nurses from all the healthcare institutions.

It is worth noting that, care was exercised to ensure that the rights of the participants were protected. The modified international code of ethics (1975) principles, were adopted and followed and official agreement letters and consent forms were obtained. Eight-trained research assistants distributed the questionnaires and the response rate was as high as 89%. Additionally, the researcher and his assistant conducted 4 focus groups sessions in a permissive non-threatening environment.

Quantitative data was analysed using the SPSS Programme and the researcher examined the internal consistency of the instrument using Cronbach's Alpha Test and it was 0.8611.

The construct validity of the study was evaluated statistically by factor analysis of items that reflect the research constructs. The researcher used the Principal Component Extraction Method and the Rotation Method was Varimax with Kaiser Normalisation, which delivered 7 factors constituted a variance above chance level (45.228%). To assess the relationships between satisfaction and other variables, the researcher conducted advanced statistical techniques, such as ANOVA, t-test, Chi-Square and so on.

Qualitative data was analysed using open coding content analysis and delivered themes that corroborated the factor analysis results. Qualitative data scientific rigour was assessed through many methods including members' check, peer briefing, audibility, decisional auditing trial, prolonged engagement, standardisation of procedures and equipment and avoiding bias; as well as, checking correlational validity.

However, the limitations of this study are those common in cross-sectional surveys which evaluate the situation at a particular time, while job satisfaction attitudes could be

influenced by time, circumstances and so on. Additionally, the data collected especially quantitative data was solely reliant on self-report instruments and its accuracy could be questioned.

The methodology utilised in this study enabled the researcher to assess the issue of Gaza nurses job satisfaction and motivation and to identifying its determinant factors in a way that incorporates the strength of both the qualitative and quantitative research paradigms. Therefore, the findings provided in the study are highly valuable and the researcher sees them as meeting the study goals. However, the holistic philosophy stimulated the researcher to integrate the findings of the qualitative and the quantitative approaches altogether in a trial to assess the researched issue in a comprehensive way, as the next section (Section 5) shows. Further, the researcher provides further analysis to the revealed findings and adds more illumination to the researched issue through discussing the study findings with that acknowledged in the literature. Hence, Section 5 provides the core of the study findings and the researcher's analysis of these findings.

## Section 5

### Findings and Analysis

#### An overview of the section

As a start, it is worth recalling that, in order to meet the research objectives of adequately assessing the level of job satisfaction and motivation among nurses and to appraise nurses' perceptions of their satisfying and dissatisfying factors, the researcher utilised a methodology triangulation (Section 4). The implicit assumption in this approach is that, triangulation achieves a comprehensiveness that a single method could not achieve (Dootson, 1995). Therefore, the researcher used a triangulated design, which has been achieved through collecting quantitative data "through questionnaires" and qualitative data "through focus groups". The researcher started by collecting data quantitatively and then identified areas for further in-depth discussions in the focus groups. In other words, the sources of findings presented in this section were the self-administered questionnaires (370 respondents out of 420) and the focus groups discussions (32 participants out of 44). The section presents the core findings of this study, which are a mix of the qualitative and quantitative findings. Meaning that, the presented findings reflect the domains and conclusions drawn from the statistical analysis integrated with the themes developed from the qualitative analysis. However, the researcher elected to use this approach to elucidate the issues of concern within a more holistic approach. Therefore, the chapter discusses the perceived level of job satisfaction and motivation, factors affecting that and the participants' personal, educational and organisational characteristics and its impact on job satisfaction and motivation.

In other words, this section presents the researcher's conclusions and contribution in assessing the level of and identifying the main constructs of nurses' job satisfaction

motivation in the Palestinian context, which has never been studied before. Themes/factors developed through the factor analysis and focus groups reflect the main satisfaction domains in the Palestinian context and could be seen as forming the basis of a construct that fits the Palestinian nurses' motivation. Therefore, in congruence with the research objectives, the researcher directed a considerable focus in this study to examine these facets of satisfaction and motivation and to recognise what motivates nurses as professionals and what distinguishes the Palestinian nurses from nurses from other cultures in this regard. Additionally, the researcher presents the personal and educational characteristics of the study participants as well as the organisational characteristics of the Palestinian healthcare institutions and its impact on motivation and satisfaction. The implicit aim is to provide conclusions of how these differences, which are influenced by contextual factors such as culture, economic status, demographic characters and health systems' variations, could affect job satisfaction and motivation of Gaza nurses.

In more explicit terms, this section contains 9 chapters that demonstrate the study's main findings. This first chapter (5.1) presents the perceived level of job satisfaction and motivation as revealed by many methods with an emphasis on the factor analysis results. It also elucidates the issue of job satisfaction in the Palestinian context, by reference, to other cultures and localities. Moreover, the chapter points to the identified satisfaction domains which the researcher has seen as representing a rough model-frame that suits the Palestinian nurses' satisfaction motivation. Additionally, the chapter discusses the matching as well as the discrepancies between these factors and the motivation theories. It also examines the international nursing literature. A discussion of the revealed motivation constructs is provided in the subsequent chapters.

Chapter 5.2 is considered as the contextual chapter and it provides important information about the nursing personnel's profile in the Gaza Strip. This includes demographic,

organisational and educational characteristics of the participants as well as data about the Palestinian healthcare system within such a diverse context. The researcher rationale to present this chapter as the second not the first chapter, is related to the researcher's desire to explain the relationships between these characteristic and the identified satisfaction domains, therefore, he presented the domains firstly, to establish it as the base for such comparisons. In other words, the chapter provides valuable data about the relationships of these characteristics and the identified job satisfaction and motivation constructs.

The main identified theme of job satisfaction and motivation in the Gaza Strip was management, which has been demonstrated in Chapter 5.3. The chapter demonstrates the values attached to management by Gaza nurses within the Palestinian context and analyses that with reference to the international nursing literature. Additionally, the chapter provides an orientation to the management culture and behaviour in the Palestinian health organisations based on the statistical analysis and more importantly, on participants' comments and perceptions within the focus groups. However, it is worth mentioning that, the other identified domains are also related to management, thus the chapter forms a basis for the rest of the section, as it appears in the other chapters which discuss the other identified domains.

Chapter 5.4 deals with an important theme affecting the Gaza nurses' job satisfaction and motivation, which is interaction and communication. The chapter elucidates the importance of this factor to nurses generally and to Gaza nurses particularly within their collectivist insecure community (Section 2). Additionally, the chapter illuminates the global phenomenon of doctor-nurse conflicting relationship and provides an analysis of this issue by reference to the Palestinian situation. Moreover, the value and the significance of education in the Palestinian situation is presented in Chapter 5.5, which demonstrates the role of professional development in motivating nurses within their context, in which high

value is attributed to education. The chapter illuminates the discrepancy between the high value attached by the participants to education and professional development and the failure of the offered programmes to positively influence motivation. In other words, the chapter discusses the problems encountered in the professional development strategies in the Palestinian context, by reference to the acknowledged literature.

The domain of professional status and self-esteem that largely considered as a universal motivating factor is discussed in Chapter 5.6. The chapter examines the corroboration of the statistical findings with the focus group findings pointing to the factors that affect nurses' professional status in the Gaza situation within the context of cultural beliefs and practices about nursing and women's work in general. Additionally, the chapter explores the international literature in this regard and how other places are different from the Palestinian situation in this regard. Chapter 5.7 discusses another important domain by reference to the Palestinian nurses' value and economic situation, which is the benefits and working conditions. The chapter explores how Gaza nurses perceived this factor differently from other cultures. Moreover, the researcher also presents the motivating effects of the monetary incentives and the applicability of that approach in the Palestinian context, additionally, the researcher explores the value of other possible non-monetary motivators. In Chapter 5.8, the researcher discusses the professional autonomy concept that has been identified not only as a less important motivator than other motivators, but also less than other nurses' perception from other countries. The researcher explores the autonomy concept within the Palestinian context pointing to what affected Gaza nurses' perceptions of their autonomy and discusses the gender factor in this regard, trying to elucidate what made Gaza nurses different in this respect. And finally, Chapter 5.9 seeks to illuminate the Gaza nurses' working life and how it affects their feelings of motivation and satisfaction as well as the general feeling in life. The researcher clarifies what affected the quality of working

life in the Palestinian situation and analyses that by reference to the international nursing literature as well as by reference to what satisfaction theories suggest.

## Chapter 5.1

### Gaza Nurses' Job Satisfaction and Motivation

It is worth remembering that, the terms “job satisfaction” and “motivation” lack adequate exhaustive definition (Locke, 1983). Although the consensus among researchers is that job satisfaction and motivation consist of a positive attitude towards the job (Locke, 1983; Matus and Frazer, 1996), less agreement exists about how to measure and what factors to consider when examining this attitude. Therefore, there is much diversity among the findings of the various studies which reflect the complexity of these concepts.

However, the researcher sees the study as supporting the assumption that job satisfaction is as multidimensional and that nurses' job satisfaction is influenced by many variables related to job differences, personality differences and organisational differences as well (Locke, 1983). This study revealed that, the contextual factors, such as cultural, economical and value factors dominating the organisation and/or the community, in the broader sense, are affecting the satisfaction domains identified in this study. However, the literature acknowledges that findings inconsistency could be related to the complexity of human beings (Matus and Frazer, 1996), demographic trends (Misener, et al 1996; Bester, et al 1997) and cultural differences (Andrews, 1998). Moreover, the literature argues that, personal difference (Lucas, 1991), values and expectations (Vroom, 1964), the nature of work and the available work alternatives (Busby and Banik, 1991; Parsons, 1998) are also factors important to consider in nurses' motivation and satisfaction.

Such diversity of the factors affecting satisfaction implies that the results of this study generally add more evidence to the validity of Vroom's Expectancy Model. Vroom's Model assumes that people think, feel and behave at work differently according to the different expectations and values they hold about the different factors affecting motivation (Vroom, 1964). As discussed earlier, in this respect, it differs from the traditional schools

of theories, which assume that there are fixed motivators that work permanently regardless of the situation and the contextual factors. However, this concept is discussed in more details in the coming chapters.

### **Job satisfaction status among Gaza nurses**

The concept of job satisfaction and motivation is difficult to measure with absolute accuracy. As mentioned earlier, this may be partially related to the fact that there are many facets to this multi-dimensional construct. More importantly, efforts to measure job satisfaction and motivation are seen to be complicated since people generally tend to give favourable comments when they are asked if they like or dislike their jobs (Harri, 1997). Particularly in collectivist cultures like the Palestinian one, in which people value social desirability, interpersonal relationships and conformity to social rules and values, this tendency could even be greater. These reasons might have affected the estimated satisfaction level and therefore, should be considered with caution.

Given that, the issue of job satisfaction and motivation has never been investigated in Gaza Strip, the study uniquely contributes in providing a relatively reliable estimate about the level of job satisfaction and motivation in a different culture from other countries.

Therefore, this study is considered an example of nurses' job satisfaction in developing countries especially those having similar political, developmental and cultural circumstances. It is worth noting that most satisfaction studies have been conducted in western countries which are characterised by certain values and health systems that are different from developing countries. However, the overall job satisfaction and motivation level were ascertained by many methods and results of qualitative and quantitative approaches were found to be consistent in many themes and domains providing a strong correlational validity of the study. Nevertheless, in some domains, such as benefits, autonomy and working life there were some differences between the qualitative and

quantitative findings, pointing to the synergistic effect of using a combined strategy that could reveal the other side of the issue. However, more discussion is provided regarding such corroboration and/or contradiction in Section 6. The overall sense of job satisfaction and motivation was assessed primarily through using the factor analysis and the results were computed using the SPSS programme and reflected the total sum of the satisfaction points as presented in table 2 and 3, figure 1 and 2.

Factor analysis extracted seven main domains that comprised constructs of Gaza nurses' job satisfaction and motivation. These factors arranged in the following sequence, according to the computer's rank:

- Interaction and communication
- Professional development
- Work benefits and conditions
- Professional status and self-esteem
- Management culture
- Professional autonomy
- Working life

As acknowledged earlier, the identified seven factors represented 45.228% of the total amount of variance. The remaining other items were descriptively analysed and used for discussions. More importantly, the identified seven factors were used as a core for further statistical analysis. Additionally, the researcher calculated the total scores of the seven domains and called that score "global job satisfaction and motivation". The seven factors delivered by the factor analysis and identified as a core of the study are presented in table 2, which demonstrates factors, factors' items, loading, means and standard deviations.

**Table 2: Factors loading, means and standard deviations for the research items**

Item No.	Factors and items	Factor loading	Mean	S.D.
<b>Factor I Interaction and communication</b>				
Q46	Doctors are generally co-operative with the nurses in my unit	0.678	3.29	1.18
Q51	Doctors understand and appreciate what the nursing staff do in the unit	0.662	2.96	1.23
Q48	I have enough time to interact with my patients	0.613	2.95	1.34
Q56	I am aware of my organisation's mission, objectives and plans	0.606	2.86	1.28
Q57	I receive recognition from my supervisors and peers	0.597	2.92	1.35
<b>Factor II Professional development</b>				
Q29	There are opportunities for self-development in my organisation	0.834	2.40	1.19
Q28	There are opportunities for promotion in my organisation	0.823	2.41	1.22
Q30	Generally I am satisfied in my work	0.454	3.08	1.29
Q59	There is a chance for career development in my organisation	0.449	2.87	1.27
<b>Factor III Work benefits and conditions</b>				
Q42	I am not satisfied with my working conditions	0.628	3.46	1.37
Q65	An upgrading of pay schemes for nurses is needed in my organisation	0.621	4.58	0.77
Q53	My salary is not satisfactory	0.564	4.07	1.30
Q54	The benefits package in my organisation is satisfactory	0.549	1.92	1.26
Q40	I am not satisfied with the rules and regulations of the organisation	0.546	3.40	1.32

**Factor IV Professional status and self-esteem**

Q33	I value my career as a nurse	0.810	3.99	1.20
Q32	I have confidence as a nurse	0.688	4.31	0.88
Q34	I would like to continue to work as a nurse until I retire	0.676	3.42'	1.39

**Factor V Management culture**

Q38	I get to give all my input in patient care	0.611	4.05	0.94
Q41	I usually receive adequate guidance and supervision	0.590	3.89	1.04
Q61	The best person for the job is always appointed solely on merit	0.494	2.40	1.31 —
Q36	I am satisfied with the quality of client's care we deliver in our unit	0.414	3.91	0.98 —
Q43	I have satisfactory relationships with my supervisors	0.400	3.66	1.04 —

**Factor VI Professional autonomy**

Q64	I am sometimes required to do things that are against my professional judgement	0.758	2.87	1.34 —
Q63	I sometimes feel that I have too many directors giving conflicting orders	0.500	3.48	1.25 —

**Factor VII Working life**

Q44	The quality of my working life is satisfactory	0.658	4.24	0.79
Q35	Job satisfaction and motivation affect my life generally	0.511	4.49	0.87
Q31	Generally I am de-motivated in my work	0.409	2.49	1.33
Q52	I have been juggling my career and family life fine	0.356	3.72	0.99

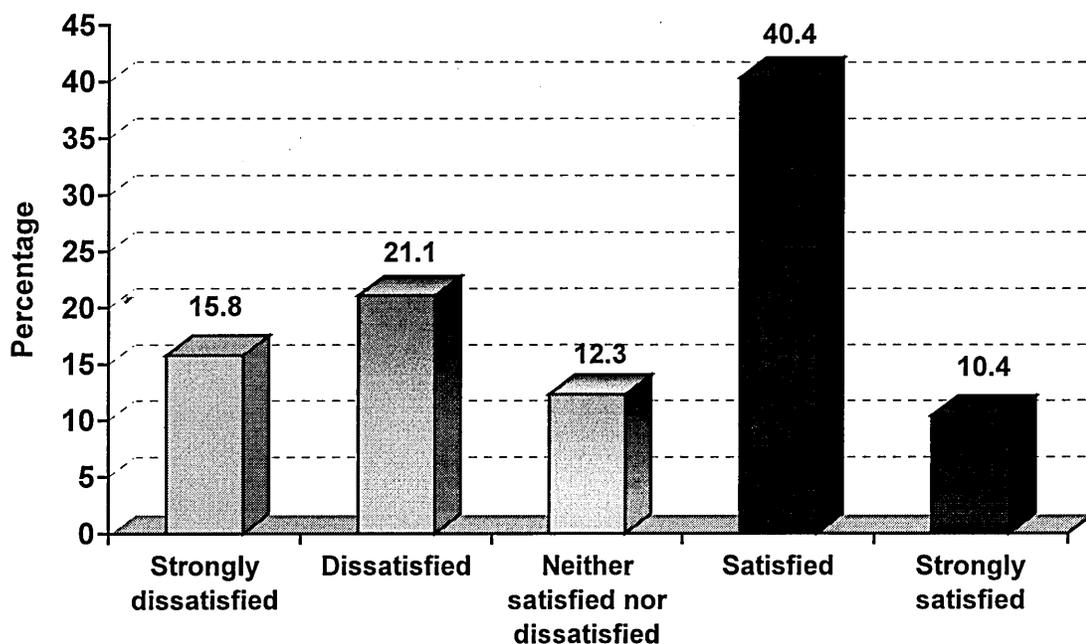
Overall, the study revealed that Gaza nurses were generally neither highly satisfied nor strongly dissatisfied. The majority of them were moderately satisfied. Using the SPSS to compute the total sum of the satisfaction points, overall, nearly half of the study participants were satisfied (50-60%).

Similarly, in a direct question (Q 30), the researcher asked the study participants about their perceptions of their overall feeling of satisfaction regarding their current work. Nearly half of them (50%) reported their satisfaction in their current jobs (Table 3, Figure, 1). Thirty seven percent were found to be dissatisfied or strongly dissatisfied. The rest 13% were neither satisfied nor dissatisfied in their current work (Table 3). In a similar question (Q 31), almost the same results were reported concerning the level of participants' motivation.

**Table 3: Level of satisfaction in current work**

Scale	Frequency	Percent	Accumulative %
Strongly disagree	58	15.8%	15.8%
Disagree	77	21.1%	36.9%
Neither agree nor disagree	45	12.3%	49.2%
Agree	148	40.4%	89.6%
Strongly agree	38	10.4%	100%
Total	366	100%	100%

**Figure 1: Level of satisfaction in current work**



The argument that some participants might give inaccurate positive responses about their feeling of job satisfaction and motivation could be seen as affecting the measured level of job satisfaction and motivation. Therefore, the researcher assumes that the level of job satisfaction and motivation could be even less than the statistically based ascertained estimate. This supposition is supported by the fact that the perceived level of job satisfaction in focus groups discussions was significantly lower. The researcher noticed that as discussions went deeper in focus groups, participants showed a general sense of dissatisfaction. Although confidentiality was provided and questionnaires were anonymous, the perceived hierarchical power centre culture, which dominates the Palestinian health organisations (Section 2), does not allow for transparency and openness. Affected nurses were therefore reluctant to explicitly express their feelings about their jobs. By contrast, in focus groups, as discussions went deeper, nurses developed trust and confidence as they felt that they have many things in common and they share the same satisfying-dissatisfying experiences. However, this issue is discussed more explicitly in the coming chapters.

By and large, Gaza nurses are nearly as satisfied (50%) as Hong Kong nurses (Fung-Kam, 1998) and Japanese nurses (Yamashita, 1995), but less satisfied than the American nurses (83%), the Swedish nurses (91%) and the American nurse midwives (81%) (Caine, 1989; Cuesta and Bloom, 1998). Interestingly, given that the Palestinian culture is characterised by more community oriented attitudes rather than individualistic attitudes, which dominate western countries, especially the American community (Torrington and Hall, 1998; Andrews, 1998), there was affinity between Japanese and Hong Kong nurses and Gaza nurses satisfaction. This could point to the assumption that the contextual factors, such as cultural, values and demographic characters of people are affecting nurses' expectations, subsequently, their job satisfaction and motivation.

As shown in table 4, factor analysis indicated that Gaza nurses were found to be more satisfied about certain job satisfaction and motivation factors than others (Table 4). Whilst, high satisfaction level was found with professional status and self-esteem (3.9) and working life factors (3.9), less satisfaction was reported with management culture (3.5), interactions and communication (2.9) and professional autonomy (2.8). The least satisfaction level was found with work benefits and conditions (2.7) and professional development opportunities (2.6).

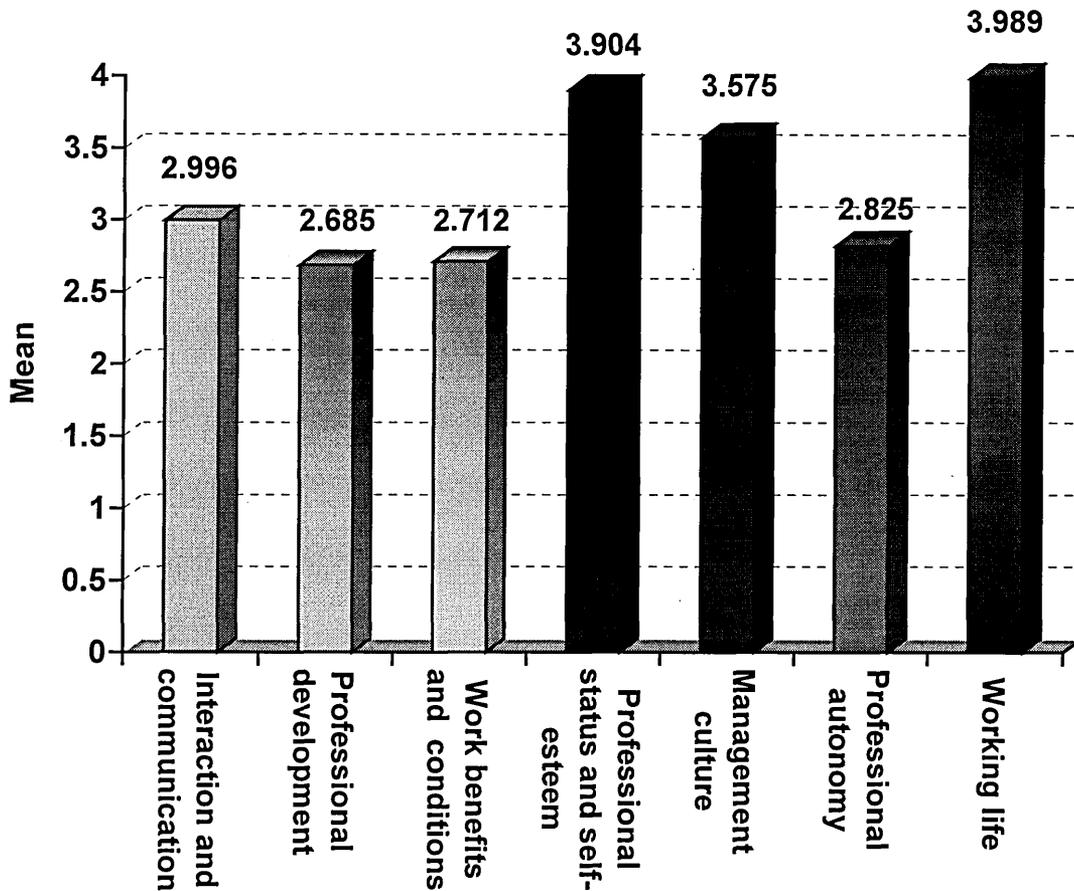
**Table 4: Factor, ranges, means and standard deviations**

No	Factor	Mean	Range of Mean	S.D.
F I	Interaction and communication	2.996	1-5	0.883
F II	Professional development	2.685	1-5	0.876
F III	Work benefits and conditions	2.712	1.4-4.8	0.673
F IV	Professional status and self-esteem	3.904	1-5	0.917
F V	Management culture	3.575	1.6-5	0.626
F VI	Professional autonomy	2.825	1-5	1.018
F VII	Working life	3.989	1.5-5	0.629

*The scale used indicates that 1 is strongly dissatisfied and 5 is strongly satisfied*

Congruently, as a reflection of their developmental and situational status, participants responded to an open-ended question (Q 66) about factors that could satisfy them at work, by deliberately acknowledging many diverse factors. The most commonly identified satisfying factors arranged in the following order of preference were: Increasing benefits, adequate staffing, proper management, improving work conditions, increasing educational chances, maintaining equal opportunity, maintaining proper interactions and respect among colleagues and recognition.

**Figure 2: Means of satisfaction factors identified by factor analysis**



Although, the perceived level of job satisfaction and motivation was relatively low in this study, the sense of commitment to the community, the profession and to good performance was prevalent throughout the discussions. This could be influenced by certain demographic, cultural and professional values hold by Gaza nurses. This phenomenon could reflect a community and professional orientation of the study participants and their sense of belonging to the community and to the nursing profession. However, this sense of belonging, community orientation and tolerating personal difficulties could be related to a common feeling disseminated by the population of valuing security, serving the country and the need to develop the Palestinian institutions after the partial end of the Israeli Occupation. This feeling acted as a counterbalance to their dissatisfaction and helped to maintain the majority of Gaza nurses in their organisations.

Nevertheless, the perceived sense of low job satisfaction and motivation level appears to have resulted in an increasing desire among some nurses to change their career and reflected on participants' enrolment in non-nursing education programmes. This tendency has been supported by the Palestinian Health reports which indicated that around 11% of nurses had the intention to leave their jobs (PCH, 1997). This turnover attitude has its financial implications in the light of scarce resources and the economic constraints. The literature indicates a high vulnerability among dissatisfied nurses to leave their jobs and change their career (Janssen, et al 1999). However, the process of turnover is usually costly and affects the organisational stability (Irvine and Evans, 1995). Therefore, nurse managers need to pay attention to this vital managerial issue especially in the light of scarce Palestinian resources.

### **Analysis of Gaza nurses' job satisfaction**

One of the contributory findings of this study is that, it might help in developing an understanding of what motivates nurses and show the applicability of western oriented theories of motivation in cultures other than the places in which these theories were originally devised and researched. The study showed that, participants developed different levels of satisfaction concerning the different constructs of job satisfaction and motivation. Interestingly, analysis of focus groups transcripts delivered important themes that somewhat corroborated the factors inferred statistically by factor analysis, indicating a valid triangulated approach. Findings supported the validity of this approach not only for triangulation, but also for complementation purposes as well. This finding is congruent with other research findings, which pointed to the limitations of psychometric questionnaires in assessing the issue of job satisfaction and motivation (Harri, 1997) indicating the necessity of considering employees' feelings and perceptions that are best assessed through qualitative methods such as interviews.

The researcher sees Gaza nurses' perceptions of the most important satisfying factors as being reflecting the validity of Expectancy Theory, which is concerned with the different values, attached to the different factors affecting motivation. An explicit analysis of this assumption is provided in the following paragraph. Herzberg identified some of the revealed satisfying factors as hygiene factors that never satisfy (Herzberg, 1966), but in this study, nurses categorised work benefits, management culture and interactions as important satisfying factors. This might be related to cultural and organisational factors, such as the bad socio-economic situations and the high inflation rate along with the low nurses' salary scale in the Gaza Strip. Additionally, Gaza nurses high expectations of concepts related to professional development, communications, interactions and a supportive management culture, could reflect the psychology of the Palestinian people. As discussed in Section 2, Palestinians are known to be a highly emotional, social, insecure and highly stressed population, as a result of many factors, the central one of which is the long period of occupations (Hamad, 1997).

There were discrepancies between Gaza nurses' experiences and expectations regarding the perceived level of job satisfaction and motivation. The findings of this study contributed to demonstrating how participants developed different levels of satisfaction about the different constructs of job satisfaction and motivation that are related to their developmental and situational status. Participants' responses partially support Maslow's Hierarchy of Needs, but less Herzberg's Two-Factor Theory of motivation. They still more accurately support Vroom's Expectancy Theory. Meaning that, Gaza nurses were more satisfied and more motivated by factors related to their inner psychology needs and how work meets their expected needs.

Vroom's Theory (1964) indicates that, employees' job satisfaction and motivation are directly related to the extent to which their jobs provide them with valuable expected

rewarding outcomes (Vroom, 1964). In this study, these rewards included things, such as having professional autonomy, adequate pay, receiving status and quality working life, but more importantly, a supportive management culture, a high probability of promotion and professional development and effective interactions. Although these concepts are congruent with the motivating job characteristics identified earlier by Vroom (1964), individuals valuing of these differences vary and nurses attached different values to these factors.

Differences arise not only because people evaluate similar job characteristics and organisational contexts differently, but also because of the different values people act to keep or to gain from work or the work environment, or from needs that are identified and satisfied through work (Locke, 1983).

Findings of this study also support Vroom Theory's acknowledgement of the role of personality differences in job satisfaction and motivation as a phenomenon that can be explained predominantly in terms of the personalities and the demographic characters of the individual employee. For instance, the perception of autonomy at work was influenced by the value placed on this factor by the individual. The value attached to the autonomy concept was remarkably different from other studies, as participants rarely discussed this concept within the focus groups. Chapter 5.8 reveals that professional autonomy is linked with and related to the general feeling of autonomy. Subsequently females were less concerned than males concerning with their autonomy as is explained more explicitly latter. Moreover, findings supported the supposition that variables, such as expectations, needs and values interact with the job characteristics or tasks as well as the organisational behaviour and climate. Additionally, findings reflected the individual, the employer, the working environment and the management interactions to produce job satisfaction and motivation and pointed to the impact of socio-cultural, economical and political situation on job satisfaction and motivation.

Congruent with Vroom's Theory, participants showed more concern with management culture, interpersonal interactions, professional development, status and working life than with autonomy and work benefits. These findings somehow, contradicted Herzberg's ideas, which assume that factors, such as management, interactions and work benefits are only hygiene factors that never satisfy. As indicated by Vroom (1964), the degree of influence of a job component is directly related to the level of importance placed on it by the individual (Vroom, 1964). This could reflect the impact of cultural values, which are more oriented to social and interpersonal interactions than to autonomy and to benefits that are more usually highly appreciated in western communities (Torrington and Hall, 1998). Such findings could indicate that Gaza nurses' satisfaction is affected by the stage of nursing development in the country and is influenced by people's expectations and values in the larger context. One can argue that, many of Gaza nurses are using their energies to meet the lower level needs described by Maslow, while at the same time, striving hard to achieve higher needs, such as professional status and professional development needs. Interestingly, these findings contradict Maslow's ordering of needs and mechanisms utilised to satisfy these needs. The valued placed on professional status and professional development could be seen as a reflection of the importance of these issues in the Palestinian context (Section 2) as well as a reflection of the western model of nursing education that is widely utilised in Gaza and influences nurses attitudes and values.

A clear example that supports Vroom's Model of how peoples' expectations are different, were revealed regarding participants' perception of work benefits and its impact on job satisfaction and motivation. Although participants were reluctant to deeply discuss its value in focus groups, the study indicated the importance of work benefits and salary in motivating employees. However, as explained in Chapter 5.7, salary was ranked as very important satisfying factor in other areas (Brookman, 1989; Al-Ma'aitah, et al 1996).

As a reflection of Vroom's Model, comparative studies of nurses' job satisfaction and motivation in the Middle East, which examined factors that serve as satisfiers or dissatisfiers among the Jordanian and the American nurses, indicated diverse findings. The main significant difference between the American and the Jordanian nurses, was the ranking of the different factors contributing to job satisfaction and motivation. Jordanian nurses were more satisfied by pay and task requirements, while the American nurses were more satisfied by autonomy and interactions (Abu Dahrieh, 1989; Al-Ma'aitah, et al 1996). This may reflect the economical and the cultural differences in the two places. Similar to the Gaza nurses, the West Bank "Palestinian" and the Israeli nurses were found to be moderately satisfied (Misener, et al 1996; Guidry, 1991). Job satisfaction and motivation were recognised to be related to satisfaction with work, supervision, co-workers and the job in general. Other important factors that affected job satisfaction and motivation were professional status, participation in research and facilities in work settings. There was some corroboration between the Palestinian and the Israeli nurses satisfying-dissatisfying factors. The only significant difference was the ranking of salary, promotion and job security, which elicited the lowest mean among the Israeli nurses (Guidry, 1991). This may be related to the difficult economical and political situations in Palestine, which affected their valuing of these needs more than in the case of Israeli nurses.

Interestingly, as acknowledged earlier, there was some corroboration between Gaza nurses' perception and Japanese nurses' perception of job satisfaction and motivation factors.

Yamashita studied job satisfaction among Japanese nurses and concluded that nurses in the study were moderately satisfied. However, extrinsic factors, such as having little opportunities for promotion or less favourable working conditions appeared to negatively influence job satisfaction and motivation (Yamashita, 1995). These findings could be partially related to some similarities in some social characteristics of the two populations,

such as the community orientation and the sense of belonging to the nation (Yamashita, 1995; Torrington and Hall, 1998).

To conclude, the study supported the validity of Vroom's Expectancy Model and pointed to the motivators and satisfiers that are based on perceptions and values placed by Gaza nurses on these factors, which are remarkably different from other international nurses' motivators.

The study contributed to answering the question as to what motivates employees by acknowledging the concept of asking them and to behave according to their responses.

However, although, the study findings indicate that Gaza nurses are moderately satisfied, their level of satisfaction could be improved. Factors perceived to compose Gaza nurses' motivation constructs included interpersonal communication, professional advancement, salary and benefits, quality of working life, management culture, professional autonomy and professional status. The study contributes to providing a reminder to nurses' managers in Palestine of the importance of challenging the issue of job satisfaction and motivation.

Improving satisfaction can act as a counterbalance by providing moments of rewards extremely needed for Gaza nurses. Many of the factors that could satisfy Gaza nurses were found to be requiring little or no monetary resources and could be achieved through utilising more effective managerial strategies as discussed in the coming chapters. For such motivation to fulfil Gaza nurses' expectations and needs, many changes in commitment in the level and strategies of educational preparation as well as in the organisational culture must first take place. However, based on the analysis of participants' perceptions there is a set of motivating strategies that could be helpful in the Palestinian situation and other analogous cultures as presented in the Section 6. Before discussing the extracted constructs of motivation, the researcher presents important demographic and organisational characteristics of Gaza nurses and also provides some insights of how they affecting satisfaction and motivation in the Palestinian situation.

## Chapter 5.2

### Characteristics of Subjects Organisations

This chapter explores the main characteristics of the study subjects and organisations and the differences in job satisfaction and motivation related to gender, marital status, years of experience, position and so on. As discussed in Section 3, the literature indicates that personal and demographic characteristics influence remarkably job satisfaction and motivation therefore, the researcher assumes that personal characteristic differences affect values and expectation; hence, worth considering when studying job satisfaction and motivation. Additionally, the chapter demonstrates the differences among nurses in relation to organisational variables, such as organisational ownership, type of services provided, the presence of equal opportunity, the presence of job descriptions and the practice of learning organisation. These characteristics have been identified by the literature as crucial factors in motivation.

- **Satisfaction level and nurses' characteristics**

#### **Age**

As it appears in the summary table (5), the study revealed that the mean age was 34.6 years "S.D. 7.0, median 35 years" and the highest age category was 31-40 years (Figure 3, Table 5) and represented 59.3% of the study population.

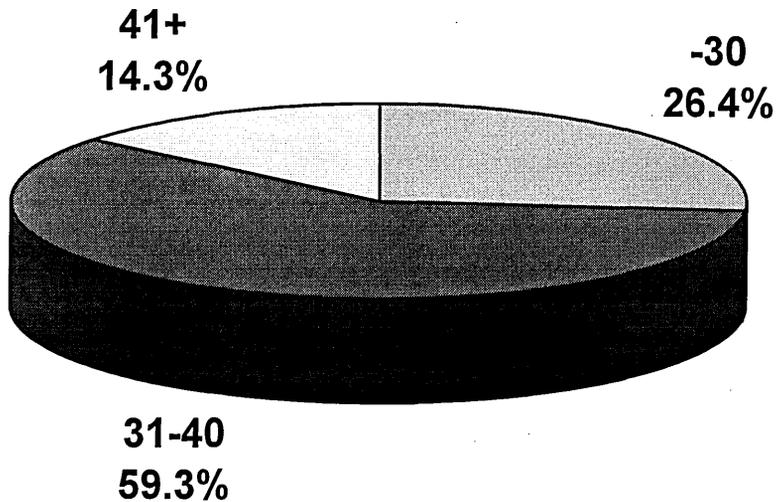
**Table 5: Summary of selected important variables**

Variable		No.	Percent	Total
Gender	Male	224	60%	369
	Female	145	40%	
Marital status	Married	325	87.8%	370
	Unmarried	45	12.2%	
Sector	Government	280	75.5%	370
	UNRWA	44	12%	
	NGOs	46	12.5%	
Type of service	Primary healthcare	148	40%	370
	Secondary care	222	60%	
Years of experience in current organisation	Less than 5 years	158	42.7%	361
	Between 6-15 years	149	40.3%	
	Between 16-25 years	42	11.4%	
	More than 26 years	12	3.2%	
Age	Less than 30 years	96	26.4%	364
	Between 31-40 years	216	59.3%	
	More than 41 years	52	14.3%	
Position	Licensed practical nurse/practical midwife	188	50.9%	369
	Registered nurse	136	36.9%	
	Nurse Manager	45	12.2%	
Working in unit of preference	Yes	269	73.1%	368
	No	99	26.9%	
Previous work experience in other organisations	Yes	168	45.9%	368
	No	200	54.1%	
Presence of procedures guidelines	Yes	75	20.5%	361
	No	211	57.8.7%	
	Do not know	79	21.6%	
Presence of job descriptions	Yes	90	24.7%	365
	No	275	75.3%	

**Table 5-(continue) Summary of selected important variables**

Variable		Number	Percent	Total
Level of education	18 month programme	160	43.2%	370
	Diploma programme	149	40.3%	
	Degree programme	61	16.5%	
Place of study	Baptist School	13	3.5%	370
	Shifa School	125	33.8%	
	Palestine College	87	23.5%	
	West Bank	13	3.5%	
	Abroad	63	17.0%	
	More than one place	69	18.0%	
Current enrolment in nursing professional development	Yes	77	21.0%	370
	No	289	79.0%	
Previous enrolment in professional development	Yes	215	59%	365
	No	150	41%	
Current enrolment in non nursing professional development	Yes	53	14.6%	364
	No	311	85.4%	
Future plan for professional development	Yes	101	27.7%	365
	No	91	24.9%	
	Do not know	173	47.4%	
Sharing results of professional development	Yes	123	34.6%	356
	No	233	65.4%	
Presence of departments for professional development.	Yes	156	43.2%	370
	No	205	56.8%	
Annual budget for professional development	Yes	20	5.5%	366
	No	164	44.8%	
	Do not know	182	49.7%	
Criteria for selection for professional development	Yes	94	26.3%	358
	No	264	73.8%	
Presence of health libraries	Yes	131	36.3%	361
	No	230	63.7%	

**Figure 3: Distribution of population by age**



As shown in table 6, ANOVA test comparing between the level of job satisfaction and motivation and age, indicated statistically significant differences among nurses from the various ages. There were significant differences in the overall feeling of job satisfaction and motivation in some of the factors composing the construct of job satisfaction and motivation. Significant differences were revealed relating to factor one “interaction” and factor three “Benefits”. Scheffe test results indicated that the level of job satisfaction and motivation were significantly higher among those nurses who were less than 30 years of age. Nurses aged between 31 to 40 were found to be the least satisfied and the least motivated to work. After the age of 40, the level of job satisfaction and motivation were improved and nurses, who were over 40, were the most satisfied ones. These findings are supportive of the presupposition that the relationships between job satisfaction and motivation take a U-Shape. These findings corroborated with focus group discussions where many of the focus groups thought leaders were either young, less than 30 years, or above 50 years. However, the literature indicated inconsistent findings concerning this issue (Cavanagh, 1992; Ndiwane, 1999; Dunham-Taylor, 2000).

**Table 6: ANOVA comparing job satisfaction and motivation and age**

Dep. Var. "Job satisfaction and motivation factors"	Indep. Var. "Age"	Sum of Squares	Df	Mean Square	F	Sig.
Interaction and communication	Between Groups	436.548	2	218.274	11.973	.001*
	Within Groups	6435.249	353	18.230		
	Total	6871.798	355			
Professional development	Between Groups	24.073	2	12.036	.974	.378
	Within Groups	4361.152	353	12.355		
	Total	4385.225	355			
Work benefits and conditions	Between Groups	136.277	2	68.138	6.202	.002*
	Within Groups	3845.378	350	10.987		
	Total	3981.654	352			
Professional status and self- esteem	Between Groups	38.245	2	19.123	2.568	.078
	Within Groups	2666.225	358	7.448		
	Total	2704.471	360			
Management culture	Between Groups	13.005	2	6.502	.660	.518
	Within Groups	3460.487	351	9.859		
	Total	3473.492	353			
Professional autonomy	Between Groups	15.509	2	7.754	1.926	.147
	Within Groups	1449.571	360	4.027		
	Total	1465.080	362			
Working life	Between Groups	8.172	2	4.086	.637	.530
	Within Groups	2277.596	355	6.416		
	Total	2285.768	357			
Global job satisfaction and motivation	Between Groups	2633.500	2	1316.750	7.412	.001*
	Within Groups	58628.758	330	177.663		
	Total	61262.258	332			

\*Statistically significant

The finding that the highest age category in this study was 31-40 years that represented 59.3% of the study population, placing Gaza nurses at a developmental stage that is earlier than the time when more onerous filial caring responsibilities normally are assumed in

people. This age category was found to be the least satisfied group among nurses. The researcher would suggest that the issue relating to young nurses' is twofold. Young generations are optimistic, as they are generally more capable of handling changes and consider positive factors for the development of health organisations. On the other hand, young generations are more liable to career changes. Turnover adversely affects organisation productivity, performance and costs (Irvine and Evans, 1995; Girvin, 1998; Parsons, 1998). The young nurses' average age could reflect an increased number of people entering the nursing profession together with the associated improvement of nursing status in the community that had taken place in the last decade.

It seems that McGroger's (1960) concepts relating to Theory X and Y, which assume that employees start work with much enthusiasm and motivation, are typically true in the Palestinian situation. The study concluded that Gaza nurses start work with high degree of motivation, but their organisations failed to keep them motivated, as they did not meet their expectations. The nurses developed therefore, de-motivation during this supposedly productive age. In the Palestinian situation, after the age of forty, not only employees' job alternatives dramatically decrease resulting from the age factor, but also dramatic psychological changes usually take place. It is noticeable in Palestinian culture that generally as people advance in age tend to decrease their energy level in life and adhere more to benevolent activities together with more commitment to religion (Azzam, 1979). In other words, in most Palestinian organisations especially, governmental ones, applicants for any job as a matter of policy should not exceed the age of 40 and after the age of 40, governmental employees legally can get pension, which provides a guaranteed salary till death (Section 2). Therefore, after the age of 40, employees usually decrease their expectations and tend to live quietly in their organisations. This provides a type of security, which is particularly favourable in the Palestinian situation. The literature indicates

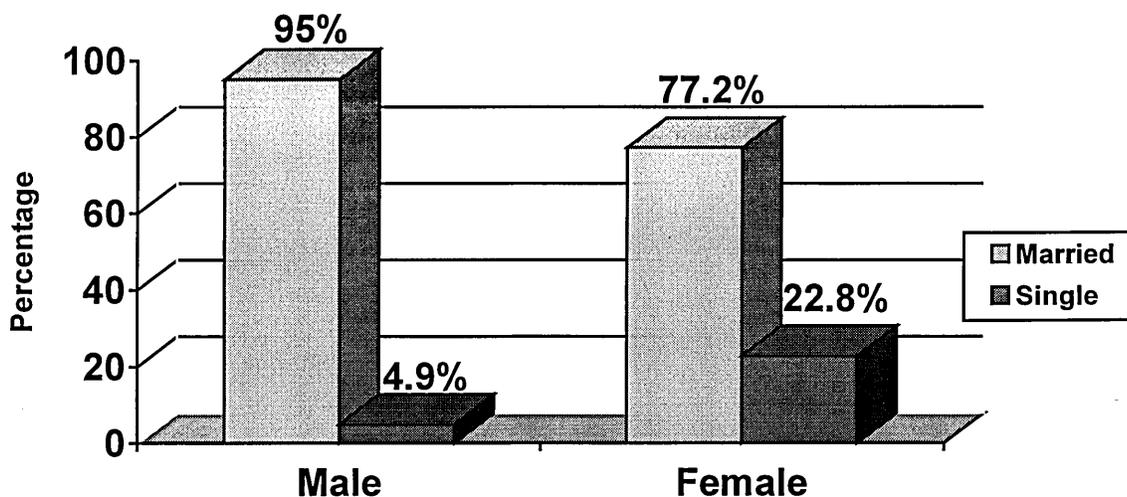
inconsistent findings concerning the age issue, making it difficult to make hard conclusions about it (Muus, et al 1993; Matus and Frazer, 1996; Relfs, 1995).

Among the other demographic characteristics that are linked to nurses' expectations and are sources of variations among people that could affect motivation and satisfaction are gender and marital status. The researcher presents in the following paragraphs the impact of these factors on job satisfaction and motivation.

### Gender and marital status

Unlike other countries, males (60%) were found to be the professional gender dominant group (Figure 4).

**Figure 4: Distribution of participants by gender and marital status**



Although, the gender gap is currently narrower than before, many male nurses are still entering the profession (MOH, 1999). This phenomenon could be related to socio-cultural image associated with notions of woman's work in the Palestinian culture. Like most Arabic, Islamic, paternal and hierarchical communities, the Palestinian community underestimates female's work and more value is placed on domestic responsibilities of

femininity and reproduction (Shaheen, 2000). This phenomenon resulted in the fact that only 7% of the Palestinian women are working (PCBS, 1997). Additionally, as a reflection of the Palestinian culture, which is a highly coupled community (PCBS, 1997), most Gaza nurses were found to be married (87.8%), especially male nurses (95.1%). The prevalence of marriage among female nurses (77.2%) was markedly less than among their male counterparts (Figure 4). Only 12.2% of the total study population were found to be single, divorced or widows.

**Table 7: Independent t-test comparing gender and job satisfaction and motivation**

Dep. Var. "Job satisfaction and motivation factors"	Indep. Var. "Gender"	No	Mean	S.D.	t	Sig.
Interaction and communication	Female	143	14.5664	4.8332	-1.388	.166
	Male	218	15.2477	4.1162		
Professional development	Female	139	10.5971	3.5442	-.570	.571
	Male	220	10.8136	3.4821		
Work benefits and conditions	Female	142	13.5704	3.6250	.054	.958
	Male	216	13.5509	3.1970		
Professional status and self- esteem	Female	143	11.8392	2.6046	.718	.465
	Male	223	11.6278	2.8365		
Management culture	Female	140	18.0357	3.0261	.823	.406
	Male	218	17.7569	3.1943		
Professional autonomy	Female	144	5.9167	1.9665	-1.984*	.046*
	Male	224	5.4866	2.0683		
Working life	Female	144	15.8889	2.6500	-.360	.724
	Male	219	15.9863	2.4297		
Global job satisfaction and motivation	Female	135	90.0444	14.4371	-.255	.7934
	Male	201	90.4378	12.9459		

\*Statistically significant.

As with the focus groups discussions, statistical analysis revealed differences among male and female nurses' perception of the satisfying-dissatisfying factors. Independent t-test results (Table 7) comparing male and female perceptions of job satisfaction and motivation showed statistically significant differences between the two categories on the autonomy factor where female nurses have elicited the highest level of satisfaction. This could be related to the lower expectations of females in a male dominant community. Autonomy factor included items related to the degree of freedom in performing one's job. However, in focus groups, although, they did not explicitly complain, female participants, in particular, expressed little concern about their autonomy at work.

The argument could be that, cultural factors have influenced their expectations. The researcher suggests that, in an overall general sense, Palestinian females are mentally prepared since their childhood to accept various forms of male domination and to live peacefully alongside it. Additionally, the need for autonomy at work cannot be separated from the general feeling of autonomy in the broader sense. It is unlikely that people would value autonomy at work if they were not autonomous in the wider life experience, indicating that, it is difficult to consider the concept of professional autonomy away from personal and cultural factors as it is the case with other motivators.

Another relevant factor that affected this phenomenon could be related to the fact that, male physicians manage most health organisations which are run in a hierarchical, Islamic and paternal community, that underestimates women role and perceives males as the superior group. The researcher claims that, in order to cope with such cultural conceptualisation, Palestinian female nurses developed workable coping mechanisms not only in their homes, but also at work. Interestingly, females showed more commitment to nursing profession in focus group interviews and their group was the mostly fruitful one. Nevertheless, findings of this study support Balzer (1990), Moody (1996) and Hamad (1997) conclusion that

females generally tend to be more satisfied than males. Conversely, Bookman's (1989) and Marriner and Craigie's (1977) findings support the assumption that males are more satisfied than females (Bookman, 1989; Marriner and Craigie, 1977). However, this phenomenon reflects the validity of Vroom's Theory where different people place different values on motivators, especially autonomy. Further discussion about the issue of autonomy is provided in Section 6.

The researcher is interested to focus on two concepts that could be inferred from the finding that the Palestinian female nurses tend to be generally more satisfied than male nurses especially regarding the autonomy level in their organisations. Firstly, given that the majority of Gaza nurses are males, the level of nurses' job satisfaction in the Palestinian context could be improved better if the demography of nurses was different and this calls for considering restructuring the composition of nursing in Palestine to the advantage of females. Secondly, although the majority of Gaza nurses were males, the professional status and influence of Palestinian nurses were remarkably low as is made clear in Table 4. This implies that improving the status of nursing is not entirely related to the gender factor in nursing and would question the idea of recruiting more male nurses to raise nurses status and influence on healthcare organisations, as some researchers have called for (Deloughery, 1995; Moloney, 1992). Rather it calls for challenging the professionalisation process in nursing as explained in Section 6 and not to link it only to the gender factor.

However, another variable that could affect gender-related variation is the marital status and the roles attached to gender in the Arabic and Islamic culture, in general, and in the Palestinian culture, in specific. Above the rate for other cultures, the majority of the study participants were married (87.8%). Although the prevalence of marriage is more common among males, the majority of females were also married. This reflected a change in the societal mental outlook regarding woman's work in general and to woman's work, in

nursing, in particular, which has taken place mainly under the influence of economic pressure. It is worth noting that, historically, in Palestine, most female nurses faced difficulties in getting married and only a few percent of them succeeded to get married (Shaheen, et al 1994). To understand the relationships between job satisfaction/motivation and marital status, the researcher conducted statistical analysis that shows the nature of the relationships between the two variables as shown in table 8.

**Table 8: Independent t-test comparing job satisfaction and motivation and marital status**

Dep. Var. "Job satisfaction and motivation factors"	Indep. Var. "Marital status"	No	Mean	S.D.	t	Sig.
Interaction and communication	Unmarried	45	16.0667	3.7319	1.769	.046*
	Married	317	14.8265	4.4868		
Professional development	Unmarried	44	10.8409	3.4232	.206	.834
	Married	316	10.7247	3.5182		
Work benefits and conditions	Unmarried	45	13.9333	3.7743	.796	.474
	Married	314	13.5064	3.3038		
Professional status and self-esteem	Unmarried	45	11.4667	2.6164	.638	.509
	Married	322	11.7453	2.7622		
Management culture	Unmarried	45	19.1111	3.1925	2.863*	.007*
	Married	314	17.6975	3.0836		
Professional autonomy	Unmarried	45	5.8667	1.9377	.760	.431
	Married	324	5.6204	2.0507		
Working life	Unmarried	45	16.6444	2.0797	1.967*	.025*
	Married	319	15.8589	2.5616		
Global job satisfaction and motivation	Unmarried	44	93.8636	13.9361	1.875	.074
	Married	293	89.7747	13.4171		

\*Statistically significant

The study revealed statistically significant differences between married and unmarried nurses in many satisfaction factors. Although the Palestinian community is one with strong commitment to the institution of marriage, unmarried nurses seem to be more motivated and

more satisfied about their work than married nurses in many satisfaction factors including working life, management and interactions. This feature could be related to the family life overload and the increasing demands of the family and children. Congruent with these findings the literature indicates that generally married nurses are less satisfied than single ones (Arnetz, 1997; Al-Ma'aitah, et al 1996).

It is worth noting that, in the Palestinian community, single people usually live with their parents in the family house and they contribute little if any to the household expenditures.

It is parents' responsibilities to maintain the home supplied with food, pay the bills and so on. After marriage, responsibilities dramatically increase and the burden placed on the family is usually great. Together with that, is the lack of institutionalised supportive services like childcare agencies, loans supporting facilities and so on. Added to that, the Palestinian community is perceived to value having many children and the average family size in Gaza is around 7 persons per household (World Bank, 1997). All these factors increased the stress and overload on nurses, particularly female ones.

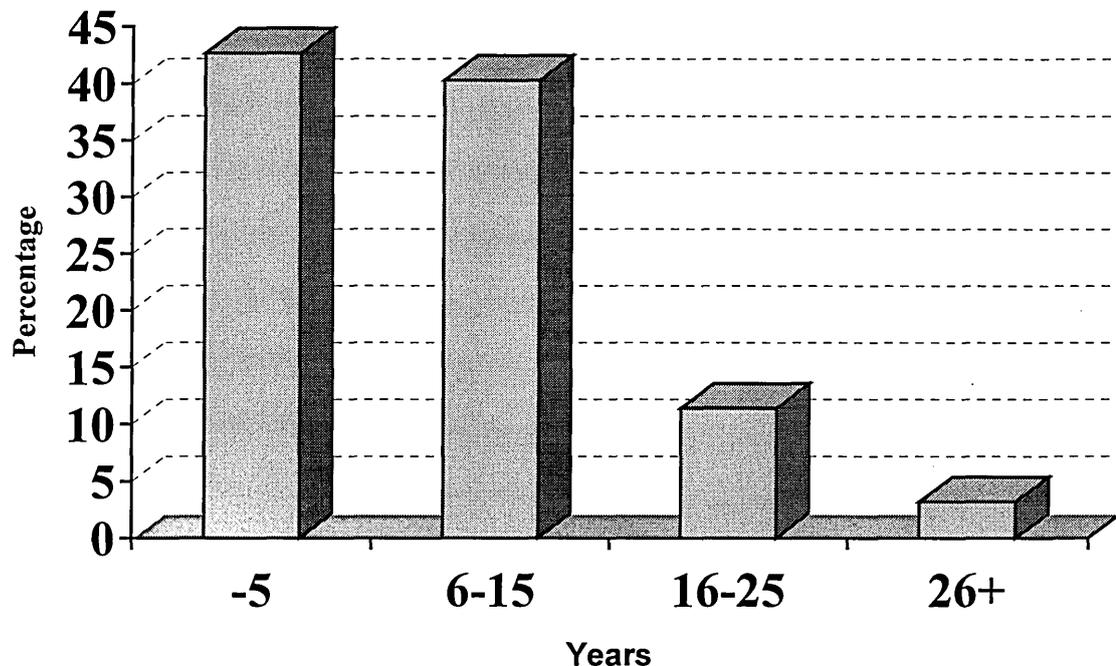
These findings showed how demographic characteristics affect motivation and help the Palestinian managers to understand the process of motivation in a workforce. The more understanding is developed about people, the more likely that managers would be capable of managing their organisations.

### **Years of experience**

Gaza nurses appeared to be having a relatively short period of work experience in their current organisations (Figure 5). Nearly half (42%) of them had a history of less than 5 years of experience in their organisations, with a mean of 8.7 years "median 7, mode 4, S.D 7". A limited number of nurses (14.6%) had more than 16 years of experience in their organisations. Additionally, approximately, less than half of the participants (45.9%) had a previous work experience in other nursing organisations. However, it is found that those

who have had work experience in other organisations had only a short work experience and about one third (31.9%) of them worked for less than 5 years.

**Figure 5: Distribution of population by years of experience**



The study indicated that there was high recruitment rate in healthcare organisations of relatively young, inexperienced nurses. This may reflect the current trend of supporting healthcare organisations with extra staff after the end of the occupation period together with an increasing number of the younger generations entering the nursing profession. It is worth noting that, since the establishment of the Palestinian Authority many services have been established, restructured and/or extended. This stimulated the recruitment of extra nurses to cope with the induced changes. However, this recruitment did not meet the service needs, and subsequently, nurses still perceived their workload to be overwhelming.

**Table 9: ANOVA comparing job satisfaction and motivation and years of experience in current organisation**

Dep. Var. “ “Job satisfaction and motivation factors”	Indep. Var. “Years of experience”	Sum of Squares	Df	Mean Square	F	Sig.
Interaction and communication	Between Groups	423.616	3	141.205	7.634	.001*
	Within Groups	6455.835	349	18.498		
	Total	6879.450	352			
Professional development	Between Groups	23.704	3	7.901	.641	.589
	Within Groups	4291.012	348	12.330		
	Total	4314.716	351			
Work benefits and conditions	Between Groups	136.407	3	45.469	4.104	.007*
	Within Groups	3833.093	346	11.078		
	Total	3969.500	349			
Professional status and self- esteem	Between Groups	43.553	3	14.518	1.921	.126
	Within Groups	2675.210	354	7.557		
	Total	2718.763	357			
Management culture	Between Groups	31.121	3	10.374	1.086	.355
	Within Groups	3303.919	346	9.549		
	Total	3335.040	349			
Professional autonomy	Between Groups	10.444	3	3.481	.850	.467
	Within Groups	1457.753	356	4.095		
	Total	1468.197	359			
Working life	Between Groups	27.405	3	9.135	1.437	.232
	Within Groups	2231.231	351	6.357		
	Total	2258.637	354			
Global job satisfaction and motivation	Between Groups	2149.306	3	716.435	4.033	.008*
	Within Groups	57736.390	325	177.650		
	Total	59885.696	328			

\* Statistically significant

Table 9, shows the relationships between job satisfaction and motivation and years of experience in the current organisation. ANOVA test results indicated statistically

significant differences in some factors. Significant differences were reported in factor one “interactions” and factor three “benefits” as well as in the global feeling of job satisfaction and motivation indicating a negative association between satisfaction and years of experience in the organisation.

As shown in table 9, results indicated that nurses with less than 5 years of experience (42.7%), were found to be more motivated and more satisfied than those with a longer experience. The level of satisfaction was the highest for those who worked over 15 years. Interestingly, similar findings were reported concerning age, which was found to be taking U-Shape, as discussed before. It could be inferred that employees start work with a high level of motivation and their organisations fail to maintain such motivation therefore, they developed de-motivation. With the longevity of service together with the advances in age, people develop adaptation and adjustment to work in or, less likely leave their organisations. This adaptation could be related to the decrease in their energy level and the limited availability of work opportunities for people after the age of 40. Congruently, the researcher examined the relationships between job satisfaction and the previous work in other organisations. The findings are shown in the next table (Table 10).

The results of t-test comparison between job satisfaction and motivation and previous work experience showed significant relationships between the two variables as shown in table 10. Nurses who had work experience in other organisations seemed to be more satisfied and more motivated to work than those who had not had such experience. In particular, significant relationships were found regarding nurses’ global job satisfaction and motivation, interaction, management, autonomy and working life. One possible explanation, could be related to the assumption that experiencing different organisations may result in developing more realistic expectations, subsequently, their motivation level could be enhanced.

**Table 10: t-test comparing job satisfaction and motivation and previous work experience**

Dep. Var. "Job satisfaction and motivation factors"	Indep. Var "Previous work"	No	Mean	S. D	t	Sig.
Interaction and communication	Yes	163	15.4663	3.8877	1.928*	.055*
	No	197	14.5838	4.7979		
Professional development	Yes	162	10.7963	3.4156	.302	.762
	No	196	10.6837	3.5937		
Work benefits and conditions	Yes	163	13.9264	3.3748	1.844	.066
	No	194	13.2680	3.3470		
Professional status and self-esteem	Yes	167	11.9281	2.8424	1.327	.188
	No	198	11.5455	2.6592		
Management culture	Yes	163	18.2393	2.9519	*2.129	.033*
	No	194	17.5361	3.2354		
Professional autonomy	Yes	168	5.7202	1.9998	.574	.566
	No	199	5.5980	2.0693		
Working life	Yes	167	16.2455	2.5305	2.029*	.043*
	No	195	15.7077	2.4998		
Global job satisfaction and motivation	Yes	152	92.2632	12.9843	2.417*	.016*
	No	183	88.6885	13.8713		

\* Statistically significant

The literature indicates inconsistent findings related to the relationships between satisfaction and the longevity of service. Some studies indicate positive associations (Near and Sorcinelli, 1986; Moody, 1996), while others indicate negative ones (Hamad, 1997; Sorenson, et al 1985), making it difficult to draw solid conclusions in this regard.

Interestingly, experienced nurses showed high commitment in focus groups with many of them perceived by the researcher as thought leaders who delivered interesting ideas. This does not mean that they were the most motivated ones. Rather it is noticeable that their

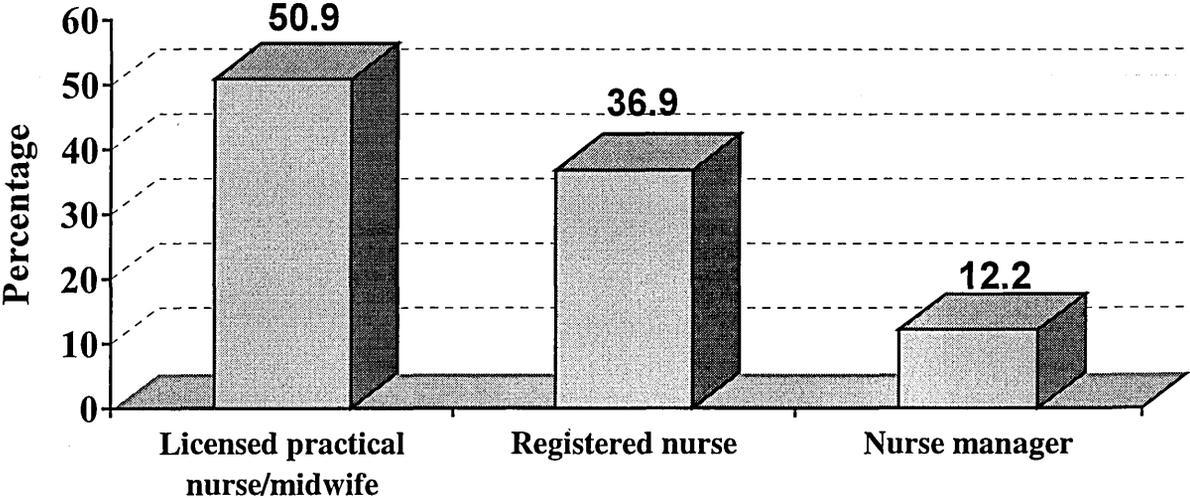
experience contributed in not only delivering ideas and thoughts, but also in their development of more realistic expectations. This finding could be seen as supporting the relationships between satisfaction and expectation as suggested by Vroom.

However, another characteristic that affects motivation and satisfaction and could be seen relevant to longevity of service is the managerial position in the organisation that is explained in the coming paragraphs.

**Position**

In the general overall sense, the study indicated that position in the organisation is usually associated with the level of education and years of experience. About half (50.9%) of the study population were licensed practical nurses and midwives performing practical tasks and forming the backbone of the nursing body in Gaza providing bedside care and lower level nursing duties (Figure 6). Registered nurses formed 36.9% and they mainly perform professional tasks. About 12.2% of the study population were occupying managerial or educational posts.

**Figure 6: Distribution of population by position**



As shown in table 11, contrary to other research findings, in this study, nurses' position within the organisation did not affect the level of satisfaction positively.

**Table 11: ANOVA comparing job satisfaction and motivation and the position in the organisation**

Dep. Var. "Satisfaction and motivation factors"	Indep. Var. "Position"	Sum of Squares	Df	Mean Square	F	Sig.
Interaction and communication	Between Groups	46.942	3	15.647	.805	.492
	Within Groups	6939.058	357	19.437		
	Total	6986.000	360			
Professional development	Between Groups	24.374	3	8.125	.660	.577
	Within Groups	4368.417	355	12.305		
	Total	4392.791	358			
Work benefits and conditions	Between Groups	101.886	3	33.962	3.055	.029*
	Within Groups	3935.868	354	11.118		
	Total	4037.754	357			
Professional status and self-esteem	Between Groups	24.023	3	8.008	1.063	.365
	Within Groups	2727.695	362	7.535		
	Total	2751.719	365			
Management culture	Between Groups	92.540	3	30.847	3.209	.023*
	Within Groups	3402.533	354	9.612		
	Total	3495.073	357			
Professional autonomy	Between Groups	5.332	3	1.777	.426	.735
	Within Groups	1520.146	364	4.176		
	Total	1525.478	367			
Working life	Between Groups	27.861	3	9.287	1.467	.223
	Within Groups	2273.434	359	6.333		
	Total	2301.295	362			
Global job satisfaction and motivation	Between Groups	1189.060	3	396.353	2.183	.090
	Within Groups	60279.937	332	181.566		
	Total	61468.997	335			

\*Statistically significant

The only exception for that was factor 3 "work benefits and conditions" and factor 5 "management culture" in which statistically significant differences were found to exist in satisfaction level among nurses occupying different positions. Scheffe test results indicated

that nurses who were higher in the hierarchy were more satisfied about their benefits than nurses who were lower in the hierarchy providing lower duty services.

By contrast, nurse managers were less satisfied about the management factor in their organisations than regular nurses. This could be related to their higher expectations, as well as, work over load. In contrast, other findings in studies conducted elsewhere, indicated that nurses holding higher positions within the organisations seem to stay longer in their jobs and to be more satisfied (Cavanagh, 1992; Misener, et al 1996; Dunham-Taylor, 2000).

The researcher assumes that such findings could be affected by the external factors, such as benefits, power, type of work, managerial context and so on.

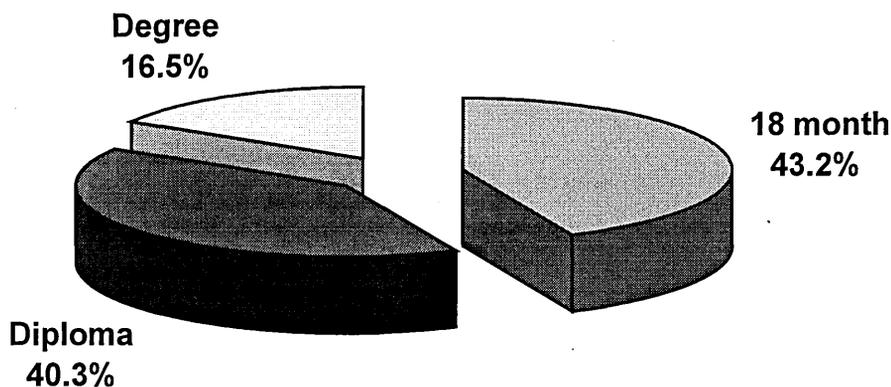
The study indicated that licensed practical nurses who were holding no managerial responsibilities and performing most of the work tasks were more satisfied (not statistically significant) than other categories. It seems that they developed lesser expectations and they were fully aware of the few job alternatives available to them as a result of their lower qualifications. Contrary to practical nurses, nurse managers developed dissatisfaction especially with the management factor. A possible explanation could be that nurse managers like most managers of the Palestinian health system, receive little or no training in management and are appointed merely by years of experience, connections and/or by political affiliation (Massoud, 1994). Being a manager is not an easy situation in such difficult circumstances. In addition, managers have few responsibilities and they have little control over work conditions. For instance, strategic organisational issues, such as planning, recruitment, budgeting, and promotions are externally decided and managed. This represents managers as weak, non-influential people who follow orders and are told what to do. These factors affected their self-esteem, their relationships and their mode of management as well.

Focus groups discussions revealed that participants perceived their managers and nurse managers in a poor light. The latter were the least effective group in terms of both data richness and commitment to the nursing profession as well. Researchers have argued that management is the most important single factor that possibly adversely affects the efficiency and the effectiveness of health organisations (Massoud, 1994). However, the study indicates that management is the most challenging issue affecting motivation in the Palestinian situation as discussed in Chapter 5.3. Another important characteristic variable affected motivation in this study is the level of education and related issues as presented in the following paragraphs.

### **Level of education**

As with other professions in Palestine, it seems that the Palestinian nurses are fairly well educated, about half of the study population (43.2%) were trained for 18 months as licensed practical nurses or practical midwives (Figure 7).

**Figure 7: Distribution of population by education level**



The three-year diploma level represented 40.3% of the study population. About 16.5% of the study respondents were university degree holders (4 years training and more).

**Table 12: ANOVA comparing job satisfaction and motivation and level of education**

Dep. Var.	Indep. Var.	Sum of Squares	Df	Mean Square	F	Sig.
<i>“Satisfaction and motivation Factors”</i>	Between Groups	244.737	2	122.368	6.470	.002*
	Within Groups	6790.128	359	18.914		
	Total	7034.865	361			
Interaction and communication	Between Groups	75.626	2	37.813	3.119	.045*
	Within Groups	4327.829	357	12.123		
	Total	4403.456	359			
Professional development	Between Groups	120.316	2	60.158	5.449	.005*
	Within Groups	3930.147	356	11.040		
	Total	4050.462	358			
Work benefits and conditions	Between Groups	21.723	2	10.862	1.447	.237
	Within Groups	2731.661	364	7.505		
	Total	2753.384	366			
Professional status and self-esteem	Between Groups	112.650	2	56.325	5.914	.003*
	Within Groups	3390.709	356	9.524		
	Total	3503.359	358			
Management culture	Between Groups	3.161	2	1.580	.380	.684
	Within Groups	1522.742	366	4.160		
	Total	1525.902	368			
Professional autonomy	Between Groups	51.638	2	25.819	4.143	.017*
	Within Groups	2249.659	361	6.232		
	Total	2301.297	363			
Working life	Between Groups	3679.372	2	1839.686	10.617	.001*
	Within Groups	57876.533	334	173.283		
	Total	61555.905	336			
Global job satisfaction and motivation	Between Groups					
	Within Groups					
	Total					

\* Statistically significant

Many managerial and cultural factors influence nurses' enthusiasm for education. A considerable number of Gaza nurses were enrolled in professional development programmes (21%) at the time of the study. ANOVA test comparing job satisfaction and motivation level between nurses holding different qualifications showed statistically significant differences among nurses in relation to their level of education. Results indicated statistically significant differences in relation to education level with most job satisfaction and motivation constructs; as well as, with the overall level of job satisfaction and motivation. Post hoc Scheef test results indicated that the less qualified nurses were found to be more satisfied and more motivated to work than the highly qualified ones. Hence, nurses or midwives with 18 month training were the mostly satisfied and the most motivated group of nurses followed by diploma nurses. University degree holders were the least satisfied group. Unlike other factors, autonomy and professional status factors revealed no statistical significant relationships with the level of education. These findings are consistent with the literature, which indicates that the level of education is adversely related to the level of job satisfaction and motivation (Cavanagh, 1992; Waddell, 1996). A possible reason could be related to the fact that education increases opportunities, raises expectations and activates individuals' energy for change.

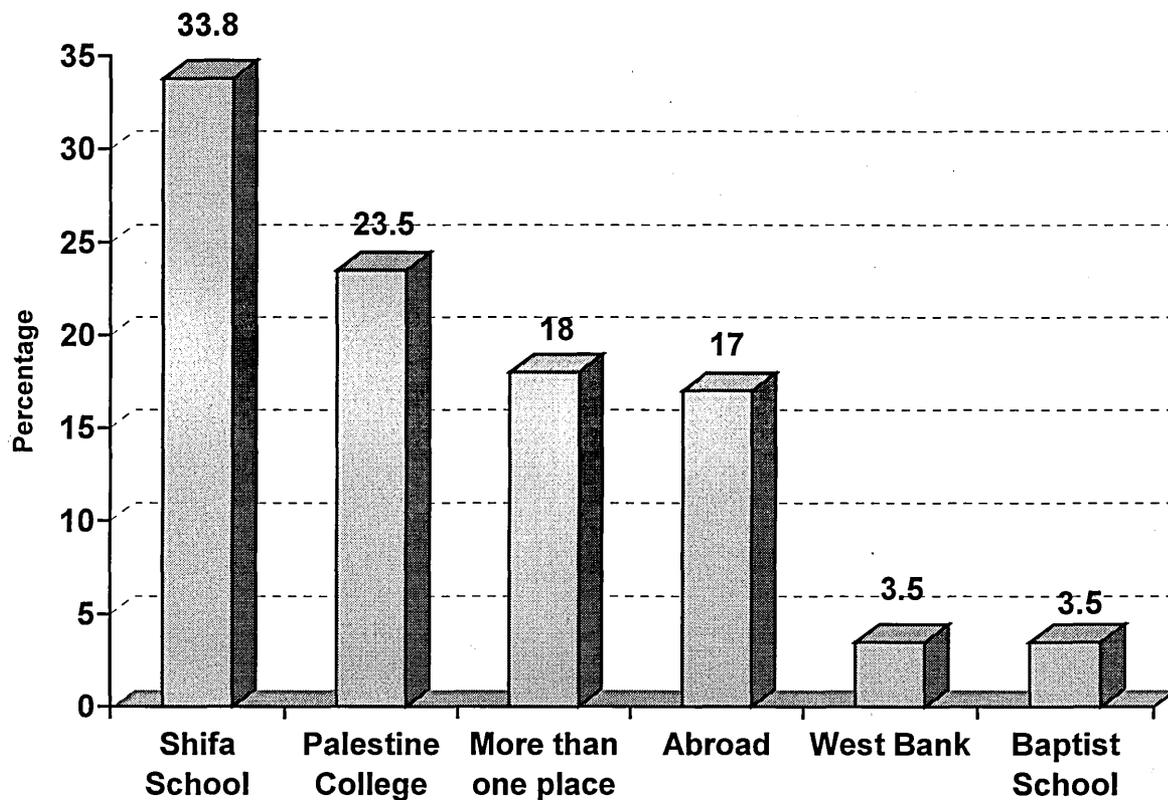
Failure of organisations to meet needs and expectations of people who attended higher education widens the gaps between the organisational and the individuals concerns therefore, increasing the discrepancy between expectations and outcomes. In fact, education has been identified as a powerful factor in job satisfaction and motivation (Herzberg, 1966; Hamad, 1997). Failure of education to motivate Gaza nurses is a multifaceted phenomenon and many factors could play a part in it. Detailed discussion is provided in this regard in Chapter 5. This could be related to problems encountered in

strategies of education or problems related to personal or managerial factors as discussed in the coming paragraphs.

Interestingly, unlike other health professionals, most nurses were trained in Palestine.

Statistics show that 65% of Gaza nurses had graduated from nursing schools in Palestine; only 17% of nurses had graduated from abroad and mainly from Egypt (Figure, 8). The next table (13) shows the variations in satisfaction level by institution of education.

**Figure 8: Distribution of population by place of education**



It could be inferred from table 13 that statistically significant differences existed among nurses who graduated from different study places. ANOVA results showed significant differences among nurses regarding factor 3 “benefits” and factor 4 “professional development”. Furthermore, the global job satisfaction and motivation was also found to be statistically significant in relation to the place of study. Scheffe test results indicated that nurses who, studied abroad, or, who studied in colleges, administered by internationals,

were the most satisfied ones. By contrast, graduates of local colleges were the most dissatisfied ones. Therefore, the researcher argues that the strategies of education and the methods of preparing nurses affect their perceptions and attitudes towards their work. More discussion of this point is provided in Chapter 5.5.

**Table 13: ANOVA comparing job satisfaction and motivation and the place of study**

Dep. Var. "Satisfaction and motivation factors"	Indep. Var. "Place of study"	Sum of Squares	Df	Mean Square	F	Sig.
Interaction and communication	Between Groups	102.359	5	20.472	1.051	.387
	Within Groups	6932.505	356	19.473		
	Total	7034.865	361			
Professional Development	Between Groups	60.639	5	12.128	.989	.425
	Within Groups	4342.817	354	12.268		
	Total	4403.456	359			
Work benefits and conditions	Between Groups	209.289	5	41.858	3.847	.002*
	Within Groups	3841.173	353	10.882		
	Total	4050.462	358			
Professional status and self- esteem	Between Groups	102.773	5	20.555	2.799	.017*
	Within Groups	2650.611	361	7.342		
	Total	2753.384	366			
Management culture	Between Groups	83.457	5	16.691	1.723	.129
	Within Groups	3419.902	353	9.688		
	Total	3503.359	358			
Professional autonomy	Between Groups	35.156	5	7.031	1.712	.131
	Within Groups	1490.746	363	4.107		
	Total	1525.902	368			
Working life	Between Groups	22.203	5	4.441	.698	.626
	Within Groups	2279.094	358	6.366		
	Total	2301.297	363			
Global job satisfaction and motivation	Between Groups	2240.022	5	448.004	2.500	.031*
	Within Groups	59315.883	331	179.202		
	Total	61555.905	336			

\* Statistically significant

Indeed, focus groups' participants perceived education to be double edged. On the one hand, education is very important to improve job satisfaction and motivation, status, performance, knowledge, attitudes, skills and productivity. On the other hand, it could negatively affect learners' ability to adapt and survive in her/his organisation. Group discussions revealed inconsistent views relating to the consequences of education. Some participants showed scepticism about the impact of education on job satisfaction and motivation and productivity. Such an attitude about education is best described by one participant saying: *"From my experience of nursing, education does not always improve morale. People with high qualifications usually have greater expectations; they tend to change jobs frequently and seek other alternatives"*.

However, at least, there was a consensus among participants that nurses failed to apply what they have learned. Many reasons were recognised by participants as the cause, among them, the problems encountered in the healthcare systems, which did not encourage people to practice their knowledge. Therefore, learning was perceived to benefit people themselves but not the organisation. These findings are consistent with the literature, which indicates that the level of education is adversely related to the level of job satisfaction and motivation (Waddell, 1996; Sherwood, 1996; Nolan, et al 1995). This concept is more explicitly discussed in Chapter 5.5.

This study contributes valuable data on Gaza nurses and shows what distinguishes them from other nurses. Additionally, the study provides interesting data on the nature of the relationships between satisfaction and demographic characters. Subsequently, concepts that could be concluded from this study help managers to develop understanding of the relationship between satisfaction and demographic characters. The more understanding is developed, the more managers will be able to set motivational strategies. Nevertheless,

these findings help manager to plan human resource management including recruitment, retaining and motivating nurses.

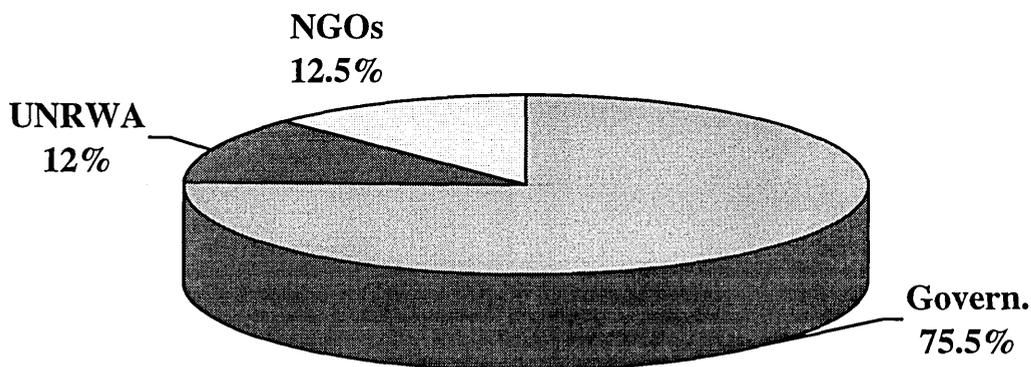
As explained earlier, the second part of this contextual chapter elucidates the organisational characteristics of Palestinian health organisations by reference to nurses job satisfaction and motivation. The literature acknowledges the impact of organisational variables in motivating and satisfying nurses. The researcher included many organisational related variables as presented in the coming pages.

- **Satisfaction level and organisational characteristics**

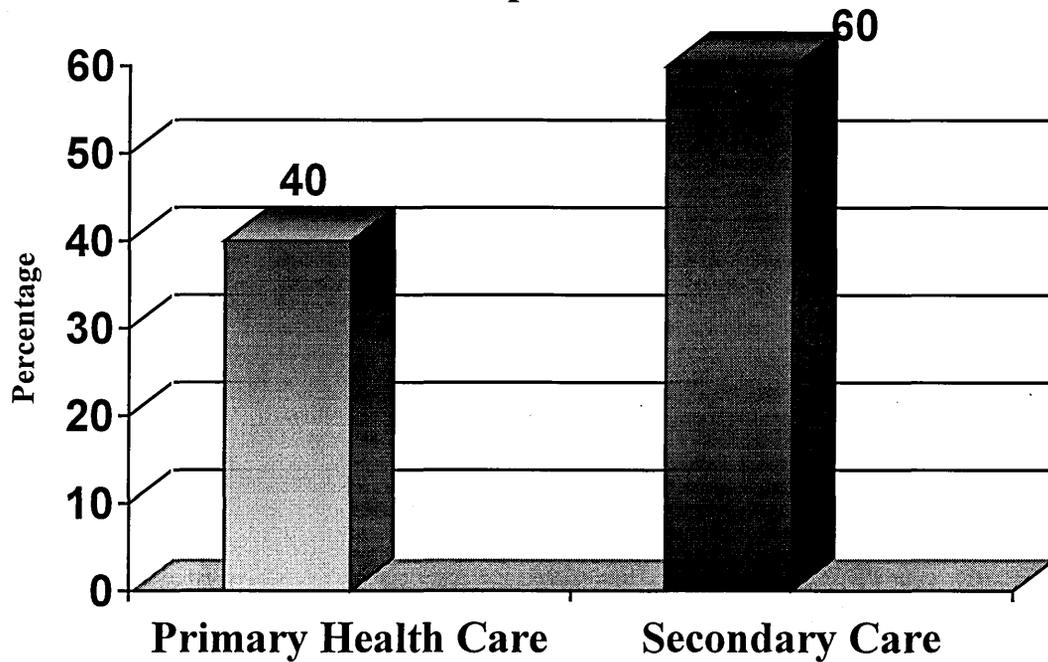
### **Work type and organisational ownership**

The findings indicate that the majority of the study participants were working in governmental organisations (75.5%), the rest (Figure 9) were nearly equally distributed between NGOs (12.5%) and UNRWA (12%).

**Figure 9: Distribution of population by organisations ownership**



**Figure 10: Distribution of population by type of services provided**



Like healthcare systems in most of the developing countries, the healthcare system in the Gaza Strip was secondary care oriented (Figure 10). About 60% of nurses were working in secondary care facilities mostly hospitals and 40% were working in primary healthcare field and community health services. To examine the relationships between organisational ownership and job satisfaction and motivation the researcher conducted statistical analysis as revealed in table 14.

**Table 14: ANOVA comparing job satisfaction and motivation and the ownership of the organisation**

Dep. Var. "Job satisfaction and motivation factors"	Indep.Var. "Ownership"	Sum of Squares	Df	Mean Square	F	Sig.
Interaction and communication	Between Groups	302.885	2	151.442	8.076	.001*
	Within Groups	6731.980	359	18.752		
	Total	7034.865	361			
Professional development	Between Groups	120.890	2	60.445	5.039	.007*
	Within Groups	4282.566	357	11.996		
	Total	4403.456	359			
Work benefits and conditions	Between Groups	195.259	2	97.630	9.015	.001*
	Within Groups	3855.203	356	10.829		
	Total	4050.462	358			
Professional status and self-esteem	Between Groups	10.829	2	5.414	719	.488
	Within Groups	2742.555	364	7.534		
	Total	2753.384	366			
Management culture	Between Groups	172.549	2	86.275	9.221	.001*
	Within Groups	3330.810	356	9.356		
	Total	3503.359	358			
Professional autonomy	Between Groups	26.276	2	13.138	3.206	.042*
	Within Groups	1499.626	366	4.097		
	Total	1525.902	368			
Working life	Between Groups	19.243	2	9.622	1.522	.220
	Within Groups	2282.054	361	6.321		
	Total	2301.297	363			
Global job satisfaction and motivation	Between Groups	3761.010	2	1880.505	10.868	.001*
	Within Groups	57794.895	334	173.039		
	Total	61555.905	336			

\*Statistically significant

As shown in table 14, ANOVA, comparing between job satisfaction and motivation scores and the ownership of the organisation clearly indicated significant differences between people working in various organisations. Post hoc Scheffe test indicates that people who were working in NGOs followed by those working in UNRWA were satisfied with more of the motivational constructs than people who were working in government sector. No significant differences were found with factor 4 professional status and factor 7 working life. The researcher assumes that this could be explained by the lack of employment standards and labour laws controlling most organisations, which resulted from the absence of professional regulatory bodies or unions in Palestine. Furthermore, there were significant differences in the overall feeling among employees in the various organisations.

Another issue that is relevant to the ownership of the organisations is the type of services provided by them. Traditionally, different health providers provide different specialised types of care. For instance, UNRWA and NGOs mainly provide primary care services and most of the secondary services are provided by MOH's hospitals (MOH, 1999). This intervening factor could affect the motivation and the satisfaction level as discussed later on in this chapter. Moreover, it could be inferred that, these significant differences in motivation might be related to the management style (Harri, 1997), philosophy of the organisation (Dunham-Taylor, 2000), interaction patterns (Croese, 1999), benefit package (Knox and Gregg, 1994) and so on.

The researcher claims that the nature of the organisation culture could vary according to the institution in many forms. NGOs and UNRWA are smaller than governmental organisations (MOH, 1999). The smaller the organisation most probably the better the relationship between employees (Williams, 2000). The researcher noticed that NGOs and UNRWA organisations have clearer regulations, policies and clearer lines of authority than governmental organisations. Contrary to governmental organisations, NGOs and UNRWA

do not have a permanent job policy of “life long jobs”. Most of their employees are working on a long term contract basis which consider their performance in the appraisal of progress therefore, employees were suppose to keep in mind that they should be motivated to work. In addition, the researcher noticed that government employees experience political discrimination, fewer benefits and more bias in their organisations. An international management team manages UNRWA and the local government has no control over it with the effect that the discrimination is perceived to be less and the working conditions are perceived to be better.

Another factor related to the ownership of the organisation is the type of work done. As shown in table 15, independent t-test results show higher job satisfaction and motivation among primary healthcare nurses than nurses who were working in hospitals. This higher job satisfaction and motivation level was reported in almost all constructs of satisfaction as well as, in the global feeling of satisfaction and motivation. Contrary to other factors, factor two “Professional development” indicated no statistically significant relationships between primary and secondary care nurses’ level of job satisfaction and motivation. This may reflect the lack of opportunities in the primary healthcare nurses where the majority of nurses are licensed practical nurses. It is worth mentioning that, during the last twenty years, most educational opportunities were available for diploma nurses, while licensed practical nurses received few.

Meanwhile, focus groups discussions showed that there were no remarkable variations regarding organisations’ ownership and no particular group was observed to vary significantly from other groups, nurses from primary care were more satisfied and they elaborated more rich data than their counterparts from hospitals. Findings presented in this study show that there are several significant differences in job characteristics that could affect job satisfaction and motivation. Similar to other studies, significant differences were

noticed among primary and secondary healthcare nurses. Naturally, there are differences between primary and secondary nursing care services related to the nature of work, scope of activities, degree of autonomy and the content of work performed. Many of these differences are positively biased towards primary healthcare (Healy and McKay, 1999).

**Table 15: t-test comparing job satisfaction and motivation and type of work**

Dep. Var. "Satisfaction and motivation factors"	Indep. Var. "Type of work"	No of Cases	Mean	S.D.	t	Sig.
Interaction and communication	PHC	143	15.9510	4.4852	3.430*	.001*
	Secondary care	219	14.3470	4.2597		
Professional development	PHC	143	10.9091	3.6249	.748	.455
	Secondary care	217	10.6267	3.4229		
Work benefits and conditions	PHC	143	14.4615	3.5539	4.113*	.001*
	Secondary care	216	12.9630	3.0982		
Professional status and self-esteem	PHC	146	12.1370	2.5343	2.491*	.013*
	Secondary care	221	11.4299	2.8430		
Management culture	PHC	142	18.6127	3.0267	3.679*	.001*
	Secondary care	217	17.3917	3.1059		
Professional autonomy	PHC	148	5.9527	2.0248	2.348*	.020*
	Secondary care	221	5.4480	2.0233		
Working life	PHC	148	16.2973	2.2722	2.151*	.032*
	Secondary care	216	15.7222	2.6531		
Global job satisfaction and motivation	PHC	131	94.1679	13.3521	4.280*	.001*
	Secondary care	206	87.8544	13.1014		

\*Statistically significant

Research findings indicate that primary health care is more challenging, interesting and motivating than secondary care provided at hospitals (El-Ma'aitah, et al 1996). Secondary care is usually provided to chronic patients and mostly includes repetitive, boring and overloaded tasks. Primary health care incorporates more challenging responsibilities as it

incorporates more enriched activities, such as health education, community work, surveys and visiting clients (Janssen, et al 1999; Ndiwane, 1999). However, these findings contradict Taylor's suppositions about the motivating effect of the highly structured and highly divided unchallenging jobs and supported concepts related to the intrinsic motivation of the interesting, challenging tasks that stimulate creativity and growth.

These findings showed on the one hand, that the content of community nurses' work is more attractive, but on the other hand, that nurses feel that they receive fewer opportunities for their professional development and status. Conversely, studies indicated that the type of work affects satisfaction especially in regard to the amount of stress encountered through work. Research findings indicate that intensive care nurses have the lowest satisfaction level due to work stress they experience resulting from work overloads. Psychiatric nurses seem to have the least turnover (Matus and Frazer, 1996; Janssen, et al 1999; Al-Ma'aitah, et al 1996). These findings support Herzberg's Theory related to the nature of work and its effects on motivation and satisfaction. This stimulates the utilisation of job redesign policies that make jobs more interesting as discussed earlier in Section 3.

Another organisational issue that is related to the ownership of the organisation and the type of services it provides is the provision of job descriptions. The provision of job descriptions reflects the process of management in the organisation and affects job satisfaction and motivation as presented in the following paragraphs.

### **Job description**

Although having job descriptions is a basic component of most organisational structures (Tomey, 1996), the study indicated that most health organisations do not have clear job descriptions. Job descriptions were only provided by health organisations to 24.7% of the studied population as it appears in table 5.

**Table 16: Independent t-test comparing between job satisfaction and motivation and provision of job description**

Dep Var. "Satisfaction and motivation factors"	Indep. Var. "Provision of job description"	No of Cases	Mean	S.D.	t	Sig.
Interaction and communication	Yes	87	16.0920	3.7807	3.099*	.002*
	No	270	14.5741	4.5193		
Professional development	Yes	87	11.8621	3.7391	3.547*	.001*
	No	268	10.3545	3.3438		
Work benefits and conditions	Yes	88	15.0000	3.5880	4.820*	.001*
	No	267	13.0637	3.1563		
Professional status and self-esteem	Yes	89	12.0899	2.8430	1.521	.124
	No	274	11.5803	2.7139		
Management culture	Yes	87	18.5057	2.3421	2.708*	.007*
	No	267	17.6330	3.3030		
Professional autonomy	Yes	90	6.0889	2.0860	2.346*	.023*
	No	274	5.5146	1.9912		
Working life	Yes	89	16.7416	2.0918	3.542*	.001*
	No	270	15.6667	2.5983		
Global job satisfaction and motivation	Yes	81	96.3580	11.5318	4.841*	.001*
	No	253	88.2648	13.5552		

*\*Statistically significant*

Table 16 clearly shows statistically significant variations in the level of job satisfaction and motivation between nurses who received job descriptions and those who did not. Results of t-test clearly show that nurses who received job descriptions were more satisfied than those who did not. This was true regarding most of the satisfaction factors as well as of the global feeling of job satisfaction and motivation. The researcher claims that this serious managerial issue could reflect the lack of clarity in the Palestinian health organisations and is a hindrance of both responsibility and accountability and also results in role ambiguity among nurses.

It is needless to say that, traditionally nurses' work according to the nursing principles taught in nursing colleges in combination with the rules and regulations of the employing organisations. Job descriptions and protocols are therefore usually provided to nurses. This finding is congruent with Scientific Management concepts, which assume that job clarity reduces ambiguity and decreases tensions resulting from uncertainty and corroborates Expectancy Theories on making requirements clear from the start so that it could form the basis for expectations and comparisons (Vroom, 1964; Taylor, 1911). Some researchers referred nurses' desires to have clear job description to other factors such as their desire to protect themselves because their work involves dealing with critical life moments and death, such as delivery, care of dying people and resuscitations. Thus, job descriptions provide legitimacy to their actions in such serious situations (Menzies, 1977). Additionally, historically, nurses assumed submissive roles in health organisations and they used to be told what to do and less likely to behave as other autonomous professionals as explained in Chapter 5.8. In this regard, job descriptions and the Scientific Management principles are of value for nurses' motivation. However, concepts which enable nurses to know exactly what is needed of them from the start, match expectancy concepts and allows them to develop the basis for their motivation according to their expectations. In other words, these findings could be seen as supporting motivation Process Theories concepts, which emphasised the importance of making jobs clear so that employees know from the start what is needed of them and, subsequently, they develop attitudes and values that are based on a solid ground.

Indeed, this theme frequently came out of focus groups discussions. As a result of the lack of job standards and protocols that are essentially needed in healthcare, participants perceived their healthcare environment to be turbulent and uncertain. Additionally, the absence of clear systems of work exposed nurses to miscommunication with clients and

their families, colleagues and organisations. One nurse best described the situation when he said: *"When you do not know what is needed from you, when you are not familiar with your area of responsibilities, when you do not know the overlap between your profession and other disciplines, you will experience extreme feelings of uncertainty"*. Another participant mentioned: *"We do the work according to our understanding, nobody gives us a job description sheet or a standard of care. In fact, they send us to the work without any guidance or follow up"*. Another participant stated: *"I am a licensed practical nurse and I do not know what is the difference between me and another nurse with a degree. We perform almost the same tasks"*.

This comment could be a good example of Scientific Management's suitability to nursing. It is worth noting that, healthcare in general and nursing in particular usually adopts clear well-stated procedures and protocols and healthcare organisations are generally bureaucratic (Ferile, et al 1995). This ensures stability and order, which are so important in issues related to health. The researcher assumes that this does not mean that health professionals underestimate the value of professional autonomy, but more accurately their interest to know what is expected of them rather than how to do it mechanically.

As a result of this situation, nurses frequently experienced role ambiguity, role conflict and role overload and this acts as a hindrance factor for both accountability and responsibility in health organisations. It is needless to say that, typically, job descriptions tell about the total requirements of the job: exactly what it is; its purpose; what it entails, the duties, activities and responsibilities attached to it and its position within the formal structure of the organisation (Cole, 1996). Although, the scope of job descriptions in nursing varies in details it gives, it serves vital functions not only for nurses, but also for the organisation as a whole (Tomey, 1996). The researcher claims that, when employees do not know what is exactly needed of them they can not be fully responsible and accountable about

organisational tasks and functions and are placed in a state of ambiguity and discrepancy.

Such uncertain situations could increase conflicts between doctors and nurses and are sources of persistent clashes between nurses, other professionals and clients.

Given that the study has indicated that job descriptions were not provided in governmental organisations and only some of the non-governmental organisations have provided their employees with clearly stated job descriptions, this factor could influence job satisfaction and motivation in the two sectors. It could be argued that the standardisation of care that is commonly utilised at UNRWA, is also a possible approach to decrease role ambiguity, satisfy nurses and increase organisational productivity in the healthcare organisations.

Standardisation of care is an important issue that is needed to ensure the delivery of quality care to clients (Berwick, 1995). Without having clear job descriptions together with procedure manual guidelines standardisation of care would be impossible.

A problem resulting from the lack of clear job descriptions was that nurses' performance of non-nursing functions resulted in loss of time from activities requiring professional expertise. Several examples of nurses performing non-nursing tasks, such as obtaining equipment and supplies needed for healthcare, calling patients, taking care of unit's equipment, obtaining equipment and supplies and so on were provided by nurses. Another issue that is linked to the presence of clear systems is the lack of equal opportunity spirit in the Palestinian health organisations, which has been revealed in the selection of participants for professional development programmes.

### **Equal opportunity**

An important theme that came out of the study that is related to management behaviour was the process of choosing people for educational programmes. Surprisingly, small number (26.2%) of healthcare organisations were perceived by participants to be fair and having criteria for selecting people for professional development. Nurses who perceived their

organisations to be not fair and not logical in choosing nurses for professional development dominated the subjects (73.8%). Subjects in this study reported various forms of discrimination in health organisations that are based on networking, relatives, political affiliation and so on. It is noticed that this is a common phenomenon in the Palestinian situation not only in health organisations, but also in various organisations as well. Table 17 shows the differences among organisations by reference to the presence of selection criteria for professional development.

**Table 17: Independent t-test comparing job satisfaction and motivation and the presence of criteria for selection in professional development**

Dep. Var. <i>"Job satisfaction and motivation factors"</i>	Indep. Var. <i>"Criteria of selection for PD"</i>	No of cases	Mean	S. D.	t	Sig.
Interaction and communication	Yes	93	16.4194	4.1971	3.699*	.001*
	No	260	14.4692	4.4212		
Professional development	Yes	93	12.5699	3.3048	6.310*	.001*
	No	257	10.0350	3.3253		
Work benefits and conditions	Yes	92	14.5435	3.6687	3.330*	.001*
	No	257	13.2023	3.1804		
Professional status and self-esteem	Yes	92	12.3261	2.6441	2.590*	.01*
	No	263	11.4639	2.7831		
Management culture	Yes	90	18.7444	2.9663	3.103*	.002*
	No	258	17.5659	3.1483		
Professional autonomy	Yes	94	5.7766	2.1510	.557	.565
	No	263	5.6350	2.0047		
Working life	Yes	94	16.3191	2.5068	1.749	.081
	No	259	15.7876	2.5299		
Global job satisfaction and motivation	Yes	87	96.4713	13.5164	5.174*	.001*
	No	243	88.0165	12.9219		

*\*Statistically significant.*

As shown in the table (17) statistically significant differences exist in job satisfaction and motivation level among nurses who were working in organisations that have criteria for selection of people for professional development and organisation that have not. This was true regarding the majority of motivation constructs as well as the overall feeling of job satisfaction and motivation. The level of job satisfaction and motivation was significantly higher in organisations that have criteria for selection of people for professional development. The researcher claims that, the presence of criteria for selection of people may reflect fairness and an equal opportunity philosophy in organisations. The presence of fair and logical criteria usually reflect positive leadership attitudes and behaviours. Having logic and fair criteria that are also perceived to be fair by the staff members might reflect a healthy culture in the organisation.

Congruently, this theme frequently came out in the discussions. The study participants widely believed that there was obvious bias in choosing people for professional development and suitable persons were not always chosen to attend professional development courses. This phenomenon not only resulted in low input in the organisational performance from those who attended the courses, but also in raising frustration and lowering commitment among people generally in the organisation. One of the participants raised a critical issue, common in Palestinian organisations: *“To assess our political affiliation, they asked us to submit a political C.V.!! What is the relationship between your work as a nurse and being or not being a political member from this or that political party?”* Many participants agreed that people from the governing party took most of the educational opportunities. *“They investigate about your political affiliation, they give good chances to people from their side. Any person argues, discusses or even asks question will be deported. Surprisingly, in many cases they have sent certain persons to many*

*consecutive courses, which in many cases did not match with the type of work they perform”.*

These findings support Expectancy Models especially equity concepts proposed by Adams in 1965, which suggest that it is not the absolute value of a reward that satisfies, but the individual's view of how fair (equitable) that reward is (Adams, 1965). Congruently, participants in this study related a major part of their dissatisfaction to their management, which has been perceived by the study subjects to be not fair especially in choosing nurses for continuing education. For more clarification, this concept has been discussed more explicitly in the next chapter (5.3).

Another important issue that reflects managerial attitudes and behaviours and revealed by the study is working in units of preference as discussed in the coming paragraphs.

### **Working in units of preference**

A positive interesting finding was that 73.1% of Gaza nurses were found to be working in their units of preference, while 26.9% were working in units other than their preference.

The researcher claims that in reality, this finding does not assume that there is a managerial flexibility in healthcare organisations, which allows employees to work according to their preference. Conversely, management actually distributes newcomers to departments according to the shortage, regardless of the individual preference of the newly employed nurse. Therefore, the researcher argues that, the current satisfaction about this issue reflects the adaptation of nurses to their departments rather than their primary choice. However, based on their political situation, Palestinians value security and conformity and tend to adapt to the different situations by decreasing their expectations. The few available work opportunities and the increasing number of the jobless nurses also affect this situation.

To examine the differences among nurses who were working in their department of preference and those who were not, the researcher conducted statistical analysis as shown in table 18.

**Table 18: Independent t-test comparing job satisfaction and motivation and working in department of preference**

Dep. Var. "Satisfaction and motivation factors"	Indep. Var. "Dep. of Preference"	No of cases	Mean	S.D.	t	Sig.
Interaction and communication	Yes	265	14.9962	4.6094	.251	.802
	No	95	14.8737	3.8654		
Professional development	Yes	263	10.9316	3.5751	1.866	.063
	No	96	10.1563	3.2194		
Work benefits and conditions	Yes	261	13.7854	3.4149	2.348*	.019*
	No	96	12.8542	3.0538		
Professional status and self-esteem	Yes	267	11.9925	2.4587	2.835*	.005*
	No	99	10.9596	3.3010		
Management culture	Yes	260	18.0769	3.0163	2.187*	.029*
	No	97	17.2680	3.3433		
Professional autonomy	Yes	268	5.8284	2.0169	2.636*	.009*
	No	99	5.2020	2.0303		
Working life	Yes	264	16.0682	2.4962	1.532	.126
	No	98	15.6122	2.5672		
Global job satisfaction and motivation	Yes	244	91.6189	13.7577	3.062*	.002*
	No	92	86.6196	12.1816		

\*Statistically significant

Independent t-test showed significant differences in job satisfaction and motivation among those who were working in their department of preference and those who were not.

Significant differences were found in most of the satisfaction factors with the exception of autonomy and interaction. Nurses who worked in their department of preference were found to be more motivated and more satisfied in their work. This was not only true concerning nearly all the constructs of job satisfaction and motivation, but also concerning the global feeling of job satisfaction and motivation.

These findings are congruent with Herzberg's Theory of motivation, which assumes that the nature of the job is a crucial factor in motivation. It also thoroughly congruent with Vroom's Theory, which considers the value, attached to various issues at work. The political and cultural context affected nurses' perception of their preference and most of them developed adaptation to their department although they did not prefer these departments from the start. Therefore, nurse managers need to pay attention to this issue by asking employees about their preferences and by allowing flexibility and choices for employees together with utilising strategies that increase motivation among employees, such as restructuring jobs and decreasing job stresses.

Moreover, organisational culture has been widely recognised to affect motivation and satisfaction. A culture that is conducive to learning and that encourages employees to share knowledge is acknowledged to be motivating as discussed in the following paragraphs.

### **Sharing knowledge**

Among the important concepts that have been considered by the researcher is the concept of learning organisations. In particular, the researcher examined an important feature of this concept that is sharing knowledge gained from professional development by colleagues in the organisation. The study revealed that most organisations were found to be not concerned or not familiar with the learning organisation concept. By that is meant that only

34.6% of them requested participants to share with their colleagues the results of professional development. The researcher statistically examined the relationships between sharing knowledge and the perceived level of job satisfaction as revealed in table 19.

Table 19: Independent t-test comparing job satisfaction and motivation and sharing results of professional development

<i>Dep. Var.</i> "Job satisfaction and motivation factors"	<i>Indep. Var.</i> "Sharing results of professional development"	No of Cases	Mean	S. D.	t	Sig.
Interaction and communication	Yes	122	16.5328	3.8509	5.168*	.001*
	No	229	14.1572	4.5337		
Professional development	Yes	121	12.3554	3.3612	6.762*	.001*
	No	226	9.8451	3.2603		
Work benefits and conditions	Yes	120	14.6667	3.4649	4.463*	.001*
	No	226	13.0088	3.1916		
Professional status and self-esteem	Yes	121	12.2893	2.7912	2.892*	.004*
	No	232	11.4052	2.6919		
Management culture	Yes	117	18.5214	3.1310	2.808*	.005*
	No	230	17.5304	3.0962		
Professional autonomy	Yes	123	5.9593	2.1054	1.841	.066
	No	232	5.5431	1.9843		
Working life	Yes	122	16.6066	2.4749	3.585*	.001*
	No	229	15.6201	2.4441		
Global job satisfaction and motivation	Yes	114	97.0088	12.5772	6.938*	.001*
	No	216	86.8102	12.7617		

\*Statistically significant

Table 19 reveals statistically significant difference between nurses who have shared information that have been gained in professional development sessions and nurses who have not. Results of t-test indicated that the level of job satisfaction and motivation was significantly higher in organisations, which asked their nurses to share knowledge and skills

they have gained from professional development programmes. This was not only true regarding the overall feeling of job satisfaction and motivation, but also regarding most of the job satisfaction and motivation constructs.

In other words, organisations that supported the spirit of learning organisation through sharing knowledge were found to be more employees motivating and satisfying than others. Sharing knowledge of professional development positively affected the satisfaction level of all constructs of job satisfaction and motivation as well as the global feeling of job satisfaction and motivation. The only exception was the autonomy factor and this could be explained by the traditional debate that exists between the feeling of autonomy and the accountability related to sharing with other colleagues the information gained from professional development (Keenan, 1998).

For further in-depth understanding of this issue, group interviews demonstrated that health organisations cultures were not supportive of shared education. Findings suggest that the learning organisation concept was not incorporated into the conceptual framework of managers. In contrast, the culture of most of Palestinian health organisations was perceived by participants to be more of a blame culture, which encourage laziness, passivity and negativity. Participants argued that the Palestinian healthcare system was not supportive of education therefore benefits gained from education were worthless. One pioneer nurse blamed health organisations saying: *“Managers do not make follow up for people who attended professional development. Rarely participants of professional development share knowledge with colleagues. Organisations do not support or facilitate collaborative learning”*. However, such attitudes are influenced by the debate and scepticism about the impact of education on motivation and productivity as will be explained later in this section. Some participants regarded education to benefit only the person him/herself rather than the organisation.

Interestingly, participants agreed that without involving most “if not all” employees, education could exaggerate stress and conflicts in the organisation. The researcher concluded that, as a result of, increasing knowledge, experience and expectations, conflict would increase in the organisation among those who attended professional development and those who did not in the same organisation. One participant stated: “*Limiting training to certain people in the organisation is so dangerous. What are the benefits of educating and liberating women without improving men’s mentality, which will increase conflicts and divorce*”. This implies that educational processes need to be cross sectional and holistic involving all employees in the organisation and knowledge and training should be shared among employees of the organisation. Such approach is congruent with the principles of the learning organisation, which facilitates the learning of its members and encourages the spirit of collaborative learning (Senge, et al 1994). This concept is more clearly demonstrated in Section 6.

It can be concluded that, the general impression of focus group discussions was that, the most evident benefit of professional development occurred when the participants of professional development were able to incorporate the new knowledge into the existing organisational activities. The ability to share knowledge was seen as a way to increase one’s respect from colleagues and to extend the benefits of professional development. The researcher claims that teaching others reinforces the knowledge gained and models for others the importance of active participation in professional development. This is congruent with the literature, which indicates that an organisational culture of excellence is a major determining factor in nurses’ job satisfaction and motivation, productivity and retention (Kangas, Kee and McKee-Waddle, 1999). A culture of excellence includes support for education, collaborative learning and opportunities for specialised practice (Goodridge and Hack, 1996; Senge, et al 1994).

To summarise, these findings contributed to clarifying how managerial variables affected job satisfaction and motivation in the different organisations within the same or different cultures. The study concluded that management behaviours, such as having fair criteria in dealing with people, sharing knowledge, assuming job redesign policies, practising equal opportunity philosophy that values uniqueness, making jobs more interesting and allowing flexibility at work are directly related to employees' motivation.

In the coming chapters the researcher discusses the domains of the study that constitute the core of this research. Based on participants' comments and surveyed responses that revealed the identified domains and themes, the researcher discusses the components of the extracted constructs of motivation, by reference to the Palestinian situation. Management dominates the general picture of the Palestinian nurses' motivation and participants' comments have recognised it as the most important factor affecting satisfaction and motivation at work. It is explicitly discussed in the coming chapter (3).

## Chapter 5.3

### Management Culture

This chapter demonstrates that the main identified theme of job satisfaction and motivation in the Gaza Strip was management. The chapter demonstrates the values attached to the management by Gaza nurses within the Palestinian context and analyses it with reference to the international nursing literature. Additionally, the chapter provides an overview of the management culture and behaviour in the Palestinian health organisations that is based on statistical analysis and more importantly, on participants' comments and perceptions within focus groups.

#### **Participants' perceptions of their management**

The study reveals that management is the most prevailing phenomenon affecting Gaza nurses' job satisfaction and motivation. Management was reported by most of the participants to be the most crucial and challenging factor in motivation. This resulted in the fact that, most of the domains and themes identified in this study are related to management. In other words, management dominates the process of motivation and satisfaction in the Palestinian situation and this phenomenon could be the result of the perceived hierarchical, tribal and Islamic culture (Section 3) prevailing in the Palestinian situation which is highly dependent on management roles in leading and controlling the life of people. It is worth noting that, the literature acknowledges that such a hierarchical culture exists in Arabic speaking countries more than in other places (Torrington and Hall, 2000).

However, the importance of management culture was obviously dominant in the two approaches used for data collection both quantitatively and qualitatively. Statistical findings indicated that the management culture, which dominated the Palestinian organisations, did not largely satisfy the study population. The sum scores of the

management factors identified by the factor analysis were 3.5, which is less than many other factors. The significance of this finding is highly significant due to the importance of the managers' role in motivating and satisfying their nurses (McNeese-Smith, 1997). It is worth recalling that, the management culture factor included items related to management behaviour and organisational culture such as having satisfactory relationships with supervisors, being satisfied with the care delivered and the perception of fairness and equity in the organisation. Additionally, it includes the presence of a trusting atmosphere with clients and supervisors, the availability of adequate supervision and the provision of a culture that is conducive to achievement (Table 2). However, findings of qualitative research highly supported and illuminated these findings.

In focus groups, management and leadership behaviour have been extensively, frequently and intensively criticised by participants. Management de-motivating behaviour dominated the discussion in all the focus groups and across all the health organisations. The researcher noticed that participants did not agree in any other single thing as much as they have agreed on the impact of management roles on motivating nurses. Participants' comments (presented in this chapter) reflected a consensus among the participants that management is the most significant factor that influences their motivation and satisfaction. In other words, more than elsewhere, nurses in this study attributed many of their feelings of job satisfaction and motivation to their management culture. This is contrary to Herzberg's supposition, that describes management as a Hygiene Factor that never satisfies. The researcher sees therefore participants of this study as moving the Palestinian managers and leaders into the spotlight in discussing their job satisfaction and motivation.

The study participants blamed nurse managers for their unwillingness or inability to allocate organisations' resources in a way that affects the nurses' job satisfaction and motivation as well as the organisational objectives. One nurse emotionally said: "*Nursing directors are*

*not only executive tools who only manage us, but also, they lack the vision, the experience, the wisdom and the honesty. They know nothing about how to motivate people. In fact, they create obstacles and a de-motivating atmosphere in health organisations*". However, the literature acknowledges the role of managers as manipulators of many factors that may affect job satisfaction and motivation (Blegen, 1993; Irvine and Evans, 1995; Mottaz, 1988).

Participants negatively perceived their managers and they described them as inexperienced managers who got no training in managing people; therefore, were unable to effectively manage health organisations. Indeed, participants reported that many nurse managers were less qualified or experienced than their employees and they also feel threatened by them.

One participant described management employees' interactions as follows: *"Any ambitious nurse, equipped with new knowledge or with a desire for change will be treated as an enemy. Look what happened to our previous directors they have been replaced by other non-professional ones. In fact, they have been expelled"*. However, congruently with that, the researcher noticed that nurse managers' group was the poorest in terms of attendance, data richness and commitment as well.

Another relevant issue that came out of the interviews was the lack of stability of healthcare organisations due to the mobility of management that seriously affected nurses' job satisfaction and motivation as well as their commitment to their organisations. Participants reported that policy makers do not have strategic plans and usually they take rapid reactive decisions by changing people especially, the good ones. Therefore, many participants expressed their concern about their leadership's loss of vision and short-sightedness. This was best expressed by a female staff nurse who stated: *"Our managers are short-sighted. They send people for training and dismiss them after that. Look what happens to many nurses who had been replaced immediately after they graduated from expensive*

*postgraduate studies that have been supported and funded by their organisations. It seems that we are losing direction. We are defeating our purpose*". This has led to the loss of stability and sustainability inside health organisations. The participants' comments reflected attitudes that recognise managers not only as people who have no managerial ability and strategic vision, but also who lead in a manipulative way. This situation resulted in a condition in which managers rarely paid attention to the competencies at work and therefore, the proper person was not always in the proper place.

### **Management behaviour and its consequences on motivation**

In the light of McGregor's Theory, the study indicated that job satisfaction and motivation decrease with years of experience in the organisation, assuming that many organisational members were in a sense pre-motivated to perform well and to be satisfied (McGregor, 1960). That is, they bring their motivation to the organisation and that it is management's responsibility to remove barriers that may divert or constrain their tendency toward satisfaction and commitment. It seems that the Palestinian nurse managers failed to maintain nurses' inherited motivation, subsequently, nurses developed low job satisfaction and motivation level. The international literature indicates that nurse managers have to frequently revise their motivating roles and to trust employees, allow them to participate, remove barriers and constraints and avoid irritating them (Henderson, 1995; McNeese-Smith, 1997).

There was a consensus among participants from all groups that management was not supportive to nurses. A participant has stated: "*Managers rarely meet nurses and they are more concerned about their personal problems than dealing with employees' issues. They do not play their advocacy role*". Another participant stated, "*Nursing managers are responsible for the low influence of nurses on the healthcare system. The system always finds that a nurse is wrong and should be penalised. Because of our selfish managers, we*

*are the weakest link in the healthcare system*". It could be inferred from the study that nurses' job satisfaction and motivation is related to the management's ability to meet personal needs and expectations of staff and to provide nurses with the needed requirements necessarily to fulfil their expectations. Nurses reported negative comments made about their managers, who followed a discriminative policy, promoted people regardless of their performance and neglected nurses' experience of stress and work overload, resulting from the extensions of units and the shortage of staff in the Palestinian health organisations. Researchers have acknowledged the role of managerial support and encouragement in decreasing nurses' vulnerability and feeling of being overwhelmed by their jobs (McNeese-Smith, 1997). Supervisory assistance and encouragement increases work motivation (Blegen, 1993; Irvine and Evans, 1995; Mottaz, 1988).

In other words, nurses frequently discussed their job satisfaction and motivation by reference to managers' ability to solve nurses' problems at work. Participants believed that they would develop more job satisfaction and motivational attitudes when managers meet their expectations at personal and organisational levels as well. The literature indicates that, committed effective managers improve job satisfaction and motivation through organising nurses work, the provision of work policies and protocols and reducing ambiguities at work, together with, utilising an effective followed up process (Coeling and Cukr, 2000; Farrell and Dares, 1999). Conversely, not following up on problems was emphasised repeatedly in relation to job dissatisfaction. It could be argued that managers, who avoid problems and conflict and do not follow through to solve problems especially in relation to their staff, might create great job dissatisfaction among nurses (Croese, 1999; Perra, 2000).

Participants' images of their managers and leaders reflected the conflicting nature of the relationships dominating the culture of the Palestinian health organisations. Participants labelled their managers as punishers rather than rewarders, where they experienced different

forms of inequity in their organisations. Among the mostly critically perceived and newly introduced forms of discrimination in the Palestinian system is political discrimination. Nurses reported that people from the governing party take all the privileges while others have been marginalised and neglected. This perception created an intense feeling of dissatisfaction among participants. A participant sadly stated: *“Discrimination takes many forms in our organisations. Aspects of discrimination included political affiliation, origin, whether you are from Gaza or returnee, professional discrimination whether you are a doctor or a nurse, your connections with influential people and so on”*. An experienced female nurse gave an explicit example of the discrimination against nurses in healthcare organisations by stating: *“Inspection committees only examine nurses’ attendance record, productivity and so on. Doctors do not sign the attendance record while we do. When we discussed the inspection committees about that they stated; do you want us to treat doctors as nurses?”*

Moreover, interviews revealed that participants widely perceived the healthcare system to be biased against them and they described the system as unfair and hypocritical. This has been supported by the fact that only 26% of participants perceived their organisations to be having political criteria for selection of people for professional development (Table 3). One participant commented: *“People are treated according to their relationship with the managers, we have been evaluated according to our political and personal affiliation rather than our professional abilities”*. The literature indicates that the sense of equity and the implementation of an equal opportunity policy have been recognised as essential elements for organisational survival and staff motivation at work (Adams, 1965; Harri, 1997).

One consequence of the lack of proper supervision and evaluation of nurses’ performance was the role ambiguity and uncertainty about the nature of work. Participants agreed that the lack of follow up and the supervision system in health organisations negatively affected

their job satisfaction and motivation to work. One of the participants mentioned an interesting story, saying: *“Two years ago, a consultant suggested the use of \*Tens equipment to relieve labour pain in X clinics. Six Tens equipment were made available to nurses and they received training for 3 months about the use of these equipment, but one month after the end of the training period, we found the six of them were out of use”*.

Congruently, the follow up and the performance appraisal as a feedback tool was one of the issues that have been frequently raised during discussions by participants who perceived performance appraisal in the Palestinian healthcare system to be ineffective. One participant stated: *“It is just a matter of filling a sheet called “the secret report” without any sharing or employees’ involvement”*. In fact, by law it is not permitted for employees to see the sheet!! One nurse commented on that saying: *“As with other governmental employees, nurses never ever see their evaluation. Evaluation is done according to personal views without clear professional criteria”*.

It is worth mentioning that, people do better, when they get feedback on how well they are progressing toward their goals, needs and requests (Williams, 2000). Feedback guides clarifies discrepancies and provides recognition for good achievement as well (Tomey, 1996). Unlike other methods of rewarding, feedback costs little or no money therefore, managers could use generous amount of it (Coeling and Cukr, 2000; Crose, 1999). An employee appraisal system that provides regular feedback relating to personal, professional and organisational goals mentioned earlier can provide this, with constructive help to improve performance (Perra, 2000; Ndiwane, 1999). The concept of constructive personal career pathway can build into the concept of individual performance review (Healy and McKay, 1999; Dunham-Taylor, 2000).

Additionally, another important nurses’ concern that is linked to performance evaluation and perceived to be highly influential on job satisfaction and motivation is the system of

promotion and recognition. The system of promotion and recognition utilised on the Palestinian health organisations was severely criticised by participant nurses. Participants perceived promotion to be not linked to performance in their organisations. Rather, promotion is a routine and mainly depends on longevity of experience or on connections. An experienced participant stated: *“Every 4 years you get an increment, whether you are productive or not. If you want to be promoted quickly, go and find the proper mediator”*. Another participant commented: *“In fact, the more you work the more you will be devalued. In this organisation, the less you produce the more promotions you get”*.

This culture, which does not recognise employees, is seen to dominate the Palestinian organisations. Recognition and feedback, which is badly dealt with in the Palestinian situation, is a powerful practical satisfier as well as a motivator (Herzberg, 1966). Again, evaluation and performance appraisal that is mutually developed and agreed upon between employees and the employing organisation could be seen as increasing competence, self-development, accountability and employees awareness of their organisational role (Aspinwall et al, 1992; Fisher, 1999). This gives the nurse and his managers the opportunity to explore their expectations and to set motivating goals for themselves and for their organisation and this matches many motivation theories such as Vroom’s Theory, MBO, Goal Attainment Theory and Job Characteristics Model of motivation. Researchers reported that rewarding by recognition, which immediately follows a good performance, is likely to encourage its repetition, "the law of effect" (Knowles, et al 1998).

An interesting story, which reflects the non-supportive organisational culture dominating the Palestinian organisations, has been given by an experienced licensed practical nurse who stated: *“In 1976, I did the first successful defibrillation shock in X Hospital to a patient in the Intensive Coronary Care Unit. My direct supervisor asked the manager of the hospital to write a letter of recognition for me, but the manager refused to do that saying,*

*he did what he was supposed to do. Letting people always feel that they are not so important”.*

An issue that is linked to the culture of promotion and recognition that have gained group consensus was the negative attitudes that some employees have developed indicating that the less you work the less you will make mistakes. Thus, the organisational culture blocks the motivated people who are enthusiastic to work and induce change. A common saying in the Palestinian organisations, mentioned by participants, is that *“Be like us, do not take the issue seriously, in time you will understand the situation and you will stop this over much enthusiasm”.*

It is worth noting that Palestinian health professionals vary in their commitment or conformity to such previously described negative culture (Massoud, 1994). It is noticeable that nurses were among the most committed groups of health professionals in the Palestinian organisations to quality and productivity (Massoud, 1994). Hence, participants’ concerns for supportive organisational culture which have been frequently raised and gained consensus need, to be seriously considered. This finding could be explained by the nature of nurses who show universal attitudes of being caring, sensitive, humanistic and altruistic (Fung-Kam, 1998; Deloughery, 1995). This emphasises the importance of developing more motivating supportive culture that maintains consideration to nurses’ needs and the goals of the organisation in a parallel way.

The study indicated that nurse managers were the least enthusiastic and the least motivated people among respondents to discuss the issue of job satisfaction and motivation. The results of this study indicated that managers were the most dissatisfied group among nurses particularly regarding management culture. A possible reason is the supposition that most managers in the Palestinian health organisations are facing increasing difficulty in tackling managerial issues particularly motivation in their organisations. As mentioned earlier, it

should be borne in mind that most of them were appointed on the basis of years of experience or through political affiliation and connections. Additionally, as a policy, in the Palestinian situation, most strategic issues are centrally decided and managers have few responsibilities concerning major issues (Section 2). However, they control most of the internal issues of the organisation and upon successfully managing these issues, the picture of nurses' motivation could be improved.

It seems that the low level of nurse managers' motivation and their lack of inner motives to innovate and create affected nurses' job satisfaction and motivation to discuss their dissatisfaction with their managers. Participants perceived their managers to be neither concerned with the quality of work nor the psychology of employees, but only concerned with figures and administrative issues as stated by one nurse who reported: "*Our managers are not concerned with us, they are only oriented to figures and numbers related to work*".

However, the literature indicates that managers' satisfaction might influence employees' job satisfaction and motivation. Research findings indicated a link between nurses' motivation and the job satisfaction and motivation of the leading nurses (Tumulty, 1992; Henderson, 1995). Therefore, the concept and practice of leadership should be challenged in the Palestinian organisation, as it is crucial for nurses' job satisfaction and motivation.

Nurses in this study also discussed their dissatisfaction about the degree of their involvement and the influence that they can exert on organisational issues. They asked for more involvement and participation in work decisions. This feeling was explicit in the statement made by an experienced nurse who stated: "*Nursing participation in decision making is going wrong nowadays. We feel that we are being more and more marginalised, we are less involved than even the secretaries in the health organisations. Look there is even a Director General for the maintenance staff, but none is a nurse*".

Congruent with this line, the literature indicates that nurses who worked in organisations with collaborative governance which involve nurses had higher job satisfaction and motivation scores (Dunham-Taylor, 2000; Coeling and Cukr, 2000). Additionally, the closer the management style is to the participative style, the higher the level of job satisfaction and motivation among nurses (Relf, 1995; Acorn, Ratner and Crawford, 1997). Therefore, congruent with Expectancy Theory, Likert (1967) claimed that, whatever the staff experience, the manager's style is the management style. The staff's experience can be different from what the manager intends to practice; therefore, the management style must fit in with the staff expectation, skills and interaction capabilities (Likert, 1967).

Participant nurses discussed the increasing trend of individualism and the lack of collective spirit among some of the Gaza nurses, which they perceived as being lowering their degree of involvement and influence on the healthcare system. One experienced nurse stated, *"Nurses are responsible for the low nursing influence on the system. We are fighting each another. We do not understand the political process as the doctors do who defend each other. We do not use the collective bargaining strategy which empowers nurses"*. It is worth noting that, most nurses' managers at the unit level are basically nurses, but they are perceived by participants as selfish, weak managers, as explained earlier. Research findings acknowledge the role of nurse managers in maintaining and supporting the professional unity and the development of a shared professional voice among nurses (Schwirian, 1998). Such individualistic spirit could be a reflection of the debate about nurses being professionals who have the all the characteristics of professionals such as having a code of practice, attending formal education, defending professional unity and so on (Deloughery, 1995). The researcher argues that among the other factors affecting such individualistic attitudes is the nursing education model, which is historically, oriented more towards the western culture which values self-efficiency and self-development over group solidarity and

interpersonal relationships (Andrews, 1998). Another factor affecting nurses' ability to develop a united professional voice is the transformational changes taking place in the community and the healthcare system since the peace process. The researcher sees such changes as taking the community more towards being more driven by conflictive, competition of instrumental and uncertain in nature. Coincidentally are the infrequent availability of opportunities and the lack of well functioning regulatory bodies and trade unions which usually are supposed to regulate the profession and defend nurses' rights in a way that counterbalances these changes.

Additionally, this issue could be related to the lack of professional attitudes among nurses, their managers and policy setters as well. One nurse commented: "*Nurses do not behave professionally, they form clans and peer groups. Our leaders have military backgrounds. They adopt a military mentality and based on political affiliation they categorise people as those who are with or against them, we are almost in a war*". The literature indicates the importance of professional unity and the collective bargaining for the development of nursing and raising its status; as well as, increasing its influence on the healthcare system (Schwirian, 1998). More discussion about this issue is provided in Chapter 6.

## **Conclusion**

The study has contributed to developing an understanding of the impact of management culture and behaviours on job satisfaction and motivation. The research has shown the perceived values and expectations placed by the study participants on management and its impact on their job satisfaction and motivation. These findings contradicted some theories of motivation and supported some others. In other words, the study indicated that management is an important factor affecting job satisfaction and motivation in the Palestinian situation and is not only a Hygiene Factor that never satisfies as Herzberg assumes. These findings could be seen as being more congruent with Vroom's Model,

which assumes that what affects motivation is related to people's evaluation and expectations of these factors (Vroom, 1964). In this study, Gaza nurses highly valued the role of management as an important source for their motivation. These values are influenced by their professional characteristics as nurses and by contextual factors such as the political situation as well as by their community value systems and beliefs, which highly values management roles. These findings concerning the role of management in motivation implies that managers need to consider their people's characteristics and expectations and then to respond accordingly. Utilising a fixed strategy of motivation in all cultures, in all circumstances, is unlikely to yield motivation. In other words, this finding raises a question about the global validity of the traditional motivation theories in all situations and in all circumstances.

In other words, although the motivating factors, such as management, are the same across cultures; the value placed by people on these factors is variable. Different people place different values on the role of management. Based on their expectations that are underpinned by cultural differences, personality differences and work differences, people give different values, prestige and influence to management. A good example, are nurses who are universally known to be caring, submissive, altruistic and emotional people (Deloughery, 1995) usually place high value on their management. Therefore, globally, more than other workers nurses are keen to have managerial support and supportive caring management.

As far as human resources are the most valuable assets in organisations, the study provided signals to policy makers about nurses' motivation and the possible strategies that could improve it as explained in Section 6. However, it is worth recalling that, the other identified study domains are also related to management. Thus, this chapter forms a basis for the next

chapter which considers another important aspect of management: interaction and communication.

## Chapter 5.4

### Interaction and Communication

This chapter deals with an important theme that affected the Gaza nurses' job satisfaction and motivation, which is interaction and communication. The chapter elucidates the importance of this factor to nurses generally and particularly to Gaza nurses within their perceived collectivist, insecure community. Additionally, the chapter discusses the global phenomenon of the doctor-nurse conflicting relationship and provides an analysis of this issue by reference to the Palestinian situation.

#### Communication and interaction status among Gaza nurses

The analysis of participants' responses indicated that the level of job satisfaction and motivation in relation to their interactions and communications is relatively low. The sum mean score of items comprising this factor was 2.9. Subjects' job satisfaction and motivation level of other factors were higher than their satisfaction with this factor. It is worth noting that, interactions and communication factors comprise of items relating to interactions between nurses and doctors, receiving recognition from supervisors and communication of the organisational mission and philosophy and so on (Table 2). Analysis of focus groups' transcripts also highlighted this theme, which stemmed from the participants' description of their interactions and communicative relationships with their colleagues and more intensively with their managers.

The general impression is that, participants developed bad impressions about the interaction and communication culture in their organisations. One participant stated: *"Meetings between nurses and their managers rarely happen. Our managers do not know our names, they are not concerned with us, they do not visit the clinical sites and they just sit in their ivory towers asking for figures"*. Such a culture of interaction was noticed to pre-dominate

in health organisations and adversely affected nurses' job satisfaction and motivation. The findings of this study are supported by the literature, which indicates that interactions with colleagues, clients and supervisors (Henderson, 1995) and receiving recognition and feedback for work has a significant positive correlation with job satisfaction and motivation (Blegen, 1993; Smith, 1995; Irvine and Evans, 1995).

Particularly, nurses were found to be extremely dissatisfied regarding their interactions with doctors as well as, with their managers. One participant stated: *"Male doctors dominate the healthcare system and they always create boundaries in health organisations, they treat nurses as second class citizens. Doctors treat nurses as servants not as colleagues they still think about nurses as 100 years ago...We need to empower ourselves to work together as a team without an upstairs downstairs mentality"*. However, the doctor-nurse relationship is a traditional source of conflict in most health organisations (Snelgrove, 1998).

Palestinian nurses were found to be extremely dissatisfied regarding their interactions with doctors who perceived nurses as handmaidens and servants rather than colleagues and partners who have an important stake in health organisations. The subjects of this study indicated the necessity of developing a more positive atmosphere in the Palestinian health organisations. Participants' comments valued the positive effects of establishing collegial and collaborative relationships that empower nursing relationships and increase motivation among the Palestinian nurses. Collegiality involves at its best openness, trust and support for each another (Dunham-Taylor, 2000; Farrell and Dares, 1999).

Specifically, female and practical participants were the mostly concerned participants in improving interaction patterns in their organisations. This could be explained by the fact that they are the most affected people in the current communication patterns in their organisations. The researcher noticed that female and practical nurses have the least influence on the healthcare system, which is mainly paternal, hierarchical and

qualifications-oriented system. This finding could be influenced by the nature of women being perceived to be more emotional, caring, sensitive and empathetic (Deloughery, 1995; Kutlenios and Bowman, 1998). Such characteristics do not match however the perceived hierarchical, paternal culture of the Palestinian nurses.

Although the general line of interactions was not perceived as an effective one, managers' pattern of interaction were particularly badly perceived by most of the participants. One participant emotionally said: *"Managers are not supportive of nurses in their professional struggle, they rarely meet nurses and deal with us through orders and papers. Our managers have a military mentality. We are not allowed to argue or to discuss"*. It could be inferred that, the Palestinian nurse managers were perceived to be having an increasing amount of difficulties being effective advocates for nursing. As acknowledged earlier, in such turbulent, tribal, highly political and uncertain healthcare environment, most of nurse managers were perceived by the participants to be followers, compromisers and bureaucrats, concerned mainly with maintaining their positions rather than being advocates, role models, change agents or transformational leaders.

Given the political and economical instability of the Palestinian situation, the Palestinian healthcare system is largely perceived to be authoritarian, ruled by politicians "in the broader sense". As noted earlier, one participant assertively explained her deep concern about the lack of professional attitude among workers and he made a remark that accurately reflects the dominant situation in the Palestinian organisations: *"Nurses do not behave professionally, they form clan and peer groups. Our leaders have military backgrounds. They adopt a military mentality and based on political affiliation they categorise people as those who are with or against them, we are almost in a war"*. It could be inferred from the study that communication patterns in nursing organisations in Gaza flow one way, which reflects the organisation culture; as well as, the management style in the organisation. As

discussed in the previous chapter (5.3), Gaza nurses were found to be less satisfied with the communication problems resulting from the various forms of discrimination, especially, the political one. This might be explained by the stage of development of the Palestinian population who for the first time in the modern history (more than 500 years) partially, control themselves and the sensitivity and not easily accepted diversity dominating the Palestinian culture, in turn the results of the stressful life that people are experiencing. In addition, the nature of Palestinian culture, which is considered to be a conservative closed culture (Shaheen, 2000), also affects the interaction patterns and the ability to accept diversity among health professionals. This gives an indication of how the general political context affects organisations and their mode of functioning including their capacity to motivate employees. For motivation to occur it has to do so within the larger context of organisations and people. Thus, the search for a general theory of motivation is impossible. The concepts identified by Expectancy Theories provide room to consider variations related to personality, values, work and cultural differences. Congruent with the findings of this study, the literature often discusses interaction and communication in relation to leadership and the skills of managers. Nurses stressed the poor communication skills of managers. If nurses do not feel they can talk with them, this contributes to poor satisfaction (Coeling and Cukr, 2000).

The study indicated that teamwork spirit in Palestinian health organisation is lacking. This is true not only among professionals from the different disciplines but also among nurses themselves. Participants' concern for team spirit at work was best expressed in comments made by one of the participants who was working in an NGO and expressed her great satisfaction and motivation at work, mainly as a result of the effective communications utilised in her organisation. That nurse made the following statement: *"I found it fantastic to work in X organisation, where all the team members have the same attitudes and*

*hierarchy and barriers among team members are completely lacking. It is the place where you want to find yourself working in".* This implies that organisations, which practice a philosophy, that adopt a multi-disciplinary approach can be regarded as more employees motivating. The researcher assumes that teamwork necessitates removing barriers between people, while the amount of prestige, power and influence among health professionals in Palestine are very diverse. By consequence teamwork is not commonly utilised in most Palestinian health organisations.

This study reinforces the importance of communication and interaction in motivating people in work places. Interaction and communication were reported by participants to be of the most important and significant factors in job satisfaction and motivation. The findings of this study are supported by other findings indicating that interpersonal relationships set the ground for the degree of respect, management style and the culture of the organisation (Coeling and Cukr, 2000). Unless the organisational culture permits easy communication, interpersonal relationships, open and supportive organisational climate, nurses tend to be dissatisfied and not interested in work (Smith, 1995; Irvine and Evans, 1995; Henderson, 1995).

The researcher argues that the value of maintaining good nurse-doctor relationship is threefold. Firstly, good relationship creates healthy and productive climate at work that is by itself motivating. Secondly, the different perspectives brought by different people help people to exchange knowledge and experience. It facilitates empowerment that is absolutely motivating. Finally, not only are doctors the closest partners of nurses, but more importantly, they are also a powerful influential force in the healthcare organisations and they control most health organisations' resources. The importance of the last point is even greater in the Palestinian health organisations where the system is mainly physician oriented and the community highly estimates doctors as the most prestigious professionals. For

instance, as previously mentioned most of the Ministry of Health 65 General Directors are doctors and none of them is a nurse. Nurses would be naive to openly confront doctors as some Palestinian nurses call for without carefully considering the political game in the health organisations.

## **Conclusion**

The study contributes to showing the value of interpersonal interactions in increasing job satisfaction and motivation. The study points the value of proper interaction and effective communication that are so crucial in communities, which value relationships and personal communication. In communities like the Palestinian one characterised by highly stressful life and scarce resources, interactions and communications act as a counterbalance that reduces stress. Subjects' identification of interactions and communications as important satisfiers could reflect how people's expectations differ in relation to their perception of motivating and satisfying factors. Participants' high concern with interaction could reflect their overwhelming feeling of insecurity, stress and dispersion associated with their high tendency towards socialisation and interpersonal interactions. Hence, they appreciated family like interactions and regarded that as a counterbalance of the lack of security and safety overwhelming their lives. Findings of this study reflected diversity in people's values and expectations that could be influenced by other factors, such as culture, values, economic and political situations. Therefore, developing organisational structures that are considered collegial would be appreciated in Palestinian organisations. Such structure restricts monocratic authority by distributing power among the different players (Tomey, 1996). When nurses have a voice in governance, they feel more important and more willing to contribute (Croese, 1999). Nevertheless, several problems can result from bad communication and authoritarian decisions (Perra, 2000; Coeling and Cukr, 2000).

## Chapter 5.5

### Professional Development

The value and the significance of professional development in the Palestinian situation is presented in this chapter, which demonstrates the role of professional development in motivating Gaza nurses. The chapter discusses the discrepancy between the high value attached by the participants to professional development and the failure of the offered programmes to positively influence motivation. In other words, the chapter discusses the problems encountered in professional development strategies in the Palestinian context, by reference to the acknowledged literature. It is worth noting that this chapter does not discuss the level of education as that has been discussed earlier, in Chapter 5.2, in the contextual characteristics of the study's subjects.

#### Values of professional development

As a reflection of their political situation (Section 2), one of the Palestinians demographic characteristics is that they place high value on education and they regard it as an important aspect of their lives (Cattan, 1988). Therefore, it is not strange that both qualitative and quantitative approaches have delivered this theme which stemmed from participants' comments as well as from statistical analysis (Chapter 5.1). Research participants directed a considerable part of their focus on this important issue. The researcher claims that, although the Palestinian community is considered a collectivist community characterised by placing more emphasis on interactions, interpersonal relations, group harmony and group solidarity, Palestinian nurses attach high value to self-development (Andrews, 1998).

Another factor that might affect nurses valuing education is the influence of western oriented model of nursing education. As explained earlier, British and American nurse educators have established nursing education in Palestine and as a consequence nurses are still influenced by the spirit of individualism that characterises the western communities of

valuing individual achievement and self-development (Andrews, 1998). Based on their expectations, the study participants hold many values related to professional development. Some of these values are acknowledged in the literature and others are not.

Participants in this study perceived professional development to have many purposes.

Among the frequently reported values is that professional development strengthens job satisfaction and motivation and sustains morale. Professional development also helps nurses to adapt to the continuous and rapid changes that occur in the health field with respect to knowledge and technical change. One experienced female nurse stated: "*We need more professional development programmes as they increase our status, knowledge and positively affect our enjoyment of work. Professional development raises our self-esteem and improves our productivity*". Additionally, the researcher argues that, participation in professional development provides nurses with opportunities to network with other professionals from the various organisations. Exposure to new knowledge stimulates nurses to create innovations in their own settings (Waddell, 1996). Knowledge gained from professional development can be used individually to improve performance as well as to teach and share with other members, offering a dual opportunity to interact and develop (Wade, 1999).

Interestingly, focus group discussions showed a consensus among participants that the newly graduate nurses and nursing students were more motivated and committed to excellence in work than old, low educated ones. Participants related to their up-to-date, knowledge and novelty. One nurse said: "*One of my relatives had been hospitalised twice in X Hospital. She gave me two contradictory opinions about the quality of the delivered nursing care. The only difference was the presence of students from X College who made patients happy*". Further, participants recognised knowledge as an important power source that influences the organisation. Knowledge increases self-confidence, raises self-esteem,

empowers nurses, improves nursing status and reflects on doctors' image as well as patients' image about nursing (Sherwood, 1996). Participants expressed their appreciation of the value of knowledge not only as a powerful resource to influence and motivate at work, but also they expressed their desire to gain university degrees in order to strengthen and support their influence on the healthcare system. Participants' discussion regarding this point could reflect a deep conflict and role ambiguity between health professionals from the different disciplines. One participant commented: *"Many times we told doctors that their prescriptions were not appropriate and they changed them accordingly. Doctors do not like any person to argue with them therefore, they are not happy with nurses' education, but we should continue our development to empower ourselves"*.

Motivation theories have traditionally pointed to the motivating role of professional development. It is considered by Maslow as a higher need that satisfies at a high level and is considered by Herzberg as a real motivator (Maslow, 1970; Herzberg, 1966). There is an ongoing theme in the literature that professional development leads to improvements in nurses' satisfaction and productivity (Wildman, et al 1999; Barriball, While and Norman, 1992). In accordance with the participants' comments, research findings elsewhere, indicate that nurses resembling other professionals, have strong and long-term commitments to their field of expertise. To keep current in their field, they need to regularly update their knowledge, hereby the provision of educational opportunities, training, workshops and attending conferences was recognised to be highly motivating (Duncan, 1997; Waddell, 1996; Sherwood, 1996).

Participants recognised the importance of the in-service education in improving the nursing services and the satisfaction level. Unlike academic programmes, in-service education is cheap and deals with practice challenges facing nurses in their daily life experiences (Alspach, 1995). One participant described her successful experience in this regard by

stating: *“In my department, 4 years ago, I started in-service maternity training for midwives twice weekly and the impact of that was marvellous. I succeeded to change the attitudes, motivation and practices of my midwives”*. Another participant had experienced an interesting story in her work that supports the need for professional development and acknowledges its role as a motivator. She reported: *“I was just new graduate from the university when I worked with a doctor in the maternity department at X Hospital in the West Bank. He used to throw his gloves on the clients’ sheets, expecting a nurse to remove them. I extensively discussed that doctor with the head of the department as well as with the concerned managers. After a long debate and discussions, doctors abstained from doing that. My colleagues appreciated that and they regarded it as a result of my education and professionalism. After that, the whole spirit of nurses working with me changed and they became more assertive and more motivated to work”*.

By contrast, negative perceptions of professional development were explicitly mentioned in the text twice. One participant stated: *“Nurses attend professional development to escape from their work. Is it not an escape from the reality? Is it not for social prestige? I strongly believe that nurses attend academic professional development for reasons other than improving their nursing skills”*. Another participant had a negative impressions of some of the highly educated nurses who gave bad role models saying: *“I liked to pursue professional development till I met a nurse with a Ph.D., then I came to believe that the highly educated nurses tend to lose their identity as nurses and care providers. They take education as a prestige and look to nurses as sub-normals”*. This comment reflect the international debate about the academisation of nursing education as some nurse leaders believe that academisation of nurses takes nurses away from their original practice oriented profession and it is a way to escape from the nursing practice (Adamson, Kenny and Wilson-Barnett, 1995).

## **Satisfaction with professional development programmes**

The positivistic enquiry findings of this study indicated the availability in principle of professional development programmes. More than half (59%) of the study participants indicated that their organisations had offered professional development programmes in the last 3 years. The majority of these programmes were non-degree programmes (72.1%). However, currently, it seems that the availability of these programmes had declined and resulted in contracting the number of nurses who were enrolled in these programmes up to 21% (Table 5). However, this could be related to contraction of the donor countries' financial assistance to the PNA. One nurse complained: "*What has been offered is not enough and opportunities should be increased to allow for people empowerment*". This reveals that although health organisations are offering professional development programmes, these programmes are perceived by participants to be inadequate, indicating the high expectations of people in this regard.

Concerning the satisfaction level about this issue (professional development), statistically, factor analysis results indicated that the level of nurses' satisfaction about their professional development elicited the lowest scale (2.6). It is worth noting that, this factor included items related to the concern of organisations in developing its human resources and the availability of opportunities for career developments and so on (table 2). The Gaza nurses' level of satisfaction with all other constructs of job satisfaction and motivation elicited higher levels. Furthermore, of the study respondents, only 27.7% knew about the presence of plans for professional development in their organisations (Table 5). The rest reported the absence of professional development programmes and/or their lack of knowledge about this issue in their organisations (Table 5). These findings reflect managerial defects that have professional as well as personal implications. Furthermore, only 5.5% of health

organisations had annual budgets for professional development (Table 5). This reflected real managerial problems receiving less emphasis on this important issue.

It seems that Gaza nurses' expectations are high in this regard and this could be related to the value of education in Palestinian life. A clear example of this could be the value placed by the healthcare system and the community to certificates. It is worth noting that the Palestinian community thinks highly of certificates rather than experience or competencies at work and salary is mainly based on academic qualifications. For instance, it is noticed that more than 80% of the members of the Legislative Palestinian Council (Parliament) are basically professional rather political and are qualified at a doctoral level. Some participants have had other agendas from attending professional development programmes. One experienced nurse sadly commented: *"Apart from its importance, education is very important these days due to the newly emerged certificates syndrome. The Palestinian system judges you according to your certificates rather than experience or competencies. I want to study just to have the certificate which may protect me and increase my benefits package"*.

It is a matter of fact that in the new PNA system, salary is mainly determined according to certificates and the system links certificates to years of experience. Focus groups participants perceived such a system to be unfair especially as it underestimates seniority and the uniqueness of the various professions, such as nursing. Another linked problem, which de-motivated nurses, is the absence of nursing cadre in the Palestinian system where nursing titles, positions, scope of duties and job descriptions (in cases where they are provided) all are centrally decided by non nursing managers. An experienced nurse instructor stated: *"We believe that people need only certificates. It is not important what you do or produce it is only important what you have in your hands in terms of certificates. We have a disease called certificate syndrome"*. Therefore, there is an increasing trend

among people from all disciplines to attend post-graduate studies and obtain certificates, which is perceived to improve status and increase salary as well.

It is noteworthy that female and practical participants were the most concerned about their professional development. This could be related to the low opportunities available to them.

It is needless to say that, historically, in Palestine, most training was directed towards registered nurses and licensed practical nurses received few if any opportunities (MOH, 1999). Moreover, most professional development programmes were offered in English Language, a language with which the majority of those licensed practical nurses were not familiar with (Shaheen, 2000). Additionally, the researcher claims that, female nurses attended few courses due to the pressure exerted by families and/or organisations, by a hierarchical and patriarchal community that largely underestimates the role of the woman, as explained before.

### **The impact of professional development**

The contradictory aspect is that although participants expressed their concern for professional development programmes, the study indicated that the offered professional development programmes have failed to improve job satisfaction and motivation (Table 20).

Surveyed questionnaires responses were used to examine the relationships between the perceived feeling of job satisfaction, motivation and the current enrolment in professional development programmes. As shown in table 20, current enrolment in professional development did not significantly affect the global feeling of job satisfaction and motivation.

**Table 20: Independent t-test comparing job satisfaction and motivation and current enrolment in professional development**

<i>Dep. Var.</i> "Job satisfaction and motivation factors"	<i>Indep. Var.</i> "Enrolment in professional development"	No. of Cases	Mean	S. D.	t	Sig.
Interaction and communication	Yes	77	13.2468	4.9555	-3.564*	.001*
	No	281	15.4448	4.1591		
Professional development	Yes	77	11.0519	3.3360	.974	.331
	No	279	10.6129	3.5473		
Work benefits and conditions	Yes	77	12.5195	3.6978	-2.997*	.003*
	No	278	13.7950	3.1880		
Professional status and self-esteem	Yes	77	12.0000	2.1460	1.229	.221
	No	286	11.6329	2.8985		
Management culture	Yes	76	17.7632	3.0016	-.398	.691
	No	279	17.9247	3.1722		
Professional autonomy	Yes	77	5.3766	1.6783	-1.592	.113
	No	288	5.7396	2.1048		
Working life	Yes	75	15.9867	2.3509	.066	.944
	No	285	15.9649	2.5699		
Global job satisfaction and motivation	Yes	74	87.7838	15.0545	-1.653	.101
	No	259	90.9730	13.0907		

\*Statistically significant

Results of t-test showed only two significant differences among nurses who were involved and those who were not involved in professional development. Nurses who were enrolled were found to be statistically significantly less satisfied about their interactions and benefits than those who were not enrolled. Nurses who were involved were having a higher degree of job satisfaction and motivation about their professional status and professional development. However, these relationships did not reach a statistical significance.

To further highlight the impact of professional development on job satisfaction and motivation, the researcher examined the relationships between the offer of professional

development programmes in the last three years and the level of job satisfaction and motivation (Table 21).

**Table 21: Independent t-test comparing job satisfaction and motivation and offering professional development in the last 3 years**

Dep. Variable. "Job satisfaction and motivation"	Indep. Variable. "Offering professional development"	No of Cases	Mean	S.D.	t	Sig.
Interaction and communication	Yes	213	14.5258	4.7020	-2341*	.020*
	No	145	15.5931	3.8828		
Professional development	Yes	212	10.7972	3.4779	.636	.525
	No	145	10.5586	3.4858		
Work benefits and conditions	Yes	214	13.2991	3.4823	-1.916*	.056*
	No	143	13.9790	3.1477		
Professional status and self-esteem	Yes	214	11.7850	2.6785	.661	.509
	No	149	11.5906	2.8617		
Management culture	Yes	209	17.7703	3.0311	-.860	0.390
	No	146	18.0616	3.2868		
Professional autonomy	Yes	215	5.6977	1.9230	.484	.629
	No	149	5.5906	2.1779		
Working life	Yes	212	16.0660	2.3679	.678	.498
	No	148	15.8851	2.6535		
Global job satisfaction and motivation	Yes	200	89.7500	14.1172	-.893	.334
	No	136	91.0956	12.6865		

\*Statistically significant

Table 21 demonstrates that the t-test results generally showed no statistically significant differences in the job satisfaction and motivation level among nurses in this regard. There were statistically significant differences only in interactions and benefits. Nurses were, particularly, less satisfied in organisations that have offered professional development concerning their interaction and benefits. These findings mostly related to peoples'

expectations that usually rise with education. This could be related also to problems encountered in planning and implementing professional development as well as, in the process of the application of knowledge in the field.

The research claims that, due to many reasons, among them, the perceived low level of job satisfaction and motivation, many nurses at the time of the study (14.6%) were involved in non-nursing education programmes as shown in table 22. The relationships between job satisfaction and motivation and the enrolment in non-nursing programmes were examined using t-test. As it is clear from table 22, nurses who were enrolled in non-nursing education programmes were significantly less satisfied and less motivated to work than their colleagues who were not. The result of t-test indicated statistically significant differences in job satisfaction and motivation level in factor one “interaction”, factor six “autonomy” and the global feeling of job satisfaction and motivation. Nurses who were not enrolled in non-nursing education were significantly more satisfied and more motivated to work. Thus, it could be claimed that enrolment in non-nursing education programmes might be related to low job satisfaction and motivation. Subsequently, this phenomenon reflected a tendency for turnover and changing career among Gaza nurses.

In accordance, nurses responded to a direct question (Q34) related to their intention to stay in nursing profession by revealing that 28% of them intended not to stay in nursing. Only 57% of subjects reported their intention to stay. The rest 15% were found to be uncertain about their feeling to stay. These findings are congruent with the PCH report indicating an increasing tendency among the Palestinian nurses for turnover and reflect a serious problem in nursing retention in Palestine.

**Table 22: Independent t-test comparing between job satisfaction and motivation and enrolment in non-nursing professional development**

Dep. Var. "Job satisfaction and motivation factors"	Indep. Var. "Enrolment in Non-Nurg. professional development"	No of Cases	Mean	S.D	t	Sig.
Interaction and communication	Yes	50	12.4400	5.3877	-3.686*	.001*
	No	306	15.3791	4.1171		
Professional development	Yes	53	10.4528	3.0291	-.557	.578
	No	301	10.7442	3.5885		
Work benefits and conditions	Yes	53	12.8679	3.8030	-1.519	.130
	No	300	13.6267	3.2685		
Professional status and self-esteem	Yes	53	11.5094	2.3007	-.632	.529
	No	308	11.7338	2.8331		
Management culture	Yes	52	17.3077	2.8802	-1.412	.159
	No	301	17.9734	3.1821		
Professional autonomy	Yes	53	5.3774	1.6199	-1.013	.228
	No	310	5.6839	2.0972		
Working life	Yes	52	15.1923	2.4578	-2.395*	.017*
	No	306	16.0915	2.5099		
Global job satisfaction and motivation	Yes	48	84.5625	13.8747	-3.140*	.002*
	No	283	91.1343	13.3301		

\*Statistically significant

### Challenges of professional development in the Gaza Strip

The study indicated that knowledge deficit is not the main challenge for Gaza nurses.

Attitudes and practices also need to be challenged. Gaza nurses perceived themselves to use only a small percentage of the knowledge they have and the theory practice gap is perceived to be very wide. One nurse's comment that was largely accepted by participants was that: "We undergo education. I attended many courses and the same is true regarding my colleagues but what is the impact? We do not apply that. Its just a matter of taking

*courses for their own sake*". The researcher concluded that, this perceived theory practice gap could result from many factors. Among the frequently raised factors, were the lack of follow up for professional development graduates, irrelevancy of the educational programmes to the needs of the organisation or people, inadequate co-ordination between education and services, ineffective learning strategies and the lack of strategic planning for education.

Education was not always perceived by participants to be relevant to what people or organisations actually needed. Many participants believed that nursing curricula were not community oriented ones. One participant stated, "*Curricula rarely consider community needs and perspectives*". Another participant suggested: "*Curricula were mostly adopted from other cultures, such as the American or the European culture. Colleges teach imported curricula, which have no relevancy to our circumstances. Our curricula should consider our needs and characters*". The nature of the taught curricula was perceived by nurses not to be relevant to service needs. Rather, participants believed that curricula should not concentrate only on scientific material, but it should incorporate human sciences, such as communication, human behaviour and psychology. Concepts developed from such courses facilitate professional development, interactions and problem solving abilities.

Furthermore, participants perceived nursing curricula being designed without any contribution from the service providers and/or the learners. Participants evaluated curricula as inflexible and rigid that did not consider individual variations, saying: "*We are more interested in a curriculum that is tailored to fits us in the service sector*". Some participants complained about the inflexibility and irrelevancy of programmes for their age, experience and nature of work. An experienced licensed practical nurse commented: "*I am not interested in a general course in nursing. What motivates me to work is a relevant course that considers my experience, my age and problems I face in my actual work*". The closer

the topic is related to the nurse's own area of practice, the more likely the knowledge would be shared and utilised (Nolan, et al 1995).

Consequently, research studies investigating participants' perception concerning professional development programmes' contents revealed that areas of knowledge, which gained weak emphasis during basic nursing education, such as social sciences, communication, ethical issues and research were, identified to be of most value for participants of professional development. In contrast, basic life science courses, such as biology, which are already taught in the basic course, added little (Wildman, et al 1999; Case, 1996). This could reflect the appreciation of the holistic care approach considering all aspects of the human experience, as well as, increasing social orientation of the nursing profession. It is also clear that professional development courses relevant to work are more appreciated than courses of a theoretical nature.

Additionally, the study indicated that educational programmes were perceived to be academically oriented rather than work-problems focused. Participants expressed their preference of speciality programmes that are relevant to their work. There was a tendency among participants who trained in speciality areas to have more freedom and to work in their fields of speciality. Participants gave examples of highly motivated nurses who are currently working in their speciality. One of them enthusiastically said: *"Look to X nurse who got special training in field X, he worked in Hospital X and suffered from many problems. But now, when he moved to his area of speciality, he is a creative person now"*.

Typically this saying gives an indication of the nature of the interaction between the person, the management, the organisation and the work.

The researcher argues that the lack of budgets for professional development created obstacles for planned education programmes. However, most professional development programmes were planned, implemented and funded through projects from donor countries

after the Oslo Agreement (1993) (Section 2). As a consequence of the lack of funding for professional development programmes, organisations did not plan or develop professional development programmes for their employees. Most professional development programmes were externally planned, designed and managed (Shaheen, 2000). This phenomenon resulted in the fact that not all professional development programmes match the organisation's philosophy or norms. Rather, most of these programmes were planned and designed by external people who are not always familiar with Palestinian needs. An experienced participant emotionally said: *"Donor countries have their own agendas, which do not always match with the local people's agendas. Therefore, in many cases education not only did not benefit the organisation but led to adverse results"*. Another participant stated, *"Donor countries have their own agendas. They do not help for the sake of helping only. They support certain programmes, which might or might not match with our needs. We rarely conduct needs assessment therefore, education is not always relevant to the Palestinian situation"*.

In other words, the lack of clear strategy for education negatively affected the impact of professional development. It is noticed that education took place in the Palestinian situation without planning and without recognising the challenges that face nursing as a profession (Shaheen, 2000). As mentioned earlier in Chapter 5.3, one of the frequently mentioned comments that describes the Palestinian situation, is best formulated by a participant saying: *"In this country, we contradict our purpose. We send people for education then we dismissed them. We used to do programmes without having a clear vision of what we need by the end. People go and do degrees then they do not know what they are required to do. People with degrees consider themselves superior. They do not want to perform their duties, they are interested to work as managers"*. The feature of arbitrary professional development was explicitly described in the group interviews. The danger is that, in the

absence of a rationally planned professional development programme, not only are the goals not achieved but the primary purposes may be contradicted (Tomey, 2000).

In other words, there is a lack of plans or priorities for educational needs. Educational opportunities are offered in a fragmented way. It is not unusual to find that some managers have adjusted or modified job titles to fit the available educational opportunities. One nurse said: *“Currently, a male nurse is attending a Master programme in women’s health and he will never practice it. Simply, it is against our norms, values and religion. Why did they not choose a female from those who are working in the women’s health field”*. Another nurse stated, *“I know some directors who manipulated their jobs to meet the available educational opportunities. They have been sent to attend courses that were not relevant to their work or experience”*

The literature indicates that without careful planning professional development is unlikely to deliver its anticipated benefits (Nolan, et al 1995). A study conducted to evaluate the impact of professional development courses offered to midwives concluded that refresher courses failed to achieve their goals (Waddell, 1996). The desire of the learner to benefit from the learning experience is critical to the outcome of the process (Barriball, While and Norman, 1992). Research findings indicate the importance of assessing and identifying nurses’ needs of continuing professional education if continuing education is to be significant (Larcombe and Maggs, 1991). This includes both the motivation of nurses to attend professional development programmes as well as the recognition of the uniqueness of programmes to fit their needs (Barriball, While and Norman, 1992). Larcombe and Maggs (1991) have argued that the identification of a need for continuing professional education is an essential part of the continuum of professional development and point out that: *“Without an effective system for identifying a need, the provision of continuing education*

*professional education remains arbitrary, random and inequitable*” (Larcombe and Maggs, 1991).

Studies indicate that needs are related to professional, personal, clinical and organisational factors and have argued that the identification of needs is a complex task. It is unsound to rely entirely upon what nurses’ request because it may be the case that what they want and what they need are two different things (Barriball, While and Norman, 1992). Therefore, the importance of matching the individual nurses and the employing organisation in developing programmes of professional development is highlighted (Larcombe and Maggs, 1991).

In reference to the Expectancy Model, the researcher captured reasons given by the participants of this study by reference to their enrolment in professional development and their subsequent, expectations from that. Participants’ different expectation affected their different agenda reasons for attending professional development programmes. Whilst, few participants expressed the view that nurses mainly attended professional development programmes to achieve personal benefits, many nurses attended professional development programmes for professional development purposes. For instance, although it is politically a sensitive issue as it affects all the participants and requires setting policies that match the different intrests of the different stakeholders, many participants expressed their ambition for a professional dynamic licensing system that maintains nurses up to date and allows for a systematic follow up process. Many participants commented: *“We need a valid system that stimulates us to empower ourselves like in developed countries”*. Such system could compulsory stimulate nurses to maintain professional development. Participants gave examples of how other developed countries are keeping their nurses updated.

To keep updated and to be oriented to the advances in knowledge, participants asked for periodicals and journals, which were received regularly only by 7% (table 5) of the

Palestinian nurses. Moreover, participants showed high level of responsibility and accountability by agreeing that professional development is a responsibility of both the nurses themselves and the organisation. A thought leader participant suggested: *“The motives for professional development should be internally driven. It should not only reflect a personal desire to develop his/her knowledge, but also her/his skills and attitudes as well. The role of the organisation is also very important in supporting the professional development of its people. Unfortunately, our organisations are not aware about the importance of this issue in motivating their staff”*.

These reasons somewhat matched with other studies conducted elsewhere, which indicate similar findings. Based on participants’ expectations, an understanding of characteristics and attitudes including the motivation for participating in professional development has implications for programme planner as well as for employers. This knowledge is central to the study of professional development. DeSilets (1995) indicate that when reasons for participation in professional development are considered, programme planning, designs and teaching strategies could be more closely related to specific learner’s needs (DeSilets, 1995).

Although there were some variations among participants in this study, in general, positive reasons for attending professional development gained consensus including professional development, developing skills and improving status. Even reasons that could be perceived as negative ones however carry an internal sort of positiveness and could also positively affect job satisfaction and motivation indirectly. The literature acknowledges the role of education in supporting the professionalisation process of nursing (Creasia and Parker, 1991). Failure of organisation to meet their nurses’ expectations, needs and aspirations is counterbalanced by the motivating effect of professional development. This could go some way to explain the phenomenon revealed in this study, the phenomenon of high motivation

to attend professional development and the weak effect of professional development on job satisfaction and motivation.

Some participants raised an important issue, which gained agreement within and across groups that adversely affected the feeling of job satisfaction and motivation. The issue of recognising professional development programmes by the administrative departments at the top of the hierarchy, such as Personnel Council in the government sector. One person stated: *“What is the benefit of studying and doing heavy work for nothing. What matters most to people is the formal recognition of their education. Education programmes should be fully negotiated and discussed with all the concerned bodies to ensure its credibility and recognition”*. It is worth noting that, the Palestinian system recognises only academic degrees. It was clearly evident that participants perceived the co-ordination between health organisations and administrative bodies, such as the Personnel Council, to be ineffective. Yet, such hierarchic bodies are centralised structures that deal with strategic issues such as promotion, payment, hiring, firing, recognition of personnel and so on for all employees in these organisations without individually recognising the uniqueness of each profession. Although professional development did not improve the perceived level of job satisfaction and motivation, nurses in this study continued to seek professional development opportunities. One participant raised a controversial point related to the difficulties associated with professional development, which were the negative attitudes and the complaining culture of Gaza nurses. Contrary to what they were doing, some participants in professional development expressed their unwillingness to attend professional development courses in the future. One commented: *“Nurses are reluctant to induce any progress and change and always they perceive things to be bad. Nurses do not support each another. We are good in de-valuing each another. We complain about professional development, but we apply again for other courses. Sometimes we want things easily, we do not want to put*

*in the effort*". This phenomenon reflected an increasing trend among Gaza nurses towards individualism and is related to the larger political context in the area as discussed earlier. Some participants raised an issue, which is quite important and affects the impact of professional development, the issue of teaching and learning strategies utilised in training. Participants perceived education to be currently being implemented with spoon-feeding method, with the minimal amount of critical thinking or experiential learning. One participant stated: "*Nurse teachers lack the modern teaching methodology. They are only familiar with talk and chalk method. Other modern teaching technologies were rarely utilised. We are not children*". Although problem-solving approach is a significantly helpful adult approach in dealing with work problems, it was rarely utilised (Case, 1996). The Palestinian education system has adopted a philosophy, which is closer to pedagogy with the maximum amount of regular class teaching hours and less concern with adult learning strategies. The issue is further complicated in nursing which involves more teaching hours than other professions especially the clinical part of it (Schwirian, 1998). In other word, among the important issues discussed was the lack of preparation of teachers. Many of the nurse educators had no special training in teaching. Most of them were teachers by experience (Shaheen, 2000). Lecturing was the most frequently utilised method of teaching. Modern teaching strategies, such as experiential learning, creative learning, problem solving strategies in learning were rarely considered. Adults learning principles and strategies were rarely utilised. The researcher noticed that learning resources that are essentially needed for adult learning were lacking, such as learning resources, journals, books, updated libraries, Tele-communications and electronic libraries. Participants believed that following a participative approach that considers the needs of students, organisations and the educational institutions is a highly effective motivational tool.

As a result of being full-time workers, most professional development participants perceived professional development as an extremely stressful experience. Apart from home and work duties, participants have to attend inflexible educational programmes. These programmes did not consider adults' characteristics as learners who have multiple roles and responsibilities. One commented: "*We have to do our full time work, we have to attend obligatory training sessions, we have to pass exams, we have to take care of our families, we have to do many things. Education is not enjoyable*". To make things worse, participants reported that no replacement is usually found to stand in for participants of professional development.

Another important point arising out of participants' comments and which could affect the impact of professional development on job satisfaction and motivation was the process of participants' follow up. The follow up of participants by their colleges or work places have also been frequently reported as an important, neglected aspect that affects education and motivation. It could be argued that the follow up of participants helps them to apply and utilise their knowledge and experience in the field and enhances their ability to solve work problems properly. One participant of those who attended professional development commented: "*We blame our managers. They do not follow their students as happens in other places*".

The relationship between professional development, work environment and individual behaviour is also addressed in research related to this field. The importance of the environmental context of learning is also acknowledged within adult learning theory. Knowles (1998) asserts that a supportive learning climate is a critical element of human resources development and research acknowledges the impact of environment on learning. In a study conducted by Hart and Rotem (1995) on the organisational culture of two units it was concluded that the two units had different rules for dealing with professional

development. Thus, the unit culture determines to a significant extent what and how nurses learn. Themes suggest that there are features of the clinical environment, which impact upon professional development. These features of the clinical environment may be significant in predicting the successful transition of knowledge within the workplace (Hart and Rotem, 1995).

In studying variables affecting professional development, among the many factors that were significantly acknowledged was the organisational support for learning, the degree to which formal and informal policies and procedures facilitate learning (Case, 1996). Another significant factor was the social support, which is related to the extent nursing staff co-operates and works together as a team at ward level. Furthermore, autonomy in performing their duties, supervisory styles of guidance and support career perspectives regarding intention to stay in nursing and willingness to change were also significant related to professional development (Hart and Rotem, 1995).

## **Conclusion**

To conclude, as a reflection of their political situation, one of the Palestinians' cultural characteristics is that they accord high value to education and regard it as an important aspect of their lives. Therefore, the research participants have directed a considerable part of their focus on this important issue. Among the frequently perceived values is that professional development strengthens job satisfaction and motivation and sustains morale. Professional development also helps nurses to adapt to the continuous and rapid changes that occur in the health field with respect to knowledge and technical change. Although the Palestinian health organisations are offering professional development programmes, these programmes are felt by participants to be inadequate, indicating the high expectations of people in this regard.

The contradictory finding of the relationships between job satisfaction and professional development in this study gives an indication of the nature of the interactions between the person, the management, the organisation and the work. This finding could question the validity of Herzberg's supposition that professional development is a motivator that always works perfectly. More accurately, findings support the Vroom's Expectancy Model Concept, which considers the interactions between the factor that is supposed to motivate, the characteristics of people experiencing it and the organisational contexts. One conclusion of this study could be that it gives an example how Vroom's Theory provides a more relevant and applicable approach to motivation than other theories. Vroom's Theory provides a more comprehensive understanding of motivation than other theories, which usually describes one single way or linear relationships between the many motivational variables, as it is the case in professional development in this study.

## Chapter 5.6

### Professional Status and Self-esteem

The domain of professional status and self-esteem, that is largely considered as a universal motivating factor is discussed in this chapter. The chapter illuminates the incorporation of the statistical findings with the focus group findings. It points to the factors that affect nurses' professional status in the Gaza situation and discusses that in relation to the international literature.

Universally, and both in the professional and public arenas, the nursing profession is widely underestimated and regarded as a low status profession (Creasia and Parker, 1991; Schwirian, 1998). Hence, concern about nursing status was one of the major themes and domains that stemmed from focus groups discussions and surveyed questionnaires. It was obvious that the negative comments expressed by participants about public and professionals pre-dominated in group discussions. The low status of nursing image was repeatedly mentioned in focus groups discussions as a constant source of low level of job satisfaction and motivation. Within and cross the different groups, there was clear consensus among participants about the perceived low status of nursing profession in Gaza and nurses reported extreme dis-satisfaction and anger about that.

According to participants, this perception about this humanitarian profession is neither correct nor fair. One nurse stated: *"They treat us badly and this is not fair and they do not know any thing about this human oriented caring profession"*. Although there was consensus among and within the various groups regarding the significance of this issue in relation to nurses' motivation, female participants were the most concerned about it. One of them sadly declared: *"Even on Mother's Day "March 21", they invited female physicians and neglected female nurses. We as nurses are regarded as 15th class citizens or even less"*. The researcher suggests that, this could be related to the social role of women which

is generally claimed to be more caring, interactive, sensitive and socially oriented than that of men (Kutlenios and Bowman, 1998; Deloughery, 1991).

Based on participants' comments, the researcher argues that similar to other cultures, the level of dissatisfaction about professional status experienced by Gaza nurses was largely based on their perceptions of medical dominance. The literature indicates that nurses perceived themselves to be less satisfied than doctors with regard to status, interactions, pay, decision-making and prestige (Verschuren and Masselink, 1997). They also perceived the medical profession to be better understood, promoted, recognised and accepted by the public than nursing (Adamson, Kenny and Wilson-Barnett, 1995). Congruently, the study clearly revealed that there is a great difference in professional status and power between health professionals in Palestine. The literature indicates that this is an important barrier to collaborative practice (Deloughery, 1995).

An interesting positive point was that, participants have showed that they had a more positive image of nursing than the society or other health professionals in general. This concept is highly supported by the results of factor analysis, which indicated that factors 2, which concerns the professional status and self-esteem of nurses had the highest score (3). It is worth noting that, this factor contained items relating to professional status and self-esteem, confidence of nurses and their pride of nursing as well as their future intentions to remain in nursing career and so on (Table 2). Such high scores in nurses' self-esteem indicate a defence mechanism that helped them to manage and adapt to the highly stressful nursing tasks within the Palestinian context.

Whilst, nurses in this study indicated high concern about professional status, the researcher concluded that they were dissatisfied with their current professional status despite the significant changes in nursing education and despite the changes in the overall context of work. As indicated earlier, nurses in this study valued professional status as a very

important and is therefore, likely to have a positive impact on their job satisfaction and motivation. The Gaza nurses' perception of their status reflects the psychology of people who are known to be emotional, socially interactive and are also concerned with their interpersonal relationships at work.

As mentioned earlier in Section 2, the Palestinian community is highly concerned with the matter of status. For instance, unlike western communities, people address each other using formal titles and using the first name is considered a form of belittling. Hence, extra efforts are needed to improve the status issue in the Palestinian context as discussed in Section 6. It is noteworthy that, most Gaza nurses were originally from families rated as of low social class and it is the exception to find Palestinian nurses come from the upper social class, which usually prefers to educate its children in other highly rated professions, such as medicine or engineering (Shaheen, 2000). Palestinians link status to many factors but central to them is occupation (Shaheen, 2000).

This result is consistent with other studies conducted in similar countries which concluded that nurses value nursing professionalisation as one of the most important and immediate need of getting job satisfaction and motivation (Fung-Kam, 1998). This has been reflected in the elicited high score of participants' professional self-esteem concept (Table, 6, Figure 10). Other professionals, such as doctors who have the full status of professionalisation are not as concerned with this issue as nurses (Adamson, Kenny and Wilson-Barnett, 1995).

Participants referred the low status of nursing in Gaza to many reasons among them, is the historical image of the profession that has been inherited since the early days of the profession. One participant commented: *"Nursing profession is relatively newly established in Palestine. Fifty years ago, the entry to the profession was open to all people without any condition. Mostly, those who entered the profession, were interested to find easy jobs especially for those who can not afford university education"*. It seems that the

attitudes of managers, public and other health professionals has not developed and changed with the dynamic and radical changes that have taken place in the profession, including in the entry conditions and criteria.

There was agreement among participants that nurses are still widely perceived as servants to doctors in the various health organisations. A female nurse stated: "*Nursing is mundane. We just receive orders. The nurse is a nurse regardless what s/he knows or does. S/he is perceived by doctors as a servant*". Indeed, what annoyed nurses mostly, was that, not only does the community underestimate nursing profession, but that the profession has also been underestimated by other colleagues in the health sector, such as doctors and managers. In particular, participants showed extreme dissatisfaction and resentments about doctors' attitudes towards them. One commented: "*Doctors do not thoroughly know our work, they give us wrong orders and I as a nurse do correct some of their mistakes, but by the end of the day, I am "Tamarji"<sup>2</sup>*".

Moreover, one of the culturally related factors that adversely affected the professional status of nursing was the impact of Arabic mass media, which was perceived negatively by Gaza nurses. The Arabic mass media has presented nurses in a bad light, as careless, unethical, humiliated and sex objects. In particular, participants have accused the mass media especially Egyptian Television, of negatively influencing the public image about the status of the profession. A comment made by a participant that gained support and agreement from other participants is that: "*The image of nurses on television and radio is negative. They do not show that you have to be educated to be a nurse. Egyptian television programmes, presented nurses as prostitutes who having decided to give up and change their career, entered nursing*". The influence of mass media on nursing status has been acknowledged in other cultures as well (Creasia and Parker, 1991; Schwirian, 1998).

---

<sup>2</sup> Traditional term to describe untrained nurses

For instance, Deloughery (1995) pointed out that the image of nursing in American culture has changed across time from Angel of Mercy in 1860 to heroine during the Second World War. After the war, the mass media reflected an image of mother and handmaiden at a later stage the image of sex object was the most prevailing (Deloughery, 1995). Currently, the image of an independent caring practitioner is emerging in the western media (Schwirian, 1998). Interestingly, a positive image of nursing was also noticed in the Palestinian situation during the “Intifada” period, which reflected the peak attraction of nursing profession characterised by increasing entrants to the profession in the last decade (Shaheen, 2000). This could be rationalised by the community’s appreciation of the nurses’ role during the “Intifada”. Currently, the researcher assumes that there is a relative decline in the attraction of the nursing profession (after the Intifada). Attraction of the other currently available professions has reduced entrants to the nursing. This cannot be isolated from the society’s perception of nursing status that is, in turn, influenced by many factors, such as the need for nursing profession, education, political influence, societal attitudes and values which reflected on the impact of mass media.

Some participants related the low status of nursing to the low quality of healthcare delivered to the population. People developed bad image about nurses as a part of a mistrust and lack of confidence in the health system. An experienced licensed practical nurse put forward an idea that has gained consensus among the group participants, stating: *“Clients receive bad quality care, which is communicated among the community hence, they do not respect health professionals in general. As a result of illness, people come to hospitals in a bad psychological condition and they expect Angels of Mercy to deal with them and alleviate their suffering, but instead, they see very busy frustrated nurses who are not ready to listen or to show signs of sympathy to people. Therefore, people develop bad image about health professionals in general and nurses in particular”*. Consequently, some participants

believed that nurses themselves contribute in part to the low image developed about nursing. They reported that some nurses who developed low self-esteem behave unprofessionally and had a negative influence on the status of nursing. An experienced thought leader nurse has commented: *“Some of us perform many non-professional tasks, such as making the coffee for doctors, we do not care about our uniform, we do not respect ourselves, we devalue ourselves, we neglect our duties, we are not united and the sense of individualism is growing in our society”*.

Another significant issue that came out of the discussions and recognised by the participants as an important point for understanding nursing status, was the model of nursing education utilised in Gaza. Unlike other professions, there is no definite clear system of nurses' training in the country. Nursing in Palestine contained multi-levels and different categories. A female nurse said: *“There are no aid doctors or aid engineers, but there are multi-categories of nurses who are trained at different levels”*. Subsequently, nursing training programmes in Gaza are very different in duration, level, designs and strategies. This phenomenon affected the development of a clear identity about nursing as a profession. To make things worse, the study indicated that many nurses who are working in Gaza graduated from other countries, which have different nursing education systems. The absence of a professional regulatory body that regulates accreditation, validation, recognition and licensing of personnel and programmes resulted in duplication, lack of standards, unclear policies and lack of nursing professional identity. Nurses perceived this diversity as de-motivators and as a status-lowering factor. However, as discussed in Chapter 4, the literature acknowledges many of these factors for its status-lowering effects (Schwirian, 1998; Adamson, Kenny and Wilson-Barnett, 1995).

Verbatim comments by participants also demonstrate disagreement about the relationships between status and the level of education. Some participants reported that their counterparts

in other professions with the same qualifications, like teachers, receive better status. It is noticeable that there were some nurses who believed that nurses seek education mainly to improve their status. For instance, one participant commented: *“Nurses with Masters or Doctorate degrees usually referred to their degrees but not profession. I want to study to become a doctor”*. Such evidence is supported by the literature within the international context, but in the Palestinian case, this trend is even more prominent (Schwirian, 1998). Paradoxically, the researcher observed that many nurses who pursued professional development in non-nursing areas to get higher degrees were torn between their original profession “nursing” and the new area of studies. They were as a result extremely dissatisfied.

Professional status affects the influence nurses can exert in their organisation (Relfs, 1995). Nurses expressed their unhappiness about the degree of their influence in the Palestinian health system. It is needless to say that, in an authoritarian organisational structure, professional status has no value as most of the decisions descend from upper management. Where the nurses are unable to participate in decision-making, the satisfaction level decreases and the rate of turnover increases (Volk and Lucas, 1991; Adamson, Kenny and Wilson-Barnett, 1995).

Contrary to nurses’ expectations, it is noteworthy that the status of nursing has not improved under the new political system in the country (PNA). Even some participants negatively perceived the political changes in the area. As mentioned in Section 2, nurses as other people expected a more effective and motivating system that could end or at least reduce their suffering during the occupation era, but unfortunately, nothing of that has happened resulting in severe disappointment. One nurse assertively stated: *“We thought it will be better, but nowadays, nursing status has declined more, mainly because decision makers and politicians who have come from Arab countries developed a low image about*

*nursing's status and now regard it as a second class profession".* What makes things worse is that most managers in the Palestinian healthcare system are doctors who have returned from the Arab countries where they have already developed the low status image about nursing that dominates Arabic culture (WHO, 1994). Nursing status has been consequently actually damaged by the political changes in the area. It is worth recalling that, nursing perspectives in Palestine are much more western oriented (Section 2).

## **Conclusion**

One of the study's contributions revealed in its trials namely to explain constructs of job satisfaction and motivations in a totally diverse area was to consider the impact of political, cultural and economical uniqueness on nurses' motivation and satisfaction. Given the current situation in Gaza Strip, the study tries to clarify the cultural influence on the degree of prestige accorded to work in general and to nursing, which largely reflects the values, circumstances and the need for the nursing profession in the community. While, the status issue has been universally recognised for its impact on motivation, the study reveals how the Palestinian culture perceived it and what are the factors that affect it. The study shows how the status issue is affecting job satisfaction and motivation. Hence, efforts aimed at improving nurses' motivation need to consider both people's and nurses' attitudes and expectations about the image of nursing. One conclusion of these findings could be that, nurses differ in their satisfaction depending on their expectations from work that are influenced by many demographic, cultural and organisational factors.

In the next chapter the researcher presents another satisfaction domain that is extracted from the group interviews and statistical analysis, which is also underpinned by cultural and contextual factors. This concerns benefits and work conditions.

## Chapter 5.7

### Work Benefits and Conditions

This chapter discusses another important domain by reference to the Palestinian nurses' values and economic situations, which is to do with the benefits and working conditions. The chapter explores how Gaza nurses perceived this factor differently from other cultures. Moreover, the researcher also presents the motivating effects of the monetary incentives and the applicability of that approach to the Palestinian context. The researcher also explores the value of other, non-monetary possible motivators.

Although salary has been recognised as an important factor in job satisfaction and motivation, across groups, participants made few comments about it. Group discussions were concentrated more on other motivating factors. The common line of thought noticed to dominate focus groups' discussions was not concerned or interested on discussing the influence of monetary rewards on motivation. A possible explanation for that is related to the nature of nurses who as professionals have certain characteristics, as aforementioned (Potter and Perry, 1995; Moloney, 1992). This could call for questioning the applicability of the monetary aspect of Scientific Management to the professional arena especially in nursing. The researcher would suggest that whilst, Scientific Management could be applicable to technical and low level tasks, professionals have their unique characteristics that affect their motivation and they call for other motivators, such as professional interaction, status, sense of achievement and so on.

Although these characteristics of nurses are currently changing all over the world, the image of nursing has still not reached the material benefits noticed among other health professionals (Deloughery, 1995). The literature indicates that nurses desire to seek financial gains is less prevalent than among other health colleagues, such as physicians and managers (Henderson, 1966; Rogers 1970; Hogeston and Simpson, 1999). For instance, as

aforementioned in Section 3, in USA, nurses' salaries increased only by 53% comparing to teacher salaries risen by 100% (Cowart and Serow, 1992). Therefore, concepts of instrumentality that fit many occupations should be carefully considered in the nursing context.

Another possible explanation of the perceived paradox between the findings of the qualitative and quantitative approaches could be related to social conformity that affected the participants' discussions of the money value in motivation. To some extent, Palestinians devalue people who are highly preoccupied with money. This could influence focus group discussions, which described salary as an important factor, but not the most critical one. One participant said: "*Salary is necessary like bread, we need enough amounts of it, but not only bread... We need other important things as well*". Interestingly this finding could be related to the influence of social pressure apparently noticed in focus groups discussions. This shows how the same motivator is being perceived differently across cultures. In a culture like the Palestinian one, people pay more attention to social values and interpersonal relationships than in individualistic cultures, which are characterised by competition and are more oriented to personal achievement and valuing money (Andrews, 1998).

However, across the various groups, there was a noticeable dissatisfaction among participants regarding their salary. Particularly, salary was a concern for most of the participants in the licensed practical nurses' group. One experienced licensed practical nurse has commented: "*Without satisfying your basic need, without going to work with a pocket that is full with money, you will get frustrated and your productivity will be negatively affected*". In contrast, the researcher noticed that nurses from organisations, which offered relatively high salaries, were not the most satisfied and motivated ones. In general, nurses perceived their salaries to be lower than their colleagues from other

disciplines. Additionally they pointed to an important, but usually neglected point “in the Palestinian context” which is concerned with trade union activities and the role of the nursing union in defending the socio-economical conditions of nurses. Nurses believed that their nursing union is not effective in improving the economical conditions of nurses. One participant refers to that saying: *“Look at the nursing association, it does nothing to improve our situation, nobody cares about it and it does not care about anybody. In fact, it is a dead body”*.

Although, focus group discussions revealed the importance of benefits and financial rewards in motivating Gaza nurses to some extent, survey results indicated different findings. Survey findings (Table 4, Figure 2) indicated that benefit packages, namely benefits and work conditions, were rated very low (2.7). This could reflect the impact of confidentiality provided in the surveyed questionnaires where, participants reported their feelings about their salaries away from social pressure and could reflect a move in the nursing profession towards individualism as discussed before.

Gaza nurses’ satisfaction with other factors, such as professional status, working life and interactions was higher than their satisfaction with their benefits. Benefits factor included items related to benefits package, satisfaction about salary, working conditions, rules and regulations of the organisation (table 5). Interestingly, the only factor that elicited fewer score than benefits was opportunities for professional development. This finding reflects the cultural values and expectations of people, which reflect the impact of many factors among them, the economical and political situation dominating the area. As acknowledged earlier, Palestinians are well known for their over valuing of education (Section 2).

Meanwhile, the perceived level of benefits components of satisfaction were discussed less frequently, still, the study population has recognised benefit as an important factor in motivation. These findings reflected the bad economical conditions prevailing in the

Palestinian situation. Studies concerned however with the relationships between satisfaction and benefits in the area, indicated similar results (Misener, et al 1996; Guidry, 1991; Al-Shubbak, 1993). Others identified pay as the most single important satisfying factor (Goodell and Coeling, 1994). On the other hand, Matus and Frazer (1996) reported that no statistically significant relationships existed between job satisfaction and motivation and salary (Matus and Frazer, 1996). This implies that motivators cannot be isolated from the general cultural context and the search for generalised motivators that work in all circumstances is a vain quest.

Many nurse researchers and managers have extensively investigated the issue of financial rewards and its impact on job satisfaction and motivation and the financial rewards of nurses has been viewed as an important and valuable component of management across healthcare delivery settings (Healy and McKay, 1999; Knox and Gregg, 1994). Many of the aforementioned studies noted growing dissatisfaction among nurses regarding their salaries (Moody, 1996). Further, monetary rewards have been used as significant strategies to satisfy nurses (Knox and Gregg, 1994). However, given that a relative dissatisfaction with benefits has been reported in this study, the benefits package Palestinian nurses receive is important for meeting their physiological needs described by Maslow's as basic needs or as Hygiene Factors that maintain the employees' health as described by Herzberg (Maslow's, 1943; Herzberg's, 1966).

Nurses' salaries are generally regarded markedly less than doctors' in almost all cultures (Healy and McKay, 1999). However, as acknowledged earlier in Section 3, the literature indicates that nurses from western cultures, who live a relatively wealthy secure life, are found to be less concerned than nurses who are experiencing difficult socio-economic conditions, such as Jordanian nurses (Ma'atiah, et al 1996). In accordance with their needs, Jordanian nurses ranked money as the most important motivator (Ma'atiah, et al 1996).

Alternatively, as discussed before, motivation is determined also by factors that are inherent in the nature of the work itself. Nurses' rewards therefore with other than monetary rewards are found to be powerful in this regard. Promotions and rewards are factors affecting the quality of work and if the employee achieves a high level of quality, quality can be fun and Deming suggests that would prove to be a powerful satisfying factor (Deming, 1986).

Therefore, utilising a philosophy of combining monetary and non-monetary approach in rewarding could be useful. Knox and Gregg (1994) stated: "*The reward and recognition of nurses is important for the purpose of enjoining individual needs, both intrinsic and extrinsic, with the mission and needs of the work organisation, and is best accomplished through a balance of non-monetary and monetary methods*" (Knox and Gregg, 1994, p.144).

The idea that only money motivates nurses is invalid. The need for other motivators, such as professional development, recognition, interactions, supportive management and achievement are highly appreciated as well (Herzberg, 1964; Maslow, 1943; Matus and Frazer, 1996). Concurrently, as acknowledged earlier in Section 3, it could be concluded that, if the individual nurse places a high value on money, then the attraction of increased wage is likely to assist in motivating her/him. On the other hand, if the nurse places little value on money, then money is unlikely to satisfy her/him (Knox and Gregg, 1994).

Therefore, balancing the two approaches is highly desirable.

## **Conclusion**

The study findings support Vroom's assumption that satisfaction is determined by the rate of rewards an individual receives in the light of the expected rewards. The smaller the discrepancy, the greater the degree of satisfaction (Vroom, 1994; Adams, 1965). One may argue, therefore, that only a person can reward himself or herself because it depends on his expectations and less on external fixed factors (Vroom, 1994; Matus and Frazer, 1996).

While money has been recognised as an important aspect in our life in general, our evaluation of the relative importance of it is significantly different (Hogston and Simpson 1999). Even the same person, may value money differently in response to other intervening factors, among it the needs that money is going to fulfil at a given time (Chinn and Kramer, 1999). These findings contribute to focus attention to the impact of cultural values on people expectations. However, the findings of this study contribute to highlighting the impact of socio-cultural factors on people's expectations and behaviours in relation to a valid rewarding system that fits the Palestinian community.

In the next chapter (8) the researcher presents another controversial motivator that reflects cultural and contextual influence on the perception of motivators and satisfiers, that is professional autonomy.

## Chapter 5.8

### Professional Autonomy

In this chapter, the researcher discusses the professional autonomy concept that has been perceived as a motivator, but less than nurses' perception from other countries. The researcher explores the autonomy concept within the Palestinian context pointing to the influences on Gaza nurses' perceptions of their autonomy and discusses the gender factor role in this regard, trying to elucidate what made Gaza nurses different in this respect. Interestingly, unlike other domains, the concept of Gaza nurses' professional autonomy reveals the controversies attached to motivation theories. Although, the concept of professional autonomy is the most commonly cited factor affecting nurses' job satisfaction and motivation globally (Wade, 1999; Keenan, 1999; Fung-Kam, 1998), the autonomy of nursing profession in this study was not explicitly recognised as the most important factor. Whilst, the satisfaction level about autonomy was low, it has not been accompanied by frequent and/or explicit comments. The researcher argues that this could reflect the developmental process that the nursing profession is currently experiencing in the Gaza Strip. Further, the researcher argues that the sense of autonomy is influenced not only by the various organisational behaviours, but also by the entire life experience of the individual. Meaning that, nurses' concepts and beliefs about autonomy are inextricably linked to their general feeling of autonomy in the larger sense. Therefore, this phenomenon could be seen to be congruent with the general political situation dominating the Palestinian life experience and is characterised more by a collectivist approach, which values group solidarity and team spirit over autonomy (Andrews, 1998).

However, to be more precise, the positivist analysis of respondents' responses indicated that the autonomy factor elicited one of the lowest scores (2.8). Other factors, such as self-esteem, working life and culture of management elicited higher scores. Autonomy factor

included items (Table 2) relevant to the degree of freedom one can have at work, such as doing non-professional practices, having many directors and so on. As acknowledged earlier, although, the concept of autonomy is the most commonly cited factor affecting nurses' job satisfaction and motivation globally (Wade, 1999; Keenan, 1999; Fung-Kam, 1998), the autonomy of nursing profession in this study was not explicitly recognised as the most important factor. Participants made few comments about nurses' autonomy at work. But, the concept of autonomy was buried deep within the text. The way in which participants generally described their work environment and interactions demonstrated a concern for autonomy without the explicit use of the word. Findings of this study regarding autonomy reflected a discrepancy between the perceived level of autonomy and people's conformity to organisational accountability and productivity. This finding also support Vroom's Theory indicating that different people are differently affected by the same factor. Female participants, in particular, expressed little concern about their autonomy in work. As discussed earlier, the argumentation could be that cultural factors might influence their expectations as mentioned earlier in Chapter 5.2. Although the majority of Gaza nurses were males as noted earlier, the professional autonomy and the influence Palestinian nurses have, was remarkably low, as shown by Table 4. This implies that the sense of nursing, as a historically submissive profession, was stronger than the gender factor which was biased, in this study, towards males. Consequently, improving the professional autonomy of nursing is not entirely related to the gender factor and would question the idea of having more male nurses to raise nurses' autonomy and influence on the healthcare system, as some researchers have called for. Rather it calls for challenging the professionalisation process of nursing as explained in Section 6 and not to link it only to the gender factor. There was a strong consensus among participants that nursing involvement in decision-making is regressing and many participants expressed their resentment about the degree of

nurses' influence in the processes of health organisations. Participants perceived their current participation in decision making as marginal and not adequate. One of them compared nurses' involvement in decision making by stating: *"In past, nurses used to decide for themselves, but, currently, nurses have very weak influence on the decision-making strategic circle. Although nurses are the largest group among health professionals in the MOH, none of the 65 general directors is a nurse. Nursing directors have neither power nor authority to control by themselves. Nursing directors did not even support nurses in their professional struggle for autonomy"*.

This negative, worrying point that participants made regarding nursing involvement in decision making is highly de-motivating in this transitory period characterised by high level of investment in developing Palestinian organisations. The impact of such policy which devalues nursing is so stressful due to the greater expectations of people as a result of the political changes in the area. Decision-makers therefore need to revise their policy regarding nurses' role in the healthcare institutions. The literature indicates that involvement in work or job is related to commitment to and identification with, the employing organisation (Knoop, 1995).

Participants argued that, the low level of autonomy could be partially related to the lack of a nursing regulatory body that regulates the profession and develops its identity and they recommend a more effective professional regulatory body as mentioned earlier. One participant stated: *"We are not regulated as other professions. We need a body or an association that guides and leads us towards having an autonomous profession"*.

Participants strongly expressed the view that nurses have to take the lead in taking their rights "rights are taken not given". One nurse stated, *"Unfortunately, nothing has been mentioned in the Palestinian Laws (1936) about nursing. No body is going to develop us unless we ourselves do.* It is worth noting that, recently, it was decided to establish a

professional regulatory body in Palestine to take on the role of leading the nursing profession. Nevertheless, until now, the board does not take a role in positively leading the nursing profession (MOH, 1999). The role of such boards in leading the nursing professions is remarkable in many countries and therefore, other countries could make use of this experience in regulating nursing profession.

Nurses in this study widely believed that they are the largest group among health professionals and that they are the backbone of the healthcare system. Thus, they deserve to be autonomous professionals. Some participants however blamed the nurses themselves for not being autonomous professionals. One nurse said: *“Once we are a large group in health organisations, we ourselves should take the lead in developing professional autonomy. We should behave professionally, and must perform professional roles, such as teaching clients, doing research and abstain from practising non-professional behaviours, such as making tea or coffee for doctors”*. Given that, nurses are the largest group among health professionals and they are the backbone of the healthcare system (MOH, 1999), they can set empowerment strategies that support their autonomy. It could be argued that nurses could have their autonomy only after maintaining high professional conduct and develop their interpersonal communications and networking.

## **Conclusions**

As revealed in the survey and interviews findings, Gaza nurses were found to be somewhat concerned about their autonomy. Gaza nurses feel that doctors control most of the organisational activities and they, as nurses have to follow doctors' orders blindly. Nurses' autonomy is however a complex, multidimensional concept that might be influenced with one's beliefs, experiences and social context as well (Wade, 1999; Bucknall and Thomas, 1996).

The findings of this study about autonomy could be a reflection of the developmental process, which nursing profession is experiencing now in the Gaza Strip. Autonomy is experienced not only in various organisational behaviours but also in the entire life experience of the human beings. This phenomenon can be seen to be congruent with the general political situation dominating the Palestinian life experience. It is worth noting that, the study contributed in exploring the concept of nursing autonomy in healthcare system that is characterised by modesty, instability and high political orientation. These situations are underpinned by cultural, economical and political conditions that largely influenced not only nurses' perception of their autonomy but also ordinary people's perception as well. In the final chapter of this section the researcher discusses another important theme that arose from both from surveyed questionnaires and group interviews. This relates to the quality of working life.

## Chapter 5.9

### Working Life

This general chapter discusses the Gaza nurses working life and how it affects their feelings of motivation and satisfaction. It is worth noting that this chapter incorporates concepts of the different satisfaction domains. The researcher clarifies what affects the working life in the Palestinian situation and analyses these by reference to the international nursing literature as well as by reference to what satisfaction theories suggest.

In contrast to professional autonomy, quantitative analysis of responses indicated that in factor 7 (working life), participants scored high (Table 2, Figure 2). Such factor reflected items related to the impact of job satisfaction and motivation on productivity, work relationships, general feeling of motivation and work family relationships and so on (table 2). Although statistical analysis indicated high degree of satisfaction regarding items comprising this factor, qualitative analysis pointed to many problems relating to the quality of nurses working lives. This could be influenced by the fact that the concept of working life is very broad and incorporates many issues and domains. Hence, focus groups discussions delivered other important concepts as well.

Repeatedly, most participants expressed intense feeling of discomfort about their working environment. Nurses were supposed to do heavy work related to the extension of their units accompanied by the dramatic growth rate of the Palestinian population, without having sufficient number of human resources. One of the participants stated: *“We as nurses always complain about the shortage of staff but nobody responds to that. Managers rarely consider the nursing human resources needed for the new extensions of departments or the newly established units. They just give orders and we have to find solutions. It does not matter what happens to us or to the care we deliver. Managers do not know exactly what we do”*.

It was clearly evident that the newly established departments have not been supported by extra human resources and nurses coped (according to their opinions) either by increasing their efforts or decreasing the quality of care they deliver to clients. Both of the previously mentioned coping options had damaging effects on nurses' job satisfaction and motivation. One conclusion that could be drawn from the study, is that there is a conflict between the requirements of the organisation and the needs of its members. Gaza nurses have difficult work related problems resulting from excessive workloads, unstable work environment and role ambiguity. By consequence, most participants expressed intense feeling of discomfort from their working environment. There seems to be a strong collective pressure on nurses working lives to establish and develop health organisations in Palestine, without properly supporting them. However, this affected nurses' ability to regulate themselves and to develop their career.

There was a consensus among participants that managers were more interested in figures and numbers with little concern about the quality of work or the psychological conditions of their employees. Therefore, many nurses felt overloaded, overwhelmed and insecure in their work. They developed the view that their promotion is mainly based on their political affiliation rather than their professionalism or the quality of work they produced. One nurse stated: *"Look what happened to the previous nursing directors. Although they were excellent, they have been replaced after completing their further education. We are working in military organisations. Professionalism means nothing to policy makers. They are interested in figures and they are not concerned with the quality of work. We are being evaluated politically rather than professionally"*. Congruently, findings revealed that Gaza nurses think that their managers are not trained to manage people.

In such turbulent and uncertain healthcare environment, the absence of clear systems of work exposed nurses to mis-communication with clients and their families, colleagues and

organisations. One nurse best described the situation when he said: *“When you do not know what is needed from you, when you are not familiar with your area of responsibilities, when you do not know the overlap between your profession and other disciplines, you will experience extreme feelings of uncertainty”*. The consensus is that, nurses feel that they are not treated well. There seems to be a real need in health organisations in Palestine to consider how to deal with the process of change, to decrease individuals’ workloads, to alleviate anxiety, to raise status and search for effective means for supporting co-workers not only to be productive, but also to feel well.

Unfortunately, this environment exposed many nurses to various forms of abuse. During work, many nurses have been exposed to physical attacks not only by clients and their families but also by other health professionals as well (MOH, 1999). As far as, nurses are usually in direct contact with clients, they receive clients’ reactions related to the services provided. One nurse stated: *“I work in the psychiatric hospital and I have had many accidents. My arm has been broken twice; my friend’s leg has been broken in the hospital. Another colleague was wound in his face... Similar accidents happened in other hospitals and nobody cares about us, even managers have not visited us at home as a type of support. Our managers do not care about us”*. Therefore, the perceived low quality of working life could be partially related to the point that participants frequently discussed, namely the exposure of nurses to attacks not only from public but also from other health professionals. This issue is a multidimensional and is related to many factors among them to the status of nursing, the interaction pattern inside and outside the organisation and the perceived level of trust in the healthcare system.

A common phenomenon apparent inside health organisations related to staffing and works’ assignments. Given that many nurses were academically prepared to degree level, licensed practical nurses have to carry out heavy workload, which is not congruent with their number

in health organisations (Table 5). Participants revealed that many nurses with degrees consider themselves more prestigious and are therefore reluctant to contribute to the provision of care. Some of them expected themselves to work in managerial positions. As a result, nurses with lower qualifications have to perform most of the daily work activities. This mostly affected the job satisfaction and motivation of licensed practical nurses who do most of the night shifts and most of the nursing duties and tasks. One experienced practical nurse commented: *“Staff nurses regarded themselves as managers... We do the work. We look after the patients. They do nothing”*.

It was clearly evident that, licensed practical nurses were the mostly dissatisfied and frustrated ones regarding their working life. One consequence of not being recognised by colleagues and by the health organisation could be a lack of motivation and commitment to work. One of the licensed practical nurses expressed the consensus in his group when he emotionally said: *“I have been working for this hospital for 22 years. I used to love my work and I have stayed days and days in the hospital without going home, but now, I hate it, I feel like a stranger in this hospital. Hospital’s staff do not recognise my efforts”*. It seems that, not only most licensed practical nurses were trained many years ago and they have the longest period of experience, but they have also carried the main load in the health services in the last decades. Licensed practical nurses negatively perceived their lack of recognition not only by health organisations but also by their colleagues.

Another relevant theme that stemmed from participants’ comments was the feeling of insecurity, which affected participants’ desire for attending professional development programmes. Although, this theme was only explicitly mentioned in the text once, it reflected the threatening atmosphere in the Palestinian health organisations. A licensed practical nurse stated: *“I am not ready to attend professional development programmes and lose my position as a head nurse for the Reception Department in x Hospital. What will I*

*gain after that...this is the real reason why I have not attended professional development programmes*". It could be inferred that as a result of the lack of nursing cadre, some of the less qualified nurses who hold managerial positions have experienced anxiety and lack of security due to their lower qualifications. This feeling militated against their enrolment in further education programmes and adversely affected their motivation. Congruent with the bureaucracy principles, the development of a nursing cadre and a system of work could provide security and relieve nurses from experiencing anxiety related to the lack of security (Weber, 1947; Menzies, 1977).

It could be argued that management behaviours dominating health organisations badly affected participants' perceptions of the quality of their working life. Participants widely reported the absence of systems of accountability and responsibility in the Palestinian health organisations. One of the participants gave an amazingly negative experience of management behaviours in his organisation by saying: *"One day, I asked a relative of my boss to wait in the waiting hall, like other people. Immediately, my manager blamed me and I have been transferred from one clinic to another and till now I am still rotating between clinics"*. There was a consensus among participants that regardless of qualifications, professionalism and productivity, certain favoured people were maintained and promoted. One participant stated: *"In this country, what matters is not your qualifications or your performance, but rather your network and your political affiliation"*.

The nurses' perception of working life as difficult resulted from many factors, many of them related to the political economical, cultural and managerial factors that are influenced by passing through this transitional stage of the Palestinian experience. The findings of this study shed more light on how to motivate nurses in such a culture and in similar analogous cultures. The study provided valuable information about the features of nurses working life in Gaza Strip. Nurses considered their work to be challenging and at the same time they

have uncomfortable feeling of being overloaded and insecure. The literature indicates that the people who tend to suffer from burnout are those who are empathetic, sensitive, dedicated and over-enthusiastic in their work (Harri, 1997). Since these characteristics are typical of nurses, concern should be directed to this issue. The importance of this issue is accentuated in the Palestinian situation, dominated by nurses' role conflict, by uncertainty and role overload and by these coinciding with low status level.

## **Conclusion**

The nurses' perception, of working life as difficult, resulted from many factors, many of them related to the political economical, cultural and managerial factors that are influenced by passing through this transitional stage of the Palestinian experience. The findings of this study pointed to the importance of developing positive attitudes among Gaza nurses regarding their work environment. Working environment is not only a Hygiene Factor as Herzberg has suggested but also a motivator. The study has added to the understanding of how to motivate nurses in Palestinian culture and similar analogous cultures characterised by similar political, social, cultural and economic situations.

## **Summary of the section**

To conclude, the study demonstrated that job satisfaction and motivation among nurses is very important, particularly in communities like the Palestinian one where people value relationships, emotions and security and especially in situations where the workload is heavier, status is lower, the health environment is uncertain and the economic constraints are greater. The value of job satisfaction and motivation in the Gaza Strip is especially important in this critical historical transitory period, both in terms of building and in terms of developing the Palestinian organisations.

The study contributes to answering question about the Gaza nurses' motivation and — indicates that; although Gaza nurses are moderately satisfied, their level of satisfaction

could be improved. Constructs affecting Gaza nurses' satisfaction were entirely related to management and leadership in the Palestinian context and included interpersonal interaction and communication, management culture, professional advancement, professional autonomy, work benefits and conditions, working life and professional status. In other words, Gaza nurses perceived themselves to be suffering from a hierarchical and authoritarian style of management, interpersonal conflicts with physicians, colleagues and administration and bad working conditions. Other work stresses included role overload, concerns regarding job security and professional advancement. Palestinian nurses also suffer from low salary, increasing demands for quality healthcare services and changes in the societal and political situation as well as, restructuring in the healthcare organisations. Interestingly, many of the factors that could satisfy Gaza nurses were found to be requiring little or no monetary resources and could be achieved through utilising more effective managerial strategies as discussed in the coming section.

Whilst, the study supported the validity of Vroom's Expectancy Model and points out to the motivators and satisfiers that are based on perceptions and values of Gaza nurses regarding these factors, it contradicts many concepts of Herzberg's, Maslow's and other theories of motivation. Vroom's Theory's philosophy considers the interplay between the different organisational, extra-organisational, personal and cultural variables. Central to all of them are expectations. The concept of expectations however could be subjective and be liable to perceptual, individual and cultural differences. Thus, depending upon their expectations and values, nurses from the different cultures responded differently to the motivating and satisfying factors. On the implications of these cross-cultural diversities, one should be wary of adopting a motivation theory or model and trying to implement it blindly without considering the cultural implications of that. In other words, Vroom's Theory provides a

more comprehensive understanding of motivation than other theories, which usually describe one single way or linear relationships between the many motivational variables. Moreover, the study contributes to providing valuable data about Gaza nurses and shows what distinguishes them from other nurses. The study provides data on the nature of the relationship between satisfaction and demographic and organisational characteristics, which contradicts many international studies and supports others. Whilst, the Palestinian nurses considered education as a movable asset that survives regardless of the political condition in the area, the study indicated that the offered professional development programmes have failed to improve job satisfaction and motivation. The study refers this to the problems encountered in the planning and implementation of these programmes as well as, to managerial problems related to effectively utilising these programmes. Typically this gives an indication about the nature of the interactions between the person, the management, the organisation, the culture and the work to produce a state of satisfaction.

Nevertheless, these findings can help managers to plan human resource management including recruitment, retaining and motivating nurses. The study findings contribute to providing signals that could remind nurses' managers in Palestine about the importance of challenging the issue of job satisfaction and motivation. Improving satisfaction can act as a counterbalance, providing moments of rewards acutely needed by Gaza nurses.

In the next section the researcher clarifies his contribution to the knowledge in this field. It discusses the issue of job satisfaction and motivation in the Palestinian context and provides some illumination on how it is possible to improve job satisfaction and motivation.

Additionally the section provides explanation of the constructed Palestinian model-frame of motivation.

## Section 6

### Synthesis and Discussion

Congruent with the research objectives of investigating job satisfaction and motivation and its determinant factors in the Palestinian context, the researcher discusses in this section, Gaza nurses' job satisfaction and motivation with emphasis on its uniqueness and special characteristics. The researcher elucidates the contribution of this study to understanding job satisfaction in a community that lies outside the cultures in which the concepts of satisfaction and motivation were originally devised and investigated. Additionally, the researcher points to the motivating strategies that are built on the participants' responses and comments, in the light of the international nursing literature. The section also provides an explanation of the extracted satisfaction and motivation constructs and elucidates information that could be helpful to managers to better understand and conceptualise the satisfaction and motivation process in Palestinian and analogous cultures. Although the researcher is a nurse from the culture in which the research has been carried out and feels enthusiastic about his profession, he kept in his mind that he should maintain objectivity in order not to dispute the study findings.

At the beginning, the section discusses the contribution of the study in assessing the level of Gaza nurses' job satisfaction and the seven identified satisfaction domains.

The last part of the section demonstrates the organisational and personal characteristics of Gaza nurses and the implications of these characteristics on nurses' motivation and satisfaction. Additionally, it discusses the applicability of the satisfaction theories to the Palestinian context and the contribution of the study to the understanding of job satisfaction and motivation theories in the Palestinian context.

## **Job satisfaction status among Gaza nurses**

In this study, the researcher has assessed the level of Gaza nurses' job satisfaction and motivation through using a triangulated methodology which has achieved a comprehensiveness that is unlikely to be achieved through the use of a single method (Dootson, 1995). The researcher has followed a different approach from other researchers by first collecting data quantitatively and then identifying areas for further, in-depth discussion in focus groups. In fact, this approach made a difference to the researcher and enabled him to better capture the issue of concern. There was corroboration between the findings of the two approaches in certain themes and discrepancy in others. Thus, the findings of the two approaches were not only helpful in validating and complementing each another, but also in adding more illumination to the investigated issue.

In other words, the study findings are congruent with other studies which pointed to the limitations of the survey questionnaires in comprehensively assessing the issue of job satisfaction and motivation (Harri, 1997; Cavanagh, 1992). This indicates the necessity of capturing employees' feelings and perceptions which is best done through qualitative methods, such as interviews. The researcher developed the premise that researchers can better investigate job satisfaction and motivation by adopting an approach which draws on the strengths of both qualitative and quantitative paradigms. Such an approach enables them to better conceptualise job satisfaction and motivation within a work force. A good example in this study was the concern for autonomy and work benefits, which showed no congruency between the findings of the two approaches. Consequently, qualitative findings showed different concerns from the quantitative findings (Section 5), implying that utilising a

single approach for assessing job satisfaction could not always accurately reveal the reality.

The study concluded that job satisfaction and motivation is an important aspect of the work for the majority of the study participants. This is congruent with the global perceived feature of nurses as professionals who have a professional culture, characterised by certain unique values such as high level of emotional investment, social orientation, valuing relationships and more highly vulnerable to stress and burnout than other professionals (Deloughery, 1995). Moreover, the findings of this study support the literature which indicates that for nursing, which encounters many stresses job satisfaction is important (Cavanagh, 1992). Job satisfaction can act as a counterbalance by providing needed moments of reward. Additionally, when nurses are satisfied with their work, their productivity can be enhanced and their communications with patients are more likely to be effective (Healy and Mckay, 1999). Thus, satisfaction could be viewed as important not only from the organisational perspectives, but also from the moral and human standpoint. This calls for conducting more satisfaction studies in the nursing arena, as it helps in developing an understanding about nurses' expectations and setting more effective motivation oriented strategies.

The value attached by nurses to job satisfaction and motivation links us with the apparent debate that exists between the different managerial approaches concerning this issue. Such debate particularly exists between the two contrasting main schools of management, the traditional approach and the neo-managerialism approach (Quinn, 1998). Therefore, findings can be seen as questioning the increasing trend of undervaluing the importance of job satisfaction and job security and showing instead, more concern for productivity reflected in such new management trends as PRP,

downsizing, cost containment and so on. However, in the midst of this debate, the literature acknowledges that personality, which affects an individual's expectations and behaviour has a determining role in how people think and feel about their jobs or job satisfaction (Andrews, 1998). An individual's personality influences the extent to which her/his expectations and feelings about a job are positive or negative.

In most collectivist communities, the importance of satisfaction issues seems to be greater, as is the case in the Palestinian community. It is worth recalling that the Palestinian community is characterised by strong emotions and feelings of insecurity, valuing relationships and high social desirability (Section 2). Hence, studying job satisfaction in the Palestinian community is crucial. The literature indicates that nurses who have high job satisfaction, have a more positive concept of self (Healy and McKay, 1999). Job satisfaction affects and is affected by general life satisfaction. People with a positive self-concept generally have a more positive approach to life (Healy and McKay, 1999). Thus, satisfaction is important for the mental health of the person and may affect her/his total mental outlook. Consequently, job satisfaction may benefit not only the individual but also, the community, colleagues and clients (Skalak, 1987).

Further, given that there is a link between job satisfaction and turnover (Irvine and Evans, 1995), the value of job satisfaction is especially important in societies experiencing critical historical transitory periods, both in terms of building, reforming and developing their organisations as is the case in Palestine. One of the critical consequences of the turnover, is its financial implication. The literature indicates that the cost to replace one single nurse in the USA, in the late 1980s, was about \$ US 25,000; it is even more nowadays (Johnston, 1996).

Given that the issue of job satisfaction among Palestinian nurses in the Gaza Strip has never been investigated, the study contributes to providing an assessment in this regard. It is worth recalling that the perceived level of job satisfaction in focus groups discussions was lower than the statistically estimated one. The researcher concludes that the culture of the Palestinian organisations affects the study participants' tendency to express their attitudes about their jobs. This implies that researchers assessing satisfaction need to conceptualise the contextual and cultural factors that are prevalent in the concerned organisations. They could assess satisfaction more effectively through adopting suitable methodologies that fit these cultures and consider triangulation, which enables them to develop a more in-depth understanding of this complex construct.

In other words, the study adds evidence to the assumption that measuring job satisfaction and motivation is complicated. This is not only because job satisfaction is a complex multifaceted construct but, also, because people generally tend to express their feeling in ways that are influenced by the cultural norms underpinning their societies. It could be the case that they give unrealistically positive responses about their feelings at work, especially in authoritarian cultures. The researcher assumes that researchers investigating job satisfaction and motivation need to be fully aware of how to use an appropriate method that considers the context of the study. Believing in the results of the traditional survey questionnaire as a perfectly guaranteed reality is a fallacy.

As aforementioned (Chapter 5.1), the study revealed that Gaza nurses were generally fairly satisfied. Overall, nearly half of the study participants were satisfied, which is less than the nurses' level of satisfaction in most developed countries (Cuesta and Bloom, 1998; Caine, 1989). The positive thing is that the study indicates that Gaza

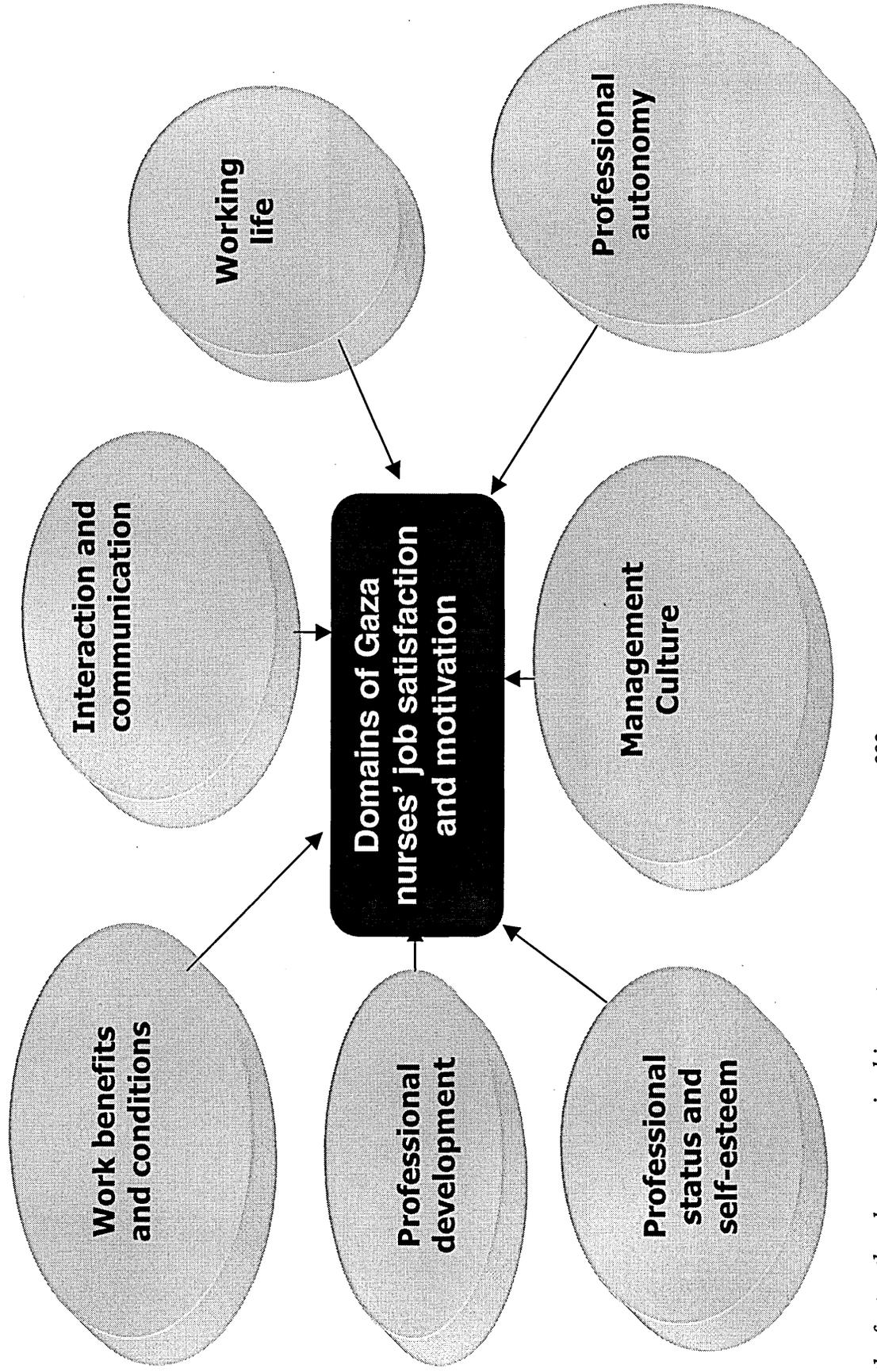
nurses' level of satisfaction is a possibility, as explained in the rest of this section. Job satisfaction could be improved if the issue of satisfaction is more seriously handled in the Palestinian situation. In other words, health managers, nursing managers and policy setters could improve the satisfaction level if they consider the motivational strategies drawn from this study. However, as acknowledged earlier, the interesting thing is that, many of the factors that affect Gaza nurses' job satisfaction require little or no monetary resources and could be achieved through utilising more effective managerial strategies. Even upon using the available resources at hand, nurses' managers could largely improve the job satisfaction status. Meaning that, for such motivation to fulfil Gaza nurses' expectations and needs, many changes in the organisational culture must take place first, as discussed later in this section.

The community values have an impact on job satisfaction, as they reflect people's beliefs about the outcomes that work leads to and how one behaves at work (Andrews, 1998). Consequently, the study indicates that the Palestinian nurses are more concerned with certain values related to work. They are more motivated by work, which serves certain values important to them. Among the values recognised by the study is the commitment to the country. Palestinian nurses are motivated to develop their organisations after the partial end of the occupation and considered their work as a service to the country and to national goals. This reflected on the relatively low turnover rate, despite the low satisfaction level and the difficult work environment. The researcher assumes that the strong national feeling is understandable in the Palestinian situation, as a unifier in such critical, difficult times. Hence, Palestinian nurses' motivation is influenced by their values about their profession and by their commitment to develop the nursing profession in Palestine.

It is worth noting that little mention is made in the literature about the cross-cultural differences in job satisfaction and the trans-cultural perspectives in nursing management. The culture a person grows up with and lives in may affect his/her level of job satisfaction. Nurses from cultures that emphasise the importance of individual achievement and accomplishment are more likely to be satisfied with jobs that allow achievement, self development and personal benefits (Andrews, 1998). In contrast, nurses from cultures that emphasise the importance of valuing what is valuable for the community's interests may be less satisfied with jobs that stress individualism, competition and self-achievement (Andrews, 1998). Thus, these social values affected Gaza nurses' perceptions of factors affecting their satisfaction and motivation.

Consequently, there were discrepancies between Gaza nurses' experiences and expectations regarding the perceived level of job satisfaction and motivation and its determinant factors. As explicitly mentioned in the coming paragraphs, findings of this study contributed to demonstrate how participants developed different levels of satisfaction about the different constructs of job satisfaction and motivation that are related to their contextual situation. The factors extracted from this study could constitute a Palestinian construct of nurses' motivation that is of course, liable for further development. Figure 11 demonstrates the seven identified constructs of Gaza nurses' job satisfaction and motivation.

Figure 11: Gaza nurses' domains of job satisfaction and motivation



*NB: the closer the factor the closer perceived importance*

The study contributed through concluding that the main satisfaction domains affecting Gaza nurses were:

- Management culture
- Interaction and communication
- Professional development
- Work benefits and conditions
- Professional status and self-esteem
- Professional autonomy
- Working life

These seven extracted factors could be subjected to further testing in other studies that utilise larger and different samples. Additionally, the validity of these factors could be examined through research studies in other arenas to formalise a satisfaction model that fits the Palestinian motivation and analogous situations.

Gaza nurses' perceptions of the most important satisfying factors reflect Gaza nurses' concerns with the different values, attached to the different factors affecting motivation. Comparative studies on nurses' job satisfaction have indicated similarities (Japanese and Hong Kong nurses) as well as differences (American, Israeli and Canadian nurses) with nurses from this study as well as others from the different cultures (Al-Ma'aitah, et al 1996; Guidry, 1991; Hamad, 1997; Yamashita, 1995; Fung-Kam, 1998).

The researcher has referred these differences to economic, political, demographic and cultural differences across the different places. This supports the assumption that satisfaction is value-led and admits the impact of socio-cultural factors on nurses' values and expectations and calls for acknowledging that when dealing with this issue. Consequently this questions the validity of applying a fixed approach to motivation in all cultures. For instance, Gaza nurses are more concerned with their interaction and interpersonal relationships than are nurses from the other places and

more than what current motivation theories do suggest. This also implies that nurse managers are required to be sceptical of blindly applying strategies that are based on fixed concepts derived from motivation and satisfaction theories. Rather, nurse managers would perform better by considering the demographic, cultural and the contextual factors of their employees, by asking and considering what motivates them and responding accordingly. Given that the issue of job satisfaction has never been investigated in the Gaza Strip, the study findings contribute to providing signals to nurses' managers in Palestine to heed the importance of challenging this issue. Further, it provides them with useful information about the issues they need to challenge in their efforts to motivate their nurses.

Constructing on the findings of this study which seeks to identify what satisfies the Palestinian nurses, the concepts developed from the study could be seen as representing a motivation construct that fits Gaza nurses and other nurses from analogous cultures. The extracted seven domains and the challenges they raise in terms of job satisfaction and motivation are demonstrated in the coming pages.

## **Gaza nurses constructs of job satisfaction and motivation**

### **Management culture**

The study concludes that the management culture, which concerns the patterns, features and mode of behaving of management and how things are dealt with in the Palestinian organisations, as aforementioned in Chapter 5.3, is the most dominant factor affecting Gaza nurses' job satisfaction and motivation. This is clear from the findings that show that, most of the study constructs are managerial-orientated.

Management dominates the general picture of motivation and satisfaction in the Palestinian situation. The study clearly demonstrates that the perceived values and expectations placed by the study's participants on management and its relationships to

job satisfaction and motivation are high. This questions many theories of motivation and supports some others.

In this regard, the study findings are supportive of Vroom's Model, which assumes that what affects motivation depends on people's expectations and values. As cited earlier, participants' values and expectations about management could result from the influence of the hierarchical, tribal and Islamic culture prevailing in the Palestinian situation. It is worth recalling that, Palestine is characterised by an authoritarian, centralised and paternalist culture (Section 2), which places emphasis on management and on the role of authority. Thus, the Palestinian culture values management to the extent that it is perceived as being responsible for every thing (Section 2).

Interestingly, there is even a widespread tendency in the Palestinian culture to define people entirely by their job titles. The issue of management in the Palestinian context needs, therefore, to be considered more seriously in order to improve the Gaza nurses' motivation. This is the case even more than in other cultures. Palestinian managers could be more effective if they develop more awareness of the developmental, professional, political, social and economic aspects of the Palestinian situation in dealing with management issues. For example, they could manage better by paying more attention to nurses who have certain characteristics and are more vulnerable to stress and burnout when managing their organisations (Deloughery, 1995). In other words, health managers need to develop greater awareness, more so than other professionals, that nurses are keen to have managerial support and a caring empathetic leadership (Moss and Rowles, 1997).

With reference to the evidence supporting McGregor's Theory (Section 5), that job satisfaction and motivation decreases with years of experience in the organisation, the study concludes that management failed to maintain Gaza nurses' inherent

motivation. A possible explanation for this is to do with the competency and the managerial responsibilities assigned to nurse managers who are not trained to be managers. It is worth keeping in mind that Palestinian managers have little control over work strategic issues. Strategic issues, such as planning, recruitment, budgeting and promotions are externally decided and managed through top level administrators (Massoud, 1994). This phenomenon has affected nurse managers' self-esteem, their relationships with nurses and their mode of management. It has subsequently, adversely affected their abilities to lead their nurses effectively. This questions the methods utilised in the Palestinian situation regarding recruitment training and the alleged responsibilities of Palestinian managers. Thus, the researcher would suggest that by paying more attention to the recruiting and training of Palestinian managers, the situation could probably be improved. A helpful idea could be that nurse managers need to be more developed and empowered through helping them to conceptualise and practice more effective motivating managerial strategies. For this to occur, the researcher would suggest more management training, accompanied by structural changes in the Palestinian healthcare system, as explained later in Section 7.

The Palestinian nurse managers' low level of motivation, and their lack of inner drives to innovate and create, have affected their nurses' job satisfaction. The literature indicates that managers' satisfaction might influence nurses' job satisfaction and motivation (Tumulty, 1992). Hence, the researcher would suggest that the concept and practice of leadership needs to be more bravely challenged and developed in the Palestinian organisation, as it could be crucial for dealing with Gaza nurses' job satisfaction and motivation. The literature indicates that nurse managers can perform their motivational roles more effectively when they frequently revise and modify their

motivational roles, trust nurses and remove constraints affecting them (McNeese-Smith, 1997).

Congruent with the Expectancy Theory, Likert (1967) claimed that whatever the staff perceive as the manager's style becomes the management style. The staff's perception can be different from that intended; therefore, the management style must fit in with the staff expectations, skills and interaction capabilities (Moss and Rowles, 1997; Likert, 1967). This finding implies that utilising a fixed strategy of managing in organisations, in all circumstances, regardless of employees' expectations and attitudes is unlikely to motivate. In other words, managers could do better through considering their people's characteristics and responding accordingly. This would suggest the validity of assessing employees' expectations and responding accordingly and supports the researcher's presupposition that adopting a fixed managerial model is unlikely to eternally motivate. This theme raises a question about the global validity of motivators and its uniform applicability to all the situations.

Congruent with the literature, the study concludes that most Palestinian nurses have an inner desire to do the very best job possible. Universally, nurses want to make a significant contribution to health organisations (Farrell and Dares, 1999). They want to be allowed to empower themselves, to have a supportive culture and recognition for their performance (Moss and Rowles, 1997). Achieving such desires requires co-operation among all the concerned stakeholders. This implies that nurses not only have to respect the role of their management and colleagues within and outside nursing arena but, managers also have to acknowledge that they have a key role to play as satisfaction makers (Farrell and Dares, 1999). Health and nursing leaders possibly achieve better by developing latitudinal attitudes to find ways to empower and encourage individual nurses to empower themselves. The researcher argues that

the use of empowerment strategies in the Palestinian context, such as determining nursing assignments, considering nurses' work preference, setting schedules, providing feedback and conducting performance evaluation meetings could be successful in this regard.

The researcher argues that adopting ideas extrapolated from Kouzes and Posner's work on leadership could be particularly helpful in motivating Gaza nurses. Kouzes and Posner's (1988) research on leadership identified strategies such as being supportive, caring, showing interest and providing recognition as important to the behaviour of leaders (Kouzes and Posner, 1988). The research of McNeese-Smith identified positive relationships between this behaviour and job satisfaction and motivation. Managers could increase motivation therefore by providing recognition, praising good work and seeking opportunities to recognise individuals and groups for their outstanding performance (McNeese-Smith, 1997; Kouzes and Posner, 1988). Depending upon the person, nurse managers can publicly or personally congratulate nurses for their good performance. To enhance group solidarity and team spirit, managers can celebrate the group achievement for a superior performance (Dunham-Taylor, 2000).

Although this line of thought is currently not part of the conceptual framework of many Palestinian managers, it could be gradually challenged and reinforced. The positive point is that such strategies require no money and are in line with the inclination of Palestinian nurses who value recognition, status, relationships and personal interactions. The researcher assumes that this concept could be realised in the nursing context through offering training and exposing nurse managers to such modern approaches in management meanwhile, setting policies and structures that endorse such concepts and allow a wider degree of managerial freedom.

Gaza nurses are interested in managers who show concern for people's interests and work objectives. Nurse managers who follow through with problems, participate with employees, provide needed resources and appropriate management are seen as being more motivating. Consequently, nurse managers who have good communication skills, and are good at interactions, are more capable of tackling employees and organisational issues (McNesse-Smith, 1997). On the other hand, researchers found that managers who are concerned to have conflict-free relationships and are unable to make the needed work-related decisions were less effective in motivating their people (McCelland and Boyatzis, 1984).

On the basis that nurse managers in the Gaza Strip are concerned only with work quantity, the conclusion can be drawn that they could be seen as more effective motivators if they develop more modern managerial strategies, which take into account people's concern. Modern leadership concept related to the transformational leadership could be a helpful strategy (Bass, 1985). The researcher argues that, management-training sessions to develop managers and to strengthen their ability to tackle employees' and organisational issues, could be fruitful in this regard. It is worth noting that, nurse managers could do better if they acknowledge that nurses as other professionals tend to respect leadership (Scholes, 1994). Leadership is about influencing others therefore, it is human related, while management is more concerned with procedures and results (Aspinwall, et al 1992). Leadership is the glue that holds together the organisation (Cole, 1996).

The researcher argues that adopting strategies cited in the literature, such as the transformational leadership behaviour characterised by idealised influence, inspiration, intellectual stimulation and individualised consideration (Bass, 1985) could positively improve the level of job satisfaction and motivation among Gaza

nurses. Leaders who are oriented to idealised influence provide their subordinates with a vision, philosophy and gain their respect, trust and confidence (Morrison, Jones and Fuller, 1997). They use their influence to communicate the mission and vision across the organisation, so that, more likely, people believe in them and successfully implement them. Inspirational leaders usually develop confidence with their people and support their capacity to achieve. Intellectual stimulation is a process whereby the leader increases her/his people's awareness of viewing the organisation's challenges from a new stimulating perspective (Dunham-Taylor, 2000). Leaders, with individualised consideration orientation, provide support and encouragement for their people while maintaining a concern for the uniqueness of the individuals and the groups (Coeling and Cukr, 2000).

Although the concept of transformational leaders is not fully conceptualised by the Palestinian leaders, the problem is not an insurmountable one. Training and empowerment of the Palestinian leaders together with restructuring of the healthcare system to enhance such strategies would induce a significant change in the management of the Palestinian health organisations. Such a concept is congruent with the values held by the Palestinians in general of valuing the leader's role and counting on her/him. This is particularly important for nurses who usually show enthusiasm to have a leadership that empowers and supports them in such perceived anti-nursing culture. The nature of the Palestinian nurses of being highly interested in managers who appreciate their potential and their values about professional development enhances the applicability of such an approach. However, currently Palestinian health organisations are experiencing structural changes and such concepts could be endorsed in the organisation's currently being constructed vision, mission and

philosophy. Gaza nurses' involvement in developing strategic health plans could be solicited to endorse their expectation and values with such transformation.

Through developing awareness of modern management trends, nurse managers in the Gaza Strip can empower their leadership abilities. Leadership behaviour, such as providing a vision, empowerment, growth challenging, praising the team, showing respect, maintaining equal opportunity are contributory to job satisfaction and motivation (Dunham-Taylor, 2000; Morrison, Jones and Fuller, 1997; Bass, 1985).

To be seen as effective visionary leaders, nurse managers could make use of working with their people towards challenging the major strategic issues of their organisations.

Through building shared vision and philosophy health managers can endorse nurses' values and expectations into the vision of the organisation. Thus, the differences between nurses' goals and their organisations would be minimal and, hence, these organisations would be more motivating. Shared vision clarifies the organisations' strategies, policies and defines organisational aims and goals that are motivating by themselves (Williams, 2000). The vision contributes to providing a basis for expectations and, thus, decrease ambiguity and helps nurses to cope with the rapid changes undergoing the healthcare organisations. Hence, the sense of ownership and commitment to the organisation is increased.

Since managers and leaders are highly influential on nurses' job satisfaction and motivation, the techniques that have been provided in Appendix 16 might be useful in improving satisfaction of Gaza nurses. The literature, however describes different levels of management linked to different management styles (Appendix 17). Two factors need to be considered before choosing a style; firstly, the characteristics of the nurses; secondly, the requirements of the situation. The literature cites different working leadership styles (Gresham and Brown, 1997). With the directive style,

people are told what to do and what is expected of them (Likert, 1967) and it suits unclear tasks. It is more appropriate for new nurses and for emergencies, which are quite common in nursing work.

With the supportive style, the leader shows concern for people and creates an emotionally supportive climate (Acorn, Ratner and Crawford, 1997). It is more suitable in stressful conditions and frustrating tasks. Achievement-oriented style, works with achievement oriented personnel to achieve certain tasks (Relf, 1995). However, the literature indicates that job satisfaction improves as the management style approaches the participatory style (Moss and Rowles, 1997) which encourages nurses to actually contribute in the processes of the organisation and empower their potential.

The researcher claims that managers do better by adopting an open strategy of mutual participation and collaborative leadership style that allows nurses to contribute in shaping health organisations and its processes including management. Such an approach decreases practice expectation gap and allows for developing a sense of ownership among nurses, "participation decreases oppositions". Such an approach in management could be appropriate for the Palestinian situation characterised by uncertainty and political instability. Additionally, participatory style, improves satisfaction, productivity, commitment and the development of people (McNesse-Smith, 1997). The participatory approach is characterised by a high degree of group loyalty with favourable attitudes and trust among peers, subordinates and supervisors (Moss and Rowles, 1997). Further, the participatory approach enhances group problem solving and personal interaction. Such an approach is valid in high relationship behaviours and low tasks. In particular, using the consensual participatory style "general agreement" rather than consultative "just consultation and

not necessary sharing" or democratic styles "winners and losers" might bring more satisfaction to Gaza nurses (Moss and Rowles, 1997; Hamad, 1997).

Assuming that there is no single way of behaving at work in all situations, nurse managers could do better by diagnosing the existing situation and choosing a leadership style that matches the given situation and improves the chance of its success. In other words, utilising one, fixed style is not helpful in meeting the variable needs of people and organisations. Thus, applying the situational leadership style in the Palestinian organisations might be more helpful in the current circumstances, characterised by rapid change and uncertainty. An important role the Palestinian nurse managers could play, is to create and manage organisational cultures in a way that reflects a concern both for people and the organisation. The participants' expressed their preference for a culture that combines a concern for people and a concern for achievement (Blake and Mouton, 1985). Thus, support, achievement and satisfaction could become part of the organisation's culture and such a culture could meet the needs of people as well as needs of the organisation. To conclude, the study indicated that management dominates nurses' motivation in the Palestinian context and constitutes the core of the Palestinian Model of nurses' motivation. It needs therefore to be seriously considered. As far as the human resources being the most crucial assets in healthcare organisations (Berwick, 1995), the study provides signals to policy makers about nurses' motivation and the possible strategies that could improve it. Policy makers and nurse managers could improve nurses' motivation through utilising the motivating strategies discussed in the previous pages. The other domains acknowledged in the Palestinian constructs of motivation are also related to certain components of management as explained in the underlying paragraphs.

## **Interaction and communication**

The domain of interactions and communications is another important constituent of the Palestinian model of motivation that has been developed from the study is concerned with the pattern of interactions and how people interact and communicate within their health organisations (Chapter 5.4). The study concludes that Gaza nurses' level of job satisfaction and motivation about their interactions and communications is relatively low and requires improvements. Participants were dissatisfied with the interaction culture in their organisations, particularly, the interaction with doctors and managers. Additionally, findings have indicated that females and poorly educated nurses were the mostly dissatisfied groups in this respect. A reason for that could be related to their experience of heavy workloads and the low status they have experienced in such a patriarchal and qualification-oriented culture (Section 5).

The findings of this study reflect the importance of communication and interaction in motivating Gaza nurses. Unlike Herzberg's supposition that interaction is only a Hygiene Factor that never satisfies, the study has indicated the significance of interaction and communication in motivating Gaza nurses. This could also be related to the tendency among Palestinians to be more volatile and their inability to easily accept diversity. The researcher refers such a phenomenon to the stressful life that people lead and their awareness of the history which is characterised by prolonged periods of occupations (500 years). This gives an indication of how the general political context affects organisations and their mode of functioning. It implies that extra effort is particularly needed to consider the motivation of the most vulnerable group. It is worth recalling that, the practical nurses and female nurses, together, currently constitutes the majority of Gaza nurses.

The study underlines the necessity of developing a more positive atmosphere in the Palestinian health organisations. Participants' comments valued the positive effects of establishing collegial and collaborative relationships that empower nurses and increase their level of motivation. Such a strategy can help nurses to counterbalance work stresses and helps them to meet the difficulties associated with the uncertainty and the bad managerial behaviour dominating their organisations. The researcher hypothesised that, inducing strategies such as having nursing cadre, setting rules and regulations, providing of job descriptions, improving nurses assignment level and considering team work philosophy are possible motivating strategies.

What further complicates the issue of interaction and communication in the turbulence of Palestinian culture, is the generally high expectation of people including nurses in the wake of the peace process (Section 2). Unfortunately, most nurses' managers failed to meet their nurses' expectations. This suggests that, Palestinian managers could do better by developing more effective interactive strategies such as being less bureaucratic, maintaining a concern for people's interests, assuming more effective advocacy roles, setting role models and being agents of change. It is worth remembering that, the relationship and interaction in the healthcare organisations are important component of job satisfaction. Satisfaction comes from praise, collegiality and or friendship as well as from respect, co-operation and teamwork (Ndiwane, 1999).

More than in other places, the paternal, dominant-physician group assumes leadership in the Palestinian health organisations. They set policies that maintain their dominance and superiority while maintaining nurses as their handmaidens. However, doctors' and nurses' roles in health organisation are part of the socialisation process in health organisations and cannot be easily challenged in the Palestinian context. More

than in other countries, the Palestinian physicians exert efforts to keep nurses undervalued and marginalised. Kutlenios and Bowman argue that the current global discomfort in health organisations arises because nurses are moving from their culturally identified socialised roles. Doctors feel particularly uncomfortable when their power is challenged (Kutlenios and Bowman, 1998). To overcome this phenomenon, Kutlenios and Bowman (1998) suggested developing awareness of the roles attached to different health professionals, clarifying the scope of professional practice, developing self-analysis to recognise feeling and compare it to others' feeling and then seeing role conflict as a universal, rather than as a personal attribute (Kutlenios and Bowman, 1998) as helpful strategies.

The researcher concludes that initiating actions from the nurses' side, such as behaving professionally, having a unique body of knowledge, being assertive, empowering themselves, setting priorities and defining their scope of practice are possible helpful strategies. Kutlenios and Bowman (1998) pointed out that power comes from choosing one's own behaviour and reaction and not in being dominant over others. Hence, the Palestinian nurses in general, and their leaders in-particular could demonstrate that they are not servants of the physicians, but colleagues, who perform certain significant professional care in the health organisations. Upon doing that, Palestinian nurses need to understand the political process in the Palestinian situation and they need to be aware of the power that doctors currently have.

Assuming naïve arbitrary actions, which do not consider the politics of the health system, as some nurses currently call for and do, is most likely to produce negative results.

It could be argued that if the Palestinian nurses are to be regarded as important professionals, in their healthcare organisations, they must pay attention to their own

responsibilities and to develop strategic thinking about their contribution to the healthcare system. Nurses are required to positively demonstrate that they are influential care providers, that they provide with sound knowledge, advocate for patients and act as equal member of the healthcare team who are willing to be held accountable for all their actions. Such philosophy could raise their understanding of the profession; from perspectives of the patients, other healthcare members, the public at large and from their own perspectives (Ndiwane, 1999).

Additionally, the researcher claims that nurses could improve their influence in their organisation through taking serious steps. Nurses can participate and influence the healthcare system's vision, goals, mode of functioning and even the philosophy about care. They can contribute to shaping the healthcare organisations and directing the change in them (Dunham-Taylor, 2000). Subsequently, they will be more able to influence major organisational issues as well as to enhance their job satisfaction and motivation through meeting their own needs and expectations. If nurses choose not to exert themselves in shaping the practice environment in their organisations, they do not have the right to complain about their lack of satisfaction (Ndiwane, 1999). The literature indicates that one of the reasons for nurses feeling of dissatisfaction, in this sense, is their feelings of inferiority and valuelessness (Ndiwane, 1999).

Building on the participants' acute concern for team spirit at work, health organisations could be seen as more motivating by practising a philosophy that adopts working in a professional health team. Organisations in which a multi-disciplinary approach is utilised, are regarded as more motivating to employees. The researcher assumes however that many factors affect the ability of health professionals to work in teams. Teamwork best works in organisational cultures characterised by a concern for achievement, which is not the case in the Palestinian situation (Massoud, 1994).

Thus, balancing the needs of people and that of the organisation is needed as a prerequisite condition in the Palestinian health organisations. Teamwork necessitates removing barriers between people, while the amount of prestige, power and influence among health professionals in Palestine are very diverse. Therefore, concepts that are related to team building skills could be highly helpful in this regard.

The researcher claims that the perceived paradox between the nature of Palestinian nurses of being collectivist, who value group solidarity and interaction on the one hand and the lack of team spirit at work on the other hand, could be partially related to the management inability to develop teams at work effectively. Thus, the Palestinian health managers can make use of such features of their nurses in developing more effective working teams. Upon successfully achieving that, nurses could feel that they are more satisfied and the work objectives are more likely to be met. Belbin's (1993) nine team role ideas could be useful in helping Palestinian managers to develop their ability to be good team builders (Appendix 18). The researcher suggests that the approach of endorsing team concepts in the curricula of the health professions is useful. It is easier to develop more positive attitudes about teamwork among the students of health professionals than to change the working staff attitudes in this regard. Given that people are more receptive during the formative stage of their professional attitudes, a successful strategy could be achieved through bringing them together in training sessions. This allows better understanding, interaction, knowledge sharing and experiences that could be transferred to the clinical setting. This is especially important due to the belief that, part of the conflict between health professionals and nurses, is related to their lack of knowledge about each other (Henderson, 1995). Bringing them together promotes understanding and interaction leading them to develop more positive attitudes about each another.

Team leaders could do better by representing each of the nine Belbin's team roles and ensuring that each role is represented in the team (Belbin, 1993). To be good team players, nurse managers could be seen as more effective by being politically aware, supportive, co-operative, human-oriented, analytical, planner and promoter of team concepts (Lumby, 1996). A major point in building teams is to meet the needs of people as well as of groups in the team. This is inextricably linked to valuing diversity, which is best demonstrated by the African Philosophy of "Ubuntu". This philosophy (Zollo philosophy in origin) implies that the person is a person through others; it runs through the veins of Africans from the cradle. To be "Ubuntu" means to discuss, share, participate, co-operate and negotiate with others (Griggs and Louw, 1995).

Once communication has been identified as a critical factor for the functioning of nursing units, managers could be seen as more effective by being familiar with the communication practices in their organisations, acting communication systems, directions of communications, common communication problems and communication problem solving mechanisms. They could be better perceived as motivators by communicating with people in their organisations considering the uniqueness of individuals. The literature indicates that it is the responsibility of nurse managers to create and maintain an organisational culture characterised by openness and transparency with multi-dimensional channels of communication (Henderson, 1995).

A climate of open communication, including the use of staff support groups and diffusing sessions after a particular stressful period can improve inter-staff relationships (Irvine and Evans, 1995). The opportunity for social gathering outside the work places can aid group solidarity and relationships (Ndiwane, 1999; Harri, 1997). It is important to have in mind all the time that the individuality of each nurse

needs to be recognised. To overcome some of the communication problems in Palestinian organisations, some useful communication techniques are described in "Appendix 19". These techniques might be useful for managers in healthcare organisations. It should be borne in mind that it is a personal responsibility of every nurse to maintain good and supportive relationships with other colleagues (Anderson, 1996). This is not only true concerning nursing colleagues, but also regarding other professional health team members.

In spite of its previously mentioned obvious advantages, the over-emphasis on supportive team relationships has its drawbacks. Teams sometime neglect work or tasks, may not deal well with conflicts and tend to be slow in decision-making (Cole, 1996). The researcher noticed that unlike their managers, most Palestinian nurses tend to value needs of people over needs of the organisation. Moreover, during management courses used to assess the management style of the health professionals, on the basis of the Managerial Grid, the researcher noticed that, most people who had been assessed were more concerned with people's needs and noticeably less concerned with work, especially for friends and relatives. This reflects an organisational climate characterised by valuing relationships over productivity. The researcher argues that many reasons stand behind this phenomenon including the demographic characteristics of people. For the last thirty years, health organisations were owned, managed and funded by the Israeli Occupation. By consequence, people showed no belonging or commitment to them. With the change of authority in 1994, still many employees need time to develop new attitudes towards their organisations. On the other hand, by contrast to employees, managers in the Palestinian organisations were perceived to be isolated in their ivory towers, creating boundaries between themselves and their employees (Massoud, 1994). To manage effectively,

managers could do better by balancing organisational needs and also people's needs. Thus, managers could be stimulated to encourage a caring, supportive environment, share with the group, celebrate group achievement and encourage other members of the team to treat each another in a humane and professional way, while at the same time, achieve organisational goals (Tomey, 1996; Harri, 1997).

It could be concluded that, people are the greatest assets of health organisation and the most essential resource within the healthcare services (Berwich, 1995). They must be nurtured therefore and enabled to function fully. To give high level performance, more likely, they need to be treated well and respected. How each individual nurse functions, is important (Anderson, 1996). Interpersonal relationships increase morale and promote co-operation and support among staff (Collin, 1999). In such situations, employees tend to trust, appreciate and acknowledge each another (Collin, 1999).

They show more group commitment, belonging, acceptance and motivation to work (Farrell and Dares, 1999). The findings of this study contributed to showing how the same variable or factor is being evaluated differently by different people. Concepts of job satisfaction and motivation that have been built on fixed theories or models could not be taken for granted in all circumstances. Realities differ according to people's expectations and understandings of these realities.

In congruence with this line of thought, the next section demonstrates another motivator that has been known for its importance in motivating nurses globally. In the Palestinian context however the value of this factor and its influence on nursing satisfaction was different, as the following paragraphs show.

### **Professional development**

Another contribution of this study to the advancement of knowledge is the findings based on participants' perceptions regarding the relationship between professional

development and job satisfaction and motivation in the Palestinian context. It is worth remembering that, this concept deals with education and the professional development and their related issues and how they affect job satisfaction and motivation. Certain contextual factors affected the Palestinians' perceived high esteem of education, which is reflected in the study. Consequently, although the Palestinian health organisations have offered professional development programmes, these programmes were felt by participants to be inadequate, indicating the high expectations of people in this regard and calling for the necessity of having more. The study concludes that the less qualified the nurses the more satisfied they are, due to many problems encountered in education as well as due to the change in expectations after the exposure to education, as aforementioned in Section 5. This was congruent with other research conducted elsewhere and generally indicates that the level of education negatively correlates with satisfaction (Cavanagh, 1992; Wadell, 1996). Additionally, the study concludes that the place of study affects nurses' motivation. Hence, the researcher concludes that the strategies of education and the methods of preparing nurses affect their perceptions and attitudes and practices towards their work. This implies that, organisations could be perceived as more motivating when they meet needs and values of their people and respond to the new perspectives developed as a result of professional development. Additionally, this raises the issue for developing a clearer strategic vision concerning the overall structure of nursing in Palestine and ensuring the development of a professional cadre and rules and regulations that regulate the nursing profession.

The analysis of the literature concludes that motivation theories traditionally point to the motivating effect of professional development. It is worth recalling that, Maslow and Herzberg have both considered professional development as a higher need that

satisfies at a higher level and also acts as a real motivator. Additionally, there is an ongoing theme in the literature that professional development leads to positive outcomes (Wildman, et al 1999).

However, the inconsistency that has emerged is that, although Gaza nurses have expressed concern for professional development programmes, the study indicates that the offered professional development programmes have failed to improve their job satisfaction (Chapter 5.5). Building on the study findings, the researcher related this to problems encountered in designing and implementing these programmes. A few studies here reported similar negative findings and disappointments about unmet learning objectives, wasted resources and the inability to incorporate the information into practice (Barriball, While and Norman, 1992). This finding questions the validity of Herzberg's suppositions as well as Maslow's upper level motivators' category, which assume that professional development is a guaranteed motivator that always works perfectly (Herzberg, 1966; Maslow, 1970). More accurately, the findings of the study in this regard, support the Vroom's Expectancy Model concept, which considers the interactions between the many factors which are supposed to motivate including the characteristics of people experiencing motivation as well as the organisational context.

The study concludes that the main barrier that adversely affects professional development, is the theory practice gap. Such a gap results from the lack of follow up of professional development graduates, irrelevancy of the educational programmes to the needs of the organisation and/or people, inadequate co-ordination between education and services, ineffective learning strategies and the lack of strategic planning for education. Congruently, research studies investigating participants' perception of continuing education reveal similar findings (Barriball, While and

Norman, 1992). This calls for setting more effective strategies in designing and implementing professional development programmes. This also gives signals to curriculum designers to develop curricula that are more effective and more likely to be applicable in practice.

The researcher would suggest that, gaps between theory and practice could be bridged through following more liberal forms of learning that incorporate concepts, such as learners' involvement and student-centred learning approaches. However, the theoretical premise and foundation under-girding nursing professional development is the involvement of adults learners. Thus, programmes need to be based on adult learning principles (Knowles, et al 1998; Alspach, 1995). One important principle is that the learner participates in the objective setting and planning of these educational programmes (Knowles, et al 1998). Another factor is that learners are autonomous individuals, keen to feel that they have control over the learning situation (Case, 1996). Considering the uniqueness of the individuals and meeting the individualised needs of people are also appreciated (Alspach, 1995). Thus, individuals can identify their learning needs based on their feelings and experiences. Nursing leaders can also devise assessment tools that could facilitate needs assessment (Rath, et al 1996).

The literature indicates that the involvement of learners is a continuous process that should start before and should go beyond, the use of an interactive learning strategy (Wade, 1999). It includes assessing learning needs, establishing learning objectives, planning educational experiences and evaluating learning outcomes as well as processes (Case, 1996). Educators can facilitate learners' active involvement by taking a collaborative approach with learners, in which, learners' needs are blended with the organisational needs and educationally sound criteria to create a win-win approach (Wade, 1999). However, although need assessment survey questionnaires

have been frequently used in the Palestinian health organisations, their results are rarely considered either by nurse managers or by the training institutions. This indicates the necessity of developing a strategic plan for professional development that considers the various stakeholders.

Waddell (1996) clarified three useful professional development-planning models including the classical, the naturalistic and the critical models. The classical rational model, suggests the use of 4 steps similar to the nursing process steps or problem solving phases, including assessment, setting objectives, implementation and evaluation (Waddell, 1996). This approach however does not really consider people in the process. Whilst the philosophy of the naturalistic model focuses on how people are ready to do things, it does not define the context and how to plan the professional development programmes (Waddell, 1996). The critical model deals with issues of power, culture and values of professional development (Waddell, 1996). This implies that curriculum planners need to negotiate the strategies of the professional development programmes with the different stakeholders. People's interests are causally related to the educational programmes that are created. There are needs people have and they all come into play whenever you develop a curriculum (Waddell, 1996). Meaning that, many actors have a stake or interest in any educational programme including, policy setters, learners, leaders and trainers (Waddell, 1996).

Reflecting on the nature and the contextual situation, a mixture of the three models could enhance the planning of professional development programmes in the Palestinian situation, as it meets the interest of all those concerned. The Palestinian MOH and the Ministry of Higher Education recently produced a draft of a Strategic National Plan for education in health, which follows the previously mentioned

approach of having a mixed model. Upon finalising and approving the plan by the different stakeholders, the plan could be the basis for regulating professional development in the Palestinian health organisations and training-related institutions. It is needless to say that health institutions, academic settings and policy makers could improve the impact of professional development by keeping to that plan. The plan could have drawbacks, like any other plan, but at least it provides a direction and a shared vision for the concerned clients.

Building on participants' comments, the researcher would like to stress the value of having speciality in professional development. This is highly important in the light of the severe shortage in nursing specialities in the area (Section 2). Nurses need courses that are relevant to their areas of speciality rather than attending general courses. Educational programmes could be more effective when they meet organisations' needs as well as individuals' needs (Alspach, 1995). This raises the importance of respecting adult learners as individuals and recognising their experiences, as relevant to the educational process (Case, 1996). Educational programmes need to be offered to meet the needs of people who have different experiences. Courses that are decided and implemented to meet speciality needs of nurses, seem to be more effective and more motivating than providing general courses that have little relevancy to their experience and most likely have little impact on their daily work challenges (Knowles, et al 1998). In other word, learning becomes relevant for nurses, when they view the learning as useful for solving meaningful work problems (Case, 1996; Alspach, 1995). Consequently, programmes such as management courses, problem solving, providing special care, training on advanced technology, solving patient care problems, improving quality and research, were found to be more motivating than theoretical and scientific material (Waddell, 1996).

Further, the study emphasised the necessity of re-designing professional development programme strategies to reflect modern adult learning principles. Adult learning philosophy includes strategies such as critical thinking, problem solving and handling change in organisations (Knowles, et al 1998). Additionally, adult learning principles identified by Leonard (1993) and Case (1996) describe active learners' roles in learning and suggest a successful strategy for improving the quality of education programmes that could be helpful in the Palestinian situation. Principles of active learners' involvement in the learning process include; collaborating, critical reflective environment, learning by doing, learning in a participative environment, empowerment of learners, dialoguing in the educational process and self-directing learning (Leonard, 1993; Case, 1996).

Case (1996) emphasises the importance of the educators' role in facilitating self-directed learning and assisting learners to reflect upon their own most successful practices of mastering the objectives on hand. Thus, educators' help and guidance facilitates learning for adult learners. Adult learners have many responsibilities that compete for their time and attention (Case, 1996). A lesson to be gained from this approach is to empower nurse educators in the Gaza Strip about the principles and practices of adult learning. This does not only include training and development of the educators' abilities, but also provides them with the resources needed for adult education. This is a progressive process that could be achieved through continuous training, structuring it within the training system and through a regular follow up process.

An important theme that is constructed from this study is related to the necessity of incorporating education into the wider system of organisational culture. A mechanism of collaboration should be developed between the different interested

parties. The researcher accepts as a premise that the principles identified by Senge (1994) might be helpful in Palestinian organisations, not only in relation to learning, but also, for the entire activity of the organisation. Senge identified the core of learning organisation and has suggested life long programmes based on many concepts (Senge, et al 1994). Personnel mastery, which relates to the empowerment of people to expand their abilities in order to achieve full potential. This stimulates the development of a creative environment that is conducive to learning and that encourages its members to develop themselves toward the goals and purposes they want. Collaborative enquiry, as a collective approach, helps the group to develop ideas that are greater than the sum of its members' aptitudes (Senge, et al 1994; Pedler and Aspinwall, 1996). Finally, system thinking is a way of thinking about a common sense for understanding the tensions and interrelationships that shape the system. Such a system facilitates the handling of change effectively inside and outside the organisation (Senge, et al 1994; Aspinwall, 1996).

In a learning organisation, people are supposed to continuously engage in reflection, knowledge is shared and their learning is needs oriented and relevant (Aspinwall, 1996). People usually have a pride in what they are doing and every individual can develop her/his capacity (Senge, et al 1994). A learning organisation is usually a transparent organisation and people feel freer to enquire about each other's ideas (Senge, et al 1994). Other characteristics that distinguish learning organisation is the collegial relationships and the acceptability of trials and tolerating mistakes as learning opportunities (Senge, et al 1994).

Such an approach could induce major changes in the Palestinian organisations and could solve many problems and induce many transformational changes while, requiring very little, if any, resource. The positive point is that the Palestinian people

value education and learning and this constitutes the base for most of the above mentioned strategies. Additionally, such concepts are currently implemented on an individual basis at certain places but needs to be empowered and institutionalised in the culture of the organisation. The development of the Strategic National Plan for professional development reflects a positive point.

To conclude, a carefully planned, professional development could be a powerful motivator in the Palestinian situation. Many factors influence the value and the implementation of professional development. Among the frequently mentioned and observed factors are, learners' motivation, management support, practice environment, building realistic expectations, teaching qualities and the culture of change dominating the organisation. Thus, to increase the effectiveness of professional development, information offered are better to be timely, available, informative and consistent with learners' needs. Attention to learners' needs in topic selection, teaching strategies, accessibility and content affects learners' motivation to induce changes consequent to professional development and can affect their experience after learning. Hence, the researcher argues that a good system of professional development requires capital investment at the outset and throughout its operations. If such investment is to be secured, then employers should consider professional development as an integral part of the organisation's activity.

However, although the Palestinian professional development programmes have encountered many problems, there is a noticeable awareness among professionals and policy makers about the importance of tackling this issue more seriously. The development of the strategic national plan for education in the health field may provide a good start. Through progressive, gradual, small and persistent measures

which are incorporated widely into the culture of health and training organisations many changes could be possible.

Among the global satisfaction factors affecting nurses is professional status.

Professional status is an area frequently debated in nursing. Part of this is related to the perceived humble status of nursing as a profession. Consequently, the status issue was also one of the important domains that has been developed from the study findings. The next paragraphs elucidate this concept within the Palestinian nursing context.

### **Professional status and self-esteem**

The concern about nursing status, which has been reflected in this domain, has been identified as one of the major themes and domains that affect Gaza nurses' motivation and satisfaction. It is worth recalling that this domain deals with the status issue in Palestinian nursing context and how it affects job satisfaction and motivation. Nurses in this study, valued professional status as important. It is therefore, most likely to have a positive impact on their job satisfaction and motivation. Consequently, the current perceived low status of nursing is reported as a source of the low level of job satisfaction and motivation. Although the issue of professional status is a global nursing concern, it has its own characteristics in the Palestinian context. One of the study contributions is to consider the impact of contextual factors on the values, prestige and status of nursing and how this affects nurses' motivation and satisfaction. In other words, building on the study findings, the researcher tries to clarify the cultural influences on the amount of status given to nursing, which largely reflects the values, circumstances as well as the need in the community for the nursing profession. The study concludes that, nursing status has its unique characteristics in the Palestinian situation. Consequently, Gaza nurses' responses reflected the fact that,

they have a high positive image about nursing, more than the community or health professionals do in general. Such a high self-esteem acts as a defence mechanism that increases confidence level. They were keen to maintain their pride of belonging to nursing. Such high self-esteem helps them to remain in nursing and to cope with their highly stressful situations. Consequently, Gaza nurses identified many culturally-related factors that negatively affected the status issue in their context (Chapter 5.6) including; the impact of mass media, low quality of nursing care, unprofessional nurses behaviours, lack of a clear system for nurses training, medical dominance and the lack of public recognition for nurses. The literature indicates the importance of considering these issues in improving nursing status in a given community (Adamson, Kenny and Wilson-Barnett, 1995). Thus, efforts aimed at improving nurses' motivation could be more fruitful by considering both people and nurses' attitudes and expectations about the nursing image. These identified issues could constitute the cornerstone of any trial to improve nurses' status in Palestine.

Historically, nursing was perceived as what is called, a female profession, with dominant submissive doctor-nurse relationship (Mckinnon, 1999; Adamson, Kenny and Wilson-Barnett, 1995). Consequently, nursing as a profession, reflects the maternalistic view held by a paternalistic medical profession, even when it is dominated by males, as the case in this study (Mckinnon, 1999). By consequence, health professionals and society often minimise the value of nursing practice. This implies that nurses could challenge this by reinforcing other's awareness of their contribution to the healthcare system and the importance of the nursing profession to the clients, families and communities.

The literature demonstrates that, essential to the professional practice, is the sense of professional power (DU Plant-Jones, 1999). Professional power derives from the

demand by a profession that its perspectives are scientifically based, formal, unique, valid, specialised and only achievable following a long period of specialised academic education (Mckinnon, 1999; Adamson, Kenny and Wilson-Barnett, 1995). Therefore, Palestinian nurses could improve their status by focusing on the professionalisation process of nursing. The researcher argues that the professionalisation of nursing, is the key to changing the entire nature of the nursing profession and consolidate it into an independent profession like other professions.

In order to develop nursing into a strong profession, it is crucial that the image perceived about nurses by the nurses themselves, other professionals and the society as a whole is empowered by strong visionary professional nursing leaders (Kitching, 1993). Given that healthcare and nursing are socio-political oriented issues, nurses could improve their influence by recognising this and accepting that it is legitimate to use their power to influence policies in their work environment (DU Plant-Jones, 1999). The researcher argues that modifying nursing curricula and preparing nurses to be more assertive with their management in health organisation and within the society could positively impact on the role of the nurse in health organisations and the society as well (Mckinnon, 1999; Wade, 1999). Palestinian nurses can take advantages of the changes and the reconstruction of the healthcare organisations to increase their power and influence over the healthcare system. Nurses can also reorganise nursing, develop their nursing practice, empower their body of knowledge and practice in a way that reflects positively on the community and on the nursing profession as well.

Moreover, Gaza nurses could use politics skilfully by lobbying and using the influence of political leaders to gain support and strength. Currently, a dominant phenomenon in the Palestinian situation, is the use of nurses by politicians for

manipulative purposes (Section 2). This is especially important in the Palestinian situation where the most vital issues are managed with strong political consideration including, promotions, budgets, policy-making, recruitment and so on. It seems that doctors are more skilful in using politics to make it reflect more positively on their profession. Unless nurses develop the capacity to present themselves effectively, they most likely, will continue to be a large group of un-influential people (Riley, 2000). Palestinian nurses need to understand the political power that other health professionals hold and to develop successful political strategies in ways that encourage other health professionals to support nurses' struggle for professionalisation, as explain earlier.

The researcher accepts the premise that knowledge is power and by developing a large scientific body of knowledge, the image of professionalism will be increased and nurses will subsequently become more powerful (Schwirian, 1998; DU Plant-Jones, 1999). By passing such knowledge to clients, nurses can win their confidence, trust and support. The researcher emphasises the value of developing a code of professional conduct and a scope of practice that guides nursing practice and supports nurses' professionalism in Palestine. Nurses can use such a code of practice to struggle for their autonomous practice and to assert their competence. This may require working with the professional regulatory bodies and nursing leadership to challenge current strict structures that constrain the nursing profession in ways that recognise the contribution of nurses to the healthcare system. However, currently some nursing leaders participate in reforming Palestinian healthcare system but this participation requires being more empowered and structured in the health system culture. Nurses can gain power in their organisations and have a stronger voice in the healthcare system by empowering their profile through actively participating in

developing their health systems and representing their rights at all levels in health organisations as well as the wider society (Mckinnon, 1999).

For nurses to have a more powerful influence, they could do better by learning how to use assertive behaviour to their advantage. Assertive behaviour endorses the ability to give expressions and feelings in ways that do not offend the rights of others (Riley, 2000). Assertiveness training should form an important repertoire of social and educational skills that support nurses in developing self-assertiveness. It is important that nurses respect each another. When nurses devalue each another, it becomes very difficult for them to believe in their profession or to gain support from others (Schwirian, 1998).

Additionally, the coalition between clients and nurses could be seen as an important factor for nurses' empowerment. By working with clients, nurses can gain their support to their professionalisation process (Mckinnon, 1999; DU Plant-Jones, 1999).

Thus, nurses can increase their involvement in community projects and sell themselves to people. Showing more commitment to community issues, interacting professionally with people and showing more concern to the people are factors that could increase the community appreciation of the nursing profession (Schwirian, 1998). Additionally, the impact of the mass media especially the television is important. Improving the image of nurses and selling nurses' services in more positive ways through television programmes are valuable approaches that could improve the status and the image of the profession in the community. This is gradual accumulative process that could be developed, in congruence, with the change of the nursing image in the community, as a whole. Palestinian nurses can make use of the nurses who are currently working in the community health education programmes

provided in the Palestinian television to improve the image about nursing in their community.

To conclude, for the purpose of improving nurses' professional self-esteem and status, the status issue needs to be tackled more carefully. Strategic considerations should be directed to raise the status of nurses and to increase the team relationships between doctors and nurses. The spirit of teamwork could be endorsed in the training of doctors and nurses from the start, as aforementioned. Additionally, healthcare managers would do better by considering supportive strategies that improve interaction and communication among the health professionals of the organisation. At the other end of the spectrum, the public image of nurses needs to be challenged. Utilising the previously mentioned strategies, such as empowerment, selling nursing to the community, focusing on the mass media programmes that present nursing as it really is and empowering nursing associations to present nursing to the public in a more positive way are possibly helpful strategies.

The next section is concerned with one of the most debatable issues in nurses' motivation. The issue of rewards in nursing has been frequently researched and regarded as an important motivator. The following paragraphs explore the values attached by this factor and its impact on Gaza nurses' motivation.

### **Work benefits and conditions**

Among the important domains affecting Gaza nurses' satisfaction and motivation is the work benefits and the currently used reward system. As aforementioned in Section 5, this domain endorses participants' perceptions of their rewards and work conditions and its impact on their satisfaction. Building on the study findings, participants showed that they were not satisfied with the benefit package that they were receiving. The study concludes that Gaza nurses are more concerned with other

factors although their benefits are not adequate. In other words, the study revealed that Gaza nurses pay attention to money, but as an aside. This emphasises the impact of the nursing professional culture on determining work motivators. The nature of nurses as professionals influenced their values, as they showed more concern for other factors such as interaction and professional development. The researcher also concludes that social conformity has affected participants' discussions of the monetary value of motivation. The community values other concepts more than discussing the issue of money (Section 5). A possible conclusion could be that Scientific Management is more applicable to technical and low-level tasks than to the professional arena and more in certain cultures than others.

Given that the study indicates a state of dissatisfaction with the benefits package that Gaza nurses receive, requiring serious measures in this regard. It is worth recalling the importance of money in meeting physiological needs described by Maslow, or as a Hygiene Factor as described by Herzberg, (Maslow, 1943; Herzberg, 1966).

Additionally, monetary benefits could carry a social message as people link status to income, which makes it into a method of recognition (Knox and Gregg, 1994). Thus, it is a contributing factor in motivation regardless of the mechanism utilised.

The literature indicates that the economic benefits of nurses were generally low by comparison to other health professionals and therefore, nurses' need for monetary rewards should be taken into account when dealing with nurses motivation (Adamson, Kenny and Wilson-Barnett, 1995). This implies that health managers in the Palestinian situation could do better by assessing nurses' needs and expectations and guarantee the provision of adequate salary that meets their needs and fits their expectations, while, maintaining fair principles in this regard. In other words, given that Gaza nurses ranked rewards they receive as one of the factors that affect their

satisfaction, employers could do better if show more consideration of this issue. Top level managers could be seen as more motivating by providing nurses with monetary benefits that are adequate to maintain healthy lives, especially for nurses experiencing difficult economical circumstances.

Additionally, as discussed before, satisfaction is also determined by factors that are related to the nature of the work. Motivation best works when work matches the psychological needs of the people (Likert, 1967). Utilising a combination of monetary and non-monetary approaches in rewarding could be also useful. It could be argued that the tendency of health organisations to involve nurses in setting their policies and strategies achieves a high level of nurses' motivation with non-monetary rewards (Knox and Gregg, 1994). It is a useful strategy to examine nurses' personal attitudes and the expectations of their organisations. The assessment of nurses' values helps managers to set more nurses' oriented rewarding system. It is then possible for managers, from the different levels, to set shared strategies that meet the needs and expectations of the nurses and their organisations. The agreed upon strategies become the basis for rewarding. Therefore, nurses' involvement in building health organisations' vision, mission and rewarding system could be seen as pushing toward motivation. Thus, the discrepancy between people's expectations and the organisation's expectations could be minimised (Knox and Gregg, 1994).

Another rewarding factor that has been raised by participants and explicitly discussed earlier was related to professional development. Nurses, as other professionals, have a strong and long-term commitment to their field of expertise. To keep current in their field, they need to regularly update their knowledge (Wade, 1999). Health managers could reward them therefore with educational opportunities and training. Furthermore, managers could increase promotional and growth chances by giving new

assignments, challenging tasks, autonomy, following nurses' interests, allowing them to create and recognise their achievement. Building on the finding that equal opportunities is not endorsed in the Palestinian health care system, the issue of having a fair system needs to be emphasised. When providing rewards, managers do better by keeping in mind the relative differences in rewards, as people compare their job input-output relative to those of others inside and outside the organisation (Adamas, 1965).

On the basis that the philosophy of management and the structure of the organisation together with the staff's expectations generally influence the rewarding system or pattern, the researcher assumes that the issue of reward, equity and recognition must be endorsed in the context of values and the philosophy of the organisation.

Therefore, the researcher would suggest that Palestinian policy makers could be perceived as more employees motivating if they revised their philosophies, especially regarding discrimination and assumed an equal opportunity policy regardless of the employees' political affiliation. Therefore, organisation valuing people's diversity and building on it might be helpful. The sense of organisational ownership needs to be more empowered and conceptualised by all the members of the organisation.

Meaning that, promotion and rewards need to be fairly distributed to employees and should be based on productivity rather than on connections and political affiliation.

In conclusion, this study points to the actual differences among people regarding the value they placed on money. Cultures that are more community oriented and characterised by supportive relationships and are less likely to be influenced by capitalistic attitude, have a different concern for the value of money. On the other hand, people's perception of the money value also depends on the need for it. In cultures experiencing difficult economical constraints, people tend to be more

concerned about money for satisfying their basic needs (Al-Ma'aitah, et al 1996). Thus, the traditional methods of rewarding employees by benefits only should be evaluated. The approach of balancing monetary and non-monetary rewards is useful in nurses' satisfaction. Nurse managers can use financial rewards legitimately through increasing nurses income by things such as working over time, providing incentives, increasing allowances and so on. Trying to motivate all nurses by this method all the time is not feasible (Knox and Gregg, 1994). On the other hand, non-monetary rewards are valuable to organisations in increasing the performance, job satisfaction and motivation but they are not adequate. Therefore, the assessment of nurses' values and expectation and balancing monetary and non-monetary rewards are essential to achieve their motivation.

### **Professional autonomy**

Another domain, which has relatively affected participants' job satisfaction and motivation, was professional autonomy, which concerns with the amount of professional freedom allowed to nurses upon carrying out their work tasks. The concept of Gaza nurses' professional autonomy clearly reflects the influence of cultural and political values on motivators. It is worth recalling that, the concept of professional autonomy is the most commonly acknowledged factor affecting nurses' job satisfaction and motivation globally (Wade, 1999; Johnston, 1996). The professional autonomy in this study was considered important but not an overriding one. This finding is rationalised by the context of the study as well as by the unique professional features related to the nature of nurses as professionals, regardless their gender (Section 5).

Building on this, the study results regarding autonomy suggest discrepancy by relation to traditional motivation theories and to the international nursing literature. This

indicates that different people value the same factor differently: revealing that motivators such as autonomy are not always the main concern of employees as suggested by Content Theories of motivation. Motivators are not fixed factors that work in isolation regardless of contextual factors. Rather motivators are subjective dependent on people's assessment and values. This shows that Vroom's suggestions are true in this regard, as it links the motivating effect of a factor to the value placed by people on this factor, in a given context.

The study concludes that Gaza nurses are concerned to some extent about their autonomy, which is considered by the nursing profession as a hallmark of independent practice and part of the basis for identifying nursing as a profession (Johnston, 1996). However, the general feeling is that Gaza nurses perceive doctors as controlling most of the organisational activities and they, as nurses have to follow blindly doctors' orders. They also reported an unsatisfactory level of involvement and little control over work related issues. This implies that although autonomy is not at the top of the nurses' priority list, it calls for intervention. The value of this is aggregated by the fact that, most of the identified satisfaction domains have a link with the concept of autonomy. For instance, the tendency of managers to actually involve nurses in the processes of the healthcare organisations and their management style, is highly connected to their perceptions and practices in regard to nurses' autonomy. The same is true concerning interaction and status, which are highly dependent on the degree of others' beliefs about nursing autonomy.

Hackman and Oldham (1976) described how jobs could be redesigned to promote job satisfaction and motivation. Such widely used job redesign strategies include promoting participation in decision making, introducing other forms of nursing care delivery such as primary nursing and more autonomous forms of work assignments.

Congruent with this line of thought, Gaza nurses expressed the desire to be more involved in work related-decisions than they actually were, which suggests that they were decisionally-deprived. These findings clearly suggest that if shared governance is to be developed and meaningfully implemented there is a need to develop practice environments, which facilitate the decisional involvement process and autonomous performance. Incorporating work empowering structures, such as access to feedback, guidance, resources and an environment which supports learning and growth would support the implementation of a shared governance philosophy (Keenan, 1998).

It is argued that for nurses to function as autonomous but collaborative practitioners, who are accountable for their decisions, a more nursing supportive strategy is needed.

The placement of nurses in diverse, autonomous, clinical locations is likely to enhance their prestige (Wade, 1999; Bucknall and Thomas, 1996). When nurses endorse these roles in their practice, it could increase their status and could allow for more interaction with other health professionals. The positive point is that, Palestinian nurse managers, at the unit level, can partially utilise such strategies in their work, without inducing changes in the system, at the higher level. To some extent, they can redesign their nurses' jobs, enrich their tasks and make jobs more appealing and interesting to them, without going through the complicated, bureaucratic system.

The study's conclusion that nursing involvement in decision making is going backwards in the Gaza Strip is worrying. Consequently, decision-makers could do better by revising their policy regarding nurses' role in the healthcare institutions.

The literature indicates that involvement in work or job is related to the commitment to and the identification with the employing organisation (Knoop, 1995). Therefore, a managerial strategy that believes and supports autonomy and allows professionals to

control decisions related to their work could enhance their job satisfaction and motivation. Further, activating the recently developed Palestinian professional nursing regulatory board that is supposed to regulate the nursing profession could be helpful. Developing countries like Palestine could endorse the roles of the international boards such as the UKCC and the ANA and institutionalise their functions within the professional and the legislative arenas. Such regulatory boards contribute to supporting nurses' autonomy and development in the developed countries.

Given that autonomy is a concept that is influenced by the human experience in the broader sense, nursing education can be positively manipulated to consider this concept from the start. The researcher assumes that nursing education, as a factor relatively easier to manoeuvre than the contextual factor, could largely influence autonomy. Consequently, nursing education is required to shift from training to academic education, from techniques to conceptualisation (Case, 1996). Further it requires shifting from focusing on skills to one that endorses autonomous decision-making and problem solving (Keenan, 1998; Wade, 1999). Hence, a paradigm shift from traditional formal teacher centred learning to liberal, informal, self-directed and flexible learning needs to be endorsed (Knowles, et al 1998). The concept and practice of autonomy is needed to be part of the conceptual framework of the nurse educators. It also should be explicit in the philosophy and practices of the faculty in designing, implementing and evaluating their curricula (Keenan, 1998). These strategies on nursing education could positively influence autonomous feeling among nurses.

With the political changes in the area, the researcher assumes that nurses' concern for autonomy could increase. Therefore, serious measures need to be taken to support the

autonomous feeling among nurses. It is a process that takes time but it is not insurmountable. Autonomy could be viewed within the broader sense and be integrated with the efforts to develop and empower people in general. Palestinian nurses' concern for autonomy is also linked to their ability to sell nursing to the community and to empower their influence in the healthcare system as aforementioned. The aforementioned strategies of nursing empowerment and professionalisation are, thus, essential components of efforts to increase the level of nurses' autonomy.

To conclude, autonomy factor elicited one of the lowest satisfaction scores and findings of this study reflecting a discrepancy between the perceived level of autonomy and people's tendency to conform to the organisational accountability and interpersonal relationships in the Palestinian context. Results showed inconsistency with many motivation theories and concepts regarding autonomy, indicating how different people are differently affected by the same factor. Findings about autonomy could be a reflection of the developmental political process, which the nursing profession is experiencing now in the Gaza Strip. Autonomy is incorporated not only in various organisational behaviours, but also into the entire life experience of human beings. This implies that the concept of autonomy needs to be considered within the larger context, while, measures to improve professional autonomy are required to be considered, such as empowerment, decentralisation, professional autonomy and activation of nursing boards.

## **Working life**

Findings of this study point to the conclusion that the working life of Gaza nurses constitutes an integral part of their job satisfaction and motivation. This general factor incorporates many concepts from the various domains and deals with how nurses feel about their work generally and its impact on their lives. Participants considered their work to be challenging and at the same time had uncomfortable feelings of overload and insecurity. There was obvious conflict between the requirements of the organisation and the needs of its members as demonstrated in managers' interests in the quantity of work with little concern for the psychological conditions of their employees. Additionally, promotion is badly dealt with in the Palestinian situation, and is based on political affiliation rather than competency. Many nurses felt insecure in their work. Managers therefore need to take up these issues more seriously as explained in the coming pages.

To tackle this serious issue, managers could start by setting ground rules and regulations that are fair and perceived to be fair, paying attention to the principles of Equity Theory (Adams, 1965). These ground-rules should be respected by all and need to be incorporated into the culture and structure of the organisation and be the basis for managing organisations. The researcher argues that the lack of rules and regulations is a hindrance to accountability and responsibility and is a barrier to placing suitable persons, a fact that is prominently apparent in the Palestinian situation (Massoud, 1994).

Building on the fact that the nursing profession encounters many stressful experiences, related to the nature of the profession, a concern for nurses' safety is essential. Nurses' work involves critical moment: dealing with life and death of people such with resuscitation, conducting delivery and so on. Consequently, nurses

value their protection and safety rather more than autonomy and creativity, which are usually valued by professionals in general. The need for protective guidelines, protocol, job descriptions and a supportive management is highly important to nurses (Menzies, 1977). In other words, in such a turbulent and uncertain healthcare environment, nurse managers could do better through providing job standards, scope of practice and job protocols that are essential in healthcare organisations. The absence of clear systems of work, exposed nurses to mis-communication with clients and their families, colleagues and organisations. There seems to be a real need in health organisations in Palestine to consider how to deal with the process of change and the restructuring of health services. Such strategies might help managers to decrease individuals' workloads, to alleviate anxiety, to raise status and search for effective means for supporting co-workers not only to be productive, but also to feel good about themselves.

Although Content Theories of motivation considered working life as a Hygiene Factor that never satisfies, this study concludes that the provision of a supportive working life is a real motivator. This could be related to the previously acknowledged features related to the nature of nurses. The literature indicates that nurses are more liable to suffer from burnout (Harri, 1997). People who usually suffer more from burnout, are those known to be empathetic, sensitive, dedicated and over-enthusiastic in their work (Harri, 1997). Since these characteristics are typical of nurses, concern needs to be directed to this issue. The importance of this issue is accentuated in the Palestinian situation, dominated by nurses' role conflict, uncertainty and role overload, coincidental with the low status level in the Palestinian situation. Hence, adequate technical, clerical and professional support services could support the practice of health professionals (Schwirian, 1998). In managing organisations, managers could

do better by thinking not only in professional, financial and technical terms but also in terms of wants, expectations, values and norms of the people working in these organisations (Harri, 1997).

Based on the findings that Gaza nurses think that their managers are not trained to manage people, they require extra help or further education in order to improve their ability in personnel management. Congruently, the literature indicates that nurse managers who provide fair promotions and show concern to individual needs as well as organisational needs are more capable of improving nurses' motivation and satisfaction (Moss and Rowles, 1997). It is argued that managers do better through adopting a philosophy that believes in the humanitarian aspect of organisations.

The findings show that the demography of the Gaza nurses also influences the quality of Gaza nurses' working life and their job satisfaction and motivation. The study concludes that practical nurses carry a heavy workload that is not congruent with their number in the organisation, while nurses with degrees do not carry many responsibilities and consider themselves to be more prestigious. These findings would suggest that health managers might pay attention to design jobs in a way that endorses fairness, while considering the motivating effect of job redesign strategies. Additionally, the exposure of nurses to physical and psychological attacks from the public and from the other health professionals adversely affects the perceived low quality of working life. Therefore, nurses' communicative abilities to interact in stressful situations need to be empowered and team spirit should be supported among the health professionals (Riley, 2000). Nursing unions' roles in defending nurses' rights could also be helpful in this regard. Additionally, employing organisations could be more effective if they were to develop a bill of rights to protect both providers and receivers of healthcare (Menzies, 1977). As mentioned earlier,

improving the image of nursing in the eyes of the community through mass media and public campaigns that clarify the role of nursing in the community, could be useful strategies.

To conclude, nurses' working life is difficult and resulted from many factors, several of them are related to the political, economical, cultural and managerial factors that are linked to passing through this transitional stage of the Palestinian experience. The findings of this study point to the importance of developing more positive attitudes among Gaza nurses regarding their work environment. Working environment is not only a Hygiene Factor as Herzberg has suggested but also a motivator as well. The study has added to our understanding of how to motivate nurses in the Palestinian culture and analogous cultures characterised by similar political, social, cultural and economical development situations.

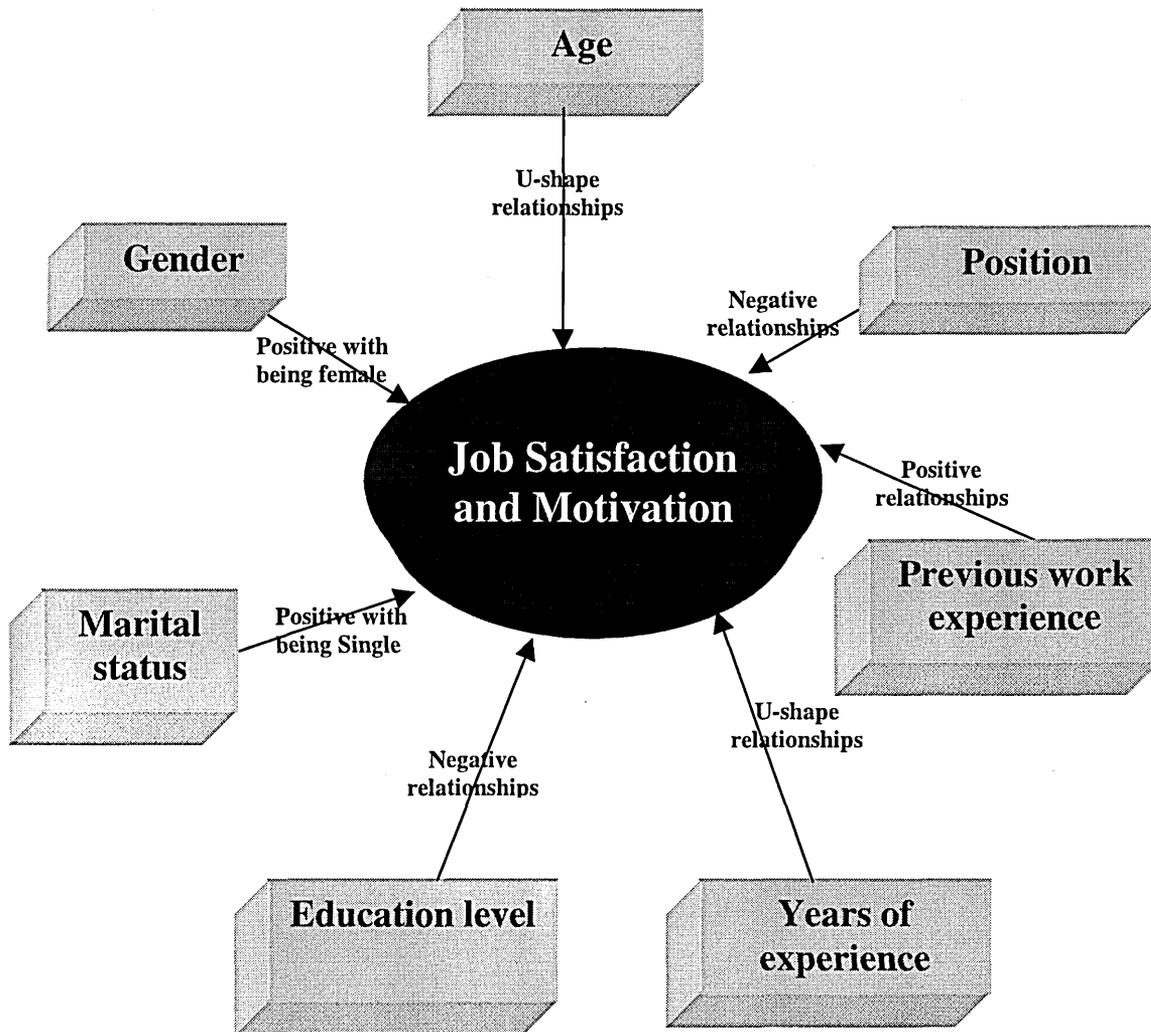
Assuming that job satisfaction and motivation is a multifaceted concept that is influenced by many factors, consideration of the impact of cognitive and contextual factors are of value when dealing with this issue. The coming part of the section considers the demographic and organisational factors of Gaza nurses and the implications of these characteristics by reference to nurses' job satisfaction.

### **Job satisfaction and contextual characteristics**

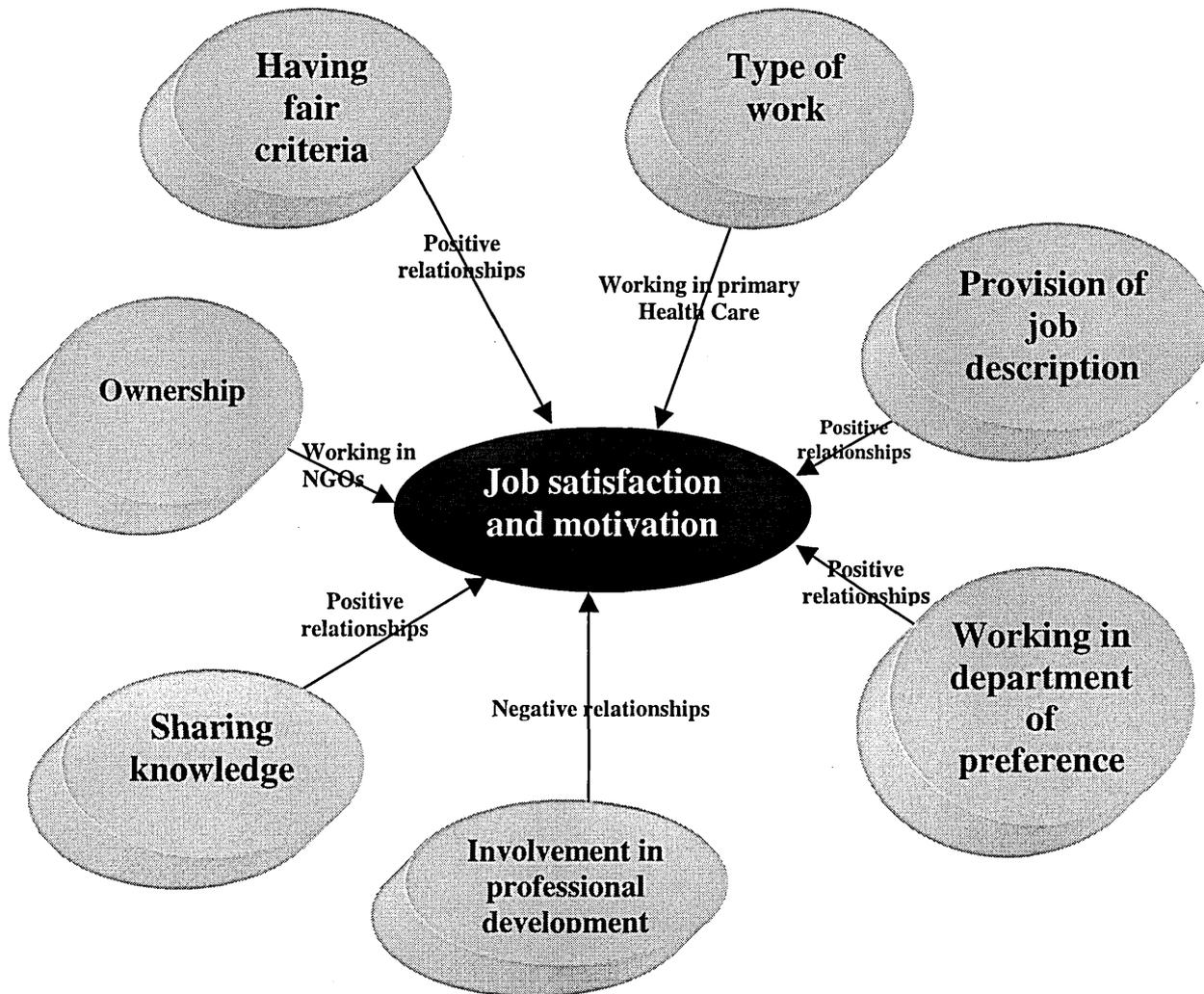
Given that the issue of job satisfaction and motivation has never been investigated in the Gaza Strip, the study contributes to providing some useful information on the organisational and demographic variables of Gaza nurses and their relationship to job satisfaction. This is particularly important as Gaza nurses have certain unique characteristics (like gender factor) and/or experiencing certain organisational and contextual circumstances as those explained earlier (Section 2). These demographic findings have implications not only for job satisfaction and motivation but also for the

whole managerial process in Palestinian healthcare organisations. The relationship between job satisfaction and such contextual characteristics need to be further investigated through more vigorous statistical research studies that utilise larger size samples in order to better control the intervening factors. Figure 12 summarises the provisional relationships between the personal and demographic characters and job satisfaction and motivation, while, Figure 13 summarises the relationships between organisational characteristics and job satisfaction and motivation.

**Figure 12: Demographic characteristics of Gaza nurses and job satisfaction and motivation**



**Figure 13: Organisational characteristics and Gaza nurses job satisfaction and motivation**



Building on the study findings, the researcher concludes that age is an important factor worthy of consideration when dealing with the issue of nurses' motivation. The finding that the relationships between age and job satisfaction take U-Shape and satisfaction is the lowest among the largest category of nurses (30-40 years) has certain implications. Similar to age, the study concludes that satisfaction and years of experience took a U-Shape. Nurses with less than 5 or more than 15 years of experience were more satisfied than others. The finding that nurses motivation decreases with age advancement and longevity of experience is seen by the researcher as resulting from the failure of organisations to maintain their nurses' inherent motivation and this elucidates the failure of the Palestinian managers to perform their expected motivational roles. The literature findings' inconsistency concerning age and years of experience, make it difficult to draw any hard conclusions about it and this shows how expectations vary not only across cultures, but also within the same culture. There are varieties even within the same individuals, depending on the developmental and the situational phase that people are experiencing at a given time. Extra efforts are needed from the managers' side to improve the motivational level of this most vulnerable group, which constitutes the largest category of Gaza nurses. Nurse managers could do better by developing better understanding of the developmental psychology of their people. This necessitates the need to consider satisfiers and motivators that are based on their perceptions and to respond by setting effective motivational strategies that are congruent. Extra support to meet nurses' needs and expectations at the various developmental stages considering family needs and requirements, which are perceived to be higher than elsewhere due to the high fertility rates (7%) and the economic constraints in the Palestinian situation could be helpful.

The study concludes that the Palestinian healthcare institutions were undergoing rapid change since the establishment of the Palestinian Authority in 1994, as many services were being reformed. This resulted in a high recruitment rate of relatively young, inexperienced nurses. This recruitment did not meet the service needs and subsequently, nurses still perceived themselves as overloaded and overwhelmed. This implies that nurse managers' consideration of the psychology of their people especially in transitional periods characterised by rapid change and uncertainty and the development of more effective strategies in human resource management especially in recruitment, selection, training and the retention of people could be helpful. The provision of orientation programmes which is not currently utilised, might help the newly employed nurses to understand and adapt to the organisational culture (Alspach, 1995). Orientation programmes could be a good start to overcome ambiguity, role conflicts and uncertainty in the Palestinian situation. It is needless to say that this includes the provision of job descriptions, setting job standards, defining the scope of practice and setting guidelines. Such measures aid in setting ground rules, standards of care and contribute to job clarity and security (Tomey, 1996). They probably decrease ambiguity and uncertainty which predominates in the Palestinian situation. However, a step that is needed before that, is to work with the different stakeholders to develop these protocols and policies in order to reach a workable and agreed upon format. Such set of activities, which are not currently in use in most organisations, could improve the management processes in the Palestinian health organisations and affect satisfaction. It forms the basis for clear expectations from the start both for nurses and their organisations.

The study concludes that males who dominate the gender factor among Gaza nurses were less satisfied than their female counterparts particularly in certain motivation

constructs. As a reflection of certain gender related characteristics that are blended with certain values and norms that dominate Palestinian culture, female nurses developed more positive attitudes towards their work (at least they leave home). One implication of this could be that the level of nurses' job satisfaction in the Palestinian context could be partially improved if the demography of nurses were be different and this calls for considering restructuring the composition of nursing in Palestine to the advantage of females. The researcher would suggest that nurse managers and policy setters need to encourage the recruitment of more female students. Among the successful strategies that could improve females' enrolment in the nursing profession are: selling nurse services to the community, providing professional autonomy, supporting the managerial roles of women in nursing, empowering nurses and gaining community support for women's work in general and in nursing in particular. Additional measures would be the provision of incentives for female student nurses as well as increasing the benefits package of female nurses. It is worth noting that, currently, in the Palestinian situation the benefit package is biased to the advantage of males (Section 2). For instance, females receive no family allowances while males do. Yet, many of these strategies have been discussed before and acknowledged for its motivating effect (Johnson and Bowman, 1997; Keenan, 1998). It is worth noting that, this issue needs to be supported by other strategies that empower nurses generally regardless of the gender factor as acknowledged later in this section.

Another reflection of the Palestinian culture, is that it is a couple based community: most subjects were married and marriage negatively correlated with motivation and satisfaction. The literature indicates conflicting evidence about this issue and this calls for considering people's expectations and needs, which are underpinned by the

community values, when dealing with motivation and satisfaction (Cavanagh, 1992; Lucas, 1991). Whilst the increase in the marriage rate especially among female nurses could reflect a positive change in the status of nursing in the eyes of the community, it implies that extra support is needed to empower nurses and their families. Nurses may need extra support to promote their coping with their many responsibilities and with the burden placed on them by family life. This could include the provision of financial supports, child care services, part-time employment (total not existing) and so on.

Based on the finding that, nurses' position within the Palestinian organisations does not affect the level of satisfaction positively, due to the problems encountered in the process of recruitment, training and responsibilities of managers assigning more attention is needed from managers in relation to this issue. However, this conclusion is inconsistent with other studies (Moody, 1996, Cavanagh, 1992; Lucas, 1991) in which position affected satisfaction positively. The conclusion that nurse managers' satisfaction affects nurses' job satisfaction calls for paying more attention to revising the motivational role of Palestinian managers. Assuming more effective managerial strategies, such as allowing more involvement for nurses and their managers, maintaining equal opportunity, ensuring equal promotion opportunities and endorsing professional development in health organisations could be helpful motivating strategies. Additionally, the large percentage (12.2%) of nurse managers in this study implies that policy makers need to think again in terms of efficiency and effectiveness of having this percentage which exceeds that of other places (2% in USA) (Taylor, Lillis and LeMone, 1997). However, the aforementioned strategies regarding the construct of management and its impact on motivation could be helpful to increase managers' motivation and consequently their nurses' motivation.

The study concludes that the nature of work and organisational ownership affect satisfaction. For instance, nurses who were working outside the government sector especially those providing primary healthcare were more satisfied than others. This was congruent with the literature (Ndiwane, 1999; El-Ma'aitah, et al 1996).

Therefore nurse managers could be seen as more motivating when they consider the advantages and the disadvantages of the different types of work and try to counterbalance disadvantages by providing more motivators in other aspects.

Utilising job redesign strategies, such as job rotation and job enrichment could be successful strategies to make jobs more interesting. Providing that nurse managers keep in mind their nurses preferences, competencies and interests. Palestinian nurse managers could easily do this, as it costs no money and lies within their arena even in the current healthcare system.

Reflecting on the study conclusions that the provision of job descriptions is a significant factor for Gaza nurses' satisfaction, this serious managerial issue needs to be tackled in the Palestinian situation. Globally, the international literature's claim that professional nursing culture (Section 5) admits the need for clear protocols that protect nurses and decrease their ambiguity reflects the lack of clarity in their highly stressful work (Menziez, 1977). Assuming that expectancy concepts work more effectively, when employees know exactly what is needed from them from the start, the provision of job descriptions serves as a motivator. Efforts have been made recently in this regard by the MOH with financial support from the British Department for International Development to develop job descriptions for all health professionals in Palestine. Fruitful efforts were made in this regard but they need to be institutionalised with a mutual co-operation between the MOH, the Professional Nursing Regulatory Board as well as the other stakeholders.

Based on the study conclusions that the level of job satisfaction is higher in organisations that have criteria for selection of people for professional development and/or that allow nurses to work in their departments of preference, Palestinian managers need to take these concepts into account when managing their nurses. Endorsing new more effective motivating strategies such as assuming equal opportunity and allowing more flexibility in managing their organisations could also be helpful motivators. However, these concepts are not easily challenged within the Palestinian context with its contextual characteristics (Section 2), as it requires changes in the mentality of people at the strategic level. Nurses' managers contribution in this regard could be fruitful in supporting nurses not only on issues within their managerial arena but also in supporting the professional's struggle to assume more effective, assertive approaches in the broader sense. Given that health and nursing are socio-political activities, nurses can use empowerment strategies such as networking, lobbying, empowering trade unions activities, collective bargaining, using political influence in ways that promote organisational fairness, actual involvement and professional nurse autonomy. In other words, nurse managers do better by paying attention to nurses' perceptions, values and preferences and asking them and allowing flexibility and fairness together with utilising strategies that increase motivation among them such as restructuring jobs and decreasing unnecessary job stresses.

To conclude, findings of this study could help managers to understand and develop more effective human resource management strategies that could enhance nurses' recruitment, commitment, job satisfaction and motivation. The inconsistent findings in this study of the relationships between demographic characters and job satisfaction and motivation by comparison to other studies have two implications. On the one

hand, it reflects the impact of cultural values and expectations on people: diverse cultures have diverse expectations and values that need to be considered by people who are concerned with the motivation issue. On the other hand, cross cultural studies' finding inconsistency could be related not only to cultural and demographic values, but also to methodological factors. Implying that, one should be careful about generalising findings of one study to other situations.

Since some of the demographic variables are un-modifiable ones, they have certain implications not only for recruiting nurses, but also for understanding and managing nurses at work. It could be argued that the more understanding managers develop about organisations and about people's behaviour at work the more they will be capable of managing their organisations properly (Mullins, 1999). Therefore, nurse managers and decision-makers would be helped by taking the results of this study into consideration when setting motivating policies and regulations for work that are congruent with the Palestinian situations.

Building on the findings revealed earlier in this study, the last part of this section deals with some theoretical perspectives about Gaza nurses' satisfaction. The researcher concludes on the extent to which the study findings matched with the currently known motivation theories, providing more in-depth analysis of the concept of job satisfaction and motivation, as the following paragraphs elucidate.

### **Relevancy of motivation theories to participants' satisfaction**

One of the contributions of this study is that, its findings help in developing an understanding of what motivates Gaza nurses and examines the applicability of the western-oriented theories of motivation in a different culture. The study is considered one of the few initiatives to examine satisfaction theories in developing countries particularly those experiencing certain developmental circumstance in terms of

restructuring and developing their healthcare systems like the Palestinian case. Its findings can be seen therefore as being helpful towards the global understanding of job satisfaction and motivation. However, as mentioned earlier, there has been little research on the influence of the culture on job satisfaction and motivation among nurses. More research is needed therefore in this field. The study conclusions might be helpful for researchers and managers in developing better understanding when investigating job satisfaction particularly in similar cultures, experiencing similar circumstances.

The study elucidates that the two main categories of motivation theories, which the researcher would call “traditional”, namely Content Theories and Scientific Management, are inadequate for explaining what motivates Gaza nurses. Researchers investigating job satisfaction and motivation need to be wary of following their concepts exactly, as it is, when assessing job satisfaction among a work force. The main problem with these theories is that they endeavour to capture one specific pattern of action, which remains constant and effective permanently. It does not pay attention to the influence of the contextual factors such as professional, cultural, political, financial and social issues on job satisfaction and neglects the person's own assessment of what affects her/his motivation. However, it is worth noting that these theories were developed in the first half of the last century and over the years, employees have changed, along with their changing culture. Additionally, these theories reflected certain values that predominated that culture at that time. Thus, they were more valid at that time and contributed in developing our understanding about job satisfaction and motivation. This could partially rationalise their incapacity to meet employees needs and expectations nowadays.

In spite of this weakness, they serve important purposes and have uniquely applicable concepts that suit certain people in certain circumstances in most cultures. The researcher has built a framework for considering certain variables related to the different factors extrapolated from these theories which are oriented to individual expectations and values regarding these factors. Hence, it is more likely to lead to an in-depth understanding of job satisfaction and motivation. In other words, the researcher's conclusion in this regard, indicates the inadequacy of traditional motivation theories to accurately reflect people's satisfaction at work. This conclusion is congruent with similar findings by other researchers (Harri, 1997; Cavanagh, 1992). This theoretical premise can guide researchers in their designs regardless of the place or the characteristics of people when researching the issue of job satisfaction and motivation. The strength of this premise is that, it considers the interaction of many factors affecting job satisfaction including professional variables, personal variables, cultural variables and the organisational ones as well. The coming paragraphs show how Gaza nurses' perceptions of these concepts demonstrate agreement as well as discrepancies with the approach of traditional theories.

### **Traditional motivation theories and participants' satisfaction**

Gaza nurses' perceptions of the most important satisfying factors reflect discrepancy with some concepts of traditional motivation theories and corroboration with others. For instance, in this study, nurses perceived management, interactions and work benefits, as important satisfying factors (Section 5). This contradicts Herzberg's ideas which have identified all of these factors as Hygiene Factors that never satisfy. The researcher concludes that this finding reflects the cultural and organisational impact on job satisfaction. The researcher assumes that factors such as the bad socio-economic situation and the high inflation rate, along with the low nurses' salary scale

in Gaza affect nurses' concern for reasonable benefits. On the other hand, such concern for benefits fits Scientific Management and the inner drives to meet basic needs identified by Maslow. Additionally, Gaza nurses' high expectations of concepts related to communication and interaction reflect the psychology of people, who are perceived to be insecure, highly stressed and having the characteristics of the collectivist communities as aforementioned (Section 3). Hence, they tend to be extrovert and highly concerned with their interaction and interpersonal relationships. This reflects the impact of the cultural values, which are more oriented to social solidarity. Hence interpersonal interaction is more valued by the participants than autonomy, which is usually more appreciated in individualistic communities.

Another example that shows a contradiction with Herzberg's Theory, is the value attached by the participants to the issue of management. Participants showed more concern over management than over other factors and more than would imply Herzberg's suggestions that management is a Hygiene Factor that could not motivate. The researcher concludes that different people place different values on the role of management: it could be a marginal issue for some people but crucial for others such as nurses. The sources of variations in this regard are related to certain expectations and values attached to management such as professional perspective differences, personality differences, work differences and contextual difference.

Another example that shows a discrepancy with Content Theories and the international nursing literature is autonomy, which the study participants valued as a motivator, but not as a priority. By contrast, Herzberg assumes that autonomy is a real motivator that works permanently. In this sense, our finding about autonomy could be seen as supporting Maslow's Hierarchy of Needs' order, as other needs compete for satisfaction before autonomy. On the other hand, the high concern for

professional development and the other high needs, over other basic, inadequately met needs, seems to disturb the order of the hierarchy. Moreover, concepts of Scientific Management were supported by the motivating effects of having clear job descriptions, while contradicting the impact of the motivating effects of the job's interesting nature, as is the case in primary healthcare (Section 5). This clarifies how the same theory works in certain situations and does not in others and calls for considering a more flexible approach to these theories.

The researcher concludes that there are discrepancies between Gaza nurses' experiences and expectations by reference to the traditional known motivators that have been derived from motivation theories. Findings of this study help to demonstrate how participants developed different levels of satisfaction about different constructs of job satisfaction and motivation, related to their developmental and situational status. Thus, the study concludes that motivators are not fixed entities but reflect people's perceptions of the values and expectations of these motivators. More recent theoretical approaches call for considering this idea as demonstrated in the coming paragraphs.

### **Expectancy approach and participants' satisfaction**

Building on the study findings, Expectancy Model focuses not only on factors in the work related environment variables that contribute to job satisfaction, it also covers the entire work environment, the contextual and the personal variables. The model endorses that a combination of forces in the individual and the environment determine behaviours and attitudes and that different people have different needs, expectations and behaviours: therefore, employees have different agendas to achieve from work (Vroom, 1964). The model clarifies that individual's choice among alternatives is

based on their perception of how a specific action will lead to desired results according to his/her judgement.

The researcher concludes that the study thoroughly supports Vroom's Expectancy Theory, as participants developed attitudes concerning the different motivators in congruence with their expectations and values. In this study, these included things, such as a supportive management culture, professional development, effective interactions, receiving status, quality working life, benefits and professional autonomy at work. Although these concepts are congruent with the motivating job characteristics identified earlier by Vroom (1964), individuals valuing these differences vary and nurses attached different values to these factors. Meaning that, variations evolve because people evaluate jobs and organisations in their own way and more importantly, because people have variant values about work and organisations and the needs they are going to satisfy through work (Vroom, 1964). The findings of this study also support Vroom Theory's acknowledgement of the personality differences role in job satisfaction. The personality and the demographic characteristics such as age, gender, years of experience, education and so on, affect participants' attitudes about work. Vroom's Expectancy Model has contributed to highlighting the effects of the cognitive, developmental and perceptual processes on objective work conditions and expectations. A clear example of this could be reflected in the relationships between age and gender and job satisfaction. Nurses' expectations have changed with age and females developed different expectations than males. Moreover, the findings support the supposition that variables, such as expectations, needs and values interact with the job, organisation and the context. Additionally, it reflects the individual, the management, the culture and interactions to

produce job satisfaction and motivation and points to the impact of the socio-cultural, economical and political situation on job satisfaction and motivation.

The study supports Vroom's Theory's emphasis on the psychological processes and forces that affect motivation as well as the human needs to be met. It is also concerned with people's perceptions of their working environment and the ways in which they interpret, understand and interact accordingly (Vroom, 1964). Moreover, the theory responds to the peoples' evaluations of what motivates and satisfies them. The study supports therefore the researcher's supposition that Vroom's Theory provides a much more relevant and applicable approach to motivation than other theories. Thus, it might be more useful to managers and decision-makers investigating their employees' motivation.

The researcher concludes that Process Theories are more flexible and open to accommodate the different types of work and the various professions and allows room to encapsulate nurses' perception of their motivators and satisfiers. The researcher claims that Gaza nurses' motivators and satisfiers could reflect that Gaza nurses' satisfaction is affected by the stage of nursing development in the country and by people's expectations and values in the larger context. One could argue that Gaza nurses are constantly using their energies to meet their basic lower level needs, while at the same time, striving hard to achieve higher needs, such as professional status, professional development and self-actualisation needs. Interestingly, these findings contradict Maslow's order of needs and mechanisms utilised to satisfy these needs. Moreover, the model could be seen as endorsing variations acknowledged by Hackman and Olham (1976) related to job differences, such as job autonomy, job characteristics, job identity, job significance, work load and so on (Hackman, et al 1976). However, Vroom's Model goes beyond the Job Characteristic Model, through

considering a wider scope of variables and not limiting satisfaction to job-related variables. It conceptualises the contextual factors as well as cognitive developmental factors affecting people. Additionally, the study supports other forms of Expectancy Theories, such as Adams's Theory in relation to equity concepts that have been recognised for its motivating effect (Adams, 1965). The study shows that this concept is frequently perceived as a crucial factor in the Palestinian situation characterised by high level of inequity and favouritism.

At the other end of the spectrum, as hypothesised earlier (Section 3), it could be concluded from the study that the Expectancy Models are not always easy to apply. There are many variables that affect behaviour at work. A problem arises in attempting to include many variables or in identifying those variables that are most appropriate in particular situations (Cavanagh, 1992). In fact, this affected the many satisfaction related-factors that the researcher has concluded in his study. Another point the author is interested to raise when applying Vroom's Model is that the model could be perceived to fit only certain behaviours, while motivation and satisfaction are internal feelings that are sometimes uncontrolled on the conscious level (Cole, 1996). In other words, Vroom's Model, adopts the analytic rational cognitive mathematical approach for people's expectations and behaviours and that is not always workable in real life experiences (Mullins, 1999). The study supports researchers' claim that the factors predicting job satisfaction and motivation are complex and that even highly advanced statistical processes have failed to accurately elucidate them (Cavanagh, 1992). This could be due to the fact that individuals are not always conscious of their motives, expectations and perceptual processes. The researcher concludes that Vroom's Model works effectively when people's expectations match their jobs as well as their organisations. This requires frequent

assessment of personal as well as organisational goals and setting expectations that are more likely to produce valuable results. One could argue that in this respect, it could be regarded as a sophisticated form of MBO or Goal Attainment Theory.

However, there is a major difference here related to the fact that Vroom's Model provides a broader understanding that incorporates the entire employee's experience and is not only concerned with meeting organisational objectives, as it is the case in MBO. The researcher argues that the model works best when there is a consensus and collegial relationships inside the organisation which is not always the case especially in uncertain organisations such as in the case of Palestinian health organisations which are characterised by rapid changes and conflicting relationships among health professionals. This could be seen complicating the applicability of the model in practice. In spite of these constraints, the model provides a basis in this trial for understanding Gaza nurses expectations and needs within the context of motivation.

To conclude, the study adds evidence to and supports the validity of Vroom's Expectancy Model and points to the motivators and satisfiers that are based on perceptions and values of Gaza nurses regarding these factors, which are remarkably different from other nurses experiencing different circumstances. Vroom's Theory provides a more comprehensive understanding of motivation than other theories do, which usually describe one single way or linear relationship between several motivational variables. Hence, for motivation to occur it needs to be considered within the larger context of organisations and people: the search for a general theory of motivation is not possible. Following the concepts identified, Expectancy Theories provides room to consider variations related to personal, value, work and cultural differences. The study contributes to answering the question what motivates

employees by revealing the necessity of asking them and then behaving according to their responses.

### **Summary of the section**

The research contributes to revealing the value of studying job satisfaction and motivation, particularly in communities like the Palestinian one, where people value relationships, emotions and security as crucial. In such situation, where workload is heavier, status is lower, health environment is entirely uncertain and economic constraints are greater, the value of satisfaction becomes even more significant. The study shows that it is advisable for researchers investigating job satisfaction and motivation probably to adopt triangulated designs which combine the strengths of both the qualitative and quantitative paradigms.

Overall, nearly half of the study participants were satisfied, which is less than nurses' level of satisfaction in the most developed countries. The study findings indicate that Gaza nurses' level of satisfaction could be improved if the issue of satisfaction was more seriously handled. The study shows that the main satisfaction constructs affecting Gaza nurses as revealed by statistical and focus group analyses were, management culture, interaction and communication, professional development, work benefits and conditions, professional status and self-esteem, professional autonomy and working life. Hence, extra efforts are need to challenge management, which dominates the general climate of nurses' motivation. Setting more effective managerial strategies that adopt modern perspectives on management and leadership, such as transformational and situational leadership could contribute to improving job satisfaction in Palestinian culture and analogous cultures. Further, motivation strategies, such as developing and empowering nurses and recognising their good performance are needed to make nurses feel more positive about their work.

Additionally, supporting communication and interaction, valuing nurses, improving the effectiveness of professional development programmes, improving the quality of working life and the provision of professional autonomy are widely acknowledged helpful motivators. Moreover, the provision of equitable pay, meeting nurses needs as well as organisational needs are also motivating strategies. The study reveals inconsistent findings on the relationships between Gaza nurses' demographic and organisational characters and job satisfaction and motivation by comparison to other studies. Cross-studies finding inconsistency could be related not only to cultural and demographic values, but also to methodological factors as well, implying that, one should be careful about generalising findings from one study to other places. Finally, demographic variables have certain implications in understanding, managing recruiting and maintaining nurses at work. The more understanding that managers develop the more likely they will be capable of effectively managing their organisations. Nurse managers and decision-makers need therefore to take the results of this study into consideration in setting motivating policies and regulations for work that are congruent with the Palestinian situations. In addition, policy makers should revise structures, rules and regulations as well as organisational policies to reflect more understanding of the issues that count for their nurses.

The next section provides a conclusion to this research pointing to its contribution in understanding job satisfaction and motivation. The section provides implications that are relevant to Gaza nurses as well as to more universal concerns. The researcher also provides a set of helpful recommendations for all those who are concerned with the issue of job satisfaction and motivation. The last few pages of the section briefly point to the study's contribution to knowledge and the questions that have been raised by the research.

## Section 7

### Conclusion and Recommendations

This section presents the main conclusions derived from the study which answer the research questions on Gaza nurses' job satisfaction and motivation. It also provides further insight into the concept of job satisfaction in other than western cultures. Western cultures reflect certain values and characteristics that are different from the other cultures especially the Palestinian Arab, Islamic culture. Such understanding might help researchers, decision-makers and professionals to develop a wider universal (general) conceptualisation of the issue of motivation and satisfaction. In addition, the section provides a set of tentative recommendations for all those who are interested in the investigated phenomenon. Many other people might however also use these recommendations for the purpose of improving their people's job satisfaction and motivation. In other words, this study has led the researcher to be in a position in which he feels he can draw useful conclusions and make some tentative recommendations, as presented in the coming paragraphs.

#### Conclusions

The findings of this study are helpful and instructive in many respects. The conclusions of this study have important implications for policy makers and human resource managers as well as nurse managers from the different managerial levels. This includes nurse managers at the unit level, at the organisation level as well as at the policy-making level. Health managers other than nurse managers could benefit from understanding what motivates Gaza nurses, because they could utilise the findings in motivating their

own people. Additionally, nurses themselves can benefit from this study by understanding the context of motivation in their work environment. The study is a unique initiative to provide a general picture of Gaza nurses' motivation and to consider what influences it. Thus, the study answers the question of what motivates nurses, by revealing that the best way to approach this question is by asking them and responding to them.

Building on the findings of this study which have been analysed by reference to the international nursing literature, the researcher identified three main themes that incorporate his principal contributions in this study. Given that the issue of Gaza nurses job satisfaction is the main concern in this study, the first theme deals with the implications of the research in the Palestinian context. The second theme elucidates the implication of the research on nurses' satisfaction globally, which share certain features of a universal nursing culture. Thus, this theme points to conclusions about improving nurses' satisfaction generally. It is worth noting that the implications of the two themes are applicable to both Gaza nurses and to international nurses in certain aspects, as they share certain common professional perspectives. The last theme discusses the contribution of the study to developing a clearer understanding of job satisfaction and motivation. This includes the questions: what does the study achieve and what it does not?

### **Implications for Gaza Nurses**

Keeping in mind the uniqueness of Palestinian context and the current restructuring of its healthcare organisations aimed at developing a more effective healthcare system to meet Palestinian expectations, the importance of understanding what motivates Gaza nurses is

crucial. Such a concern is helpful in recruiting and maintaining a nursing workforce that is capable of handling the development of health organisations. With this concern in mind, understanding the various factors that adversely affect nurses' motivation, could assist in designing and developing plans and policies that might enhance nurses' motivation and satisfaction. An improvement in nurses' satisfaction level is more likely to reflect positively on their retention, productivity, interactions, commitment and mental health, as well (Irvine and Evans, 1995). All these factors are highly significant in the light of the scarcity of Palestinian resources and the economic constraints facing healthcare organisations in such a highly stressful environment (MOH, 1999). Thus, more attention to the satisfaction issue is badly needed and policy managers, health managers and nurses may be encouraged to conduct more research studies in this field. Admitting that the concept of job satisfaction is difficult to measure with absolute accuracy (Harri, 1997), especially in cultures like the Palestinian one in which social conformity is high, the study concluded that Gaza nurses were neither highly satisfied nor badly dissatisfied. The majority of them were moderately satisfied. However, social conformity might affect the degree by which participants freely expressed their opinions about their organisation. By and large, Gaza nurses are nearly as satisfied as nurses from the developing countries, but less satisfied than western nurses. It is worth recalling that, this research attempted to assess the general overall picture of Gaza nurses' job satisfaction and motivation and its constructs, providing a basis for other studies to investigate the issue in more depth.

The constructs drawn out of the study represent the nurses' main concern and can be seen as constituting a model-frame for the Palestinian nurses' motivation that needs more

research, testing and development. These seven constructs are management culture, professional development, interactions and communications, professional status and self-esteem, working life, benefits and working conditions and professional autonomy. The findings indicated that there were discrepancies between values, expectations and the experienced level of satisfaction among Gaza nurses towards the identified constructs of satisfaction. Nurses were found to be more satisfied in relation to some factors than to others. Gaza nurses were more satisfied and more motivated over factors relating to their inner feelings than over other factors. For instance, more importance was placed on issues like management, interaction and professional development while less importance was placed on professional autonomy. Additionally, the findings indicate that Gaza nurses' satisfaction is affected by the stage of development of nursing in the country and is influenced by the people's expectations in the wider society. Thus, it gives an indicator about the nature of the interaction between the people, their management and the nature of the work, the organisation and the wider culture. The study demonstrates however that there is still room for better understanding and improvement in Gaza nurses' satisfaction and motivation. There were many positive hints that could be built upon to encounter a more positive motivating climate. The study findings are signals to nurses' managers in Palestine about the issues that they need to consider and deal with in their efforts to make their nurses' attitude to work more positive. Improving job satisfaction can provide moments of rewards for which Gaza nurses are in extreme need. Among the important conclusions that came out of this study is the cultural and professional-orientated values attached to management roles in enhancing nurses' satisfaction. Management dominates the general picture of nurses' motivation and Gaza

nurses attributed many of their feelings of dissatisfaction and de-motivation to their management's inability to assume its managerial role as a motivation maker. More needs to be done in the process of recruitment, selection and training of Palestinian managers, to help them to develop new managerial skills, such as situational leadership skills, collegiality, equal opportunity, organisational learning and professional autonomy, which could empower nurses and increase their motivation and satisfaction.

Another important concept that needs to be considered, is the role managers need to play in creating and managing their organisation's culture in a way that reflects concern both for people and organisations, while remaining concerned to provide nurses with a quality working life (Henderson, 1995; Blake and Mouton, 1985). Building on the findings that management has failed to support the team approach at work, more attention is needed in this regard. Consequently, the increasing trend of individualism and the lack of team spirit among Gaza nurses raises the responsibilities of the Palestinian managers of being effective team leaders. Nurse managers can make use of the collectivist attitudes among their nurses, in a way that increases interaction, group solidarity and team achievement. Palestinian managers need to do more in using such a team promoting character in increasing their nurses' motivation and in achieving the work objectives. They have to have good team playing abilities and expertise in team building process in a way that is linked to the concept of valuing diversity (Belbin, 1993). Valuing diversity is one of the crucial factors for the success of the Palestinian population in such a politically unstable and diverse situation. Moreover, Palestinian managers need to trust employees and allow them to participate, remove barriers and constraints and avoid irritating them by frequent unnecessary instructions and close supervision. The study reveals that job satisfaction is

also positively related to management's ability to meet personal needs of the staff, provide nurses with their work requirements, follow a fair promotion policy and abstain from promoting bad performance.

Assuming leadership roles, such as providing a vision, empowerment, growth challenging, praising the team and showing respect could be contributory to Gaza nurses' motivation and satisfaction (Kouzes and Posner, 1988). These concepts need to be gradually endorsed in the training and practices of Palestinian managers. To be effective visionary leaders, Palestinian managers have to work with their people toward creating an inspired shared vision for their organisations (Bass, 1985). Additionally, adopting transformational leadership behaviour characterised by idealised influence, inspiration, intellectual stimulation and individualised consideration could positively improve the level of job satisfaction among Gaza nurses (Bass, 1985). Although inducing such changes in the Palestinian situation takes time, it is an accumulative process that requires few, if any, resources and could be achieved through progressive training and leadership commitment to set policies that facilitate the implementation of these concepts. A positive point in this regard is related to the congruency of these concepts with the Palestinians' culture of valuing management, interaction and development. Therefore, these factors need to be urgently considered by the Palestinian nurse managers for their positive influence on productivity and satisfaction.

To tackle the commonly perceived problems of inequity, favouritism and discrimination, Palestinian managers need to work jointly with nurses on challenging these problems. They can start by setting ground rules and regulations such as those developed in most western countries: developing codes of conduct, setting policies and developing scopes of

professional practices that are fair and perceived to be fair, paying attention to the principles of equity theories. These ground rules need to be respected and incorporated into the culture and structure of the organisation and therefore to be the basis for managing health organisations. Moreover, the Palestinian health leaders have to revise their policies relating to communication in dealing with their people. It is the responsibility of managers to create and maintain an organisational culture characterised by openness and transparency with multi-dimensional channels of communication. The study concluded that interpersonal relationships and interactions are important and significant factors in job satisfaction especially in communities experiencing stressful life circumstances and known to be emotional and insecure such as the Palestinian community. Interpersonal relationships set the ground for the degree of respect, management style and the culture at the department level as well as at the organisational level (Kutlenios and Bowman, 1998; Henderson, 1995). Even at work, nurses in this study, appreciated social family-like interactions and considered that as a counterbalance for the lack of security and safety overwhelming their lives. Thus, creating a positive work climate was emphasised in relation to good satisfaction whereas, the creation of a negative climate, by a manager who is negative and uncooperative, made nurses feel unhappy and distressed.

This implies that, Palestinian health managers need to be both task-oriented and relationship focused. Education, modelling, reinforcement and supporting growth are suggested strategies to empower these two important aspects of leadership. Another major issue linked to interactions that came out from this study, is the provision of feedback and recognition, which unlike other methods of rewarding, costs little or no

money and therefore, managers could use it generously. Palestinian managers have to revise the policy utilised in performance evaluation and with their nurses develop more effective evaluation schemes.

Among the important conclusions to come out of this study is the issue of education and professional development. As a reflection of their contextual situation, Palestinian nurses place high value on education and regard it as an important aspect of their lives. Health managers need to be aware of the value of this concept and allow for nurses to develop themselves. The findings of this study indicated however, a negative relationship between the level of education and satisfaction. It is concluded that, if more co-ordination between the educational programmes, the employing organisations and the learners' interests were well considered, the level of education could affect positively employees' satisfaction, motivation, morale and production. Professional development has been perceived by Gaza nurses to raise status, promote prestige, increase expectations, increase job alternatives and increase salary. The study concluded that attending professional development programmes did not positively affect nurses' motivation. This finding reflects the complexity of satisfaction which rests on many contradictory factors including problems related to the strategies of education, the management and culture of the employing organisation, values and expectation of learners, relevancy of curricula and so on.

The general impression is that professional development in the Palestinian context is not based on need assessment and is administered in a chaotic way without any kind of planning and encounters problems throughout the whole process. To increase the effectiveness of professional development programmes, nurse educators and managers

need to challenge problems encountered on these programmes through developing empowerment strategies. In this respect the problems encountered in professional development seem to be universal, but more dominantly apparent in the Palestinian case. Hence, concepts mentioned in the international perspectives in this regard are also true of the Gaza situation. The researcher concluded that the development of the Palestinian National Plan for Education among health professionals is an encouraging starting point. Due to cultural, professional and political reasons, the community and other health professionals have not accorded Gaza nurses the status that has been accorded to other health professionals. The gap in this respect is even greater than in other countries. Gaza nurses although have maintained a more positive image of nursing than the community or health professionals in general do. The positive image held by nurses about themselves acted as a defence mechanism and helped them to better cope at work as well as at the wider community. The Palestinian health professionals' training need to reflect more positive attitudes towards nurses and should stress the need for a more collegial atmosphere. Interestingly, the study concludes that gender issue is not the main factor affecting the image of Gaza nurses. The sense of the profession was stronger than the gender issue. Nursing status could be improved therefore through considering a wider scope of empowerment and professionalisation process, rather than, through recruiting more males, as many nursing leaders have assumed. The study indicates that professionalisation could be promoted in the Palestinian context through developing a professional code of conduct, activating the Palestinian Regulatory Board in developing an effective nursing education system that recognise the uniqueness of nursing knowledge and developing standards of practice, like nurses have in other countries.

Gaza nurses recognised benefits and work conditions as a factor, which negatively affected their satisfaction and motivation, but as secondary. These findings reflect the poor economic conditions prevailing in the Palestinian situation. The researcher concluded that the benefit package nurses receive is important for meeting their physiological as well as social need. Thus, Palestinian managers need to develop awareness of the contextual situation and needs of their nurses. They need to provide their nurses with adequate financial resources to meet their needs such as food, living expenses and socialisation requirements as well.

Whilst autonomy is highly valued by nurses globally, the findings indicated that Gaza nurses were only somewhat concerned about their autonomy. Given the political and contextual factors, the researcher concludes that autonomy is not currently a top priority for Gaza nurses. There are many other concerns in competition with it. Gaza nurses feel, however, that doctors control most of the organisational activities and that they, as nurses, have to follow doctors' orders. These factors are related to the Palestinian cultural values attached to the different professions. Autonomy is a concept that is influenced by human experience and the way in which s/he is educated and grew up (Mckinnon, 1999). Nursing education needs to consider this concept from the start by setting more liberal strategies that enhance professionals autonomy (Moloney, 1992). Such strategies should be explicit in the philosophy and practices of the college staff in designing, implementing and evaluating its curricula. This approach needs to coincide with utilising multidisciplinary educational programmes that bring doctors, nurses and other health professionals together as aforementioned. A multidisciplinary approach in education may help health professionals to bridge gaps across professions and enable

them to understand the unique contribution of each profession. It can also enable them to interact, network and develop collegial relationships.

The study revealed that Gaza nurses considered their work to be challenging although at the same time they had uncomfortable feelings of over load and insecurity. The current development of the Palestinian organisations after the end of the Israeli occupation seems to add more pressure on nurses to develop healthcare organisations. Other work stresses facing Gaza nurses included role overload, concerns regarding job security and professional advancement. Palestinian nurses also suffer from bad-working conditions, increasing demands for quality healthcare services, changing in the societal and political situation and expectation as well as restructuring in their healthcare organisations.

In addition, nurses have been frequently exposed to physical attacks from the public as well as from the other health professionals (MOH, 1999). The consensus is that nurses are not treated well. There seems to be a real need in health organisations in Palestine to consider how to deal with the process of change, to decrease individual workloads, to alleviate anxiety and to search for effective means of supporting co-workers not only to be productive; but also to feel well. Additionally, nurses need to be allowed to regulate themselves and should be provided with the extra staff needed to carry out workloads.

Moreover, adequate technical, clerical and professional support services could support the practice of nurses. In the running of organisations therefore, managers have to think not only in professional, financial and technical terms, but also in terms of wants, expectations, values and norms of their people.

Congruent with the research objectives, the researcher concluded important signals of the relationships between job satisfaction and characteristic of Gaza nurses and

organisations. In this study, age was found to be of value in terms of job satisfaction and motivation and took U-Shape. These results were typically found to be congruent with the longevity of experience in the employing organisation. Satisfaction decreases with the advances in age and longevity of service. This reflects managerial problems related to the inability of organisations to maintain their nurses' inherent motivation and calls for assuming more effective motivating strategies as explained earlier. The study revealed that the majority of Gaza nurses were relatively young, placing nurses at a developmental stage that is earlier than the time when more onerous caring responsibilities are assumed normally. The young generations are promising. They are more capable of handling changes and ensuring the development of the healthcare organisations. Conversely, the younger nurses are seen as more liable to turnover and career changes. Hence, these findings need to be considered in recruiting, maintaining and dealing with nurses in their organisations.

Contrary to other cultures, males were the gender dominant professional group among Gaza nurses. This phenomenon is related to many factors including the socio-cultural factors related to the philosophy of woman's work. The study concluded that males were less satisfied than females and this indicates that the state of nurses' motivation and satisfaction could be enhanced if policy setters considered more effective policies in recruiting more female nurses. Unmarried nurses were found to be more satisfied than married nurses. This feature is related to the family life overload and the increasing demands of the family and children and calls for considering more supportive services to nurses and more flexible managerial strategies, such as part-time employment.

The study concluded that the percentage of nurse managers is higher than other places and that nurses' position within the organisation did not affect the level of satisfaction positively. Nurses holding managerial posts were the least satisfied group. This is related to the fact that, the Palestinian nurse managers generally receive little or no training in management. Management training is needed as it could strengthen their managerial ability in such turbulent circumstances. In addition, managers have few responsibilities and they have little control over work conditions. Hence, more attention is needed to empowering Palestinian health managers and to increase the efficiency of the healthcare system as cited before. Such findings also have implications on the recruitment, selection and training of the Palestinian managers.

The study concluded that, the level of satisfaction is influenced by the nature of work or task requirements to be carried out. The findings indicated that there was higher satisfaction and motivation among primary healthcare nurses than hospitals. Nurses were more satisfied working in NGOs followed by UNRWA than people who were working in the government sector. This indicates how different management cultures and different types of work affect motivation, as explained later.

It is worth noting that, the study found inconsistent findings on the relationship between Gaza nurses' character and job satisfaction and motivation by comparison to other studies. The inconsistency could only not be related to the cultural and demographic differences, but also to methodological factors. Moreover, since some of the demographic variables are un-modifiable ones, they have certain implications not only in the recruitment of nurses, but also in understanding and managing nurses at work. It could be argued that the more understanding managers develop about organisations and

about people's behaviour at work, the more they will be capable of effectively managing them. Therefore, the Palestinian nurse managers and decision-makers are required to take note of the results of this study in setting motivating policies and regulations for work. In addition, policy makers need to revise structures, rules and regulations as well as organisational policies to reflect more understanding of the issues that count for nurses as a group and individually.

To reflect the other side of the reality, in the midst of this perceived, dissatisfied climate, the researcher concludes many positive points that need to be supported and empowered to ensure they positively impact on nurses' satisfaction and motivation. Among these positive hints, are the high value for development, the low turnover, the high concern for interaction and the high commitment level. Nurses' satisfaction in Palestine is not an insurmountable problem. Many changes could be introduced through educative normative progressive strategies. They need to be supported by leadership commitment to agreed-upon policies and regulations which consider the previously mentioned conclusions.

Building on the study findings and the review of international nursing literature the researcher claims that many of the barriers to Gaza nurses' job satisfaction could be challenged by training and developing the Palestinian health managers in general and nurse managers in particular. A good starting point could be conducting needs — assessment to identify managerial-related problems that need to be prioritised and challenged especially those relevant to nurses' motivation. The findings concluded from the study could form a reference in this regard. It is worth while keeping in mind the

different interests of the different stakeholders through utilising a mixed model of identifying and prioritising the needs to be challenged.

As acknowledged earlier in Section 5, adopting an approach of mixing the classical, the political and critical models of planning educational programmes is more likely to produce a more realistic and applicable plan. The value of this approach is of more importance in the Palestinian situation, due to its nature, as it is dominated by a highly political and authoritarian culture. Therefore, such an approach needs to be supported by the policy makers not only to gain their support for such programmes but also to increase their commitment to induce subsequent changes subsequently. A step needed after that is to allocate resources, which the researcher assumes to cost small amount of money and can be implemented even from the available Palestinian resources. It is worth reminding the reader that unlike external funding, relying on local resources is a contributing factor in ensuring the sustainability of these programmes.

Programme planners need to keep in mind the nature of managers as adult learners who have many responsibilities and tend to be more interested to learn what is relevant to their work needs. Therefore, trainers do better by keep orientations to work related-problems in the Palestinian situation rather than providing theoretical courses and they could do better by focusing on modern learning strategies such as learning by doing, problem solving and learning by critical analysis. Upon implementing such training it is preferable to bring managers from the various professions and from the various levels all together, at least, in some sessions. This strategy helps them to develop group-thinking approaches and facilitates the team spirit and co-ordination among them.

The researcher would suggest that, it is worth keeping an attention to the main themes identified in the study, when identifying the learning needs that are going to be challenged. The researcher recommends that areas that need particular attention include developing managers' skills in understanding their people and how they behave at work. To better motivate their nurses, health managers need to be trained on recent approaches of human resource management with an orientation to the Palestinian context.

Developing new skills in managing people such as transformational leadership, situational leadership, learning organisation, providing vision and mission could be beneficial. Additionally, skills of team building, valuing people's diversity, empowering people through work, conducting performance evaluation and the effective use of recognition are essentially needed. Moreover, skills of managing change, coping with stress, redesigning jobs and developing work regulations such as work protocol and job descriptions are concluded, as priority needs. Once all the previously acknowledged concepts require effective communication and interaction with people, training on developing health professionals' ability to interact and communicate, is of particular importance. Particularly, the training of nurse managers on assertive communication techniques could empower nursing autonomy, status and influence on the healthcare system.

A positive point is that Palestinians value education and therefore, managers are most likely to welcome participating in such programmes. A parallel needed step is to ensure the availability of an effective system of follow up and a mechanism to institutionalise these concepts in the structures of the Palestinian health organisations. It is worth mentioning that Palestinians in general, have dissatisfactory feelings about the current

situation (Massoud, 1994). This feeling could be seen as a prerequisite for inducing change. Thus, the aforementioned concepts could be endorsed within the currently being restructured healthcare system. However, it could not be as an easy as it appears, but progressive small incremental steps can induce a significant change. It is worth remembering the proverb “how to eat an elephant, just a bite a day” (unknown author). Therefore, the researcher assumes that management-training sessions that are provided to develop managers and to strengthen their ability to tackle employees’ and organisational issues could be fruitful. The researcher recommends that the previously mentioned concepts need attention from educators during developing the health professions’ curricula. This is true also concerning the basic as well as the postgraduate professional education.

Building on the findings of this research, the study concluded that special professional culturally characteristics globally affect nurses’ motivators. The implicit assumption in this is related to the fact that universally certain professional culture underpins nurses and affects their attitudes and values. They tend to have common motivators, as the following paragraphs show.

### **General implications**

The study highlights that job satisfaction is a global nurses’ concern as a result of their stressful work and their high vulnerability to burnout. Although this varies across cultures such a universal vulnerability is the result of their unique professional character of being emotional, enthusiastic and caring in societies that do not value much such characteristics. The study concludes that many of the motivators affecting nurses are almost the same, but the value placed by the different nurses on these motivators varies to

some degree. Hence the findings of this study could also be helpful in motivating nurses in other countries. In other words, the factors affecting Gaza nurses are valid motivators in other places, but with varying degrees of strength. Health managers and nurse's managers globally need to consider the identified factors in dealing with their nurses' motivators.

The study concludes that although the value placed by nurses on management varies across cultures, management remains a crucial factor in motivating nurses. Therefore, more than other professionals, nurses' motivation is linked to the ability of their managers to meet their needs and support them in their highly stressful work environment. The global reform of the healthcare organisations, necessitate more concern to develop and empower nurses while helping them to cope more easily with the change process. Although the nurses' managers globally vary in their capacity to motivate their nurses, the concepts of modern approaches in management need to be applied in a variety of health organisations. The aforementioned strategies such as transformational leadership, situational leadership, provision of professional autonomy are also helpful across cultures.

The study concluded that, globally, professional development and its consequences are debatable issue. Professional development is perceived to negatively influence job satisfaction and motivation (Wade, 1999). This reveals a discrepancy between general nurses' interests in professional development and the consequences of these programmes. Although such a discrepancy is less than in the Palestinian case, still, it mainly relates to problems encountered in the strategies of professional development programmes (Wildman, et al 1999). Thus, globally more attention needs to be paid to learning needs,

increasing learners motivation, the provision of management support, building realistic expectations, improving teaching qualities and the climate or culture of change of the health organisations (Case, 1996; Waddell, 1993). Hence, information offered must be timely, available, realistic, informative and consistent with learners' needs

To increase the effectiveness of nurses' professional development programmes nurse educators and managers would do better by designing more effective empowerment strategies. Among the frequently raised approaches is developing shared professional development plans that consider the different interests of the various stakeholders and empower an adult approach in education (Wade, 1999). An adult approach in education necessitates applying the principles of active involvement in the learning process which include strategies such as collaborating approach among learners themselves and their educators, the provision of a critical reflective learning environment and fostering learning by doing (Case, 1996). Additionally, the endorsement of adult learning strategies such as learning in a participative learning environment, empowerment of learners, dialoguing in the educational process and self-directing learning are useful reported strategies (Knowles, et al 1998). Additionally the growing theme in literature, supporting the motivating effect of applying the concept of learning organisation, which stimulates its nurses to share knowledge and the skills that they have gained. This implies that a culture of excellence, which incorporates support for education, collaborative learning and opportunities for specialised practice, might be more motivating (Senge, et al 1994; Pedler and Aspinwall, 1996). Moreover, the principles identified as a core for learning organisations, including: personnel mastery, encouraging

reflection, a shared vision, collaborative enquiry, developing system thinking might be helpful in introducing the concept into healthcare organisations (Senge, et al 1994).

Throughout the world-although generally better than the Palestinian situation-the prestige given to nurses is less than that given to other health professionals (Adamson, Kenny and Wilson-Barnett, 1995). This study concludes that nursing is a generally perceived to be low status profession, which has a limited influence in healthcare decisions. Therefore strategies used by the international nurse leaders and regulatory bodies need to more active. On a global scale, nurses require to keep struggling towards supporting professional development, meeting professionalisation criteria, endorsing collective bargaining philosophy, networking and empowering their community relationships which are acknowledged as important factors (Schwirian, 1998).

One conclusion of this study might be the need to improve the status of nursing profession in the eyes of the public, of other health professionals as well as among nurses themselves. It is likely that nursing has suffered a negative image due to lack of knowledge by the public and by professionals regarding the profession. Therefore, efforts to inform the public about nursing are worthwhile. Efforts in this regard may include campaigns, the mass media and union activities that address the nursing role along other professionals in delivering quality care to clients. Furthermore, to maintain a positive status among nurses themselves, nurses need to demonstrate competence in their work and in dealing with clients, families and communities in a more professional way. The researcher concluded that, globally nurses are concerned about having an adequate salary to meet their needs, meanwhile admitting that, the motivating effect of money varies from culture to culture depending on the needs that money fulfils in given certain

circumstances (Knox and Gregg, 1994). Hence, managers do better when they provide nurses with monetary benefits that are adequate to maintain healthy lives. The researcher concludes that management's involvement with nurses in building a shared vision, setting a philosophy and assuming organisational ownership, opens an entirely new arena of possible non-monetary rewards (Knox and Gregg, 1994). This means that when nurses are being involved in setting major organisational issues such as building vision, strategy and mission, they perceived that as rewarding by itself. This allows for nurses to incorporate their expectations and values into the organisation's goals and objectives. Thus the discrepancy between their expectations and the organisational goals are minimum. Such strategy can be suitable and effective to all nurses from different cultures. It is then possible for nurse managers to examine the personal philosophies and expectations of their nurses and allow for the assessment of the staff's relative values. This approach might help managers to develop more appropriate rewarding system that fits nurses' expectations.

Globally, the concept of professional autonomy is considered by the nursing profession as a hallmark of independent practice and part of the basics for identifying nursing as a profession (Wade, 1999). The study concluded that the placement of nurses in diverse autonomous clinical locations is likely to enhance prestige. When nurses are given these roles which are perceived to be more prestigious, there is increased interaction with other health professionals, increases job satisfaction and nurses' status rise in the eyes of the society (Keenan, 1999). For nurses to function as independent yet collaborative practitioners, who advocate for clients and are accountable for their decisions, a supportive managerial strategy is needed.

Keeping in mind that involvement in work is related significantly to the feeling of commitment and autonomy, people are more concerned to implement decisions in which they have a part (Scholes, 1994). Thus, a managerial strategy that believes and supports autonomy and allows professionals to control decisions related to their work is more likely to enhance satisfaction and motivation among nurses. Managers and decision-makers need to take into consideration therefore the characteristics of professionals and to allow for more elaborate degree of freedom at work. The study concluded that ideas about redesigning jobs to be more meaningful and interesting are contributory to motivation (Hackman and Oldham, 1976). Hence, globally, managers do better when they assume flexible managerial strategies that match needs and expectations of the different persons. In other words, the nature of work strongly affects employees' motivation and satisfaction. This implies that managers have to consider the advantages and disadvantages of the different types of work and should try to counterbalance the disadvantages by providing more motivators. Job redesign strategies that encounter more interesting, less repetitive and more holistic tasks could be more motivating. This calls for considering new trends in delivering nursing care across healthcare organisations. Building on the study findings that have been provided earlier in the previous section (Section 6), the study contributed in adding more understanding to the issue of job satisfaction. The following paragraphs provide some useful concluding remark to the concept of job satisfaction and motivation.

### **Conceptualisation of job satisfaction**

The study concludes that there is no universal fixed theoretical framework, which can adequately capture the issue of job satisfaction among nurses. Rather the study supports

the assumption that job satisfaction is a complex, multifaceted construct that is difficult to accurately measure (Harri, 1997). Such complexity makes it difficult to achieve clear universal constructs about job satisfaction and motivation and its determinant factors. The efforts to measure it need to acknowledge the variations related to the different, cultural, personal, professional and organisational related factors that affect it. Additionally the study supports the assumption that understanding motivation also requires a focus on the cognitive process of how individual perceptions, meanings, values and expectations affect motivation in a given context (Maher and Braskamp, 1986). Taking into consideration that nursing is a dynamic, responsive profession; the socio-cultural and organisational factors directly affect satisfaction. Therefore, efforts to assess or influence nurses' motivation and satisfaction should carefully consider the socio-political context that nurses experience. An example is the study conclusion that Gaza nurses were more satisfied by factors related to their inner feelings rather than other factors. This rationalises the high value placed by Gaza nurses on issues such as interactions and management, which are considered by other researchers as marginal factors that never satisfy. In contrast to the literature findings, less importance was placed on professional autonomy, which is widely considered as a strong motivator. The study concludes that researchers would do better by adopting Vroom's Model, which links motivation to expectations that are significantly different across cultures and among people. Vroom's Theory considers the interplay between the different organisational, extra-organisational, personal and cultural variables affecting job satisfaction. Thus, the study supports Vroom's Model in assessing feelings and perceptions of nurses and similar professionals. Managers need to take into account that depending upon their

expectations and values, nurses from the different cultures respond differently to motivating and satisfying factors. On the implications of cross-cultural diversity, one should be wary of adopting a motivation theory or model and try to implement it blindly, without considering its cultural implications. One conclusion of this study could be that it gives an example of how Vroom's Theory provides a more relevant and applicable approach to motivation than other theories. Vroom's Theory provides a more comprehensive understanding of motivation than other theories, which usually describe one single way or postulate a linear relationship between the many motivational variables.

In this study, the research attempts to present the general view of Gaza nurses' job satisfaction and motivation through adopting a triangulated approach, which utilises qualitative and quantitative methods. The study supports the idea that triangulation achieves a comprehensiveness that a single method cannot achieve, particularly in studying people's attitudes such as satisfaction and motivation. In other words, despite the substantial benefits that psychometric instruments offer in terms of objectivity and reliability, they do run the risk of inadequately capturing the truly important elements by which employees judge their work-related level of job satisfaction and the motivation they are experiencing. The researcher believes that other researchers should assess the issue of job satisfaction and motivation by using a combination of qualitative and quantitative approaches, as was done in this study.

It is worth noting that solving the problem of nurses' satisfaction is beyond the objectives of this study. The findings of the study nevertheless provide an overview of nurses' satisfaction and are helpful for making recommendations that could help policy makers,

nurse managers and nurses themselves to develop more effective motivating strategies. In other words, this study has led the researcher to be in a position in which he feels he can make useful recommendations in this regard. It is worth noting that, these recommendations could be seen as providing tentative reparative strategies that help in overcoming motivational problems in the Palestinian situation, thus, improving nurses feeling about their work. Keeping in mind the modesty of these recommendations, the researcher assumes that upon being implemented in the Palestinian situation and analogous cultures that could bring some pleasure to nurses. In other words, the researcher acknowledges the tentativeness of the provided recommendations and admits that it is easier to talk about motivation than to do it. Nevertheless, at least, some of them could be of worthwhile considering by those who are concerned with the motivation issue. The researcher provides his recommendations arranged in a way that reflects the perceived importance of the areas studied as the following paragraphs elucidate.

## **Recommendations**

The following recommendations are provided:

- ◆ Although Gaza nurses were found to be moderately satisfied, their satisfaction could be improved further by addressing the seven key constructs identified in the study, which could be considered as a construct model-frame for nurses' motivation. The issue of nurses' job satisfaction is not an insurmountable problem; nurses' job satisfaction in Gaza is a possibility, even with the current available resources.
- ◆ Policy makers and nurse managers from all the managerial levels are required to consider the identified constructs of job satisfaction and motivation and to

develop strategies that meet their nurses' needs and expectations. The needs to be addressed include; managerial related needs, such as effective managerial strategies, effective interaction and communications and working life; professional needs, such as professional development, professional status, professional autonomy as well as basic needs, such as effective rewarding policy.

- ◆ High-level health managers could manage their people and organisations probably better by showing more commitment to the work-related psychological issues of their health professionals such as job satisfaction. They need to demonstrate particular concern about nurses' job satisfaction and its humanitarian, organisational and productivity implications. (Developing a philosophy extrapolated from Vroom's Expectancy Theory of asking employees what satisfies them and responding accordingly might be a helpful strategy as it helps to capture people's unique expectations, perceptions and needs.
- ◆ Strategic decisions need to be constituted towards empowering and supporting health managers to manage their people and organisations more effectively by endorsing more flexible structures that allow a greater degree of decentralisation and professional autonomy. Such reform in the healthcare system could allow to the middle line managers more authority and control over their work places and their tendency to be motivated and motivating others.
- ◆ Managers need to revise their managerial roles as motivation makers. They need to acknowledge their responsibilities to motivate and improve nurses' development by encouraging more positive attitudes towards their work and to remove barriers and obstacles to employees' satisfaction. Particularly in the Palestinian situation, training

and empowerment of health leaders, together with considering more effective policies in the recruitment and development of managers is a priority.

- ◆ Managers need to take into account that the success of management depends on management's ability to meet the needs of the staff and to provide them with their requirements. Palestinian managers' behaviour, such as making negative comments, following a discriminative policy and promoting bad performance decrease job satisfaction. By contrast, managerial support and encouragement decrease the nurses' vulnerability and feelings of being overwhelmed by their jobs.
- ◆ To improve nurses' satisfaction level, managers are required to work with professionals towards providing a more trusting and motivating climate. This could be achieved through pushing down decisions, restructuring their work systems, sharing vision and increasing promotion opportunities and utilising more effective reward system. Managers could be seen as more motivating through providing employees with benefits that are adequate to maintain healthy lives while paying attention to individuals' needs and expectations related to rewards and benefits.
- ◆ To overcome the managerial problems which dominate the general picture of Gaza nurses motivation, managers are required to assume modern leadership forms such as providing vision, empowerment, growth challenging, praising the team, showing respect and maintaining equal opportunity, which are seen as contributing factors to motivation and satisfaction. To be effective

transformational leaders, managers have to practice behaviour that is exemplary, inspirational, of considerate of individuality and provides intellectual stimulation.

- ◆ For motivation to occur, managers have to increase promotional and growth chances by enriching assignments, redesigning jobs, providing challenging tasks, autonomy, following nurses' interests, allowing them to create and recognise their achievement.
- ◆ To satisfy and motivate nurses, managers need to be both tasks-oriented and relationship focused. Education, modelling, reinforcement, supporting growth are suggested strategies to empower these two important aspects of leadership. Particularly in the Palestinian situation, utilising effective multidimensional and family-like communications that are characterised by openness, transparency and trusting atmosphere are possible positive motivators for nurses. Nurse managers need to encourage collegiality, collaborative relationships, networking and empowerment of the nursing profession
- ◆ The implementation of an effective, fair and discrimination-free policy in recruitment, recognition, promotions, acknowledgement and in the rewarding of people as individuals and as groups has to take place while valuing and building on people's diversity. (Additionally, creating an organisational culture characterised by support, caring, valuing expertise role and achievement.
- ◆ Given that well-designed professional development affect nurses' satisfaction, strategic plans need to consider the provision of relevant programmes that address work-related challenges such as interaction, management, research and communications. Building realistic expectations among participants and orienting

them to the clinical sites, the provision of professional development programmes that meet needs of people as well as the needs of the employing organisations are helpful factors.

- ◆ Policy makers, planners and curricula designers, are required to develop effective and relevant professional development programmes. Among the suggested strategies to improve the relevance of professional development programmes are: assessing learners' knowledge, building learners' self-esteem, encouraging interpersonal contact, using active involvement, showing enthusiasm, inspiring confidence and making evaluation, together with the involvement of the different stakeholders.
- ◆ To raise nurses' status, global collective efforts are needed to improve the public image held about nursing. This may include arranging campaigns, using the mass media and activating union actions that address the nursing role in delivering quality care to the community. Additionally, to maintain a positive status, nurses need to demonstrate competence in their work and in dealing with clients, families and communities in a professional way that increases the nurse-community interactions.
- ◆ A managerial strategy that believes in and supports nurses' autonomy and allows professionals to control decisions related to their work is a necessity. Nursing education need to endorse more liberal forms of education with a shift towards inquiry and informal learning.
- ◆ The quality of nurses' working life needs be considered more seriously in the Palestinian healthcare organisations. There is a real need to consider how to deal with the process of change, to decrease nurses' workloads, to alleviate anxiety, to

raise status and to search for more effective means for supporting co-workers not only to be productive, but also to feel well.

- ◆ Nurse managers would do better by taking into account differences among nurses related to demographic and organisational variables including; age, gender, marital status, position, experience, type of work, ownership of organisations, provision of job description and by having criteria for promoting people. Managers' understanding of identified signals, help them to effectively manage their organisations. These variables affect motivation and are important to consider when recruiting and planning human resources. In addition, policy makers are required to revise structures, rules and regulation as well as organisational policies to reflect more understanding of the issues that matter to nurses as a group and as individuals.
- ◆ Policy makers and nurse managers could improve job satisfaction by encouraging the recruitment of more female nurses. This would change the overall picture of nursing in the Palestinian context and contribute to the empowerment of women's role in the community. This needs to be associated with other nursing empowerment policies, such as providing autonomy, involvement, supporting managerial roles of nurses and so on.
- ◆ To reduce the ambiguity and role conflicts dominating the Palestinian health organisations, managers need to develop, jointly with nurses, common ground rules and regulations, providing job descriptions and defining scope of professional practice. The development of a code of conduct, formulating a nursing cadre and developing job descriptions that are fair and perceived to be fair are contributory factors to motivation.

- ◆ And finally, globally, managers could push for motivation by developing a policy of fostering and encouraging learning within their organisations and by creating a spirit of life-long commitment to learning and development. Adopting the philosophy of a learning organisation could highly motivate and satisfy nurses.

The previously demonstrated set of recommendations could reflect the contribution of the study to the advancement of knowledge that was more thoroughly discussed throughout the study, particularly, in Section 6. The study met its stated objectives of assessing the level of job satisfaction and motivation in the Palestinian Arab Islamic context and its determinant factors and clarified what distinguishes Gaza nurses' job satisfaction and motivation from other nurses from other cultures. In the following paragraphs the researcher concisely presents the main contributory point of this study.

### **Study contribution**

Given that the study represents a unique initiative to assess Gaza nurses' level of satisfaction and motivation, it contributes to present a general picture of nurses' satisfaction in Gaza; an area known for its diverse situation and provides an assessment in this regard. The study assessed the satisfaction issue in a culture that is not only diverse in terms of socio-cultural and economic-political aspects but also in terms of experiencing a unique situation of developing its healthcare system.

Therefore the study gives an example about nurses' job satisfaction in countries, experiencing the same experience of developing their healthcare organisations.

The study identified the factors affecting Gaza nurses motivation and satisfaction that were based on the participants' perceptions of their satisfying/dissatisfying factors.

These factors could be seen as constituting a model of satisfaction and motivation that guides all those who are concerned with this issue. Upon being further developed and tested, the model could be utilised in analogous cultures as well.

The study examined the applicability of motivation theories in a culture that is totally different from the cultures in which these theories were originally developed. The study has delivered an interesting conclusion of how contextual factors affect job satisfaction pointing to the necessity of considering these factors in evaluating nurses' motivation. Thus, it supported the applicability of some motivation theories and contradicted others. The study added evidence as to the validity of Vroom's Expectancy Theory, which could be seen as answering the question of what motivates people, by revealing the solution to be to go and ask them, and then, to respond accordingly. Additionally, the study added support to the value and the validity of the triangulated approach in evaluating issues related to the psychology of people, such as motivation and satisfaction.

By examining nurses' job satisfaction in the Gaza Strip, the study contributes to efforts to globalise the concept of job satisfaction towards the development of a global construct of job satisfaction which meets different cultures' expectations and needs. The study has taken the satisfaction issue from western cultures, in which these satisfaction concepts were originally devised and investigated.

The study has demonstrated that a focus on job satisfaction and motivation can identify crucial areas of development among a work force. The issue of job satisfaction explores the complexity and tensions affecting the culture of the

organisation. The study of motivation is like penetrating the iceberg of the organisation.

Given the dearth of research concerning the trans-cultural differences in nursing management, the study contributes by providing information about nurses from a ~~diverse Arab, Islamic, developing country that is totally different from other cultures.~~

Additionally, as far as the Gaza nurses have never been studied before, the study provides a valuable information about the overall picture of those nurses and how different they are comparing to other nurses. The study could be seen as supporting the nursing profession in general and in Palestine in particular through blending the features of nursing profession to the general management concept. Thus the study illuminates how nursing leaders can make use of the general management concepts within the nursing arena.

Upon successfully achieving this endeavour, the researcher will be the first nurse in the Gaza Strip who has been prepared to a doctorate level. This will not only benefit the researcher himself, but also it may affect the influence senior nurses can exert in the Palestinian healthcare system as well as the status accorded to nursing profession in general. It is needless to say that the value of education and the influence of the educated people in the Palestinian situation are high. The study has widened the scope of the researcher and improved his ability not only in researching and analysis but also in synthesis and writing as well. Therefore, the researcher may continue searching issues that contributes to nursing advancement at the Palestinian level as well as at the general level.

Like other research studies, the research answers some questions and raises others as well. Although the study answers its stated objectives it does not reveal all the ambiguities about the satisfaction issue. Due to the complexity of the satisfaction issue, many of the satisfaction questions remained unanswered in spite of the numerous international satisfaction studies. Nevertheless, in this study, the researcher is left with many important questions, as the coming paragraphs demonstrate.

### **Questions for future research**

Given that the issue of job satisfaction and motivation among Gaza nurses has never been studied before, further research is needed in this field to gain a more solid understanding of it in such a diverse community. It is worthwhile considering the limitations of this study and overcoming them through investigating larger-scale and, different samples, with different designs. The findings and conclusions built on the study of Gaza nurses stimulated the researcher to think in broader terms about Palestinian nursing in general.

Given the political situation and the diversity of the Palestinian people who live at different circumstances and in different countries, the researcher is left to question the degree of representativeness of this study to the Palestinian nurses' attitudes and values.

A national Palestinian nurse's job satisfaction survey could draw more realistic conclusions. Another question remains about the large number of variables included in the study and the possibility of the intervening effects of these variables. Larger size samples and more controlled designs could lead to more solid conclusions.

Although the study pointed to the importance of job satisfaction in nursing profession particularly among Gaza nurses, the study does not provide an empirically based relationships between job satisfaction, productivity and the quality of care delivered to

the clients. Whilst the growing theme in the nursing literature suggests that there is a link between the two issues, there is no clear evidence here regarding this relationship. For instance, some nurses in the study have referred their productivity to serving the country and the national goals and not for their own pleasure. Additionally, although the level of satisfaction among Gaza nurses is relatively low, the rate of turnover is relatively less than in other countries. The researcher would suggest that, depending upon the person, in certain cases, one could be satisfied at work, if the work is perceived as relaxing with a minimum level of challenges or workload. This raises the importance of conducting more empirical, well-controlled studies that could question this issue.

Given that job satisfaction is a multifaceted psychological construct, many intervening factors could come into play and dispute the findings. For instance, the timing of the study could affect the findings. This is especially important in uncertain situations like the Palestinian case that is characterised by a high level of political instability, a war culture, economic constraints and a high degree of stress. Thus, results should be considered within this context. Longitudinal research designs could partially overcome such limitations. Conducting longitudinal studies could better answer the question of how nurses' satisfaction is fostered or enhanced. Further research is needed therefore that considers the chronological factor and examines the impact of practice changes on job satisfaction.

Further research is needed to test and develop the extracted satisfaction model in other places in Palestine such as the West Bank as well as in other analogous cultures. The determinants of job satisfaction and motivation highlighted in this study and perceived to constitute a Palestinian construct for nurses' motivation need to be more empirically

tested while considering only a few variables. More advanced analysis could be utilised to produce more solid forecasting of factors affecting satisfaction and motivation.

Further research is needed to examine those nurses who “vote with their feet” and change their career, as they could be the least motivated and the least satisfied ones. Additional research is needed of those who were non-respondents, as they could be among the least satisfied and the least motivated group of nurses.

Building on the study conclusions that working in primary healthcare is more motivating than secondary hospital nursing: further well-controlled designs, could reveal the extent to which the method of nursing care delivery affects job satisfaction.

Developing solid conclusions in this regard could stimulate the nursing leaders to reform the nursing practice delivery methods in a way that contributes to the advancement of the nursing profession in Palestine.

A further outstanding question relates to the nature of the survey questionnaires, which usually push the respondent to give opinions in regard to certain given statements. There could be other factors that affect the respondent's satisfaction, which are not mentioned in the questionnaire. Therefore, findings are highly reliant on questionnaire wordings, format and on the participants' understanding of the questions. The researcher wonders whether the results would be different, and in which direction, if other scales had been used? In other words, are the International Satisfaction Scales, such as Job Descriptive Index and Job in General Scale and other satisfaction scales valid instruments in measuring the Palestinian nurses' satisfaction? However, using such scales can contribute to developing clearer understanding of the cross cultural differences in satisfaction. Using the same scale in different places

allows a base for fairer comparisons among nurses. Hence, the possibility of formulating a job satisfaction and motivation model that endorses the cultural differences is more feasible.

Last but not least, another issue the researcher is interested to raise relates to the effectiveness of the previously mentioned tentative strategies to positively affect job satisfaction. The suggested strategies are based on participants' responses and comments but it could be the case that what people want and what they actually need are ——— ——— incongruent. It is not uncommon that you may ask for something, then you discover that, it is not as interesting as you expected. The previously mentioned strategy could be helpful therefore in many ways but requires frequent assessment. The researcher assumes that action research in this field could provide more solid conclusions. .

## Section 8

### References

- Abu Ajamieh, A. (1991), *Job satisfaction among West Bank Nurses: Demographic correlates*. Unpublished master's thesis, University of South Carolina. South Carolina.
- Abu Dahrieh, Y.K. (1989), *The relationship between role identity and job satisfaction among registered nurses: A cross-cultural analysis*. Unpublished master's thesis, University of South Carolina. South Carolina.
- Abu-Lughod, I. (1971), *The Transformation of Palestine*. Evanston: North-Western University Press.
- Acorn, S., Ratner, P.A. and Crawford, M. (1997), "Decentralisation as a determinant of autonomy, job satisfaction, and organisational commitment among nurse managers". *Nursing Research*, 46,1,52-58.
- Adams, A., Bond, S. and Hale, C. (1998), "Nursing organisational practice and its relationship with other features of ward organisation and job satisfaction". *Journal of Advanced Nursing*, 27,1212-1222.
- Adams, S. (1965) "Inequality in social exchange", in Berkowitz, L., *Advances in Experimental Social Psychology*. New York: Academic Press.
- Adamson, B.J., Kenny, D.T. and Wilson-Barnett, J. (1995), "The impact of perceived medical dominance on the work place satisfaction of Australian and British nurses". *Journal of Advanced Nursing*, 21,172-183.
- Alderfer, A. (1972), *Existence, Relatedness and Growth*. New York: Free Press.
- Allan, D. and Cornes, D. (1998), "The impact of management of change projects on practice: a description of the contribution that one educational programme made to the quality of healthcare". *Journal of Advanced Nursing*, 27,865-869.
- Al-Ma'aitah, R., Cameron, S., Armstrong-Stassen, M. and Horsburgh, M.E. (1996), "The effect of unit type and gender on Jordanian nurses' job satisfaction: A comparison of operating room, medical-surgical and critical care nurses". *Seminars in Perioperative Nursing*, 5,4,222-229.
- Al-Shubbak, M. (1993), *Job satisfaction of nurse educators with BSc and above degree*

*teaching in diploma and baccalaureate program on the West Bank.*

Unpublished master's thesis, Al-Quds University. Jerusalem.

Alspach, J.G. (1995), *The Educational Process in Nursing Staff Development*. Mosby.

American Nurses' Association, (1984), *Standards for Continuing Education*. Kansas:  
American Nurses' Association.

Anderson, A. (1996), "Nurse-Physician interaction and job satisfaction". *Nursing Management*, 27, 33-36.

Andrews, M. (1998), "Trans-cultural perspectives in nursing administration". *Journal of Nursing Administration*, 28,11,30-38.

Appleton, J.V. (1995), "Analysing qualitative interview data: Addressing issues of validity and reliability". *Journal of Advanced Nursing*, 22,993-997.

Armstrong, M. (1996), *Personnel Management Practice*. London: Kogan Page.

Armstrong-Staaen, M., Al-Ma'aitah, R. and Cameron, S. (1994), "Determinants and consequences of burnout: A cross-cultural comparison of Canadian and Jordanian nurses". *Health Care Women Int*, 15,413-421.

Arnetz, B. (1997), "Physician's view of their work environment and organization". *Psychotherapy and Psychosomatics*, 66,155-162.

Aspinwall, K. (1996), "Becoming a learning organisation: the implications for professional development". *Management in Education*, 10,4,7-9.

Atkinson, J. (1974), *Motivation and Achievement*. Washington, DC: V.H. Winston and Sons.

Azzam, A.R. (1979), *The Eternal Message of Muhammad*. London: Quartet Books.

Bailey, B.I. (1995), "Faculty practice in an academic nursing care centre model: Autonomy, job satisfaction and productivity". *Journal of Nursing Education*, 34,2,84-86.

Bailey, P.H. (1997), "Finding your way around qualitative methods in nursing research". *Journal of Advance Nursing*, 25,18-22.

Barrett, C., Goldenberg, D. and Faux, S. (1992), "Career pattern and job satisfaction of Canadian nurse educators. *Journal of Advanced Nursing*, 17, 1002-1011.

- Barriball, K. and While, A. (1996), "Participation in continuing professional education in nursing: Findings of an interview study". *Journal of Advanced Nursing*, 23,999-1007.
- Barriball, K., While, A. and Norman, I. (1992), "Continuing professional education for qualified nurses: a review of the literature". *Journal of Advanced Nursing*, 17,1129-1140.
- Barriball, K.L. and While, A.E. (1996), "Participation in continuing professional education in nursing: findings of an interview study". *Journal of Advanced Nursing*, 23,999-1007.
- Basler, W. and Smith, P. (1990), *User's Manual for the Job Descriptive Index and the Job in General Scales*. Bowling Green University.
- Bass, B.M. (1985), *Leadership and Performance Beyond Expectations*. New York: Free Press.
- Batiste, B. (1990), *Perception of Afro-American Nursing Educators in Baccalaureate and Higher Degree Programs on Job Satisfaction and Collegial Support*. University of San Francisco.
- Battersby, A. (1993), *Provision of Immunisation Services in Palestine*. Palestine
- Belbin, M. (1993), *Team Roles at Work*. Oxford: Butterworth-Heinemann.
- Bell, J. (1993), *Doing Your Research Project*. Buckingham: Open University Press.
- Bellack, J.P. (1995), "Characteristics and outcomes of a state wide nurse refresher project". *Journal of Continuing Education in Nursing*, 26,2,61-66.
- Bergman, R. (1986), "Academisation of nursing education: the Israeli experience". *Journal of Advanced Nursing*, 11,225-229.
- Berwick, D. (1995), *Improving Health Care Quality: A Comprehensive Curriculum for Health Care Executives, Managers and Clinical Leaders*. Boston: Institute for Healthcare Improvement.
- Bester, C.L., Richer, E.C. and Boshoff, A.B. (1997), "Prediction of nurses job satisfaction level". *Curationis*, December, 59-63.
- Blake, R.R. and Mouton, J.S. (1985), *The Managerial Grid III: The Key to Leadership Excellence*. Houston: Gulf Publishing Company.
- Blegen, M.A. (1993), "Nurses job satisfaction: A meta-analysis of related Variables.

*Nursing Research*, 42,1,36-41.

- Bookman, J.S.(1989), "Job satisfaction among nurse educators". Doctoral dissertation, University of Alabama at Birmingham. *Dissertation Abstracts International*, 50, 5526B-5573B.
- Borda, R. and Norman, I. (1997), "Testing a model of absence and intent to stay in employment: a study of registered nurses in Malta". *International Journal of Nursing Studies*, 34, 5,375-384.
- Brookfield, S.D. (1987), *Developing Critical Thinkers*. Buckingham: Open University Press.
- Bucknall, T. and Thomas, S. (1996), "Critical care nurse satisfaction with levels of involvement in clinical decisions". *Journal of Advanced Nursing*, 23,571-577.
- Burnard, P. (1991), "A method of analysing interview transcriptions in qualitative research". *Nursing Education Today*, 11,461-466.
- Burns, S.and Grove, K. (1997), *The Practice of Nursing Research*. W.B Saunders.
- Busby, A. and Banik, D. (1991), "Nurses satisfaction with work in rural hospitals". *Journal of Nursing Administration*, 21,11,35-38.
- Butler, S. (1996), "Child protection or professional self-preservation by baby nurses? Public health nurses and child protection in Ireland". *Social Science and Medicine*, 43,303-314.
- Butter, J. and Parson, R. (1989), "Hospital perception of job satisfaction". *Nursing Management*, 20,8,45-48.
- Caine, R.M. (1989), "Mentoring the novice clinical nurse specialist". *Clinical Nurse Specialist*, 3,2,76-9.
- Carey, M.A. (1994), *The Group Effect in Focus Groups: Planning, Implementing and Interpreting Focus Group Research*. London: Sage.
- Carnegie Foundation for the Development of Teaching, (1985), "The faculty: Deeply troubled". *Change*, 17,4,31-34.
- Carpenter, K. (1988), *The relationship between job characteristics, work motivation and general job satisfaction of academic middle managers for baccalaureate nursing*. Unpublished Doctoral thesis, University of South Carolina. South Carolina

- Carr, L. (1994), "The strength and weaknesses of qualitative and quantitative research: what method for nursing". *Journal of Advanced Nursing*, 20,716-721.
- Carter, H. (1994), "Confronting patriarchal attitudes in the fight for professional recognition. *Journal of Advanced Nursing*, 19,367-371.
- Case, B. (1996), "Breathing AIR into adult learning". *The Journal of Continuing Education in Nursing*, 27,4,149-159.
- Cattan, H. (1988), *The Palestine Question*. London: Croom Helm.
- Cavanagh, S.J. (1992), "Job satisfaction of nursing staff working in hospitals". *Journal of Advanced Nursing*, 17,704-711.
- Childs, D. (1977), *Psychology and The Teacher*. New York: Holt, Rinehat and Winstoin.
- Chinn, P.L. and Kramer, M. (1999), *Theory and Nursing: Integrated Knowledge Development*. Mosby.
- Ciabattari, J. (1986), "The biggest mistake top managers make". *Working Woman*, Oct, 47-50.
- Clark, A.M.(1998), "The qualitative-quantitative debate: moving from positivism and confrontation to post-positivism and reconciliation". *Journal of Advanced Nursing*, 27,1242-1249.
- Coeling, H. and Cukr, P. (2000), "Communication styles that promote perceptions of collaboration, quality and nurse satisfaction". *Journal of Nursing Care Quality*, 14,2,63-74.
- Coggon, D., Rose, G. and Barker, D. (1993), *Epidemiology for the Uninitiated*. London: British Medical Journal Publishing Group.
- Cole, G.A. (1996), *Management Theory and Practice*. London: Letts Educational Aldeine Place.
- Cole, G.A. (1996), *Management Theory and Practice*. London: Letts Educational Aldeine Place.
- Collins, K. (1999), "Nurses and PAMs in innovative roles: job satisfaction and its contributing factors". *Nursing Standard*, 13,47,1.
- Coombs, M. (1991), "Motivational strategies for intensive care nurses". *Intensive Care Nursing*, 7,114-119.
- Cowart, M and Serow, W. (1992), *Nurses in the Work Place*. Sage Publication.

- Creasia, J. and Parker, B. (1991), *Conceptual Foundations of Professional Nursing Practice*. Mosby Year Book.
- Cronbach, L. (1951), "Coefficient alpha and the internal structure of tests". *Psychometrika*, 16,297-334.
- Cruse, P. (1999), Job characteristics related to job satisfaction in rehabilitation nursing. *Rehabilitation Nursing*, 24,3,95-102.
- Csikszentmihalyi, M. (1975), *Beyond the Boredom and Anxiety*. Jossey-Bass.
- Cuba, E. and Lincoln, Y. (1994), "Competing paradigms in qualitative research". In Denzin, N. and Lincoln, Y., *Handbook of Qualitative Research*. London: Sage Publication.
- Cuesta, C. and Bloom, K. (1998), "Mentoring and job satisfaction perceptions of certified nurse-midwives". *Journal of Nurse-Midwifery*, 43,2,111-116.
- Deloughery G.L. (1995), *Issues and Trends in Nursing*. Mosby Year Book.
- Deloughery, G.L. (1991), *Issues and Trends in Nursing*. Mosby Year Book.
- Deming, W.E (1986), *Out of the Crisis*. Cambridge: Massachusetts Institute of Technology.
- Denzin, N. and Lincoln, Y. (1998), *Strategies of Qualitative Inquiry*. Sage.
- Denzin, N.K. and Lincoln, Y.S. (1994), *Handbook of Qualitative Research*. Sage.
- DeSilets, L.D. (1995), "Assessing registered nurses' reasons for participation in continuing education". *The Journal of Continuing Education in Nursing*, 26,5,202-208.
- Dilorio, C., Hockenberry-Eaton, M., Maibach, E. and Rivero, T. (1994), "Focus Groups: An interview method for nursing research". *Journal of Neuroscience Nursing*, 26,3,175-180.
- Dootson, S.(1995), "An in-depth study of triangulation". *Journal of Advanced Nursing*, 22,183-187.
- Drucker, P. (1985), *Getting Things Done, How to Make People Decisions*. Boston: Harvard Business Review.
- DU Palnt-Jones, J. (1999), "Power and representativeness in nursing: A literature review". *Nursing Standard*, 13,49,39-42.
- Duffy, M. (1987), "Methodological triangulation: a vehicle for merging quantitative and

- qualitative research methods". *Journal of Nursing Scholarship*, 19,3,130-133.
- Duncan, J.N. (1997), "Student pre-entry experience and first year of employment". *The Journal of Continuing Education*, 28,5,223-230.
- Dunham-Taylor, J. (2000), Nurse executive transformational leadership found in participative organizations. *Journal of Nursing Administration*, 30,5,241-250.
- Edda'ma, M. (1995), *Risk factors associated with anaemia among pregnant women in two Palestinian communities in Gaza Strip*. Unpublished Master's thesis, University of London. London.
- Ellis, J. and Hartley, C. (1998), *Nursing in Today's World: Challenges, Issues and Trends*. Lippincott.
- Fallacaro, M. (1997), "Frustrated wants and entitlements: Fundamental components of CRNA job satisfaction". *Journal of American Association of Nurse anesthetists*, 65,3,250-256.
- Farrel, G. and Dares, G. (1999), "Nursing staff satisfaction on a mental health unit". *Australian and New Zealand Journal of Mental Health Nursing*, 8,51-57.
- Fayol, H. (1949), *General and Industrial Management: Trans. Constance Storrs*. London: Pitman
- Ferlie, E., Pettigrew, A., Ashburner, L. and Fitzgerald, L. (1996), *The New Public Management in Action*. Oxford University Press.
- Field, P. A. and Morse, J.M. (1985), *Nursing Research. The Application of Qualitative Approaches*. London: Chapman and Hall.
- Fincham, R. and Rhodes, P. (1999), *Organizational Behaviour*. Oxford: Oxford University Press.
- Fisher, C.M. (1999), "Performance management and performing management", in Leopold, L., Harris, L. and Watson, T, *Strategic Human Resourcing: Principles, Perspectives and Practices*. Financial Times Pitman Publishing.
- Freemantle, D. (1995), *80 Things You Must Do to be a Great Boss: How to Focus on the Fundamentals of Managing People Properly*. London: McGraw-Hill. 
- Fung-Kam, L. (1998), "Job satisfaction and autonomy of Hong Kong registered nurses". *Journal of Advanced Nursing*, 27,355-363.
- Gibson, J., Ivancevich, J.M. and Donnelly, J.H. (1999), *Organizations: Behaviour*

*Structure Processes*. USA: Times Mirror Higher Education Group.

Gillies, D.A. (1994), *Nursing Management: A Systems Approach*. W.B. Saunders.

Girvin, J. (1998), "Satisfaction and motivation". *Nursing Management*, 5,4,11-15.

Goodell, T.T. and Coeling, H.V. (1994), "Outcomes of job satisfaction". *Journal of Nursing Administration*, 24,11, 36-41.

Goodridge, D. and Hack, B. (1996), "Assessing the congruence of nursing models with organisational culture: a quality improvement perspective". *Journal Nursing Care Quality*, 10,2,41-48.

Gordon, J.R., Mondy, R.W., Sharplin, A. and Premeaux, S.R. (1990), *Management and Organisational Behaviour*. Massachusetts: Allyn and Bacon.

Graham, H.T. and Bennett, R. (1998), *Human Resource Management*. Pitman Publishing.

Grant, G., Nolan, M., Maguire, B. and Melhuish (1993), "Factors influencing job satisfaction among nurses". *British Journal of Nursing*, 3,12,615-620.

Gresham, J.A. and Brown, H.N. (1997), "Supervision: How satisfied are middle nurse managers?" *Nursing Management*, 28,1,41-43.

Griggs, L. and Louw, L.L. (1995), *Valuing Diversity: New Tools for a New Reality*. New York: McGraw-Hill.

Grohar-Murray, M. and DiCroce, H. (1997), *Leadership and Management in Nursing*. USA: Appleton and Lange.

Grunbaum, J. (1988), "Career stage: The heterogeneity of nursing faculty". *Journal of Nursing Education*, 27,7,296-302.

Guidry, S.F. (1991), *Job satisfaction of Israeli nursing faculty: One factor affecting the advancement of nursing in the state of Israel*. Unpublished Doctoral thesis, University of Alabama at Birmingham. USA-Birmingham.

Haase, J. and Myers, S. (1988), "Reconciling paradigm assumptions of qualitative and quantitative research. *Western Journal of Nursing Research*, 10,2,128-137.

Hackett, P. (1989), *Success in Management Personnel*. London: John Murray.

Hackman, J. and Oldham, G. (1976), "Motivation through the design of work: Test of a theory". *Organisational Behaviour and Human Performance*, 16,250-79.

Hackman, J.R., Oldham, G.R., Janson, R. and Purdy, K. (1975), "A new strategy for job enrichment". *California Management Review*, 17, 57-71.

- Hamad, B. (1997), *Job satisfaction among Gaza nurse educators: Factors and implications*. Unpublished master's thesis, Sheffield Hallam University. Sheffield.
- Hamad, B. (1999), "Nursing in Palestine: situation analysis". *Third Nursing Conference*. 29<sup>th</sup> July, Jordanian university. Jordan.
- Handy, C. (1993), *Understanding Organisations*. London: Penguin.
- Harri, M. (1996), "How do nurse educators respond to the challenges and changes in their working life in Finland". *Journal of Advanced Nursing*, 23,1098-1109.
- Harri, M. (1997), "I love my work, but...' The best and the worst in nurse educator's working life in Finland". *Scandinavian Journal Caring Science*, 11,119-126.
- Hart, G. and Rotem, A. (1995), "The clinical learning environment: nurses' perceptions of professional development in clinical settings". *Nurse Education Today*, 15,3-10.
- Hazelton, M. (1990), "Medical discourse on contemporary nurses education. Australian and New Zealand". *Journal of Sociology*, 26,107-125.
- Healy, C. and McKay, M. (1999), "Identifying sources of stress and job satisfaction in the nursing environment". *Australian Journal of Advanced Nursing*, 17,2,30-35.
- Healy, C. and McKay, M. (2000), "Nursing stress: The effect of coping strategies and job satisfaction in a sample of Australian nurses". *Journal of Advanced Nursing*, 31,3,681-688.
- Hellriegel, D., Slocum, J. and Woodman R. (1998), *Organisational Behaviour*. USA: International Thomson Publishing.
- Henderson, M.C. (1995), "Nurse executives: Leadership motivation and leadership effectiveness". *Journal of Nursing Administration*, 25,4,45-51.
- Henderson, N.R. (1995), "A practical approach to analysing and reporting focus groups studies: Lessons from qualitative market research". *Qualitative Health Research*, 5,4,463-477.
- Henderson, V. (1966), *The Nature of Nursing*. Macmillian
- Herzberg, F.E. (1966), *Work and the Nature of the Man*. New York: World Publishing.
- Hinshaw, A.S. and Atwood, J.R. (1984), "Nursing staff turnover, stress and satisfaction: Models, measures and management". *Annual Review of Nursing Research*,

1,133-153.

- Hofstede, G.H. (1997), *Culture and Organisations: Software for the Mind*. London: McGraw-Hill.
- Hogston, R. and Simpson, P. (1999), *Foundation of Nursing Practice*. Malaysia: Macmillan.
- Holloway, I. and Wheeler, S. (1996), *Qualitative Research for Nurses*. Oxford: Blackwell Science.
- Hume, D. (1998), *Reward Management: Employee Performance, Motivation and Pay*. Blackwell.
- Irvine, D.M. and Evans, M.G. (1995), "Job satisfaction and turnover among nurses: Integrating research findings across studies". *Nursing Research*, 44,4,246-254.
- Janssen, P., Jonge, J. and Bakker, A. (1999), " Specific determinants of intrinsic work motivation, burnout and turnover intentions". *Journal of Advanced Nursing*, 29,6,1360-1369.
- Johnson, M. and Bowman, C. (1997), "Occupational prestige for registered nurses in the Asia-Pacific region: Status consensus". *International Journal of Nursing Studies*, 34,3,201-207.
- Johnston, C.L. (1991), "Sources of work satisfaction/dissatisfaction for hospital registered nurses". *Western Journal of Nursing Research*, 13,503-13.
- Johnston, C.L. (1996), "Job satisfaction: A possibility? *Seminars in Peri-operative Nursing*, 5,3,152-156.
- Kangas, S., Kee, C. and McKee-Waddle, R. (1999), "Organisational factors, nurses' job satisfaction and patient satisfaction with nursing care". *Journal of Nursing Administration*, 29,1,32-42.
- Kapborg, I. (1998), "Nursing education in Sweden: Development of vocational training to higher level education". *Journal of Advanced Nursing*, 27,372-378.
- Keenan, J. (1998), "A concept analysis of autonomy". *Journal of Advanced Nursing*, 29,3,556-563.
- Keith, A.B., Coburn, A.F. and Mahoney, E. (1998), "Satisfaction with practice in a rural state: Perception of nurse practitioners and nurse midwife". *Journal of American Academy Nurse Practice*, 10,1,9-17.

- Kelly-Thomas, K. (1998), *Clinical and Nursing Staff Development: Current Competence, Future Focus*. Lippincott.
- Kennerly, S. (1989), "Leadership behaviour and organisational characteristics: Implication for faculty satisfaction". *Journal of Nursing Education*, 28,5,198-202.
- Kingry, M.J., Tiedje, L.B. and Friedman L.L (1990), "Focus group; a research technique for nursing". *Nursing Research*, 39,2,41-48.
- Kitching, D. (1993), "Nursing leadership-myth or reality?" *Journal of Nursing Management*, 1,253-257.
- Kivimaki, M., Voutilainen, P. and Koskinen, P. (1995), "Job enrichment, work motivation, and job satisfaction in hospital wards: testing the Job Characteristics Model". *Journal of Nursing Management*, 3,87-91.
- Knoop, R. (1995), "Relationship among job involvement, job satisfaction and organisational commitment for nurses". *The Journal of Psychology*, 129,6,643-649.
- Knowles, M. (1990), *The Adult Learner: A Neglected Species*. London: Gulf Publishing.
- Knowles, M., Holton, F. and Swanson, R (1998), *The Adult Learner: The Definitive Classic in Adult Education and Human Resource Development*. USA: Gulf.
- Knox, S. and Gregg, A.C. (1994), "Balancing non-monetary and monetary rewards: A contemporary paradigm for nursing". *Seminar for Nurse Managers*, 2,3,140-147.
- Kolb, D. (1984), *Experiential Learning*. Prentice Hall.
- Kouzes, J.W. and Posner, B.Z. (1988), *The leadership Challenge*. San Francisco: Jossey-Pass Publishers.
- Kreuger, R.A.(1998), *Focus Groups: A Practical Guide for Applied Research*. California: Sage.
- Kutlenios, R. and Bowman, M. (1998), "Oppression: How nurses can overcome it". *Revolution-The Journal of Nurse Empowerment, Fall/Winter*, 84-86.
- Lamborn, M.L. (1991), "Motivation and job satisfaction of deans of schools of nursing". *Journal of Professional Nursing*, 7,1,33-40
- Lammanen, R., Broms, U. Happola, A. Brommels, M. (1999), "Changes in the work and

- motivation of staff delivering home care services in Finland". *Public Health Nursing*, 16,1,60-71.
- Larcombe, K. and Maggs, C. (1991), *Processes for Identifying the Continuing Education Needs of Nurses, Midwives and Health Visitors: An evaluation*. London: English National Board.
- Laszlo, H. and Strettle, R. (1996), "Midwives' motivation for continuing education". *Nurse Education Today*, 16-363-367.
- Leininger, M.M. (1985), *Qualitative Research Methods in Nursing*. New York: Grune and Stratton.
- Leonard, D.J. (1993), "Workplace education: Adult education in a hospital nursing staff development department". *Journal of Nursing Staff Development*, 9,68-73.
- Lewis-Beck, M.S. (1993), *Basic Statistics*. Sage
- Likert, R. (1967), *The Human Organization*. New York: McGraw-Hill Book Company.
- Lim, V.K. and Yuen, E.C. (1998), "Doctor, patients and perceived job image: An empirical study of stress and nurses in Singapore". *Journal of Behavioural Medicine*, 27,3,269-282.
- Locke, E. (1983), *The nature and causes of job satisfaction in Handbook of industrial and organisational psychology*. New York: John Wiley and Sons.
- Locke, E., Shaw, K., Saari, I. and Latham, G. (1981), "Goal setting and task performance". *Psychological Bulletin*, 90,125-52.
- Lucas, N.D. (1991), "Management style and staff nurse job satisfaction". *Journal of Professional Nursing*, 7,2,119-125.
- Lumby, J. (1996), "Stressors in the life of the contemporary nurse". *International Journal of Nursing Practice*, 2,45-49.
- Maher, M. and Braskamp, L. (1986), *A Theory of Personal Investment*. D D Health.
- Makisalo, M. (1993), *Nursing School as an Organization*. Finland: Kuopio.
- Marcic, D. (1995), *Organizational Behaviour: Experiences and Cases*. West Publishing Company.
- Marquis, B. and Huston, C. (2000), *Leadership Roles and Management Functions in Nursing: Theory and Application*. Lippincott.

- Marriner, A. and Craigie, D. (1977), "Job satisfaction and mobility of nursing educators in baccalaureate and higher degree programmes in the West". *Nursing Research*, 26,349-360.
- Martin, J. (1998), *Organisational Behaviour*. International Thomson Business Press.
- Maslow, A.H. (1970), *Motivation and Personality*. New York: Harper and Row.
- Massoud, M.R. (1993), *Total Quality Management and Health Care*. Harvard School of Public Health.
- Massoud, M.R. (1994), *Palestinian Healthcare System: A Quality Analysis*. Jerusalem Cultural Centre.
- Matrunola, P. (1996), "Is there a relationship between job satisfaction and absenteeism?". *Journal of Advanced Nursing*, 23,827-834.
- Matus, J.C. and Frazer, C.H. (1996), "Job satisfaction among selected hospital CEOs". *Health Care Supervisor*, 15,1,41-61.
- Maynard, C. (1996), "Relationship of critical thinking ability to professional nursing competence". *Journal of Nursing Education*, 35,12-18.
- McClelland, D.C. (1961), *The Achieving Society*. Van Nostrand.
- McClelland, D.C. and Boyatzis, R.E. (1984), "The leadership motive pattern and long-term success management", in McClelland, D.C., Boyatzis, R.E. and Spielberger, C.D, *Motives, Personality, and Society: Selected Papers*. New York: Praeger.
- McDaniel, R.W. and Bach, C.A. (1996), "Focus group research: The question of scientific rigor". *Rehabilitation Nursing Research*, 5,2,53-59.
- McGreger, D. (1960), *The Human Side of the Enterprise*. New York: McGraw.
- Mchale, C. (1991), "Job mobility among nurse teachers". *Nursing Standard*, 6,1,30-32.
- Mckinnon, B (1999) "Leadership: a means of empowering the nursing profession". *Contemporary Nurse*, 8,1,252-254.
- McManuse, E. (1989), "Nurse administrators experience job satisfaction". *Nursing Management*, 6,1,30-32.
- McNees-Smith, D.K. (1997), "The influence of managers behaviours on nurses' job satisfaction, productivity and commitment". *Journal of Nursing Administration*, 27,9,47-55.

- Medley, F. and Larochelle, D.R. (1995), "Transformational leadership and job satisfaction". *Nursing Management*, 26,9,64JJ-64NN.
- Melchior, M., Bours, G., Schmitz, P. and Wittich, Y. (1997), "Burnout in psychiatric nursing: A meta-analysis of related variables". *Journal of Psychiatric and Mental Health Nursing*, 4,193-201.
- Menzies, I.E. (1977), *The Functioning of Social Systems as a Defence Against Anxiety*. London: The Tavistock Institute of Human Relationships.
- Messick, S. (1989), *Validity* in Linn, R.L.(1989), *Educational Measurement*. New York: Macmillan.
- Miller, V. (1997), "Co-providing continuing education through faculty practice: A win-win opportunity". *The Journal of Continuing Education in Nursing*, 28,1,10-13.
- Ministry of Health (1999), *Strategic National Health Plan for the Palestinian People*. Palestine: MOH.
- Misener, T.R., Haddock, K.S., Gleaton, J.U. and Abu Ajamieh, A.R. (1996), "Toward an international measure of job satisfaction". *Nursing Research*, 45,2,87-91.
- Moloney, M.M.(1992), *Professionalisation of Nursing: Current Issues and Trends*. Philadelphia: J.B. Lippincott Company
- Moody, N.B. (1996), "Nurse faculty job satisfaction: A national survey". *Journal of Professional Nursing*, 12,5,277-288.
- Morgan, D.L. (1998), *Focus Groups as Qualitative Research: Qualitative Research Methods Series*. Sage Publications.
- Morrison, R., Jones, L. and Fuller, B. (1997), "The relation between leadership style and empowerment on job satisfaction of nurses". *Journal of Nursing Administration*, 27,5,27-34.
- Moss, R. and Rowles, C. (1997), "Staff nurse job satisfaction and management style". *Nursing Management*, 28,1,32-34.
- Mottaz, C.J. (1988), "Work satisfaction among hospital nurses". *Hospital Health Services Adm.*, 33,1,57-74.
- Mullins, L.J. (1999), *Management and Understanding Organisational Behaviour*. Financial Times Pitman Publishing.

- Muus, K.J., Stratton, T.D. and Dunkin, J.W. (1993), "Retaining registered nurses in rural community hospital". *Journal of Nursing Administration*, 23,3,38-43.
- Myers, B. and Myers, P.B (1993), *Gifts Differing: Consulting Psychologists*. California: Press Inc, Palo Alto.
- Ndiwane, A. (1999), "Factors that influence job satisfaction of nurses in urban and rural community health centres in Cameron". *Clinical Excellence for Nurse Practitioners*, 3,3,172-180.
- Near, J. and Sorcinelli, M. (1986), "Work and life away from work: Predictors of faculty satisfaction". *Research in Higher Education*, 25,377-394.
- Neuman, B. (1989), *The Neuman Systems Model*. Norwalk, Conn: Appleton and Lange.
- Nicoll, L.H. (1997), *Perspectives on Nursing Theory*. Lippincott.
- Nolan, M. and Nolan, J. (1995), "Maintaining nurses' job satisfaction and morale". *British Journal of Nursing*, 4,19,1149-1154.
- Nolan, M., Owens, R. and Nolan, J. (1995), "Continuing professional education: Identifying the characteristics of an effective system". *Journal of Advanced Nursing*, 21, 551-560.
- Nunnally (1967), *Psychometric Theory*. New York: McGraw-Hill.
- Nyamathi, A. and Shuler, P. (1990), "Focus group interview: A research technique for informed nursing practice". *Journal of Advanced Nursing*, 15,1281-1288.
- Oermann, M. (1995), "Critical care nursing education at the baccalaureate level: Study of employment and job satisfaction". *Heart and Lung, September/October*, 395-398.
- Ohlen, J. and Segesten, K. (1998), "The professional identity of the nurse: Concept analysis and development". *Journal of Advanced Nursing*, 28,4,720-727.
- Oshagbemi, K. (1996), "Job satisfaction of UK academics". *Education Management* 45,2,87-91.
- Palestine Council of Health (1994), *The March of the Palestinian Nurses*. Cairo.
- Palestine Council of Health (1997), *Nursing Manpower Survey*. Jerusalem.
- Palestinian Central Bureau of Statistics (1997), *Press conference on labour force: Survey results. Labour Force Survey*. Gaza.
- Parkin, K. (1995), "Ethical dilemmas in nursing: The role of the nurse and perceptions of

- autonomy". *Journal of Nursing Education*, 34,106-113.
- Parsons, L.C. (1998), "Delegation skills and nurse job satisfaction". *Nursing Economic*, 16.1,19-26.
- Pedler, M. and Aspinwall, K. (1996), *'Perfect plc?': The Purpose and Practice of Organisational Learning*. Maidenhead: McGraw-Hill.
- Pedler, M., Burgoyne, J. and Boydell, T. (1997), *The Learning Company: A Strategy For Sustainable Development*. London: McGraw-Hill Companies.
- Perio, J.M., Gonzalez-Roma, V., Ramazo, J. and Zornoza, A. (1996), "Relationship between leadership and professionals' job attitudes and perceptions: Comparison of two leadership models". *Work and Stress*, 10,3,195-208.
- Perra, B. (2000), "Leadership: the key to quality outcomes". *Nursing Administration Quarterly*, 24,2,56-61.
- Peters, D.A. (1993), "Improving quality requires consumer input: using focus groups". *Journal of Nursing Care Quality*, 7,34-41.
- Pettigrew, A., Ferlie, E. and McKee, L. (1992), *Shaping Strategic Change*. Sage Publications.
- Phipps, W., Cassmeyer, V., Sands, J., and Lehman, M. (1995), *Medical Surgical Nursing: Concepts and Clinical Practice*. Mosby.
- Pierce, L.L., Hazel, C.M. and Mion, L.C. (1996), "Effect of a professional practice model on autonomy, job satisfaction and turnover". *Nursing Management*, 27,2,48M-48T.
- Polit, D. and Hungler, B. (1997), *Essentials of Nursing Research: Methods, Appraisal and Utilisation*. Lipincott.
- Polit, D. and Hungler, B. (1999), *Nursing Research: Principles and Methods*. Lipincott.
- Potter, P. and Perry, A. (1995), *Fundamentals of Nursing: Concepts, Process and Practice*. Mosby.
- Quinn, J. (1998), "Care management in a managed world". *Journal of Case Management*, 7,2,46-51.
- Rath, D., Boblin-Cummings, S, Baumann, A., Parrot, E. and Parsons, M. (1996), "Individualised enhancement programmes for nurses that promote competency". *The Journal of Continuing Education in Nursing*, 27,1,12-16.

- Reed, J. and Payton, V.R. (1997), "Focus groups: Issues of analysis and interpretation".  
*Journal of Advanced Nursing*, 26,765-771.
- Relfs, M. (1995), "Increasing job satisfaction and motivation while reducing nursing turnover through the implementation of shared governance". *Critical Care Nursing*, 18,3,7-13.
- Rickard, N.A (1996), "The nursing profession and its relationship with hospital managers". *Journal of Nursing Management*, 4,297-300.
- Riley, J. (2000), *Communication in Nursing*. Mosby
- Roberts, K.H. and Glick, W. (1981), "The job characteristics approach to task design: A critical review". *Journal of Applied Psychology*, 66,193-217.
- Rogers, M.E. (1970), *An introduction to the theoretical basis of nursing*. Philadelphia: FA Davis.
- Roy, S. (1995), *The Gaza Strip: The Political Economy of De-development*. Institute for Palestine Studies. Gaza.
- Said, E. (1992), *The Question of Palestine*. London: Vintage
- Said, E. (1995), *Peace and its Discontents*. London: Vintage.
- Schein, E.H. (1992), *Organisation Culture and Leadership*. San Francisco: Jossey-Bass.
- Scheller, M.K. (1993), "A qualitative analysis of factors in the work environment that influence nurses' use of knowledge gained from continuous education programs". *The Journal of Continuing Education in Nursing*, 24,114-122.
- Scholes, K. (1994), *Strategic Management in Professional Service Organisations*. Sheffield Hallam University, Sheffield Business School.
- Schwirian, P. (1998), *Professionalisation of Nursing*. Philadelphia: Lippincott.
- Senge, P., Kleiner, A., Roberts, C., Ross, R. and Smith, B. (1994), *Fifth Discipline Field-Book: Strategies and Tools for Building a Learning Organisation*. London: Nicholas Brealey Publishing.
- Shaheen, V. (2000), *The Strategic National Plan for Education in Health*. Jerusalem: Palestine.
- Shaheen, V., Imam, A. and Safadi, S. (1994), *Development of Nursing in Palestine: A Historical Analysis*. Colleges of Medical Professions, Al-Quds University. Jerusalem.

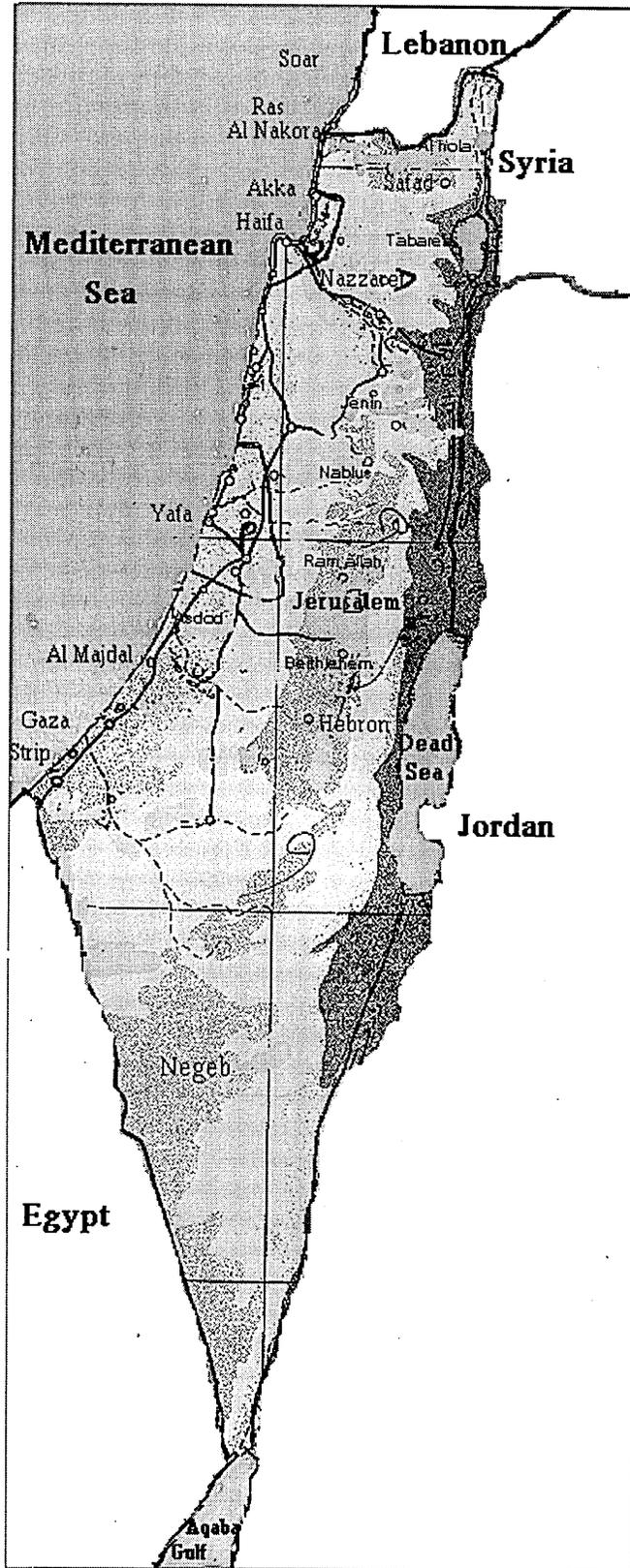
- Sherwood, G. (1996), "Nurse administrators' perception of the impact of continuing nursing education in undeserved areas". *The Journal of Continuing Education in Nursing*, 27,3,125-130.
- Shih, F. (1998), "Triangulation in nursing research: issues of conceptual clarity and purpose". *Journal of Advanced Nursing*, 28,3,631-641.
- Sim, J. (1998), "Collecting and analysing qualitative data: Issues raised by the focus group". *Journal of Advance Nursing*, 28,2, 345-352.
- Skalak, H. (1987), "Enhancing faculty job satisfaction: A do it yourself approach". *AD Nurse*, July/August, 27-30.
- Slavitt, B.D., Stamps, P.L., Piedmont, E.B. and Haase, A.M. (1978), "Nurses' satisfaction with their work situation". *Nursing Research*, 27,114-20.
- Smith, D.M. (1995), "Job satisfaction, productivity and organisational commitment: The result of leadership". *Journal of Nursing Administration*, 25,9,17-26.
- Snarr, C.E. and Krochalk, P.C. (1996), "Job satisfaction and organisational characteristics: Results of a nation wide survey of baccalaureate nursing faculty in the United States". *Journal of Advanced Nursing*, 24,405-412.
- Snelgrove, S.R. (1998), "Occupational stress and job satisfaction: A comparative study of health visitors, district nurses and community psychiatric nurses". *Journal of Nursing Management*, 6, 97-104.
- Sorenson, G.E. Van Ort, S.R. and Weinstein, A.C. (1985), "Faculty mobility in baccalaureate and higher degree nursing programs in research 1 and 11 universities. *Journal of Professional Nursing*, 1,138-144.
- Stamps, P.L. and Piedmonte, E.B. (1986), *Nurses and Work Satisfaction: An Index for Measurement*. USA: Health Administration Press.
- Statham, D. (1994), "Working together in community care". *Health Visitor*, 67,1,16-18.
- Strasen, L. (1992), *The Image of Professional Nursing: Strategies For Action*. J.B. Lippincott Company.
- Taunton, R., Boyle, D., Woods, C., Hansen, H. and Bott, M. (1997), "Managers leadership and retention of hospital staff nurses". *Western Journal of Nursing Research*, 19,2,205-226.
- Taylor, C., Lillis, C. and LeMone, P. (1997), *Fundamental of Nursing: The Art and*

*Science of Nursing Care*. Lippincott-Raven Publishers.

- Taylor, F.W. (1911), *The Principles of Scientific Management*. New York: Harper and Brothers.
- Tillman, H., Sayler, J., Corley, M. and Mark, B. (1997), "Environment turbulence staff nurse perspectives". *Journal of Nursing Administration*, 27,11,15-22.
- Tinsley, H. and Tinsley, J. (1987), "Uses of factor analysis in counselling psychology research. *Journal of Counselling Psychology*, 34,4,414-424.
- Tomey, A. (1996), *Nursing Management and Leadership*. New York: Mosby-A Time Mirror Company.
- Torn, A. and McNichol, E. (1998), "A qualitative study utilising a focus group to explore the role and concept of the nurse practitioner". *Journal of Advanced Nursing*, 27,1202-1211.
- Torrington, D. and Hall, L. (1998), *Human Resource Management*. Prentice Hall.
- Tovey, E. and Adams, A. (1999), "The changing nature of nurses' job satisfaction: an exploration of sources of job satisfaction in the 1990s". *Journal of Advanced Nursing*, 30,1,150-158.
- Tumulty, G. (1992), "Head nurse role redesign: Improving satisfaction and performance". *Journal of Nursing Administration*, 22,2,41-47.
- Usher, G. (1995), *Palestine in Crisis: The Struggle for Peace and Political Independence after Oslo*. London: Pluto Press.
- Vaughn, S., Schumm, J.S. and Sinagub, J. (1996), *Focus Groups Interviews in Educational Psychology*. California: Sage.
- Verschuren, P.J. and Masselink, H. (1997), "Role concepts and expectations of physicians and nurses in hospitals". *Soc.Sci.Med*, 45,7,1135-1138.
- Volk, M.C. and Lucas, M.D. (1991), "Relationship of management style and anticipated turnover". *Dimensions of Critical Care*, 10,1,35-40.
- Vroom, V.H. (1964), *Work and Motivation*. New York: John Wiley and Sons.
- Waddell, D.L. (1992), "The effects of continuing education on nursing practice: A meta-analysis". *The Journal of Continuing Education in Nursing*, 23,4,164-168.
- Waddell, D.L. (1993), "Why do nurses participate in continuing education? A meta-analysis". *The Journal of Continuing Education in Nursing*, 24,2,52-55.

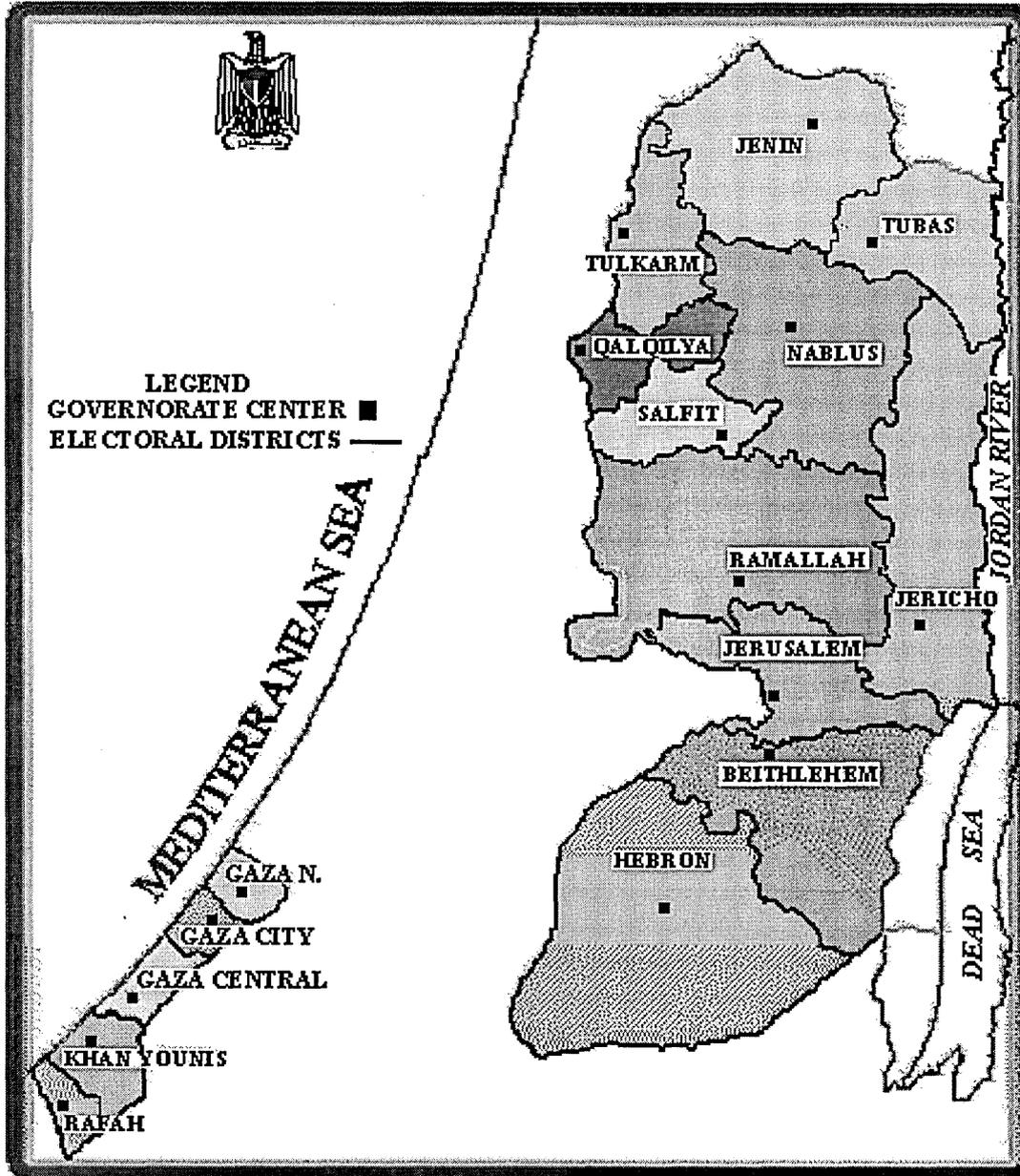
- Waddell, D.L. (1996), "Planning continuing nursing education: An interview with Cervero". *Journal of Continuing Education in Nursing*, 27,4,182-187.
- Wade, G.H. (1999), "Professional nurse autonomy: Concept analysis and application to nursing education". *Journal of Advanced Nursing*, 30, 2, 310-318.
- Waltez, C. W. and Bausell, R.B. (1981), *Nursing Research: Design, Statistics and Computer Analysis*. Philadelphia: Davis.
- Weber, M. (1947), *The Theory of Social and Economical Organisation*. New York: Free Press.
- Wesley, A. and Clemson, L. (1992), "Job satisfaction issues: the focus group approach". *The Australian Occupational Therapy Journal*, 39,4,7-15.
- Wildman, S., Weale, A., Rodney, C. and Prichard, J. (1999), "The impact of higher education for post-registration nurses on their subsequent clinical practice: An exploration of students' views". *Journal of Advanced Nursing*, 29,1,246-235.
- Williams, C. (2000), *Management*. South-western College Publishing Thomson Learning.
- World Bank (1997), *West Bank and Gaza: Medium-Term Development Strategy for Health Sector*. Washington, D.C.: World Bank.
- World Bank (1998), *West Bank and Gaza: Medium-Term Development Strategy for Health Sector*. Washington, D.C.: World Bank.
- World Health Organisation (1994), *The Need for National Planning for Nursing and Midwifery in EMR*. Alexandria: WHO.
- Yamashita, E. (1995) "Job satisfaction among Japanese nurses". *Journal of Advanced Nursing*, 27,1202-1211.
- Zuraikat, N. and McCloskey, J. (1986), "Job satisfaction among Jordanian registered nurses". *International Nursing Review*, 33,5,143-147.

Map of Palestine



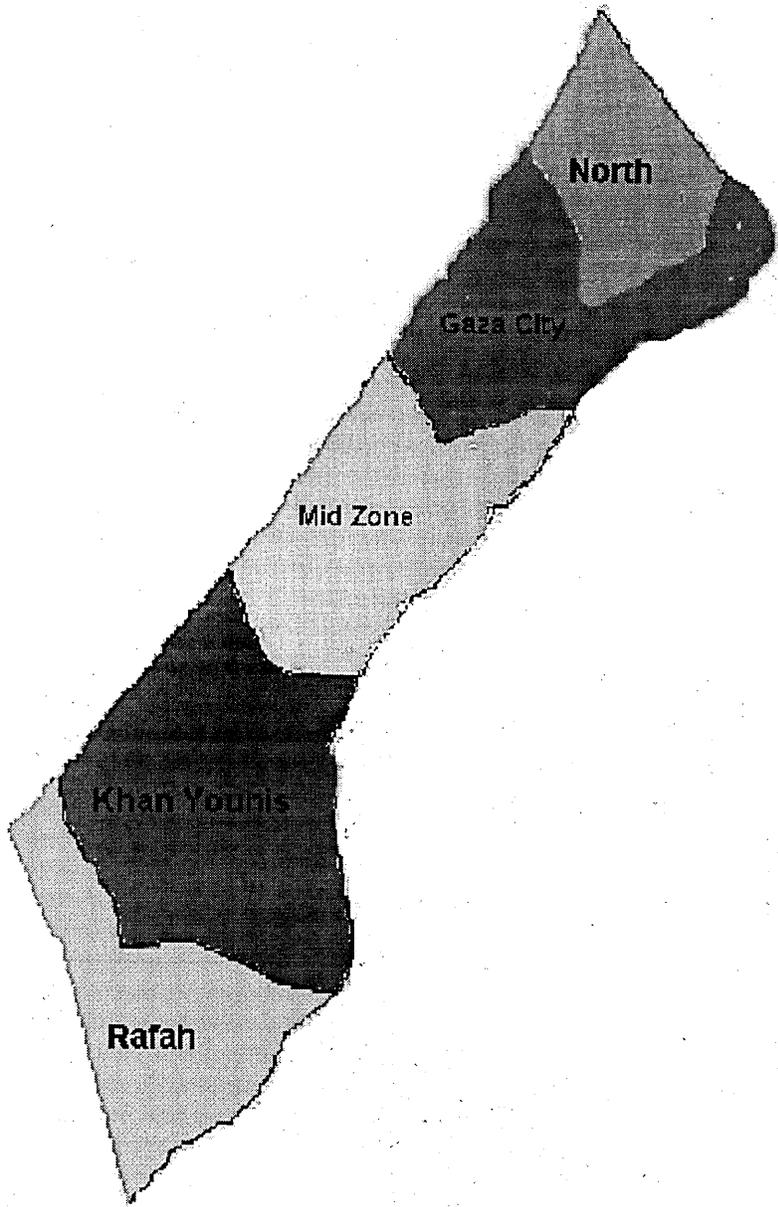
Source: MOH, 1999.

Map of the Gaza Strip and the West Bank



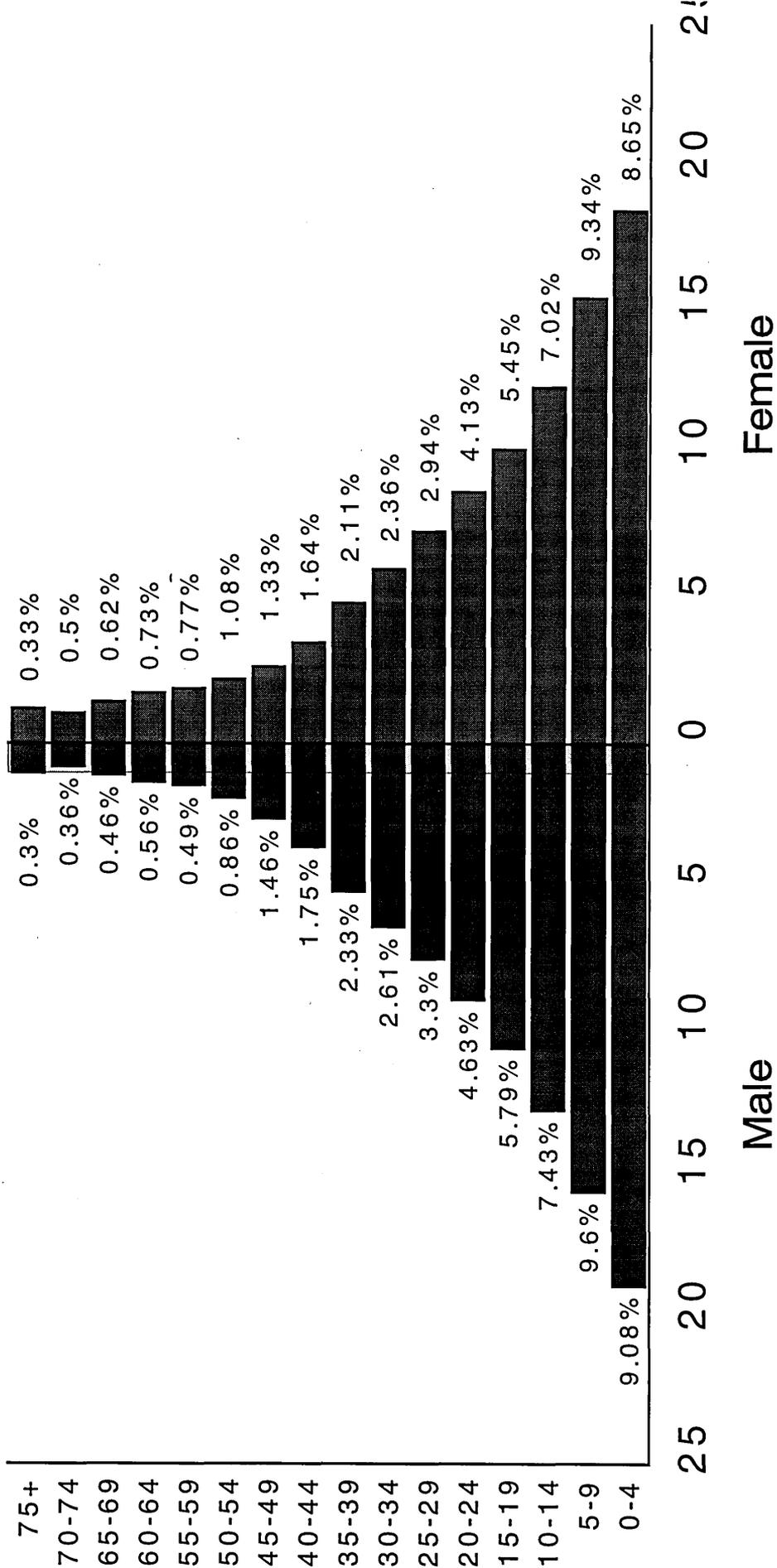
Source MOH, (1999)

Map of the Gaza Strip



Source: MOH, 1999.

Palestinian Population Pyramid (1997)

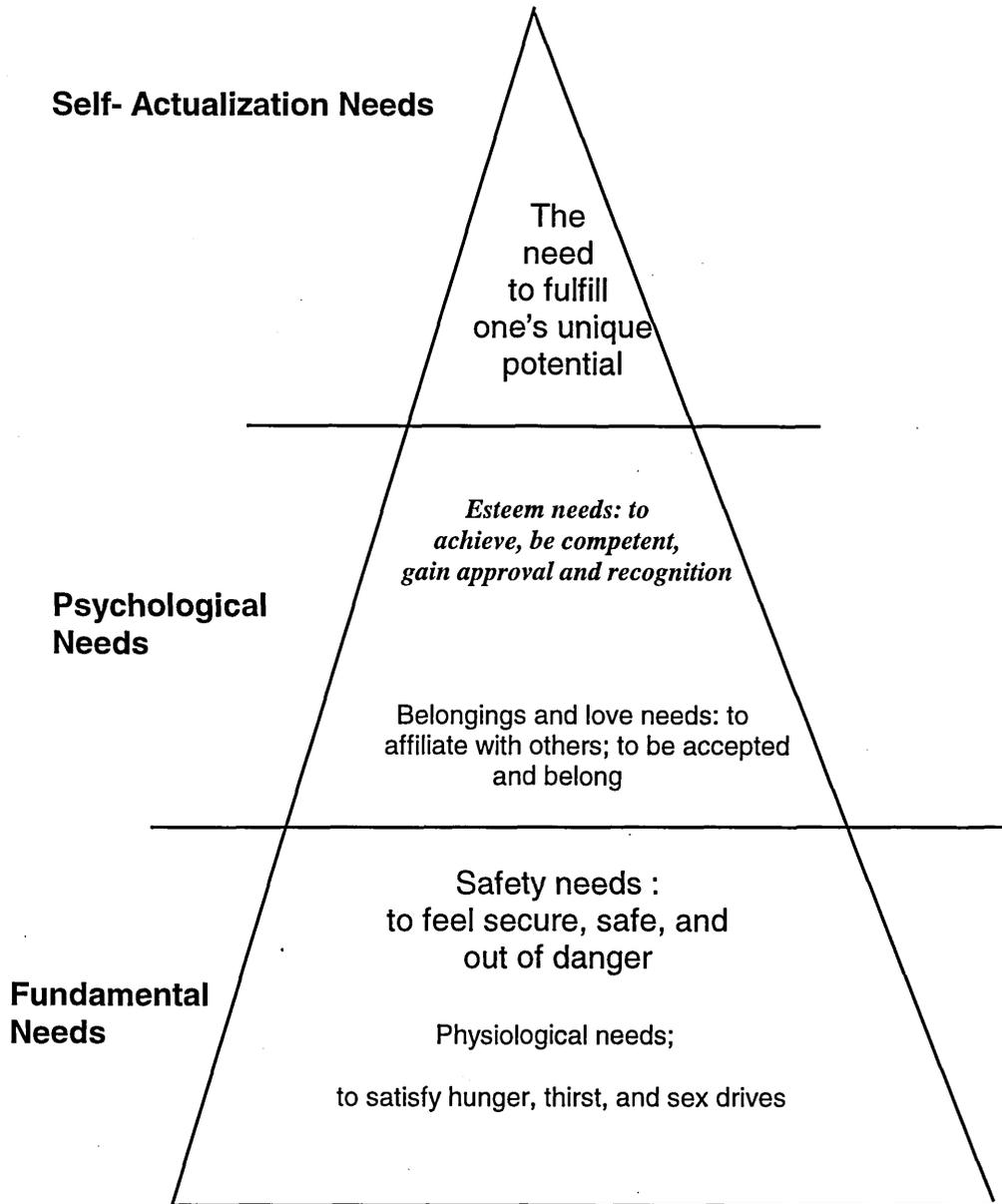


Source: PCBS, 1997.

## Rulers in Palestine

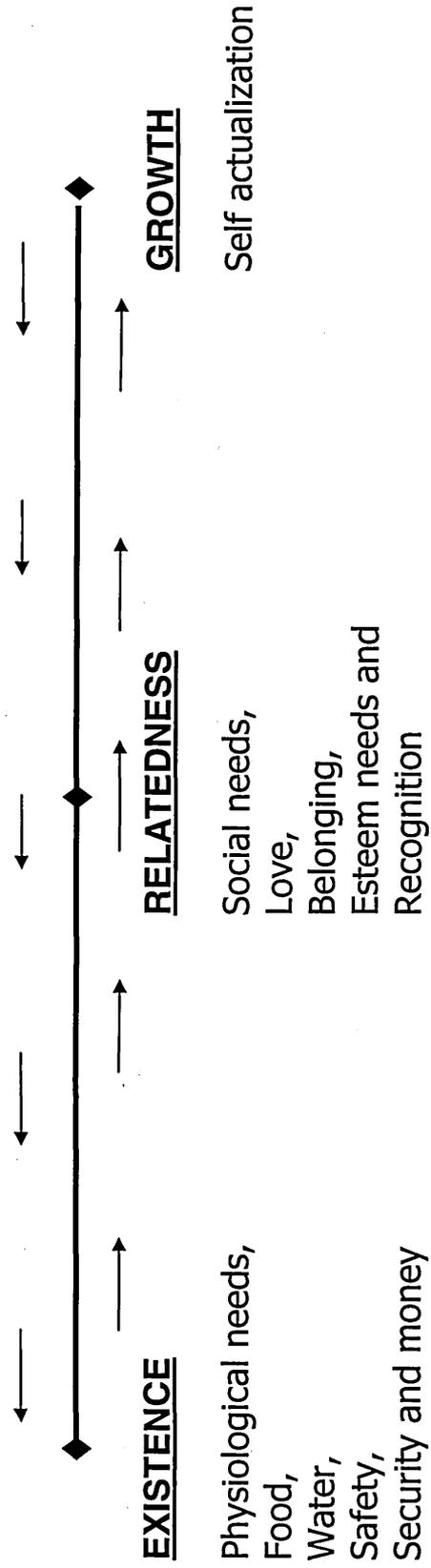
Period	Ruler
1517-1917	Palestine under Ottoman Empire
1918	Whole of Palestine occupied by Allied Forces
1923-1947	British Mandate in Palestine
1948	Partition of Palestine and proclamation of the state of Israel
1950-1967	Jordanian/Egyptian Rule in the West Bank and Gaza Strip
1967-1987	Israeli Occupation of the rest of Palestine
1987-1990	The Intifada Palestinian Uprising against Israeli occupation
1990-1993	Negotiations: Madrid, Washington, Mosco, Oslo
1994	Palestinian National Authority

Maslow's Hierarchy of Needs



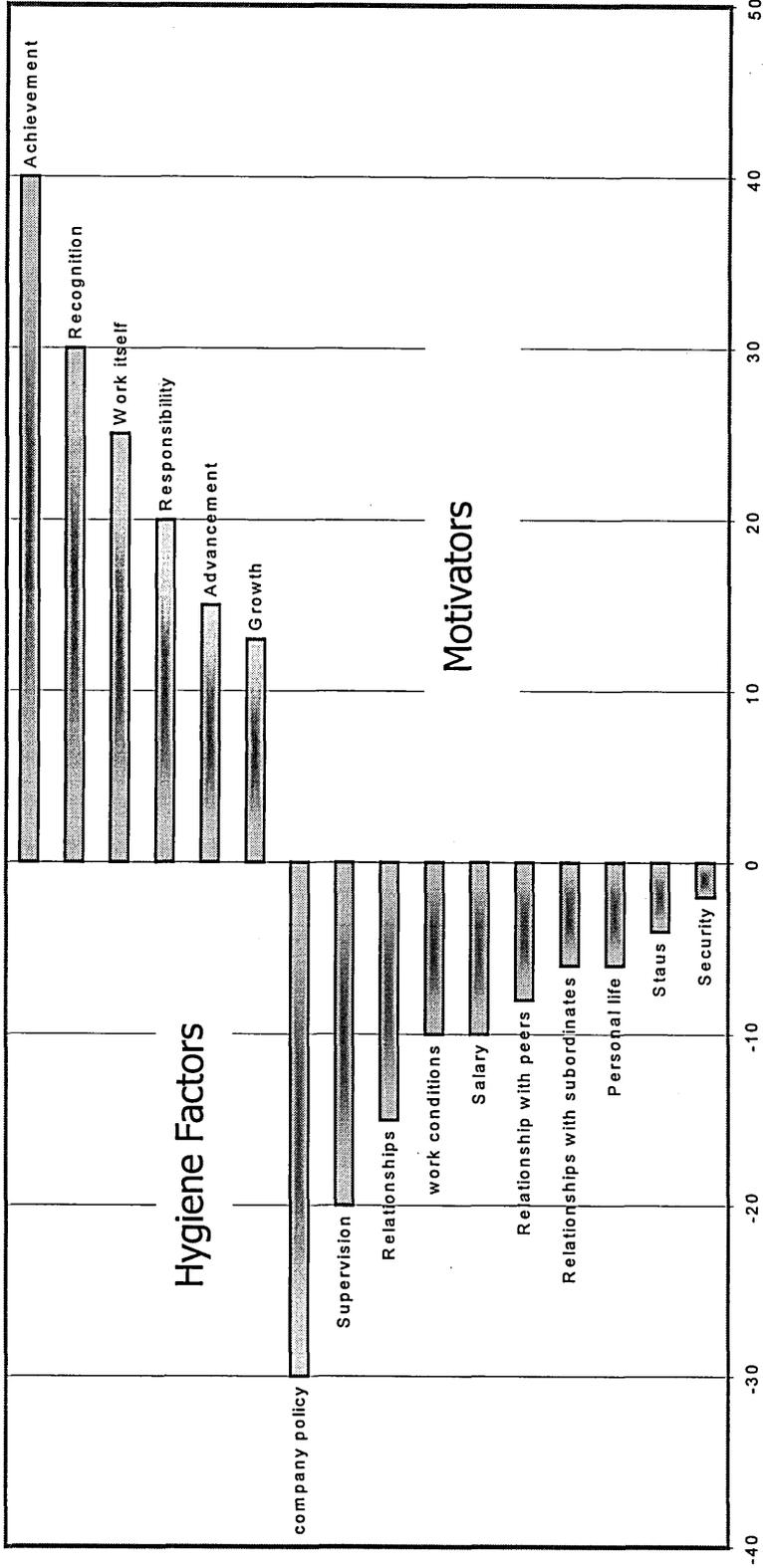
Source, Maslow, A. (1970)

Clayton Alderfer's E.R.G. Theory



Adapted from Mullins, J. (1999)

## Herzberg's Two Factor Theory



Adapted from Mullins, J. 1999

**Ethical Approval Letter  
Helsinki Committee**

**Palestinian National Authority  
Ministry of Health  
Helsinki Committee**

**Date: October, 30 1997  
Reference: Basreqoct**

Mr. Bassam Abu Hamad, we are writing to you in response to your request dated on October 18, regarding the approval to conduct a study on job satisfaction and motivation in the Gaza Strip. You have mentioned that it involves focus groups and survey questionnaires, however, we would like to inform you that the committee has discussed your request and the instrument you submitted on our meeting dated on 24<sup>th</sup> of October and we decided the following:

- **To give you an approval to conduct the study.**
- **The approval is only for this title and within the submitted instruments. In case you change any of them, the committee must be informed.**
- **To stress on the importance of maintaining adherence to the ethical principles.**
- **To maintain confidentiality of the provided information.**
- **To provide us with an abstract of the study when you finish.**

*We appreciate your efforts*

**Chairman of the Committee**

**Dr. Yehia Abed**

## Letter of Request

**Dear Sir/Madam:**

In partial fulfilment of the requirements for the PHD in Educational Management, at the School of Education, Sheffield Hallam University-UK, I am conducting a study related to nurses' satisfaction and motivation in the Gaza Strip. A review of the literature has indicated that there has been no studies related to this important issue in the area.

The study population consists of 420 nurses working in the various health organisations selected through a Systematic Random Sample. Subjects are expected to fill a self-administered questionnaire. Additionally 44 purposevly-selected nurses will participate in 4 focus group discussion.

Approval for the protection of human subjects has been obtained from Helsinki Committee, Gaza. The questionnaire will take about 15-20 minutes, while the interview will take about 120 minutes. All replies will be strictly confidential and will only be reviewed by my academic supervisor and myself. All information reported or published will be reported as grouped data only. Participation by subjects is voluntary and subjects may withdraw at any time.

Dear director, your encouragement and motivation of your nurses' participation in this study is highly appreciated. An abstract of the study will be sent to all participating organisations following completion of the study.

Thank you very much for your assistance and support to this study.

Sincerely Yours,

**Bassam Abu Hamad**

**PHD Candidate**

Sheffield Hallam University-UK

*Attachments;*

- ◆ *A copy of the questionnaire*
- ◆ *A copy of interview shedule*
- ◆ *Acopy of ethical agreement*

**Informed Consent**

I agree to participate in this research project on “Determinants of job satisfaction and motivation among Gaza nurses” that is being conducted by Bassam Abu Hamad who is a Ph.D. candidate at Sheffield Hallam University. I realise that my participation involves sharing in a focus group interview that lasts around two hours, which will be audio taped at the Palestine College of Nursing- Gaza. I am ready to discuss my opinions with the other attendants whom number will be around 12 persons. I am fully aware that my participation in this study is optional and that if I wish to withdraw from the study or to leave, I may do so at any time and this will have no effect on me.

I know that I have to respect the privacy of other members of the group by not releasing any information that we share during our discussion. I fully understand that all the information I give will be kept confidential and that the names of all the people in the study will be kept confidential. I know that the researcher will use the information for the research only and then he will destroy the audio-tapes. The researcher has told me that any information, report or printed materials will be presented as grouped data without referring to certain persons or certain organisations. I have read and understand this information and I agree to participate in the study.

-----

Signature

If you have concerns or questions about the study, please contact me at the following address

**Bassam Abu Hamad**

**Tel/fax(H) 072820821**

**(W) 072826717**

**Email Pcnng@palnet.com**

**Job Satisfaction-Questionnaire  
Explanatory Letter**

**Serial No: -----**

**Code No: -----**

**Dear colleague:**

- I will appreciate your participation in this research project.
- This questionnaire is part of my study at Sheffield Hallam University-UK.
- The aim of this study is to investigate “Determinants of job satisfaction and motivation among Gaza nurses”.
- This questionnaire gives you the opportunity to tell us what you think about this issue.
- The findings and conclusions of this study may help in improving the level of job satisfaction among nurses in general and Gaza nurses in particular.
- Confidentiality will be provided and maintained.
- Please do not write down your name.
- Respect for truth, and respect for human beings will be maintained.
- The study is self- funded.
- Filling this questionnaire takes about 15-20 minutes.
- Please answer all questions as much as possible.
- Please answer according to your feeling. There are No Right or Wrong answers.
- Even though I welcome your participation, participation is optional.

## Job satisfaction-Questionnaire

Please read carefully the following statements and then respond accordingly:

### 1-Classification Details

1-What is the name of your organisation? ----- Name your department-----.

2-Who owns that organisation?

1- Government 2- UNRWA 3- Non-Government 4- Others, (specify) -----.

3-How long have you worked for that organisation? ----- Years

4-Which type of nursing services does it provide?

1- Primary Health Care "community clinic" 2- Secondary Health Care" hospital" 3- Others, (Specify)-----

5-Have you been assigned to the units of your preference?

1- yes 2- no

6-Did you work in any other nursing organisations before working in this nursing organisation?

1- yes 2- no

If the answer is yes please refer to the next question

7-How long did you work for that organisation? -----Years

8-What is your position in your organisation?

1-Practical nurse 2- Staff nurse 3- Head nurse 5- Charge nurse 6-Others, (Specify) ----

9-What is your age? -----Years

10-What gender are you?

1- Female 2- Male

11-Please indicate your marital status

1- Single 2- Married 3- Divorced 4- Widow 5- Others (Specify) -----

### 2-Education

12-Please indicate your formal level of education (in nursing)

1-Practical 2- Diploma 3-Diploma and other courses 4- Bachelor degree  
5-Bachelor degree and other courses 6- Master's degree 7- Others, (specify)-----

13-Please indicate the place/s of your study/ies in nursing

1-Baptist School      2-Shifa School      3-Palestine College

4-Islamic University   5-West Bank      6-Egypt

7-More than one place      8-Others (specify)-----

14-Are you now enrolled in continuous or further education related to nursing?

1- Yes                      2- No

15-Are you now enrolled in any programme relating to matters other than nursing?

1- Yes                      2- No

16-Has your organisation offered continuing education programmes / activities within the last three years?

1- Yes                      2- No

17-If yes, indicate the type of the programme

1- Non degree programmes/ activities      2- Degree programmes/ activities      3- Both

18-Does your organisation have a plan for future continuous education?

1- Yes                      2- No                      3- You don't know

19-Does your organisation have a special department or section for continuing education?

1- Yes                      2- No

20-Did your employer provide you with a job description?

1- Yes                      2- No

21-Does your organisation have written guidelines of performance?

1- Yes                      2- No                      3- You don't know

22-Does your organisation have any criteria for choosing employees for the continuing education?

1- Yes                      2- No

23-Does your organisation ask the participants in the continuing education programmes to share the information they have gained with other employees?

1- Yes                      2- No

24-Does your organisation have a library for health professionals?

1-Yes                      2- No

25-Does your organisation have an annual budget for continuing education?

1- Yes                      2- No                      2- You don't know

### 3- Satisfaction Scale

Circle the most appropriate response

**How much do you agree or disagree with the following?**

(1)	(2)	(3)	(4)	(5)
Disagree Strongly	Disagree	Neither agree nor disagree	Agree	Agree Strongly
26-The present rate of increase in pay for nurses in my organisation is not satisfactory	(1)	(2)	(3)	(4) (5)
27-Continuing education does affect motivation/satisfaction level	(1)	(2)	(3)	(4) (5)
28-There are opportunities for promotion in my organisation	(1)	(2)	(3)	(4) (5)
29-There are opportunities for self-development in my organisation	(1)	(2)	(3)	(4) (5)
30-Generally I am satisfied in my work	(1)	(2)	(3)	(4) (5)
31-Generally I am demotivated in my work	(1)	(2)	(3)	(4) (5)
32-I have confidence as a nurse	(1)	(2)	(3)	(4) (5)
33-I value my career as a nurse	(1)	(2)	(3)	(4) (5)
34-I would like to continue to work as a nurse until I retire	(1)	(2)	(3)	(4) (5)
35-Job satisfaction and motivation affect my life generally	(1)	(2)	(3)	(4) (5)
36-I am satisfied with the quality of clients' care we deliver in our unit	(1)	(2)	(3)	(4) (5)
37-I am not worried about possible lay off	(1)	(2)	(3)	(4) (5)
38-I get to give all my input in patient care	(1)	(2)	(3)	(4) (5)
39-There is an effective system of communications in my organisation	(1)	(2)	(3)	(4) (5)
40-I am not satisfied with the rules and regulations of the organisation	(1)	(2)	(3)	(4) (5)
41-I usually receive adequate guidance and supervision	(1)	(2)	(3)	(4) (5)
42-I am not satisfied with my working conditions	(1)	(2)	(3)	(4) (5)
43-I have satisfactory relationships with my supervisors.	(1)	(2)	(3)	(4) (5)
44-The quality of my working life is satisfactory.	(1)	(2)	(3)	(4) (5)
45-I have satisfactory relationships with my client/s and their families	(1)	(2)	(3)	(4) (5)
46-Doctors are generally co-operative with the nurses in my unit	(1)	(2)	(3)	(4) (5)
47-I can make judgements and decisions in my work	(1)	(2)	(3)	(4) (5)
48-I have enough time to interact with my patients	(1)	(2)	(3)	(4) (5)
49-I'm willing to work overtime for patient care delivery (without compensations)	(1)	(2)	(3)	(4) (5)
50-I'm not willing to work overtime for the enhancement of nursing profession, by involving myself in activities related to the nursing unity.	(1)	(2)	(3)	(4) (5)
51-Doctors understand and appreciate what the nursing staff do in the unit	(1)	(2)	(3)	(4) (5)
52-I have been juggling my career and family life fine.	(1)	(2)	(3)	(4) (5)
53-My salary is not satisfactory	(1)	(2)	(3)	(4) (5)
54-The benefits package in my organisation is satisfactory	(1)	(2)	(3)	(4) (5)
55-I am satisfied with my current position	(1)	(2)	(3)	(4) (5)
56-I aware of my organisation's mission, objectives and plans	(1)	(2)	(3)	(4) (5)
57-I receive recognition from supervisor and peers.	(1)	(2)	(3)	(4) (5)

- 58-My organisation is an equal opportunity organisation (1) (2) (3) (4) (5)
- 59-There is a chance for career development in my organisation (1) (2) (3) (4) (5)
- 60-I have experienced discrimination in my organisation (1) (2) (3) (4) (5)
- 61-The best person for the job is always appointed solely on merit (1) (2) (3) (4) (5)
- 62-Changes are done after careful planning in my organisation (1) (2) (3) (4) (5)
- 63- I sometimes feel that I have too many directors giving conflicting orders (1) (2) (3) (4) (5)
- 64- I am sometimes required to do things that are against my professional judgement (1) (2) (3) (4) (5)
- 65- An upgrading of pay schemes for nurses is needed in my organisation (1) (2) (3) (4) (5)

66- Please rank the most important seven satisfiers/motivators in your work (one is the most important)

1----- 2----- 3----- 4-----  
 5----- 6----- 7-----

67-Please explain how the level of job satisfaction among nurses could be improved?

-----  
 -----  
 -----  
 -----

68- Please write down here any further comments

-----  
 -----  
 -----

*Thank you for your co-operation.*

*Researcher*

*Bassam Abu Hamad*

## Focus Group Schedule

### Semi-structured interview

- Please tell us about your name, organisation and any other things you are interested to tell about.
- When you think of motivation, what comes to mind first?
- Please describe how satisfied are you in your current job?
- How you describe Gaza nurses' satisfaction and motivation in the current situation?
- In your opinion what are the factors that would enhance the feeling of job satisfaction among nurses in general and in Gaza in particular?
- In your opinion what are the factors that would negatively affect the feeling of job satisfaction among nurses?
- Please tell us about your experience in your organisation. What did you like/dislike mostly by reference to satisfaction and motivation?
- One of the study findings is that, nurses who attended professional development were the least motivated group of nurses. How you explain that? What are the barriers that adversely affect professional development in the Palestinian context. In your opinion, what are the strategies that could enhance the motivating effect of professional development?
- If you were a nurse manager/leader, what strategies will you follow to satisfy your nurses?
- What comments or suggestions would you like to add?

Thank you for your participation.

**Bassam Abu Hamad**

**Ph.D. Candidate**

**Focus groups registration form**

◆ Age  
 What year were you born? -----

◆ Address

Rafah Province	( )
Khanyounis Province	( )
Middle Province	( )
Gaza Province	( )
North Province	( )

◆ Gender

Female	( )
Male	( )

◆ Categories

*\*Position*

Practical nurse	( )
Registered nurse	( )
Nurse manager	( )

*\*Education*

18 month training	( )
Diploma level	( )
Degree level	( )

## Useful Leadership Techniques

- \* Increase opportunities for personal satisfaction.
- \* Be careful not to irritate people.
- \* Help group members clarify their expectation.
- \* Inspire a shared vision.
- \* Model the way.
- \* Encourage from the heart.
- \* Listen and take action.
- \* Be unconventional, be unique.
- \* Treat people as human being.
- \* Push for the people - allow the people to develop.
- \* Be tolerant of mistakes.
- \* Take a genuine interest in every body.
- \* Be positive.
- \* Create new things new ideas.
- \* Keep your people up to date.
- \* Take initiatives.
- \* Pursue crazy exiting ideas.
- \* Make yourself available.
- \* Value your people.

*Adapted from: Freemantle, D. 1995.*

## Characteristics of Management Styles

System	Characteristics
Exploitive authoritative	<ul style="list-style-type: none"> <li>◆ Superiors show little confidence in subordinates.</li> <li>◆ Superiors ignore subordinates' ideas.</li> <li>◆ Communications flows downward, is inaccurate and leaves subordinates feeling suspicious.</li> <li>◆ Top management accomplishes goals and decision making with resulting orders issued downward.</li> <li>◆ Fear, threats, punishment and occasional rewards are the motivating forces.</li> </ul>
Benevolent authoritative	<ul style="list-style-type: none"> <li>◆ Superiors are condescending to subordinates.</li> <li>◆ Communication is limited, censored and filtered downward.</li> <li>◆ Upward communication may exist in the form of a suggestion system but employees are intimidated to share ideas.</li> <li>◆ Goals and decision making are made by top and middle management while subordinate are occasionally consulted for input or problem solving.</li> <li>◆ Orders are issued downward.</li> <li>◆ Rewards and some actual or potential punishments are the motivating forces.</li> </ul>
Consultative	<ul style="list-style-type: none"> <li>◆ Superiors have substantial confidence in subordinates.</li> <li>◆ Subordinates' ideas are sought and freedom to discuss work with their superior is left.</li> <li>◆ Goal-setting responsibility is left by a substantial proportion of personnel.</li> <li>◆ Employees generally behave in ways to achieve organizational goals.</li> <li>◆ Communication flow down and top but information is limited and viewed with caution.</li> <li>◆ Rewards, occasional punishment and some involvement are motivating forces.</li> </ul>
Participative	<ul style="list-style-type: none"> <li>◆ Superiors have complete confidence in subordinates.</li> <li>◆ Subordinates ideas are always sought and freedom to discuss jobs with supervisors is left.</li> <li>◆ Goals are set at all level.</li> <li>◆ Communication is abundant and flows down, up and sideways.</li> <li>◆ Information is accurate and received with an open mind.</li> <li>◆ Economic rewards based on a compensated system that is developed through participation is the motivating force.</li> </ul>

Source: adapted from Likert, 1967.

## Belbin's Nine Team Roles

<b>Role</b>	<b>Positive side</b>	<b>Negative side</b>
Plant	Creative, imaginative, unorthodox. Solves difficult problems.	Ignores details preoccupied to communicate effectively.
Resource investigator	Extrovert, enthusiastic, communicative. Explores opportunities develops contacts.	Overoptimistic loses interest once initial enthusiasm has passed.
Coordinator	Mature, confident, a good chairperson. Clarifies goals, promotes decision-making delegates well.	Can be seen as manipulative. Delegates personal work.
Shaper	Challenging, dynamic, thrives on pressure. Has the drive and courage to overcome obstacles.	Can provoke others. Hurts people's feelings
Monitor evaluator	Sober, strategic and discerning. Sees all options. Judges accurately	Lacks drive and ability to inspire others. Overly critical
Teamwork	Cooperative, mild, perceptive and diplomatic. Listens, builds, averts friction, calms the waters	Indecisive in crunch situations. Can be easily influenced
Implementer	Disciplined, reliable, conservative and efficient. Turns ideas into practical actions	Somewhat inflexible. Slow to respond to new possibilities.
Completer	Painstaking, conscientious, anxious. Searches out errors and omissions. Delivers on time.	Inclined to worry unduly. Reluctant to delegate. Can be a nitpicker.
Specialist	Single-minded, self-starting dedicated. Provides knowledge and skills in rare supply.	Contributes on only a narrow front. Dwells on technicalities. Overlooks the big picture.

*Adapted from Belbin, M. 1993.*

### Useful Communication Techniques

- Use a combination of verbal and non-verbal communications.
- Improve the communication climate.
- Reinforce words with actions.
- Avoid information overload.
- Avoid using jargons.
- Learn to listen as well as learn to talk.
- Be open, honest, and timely.
- Encourage people to tell you what they are thinking about what is going on and what you are doing.
- Express your self.
- Encourage eye to eye contact.
- Reduce paper work communications.
- Remove boundaries between yourself and your staff but at the same time keep role distance.
- Use humour.
- Engage in feeling-level communication.

*Adopted from Freemantle, D. 1995.*