

**JOB SATISFACTION AMONG NURSES IN ACEH TIMUR
DISTRICT NANGGROE ACEH DARUSSALAM PROVINCE,
INDONESIA**



**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF
THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF PRIMARY HEALTH CARE MANAGEMENT
FACULTY OF GRADUATE STUDIES
MAHIDOL UNIVERSITY**

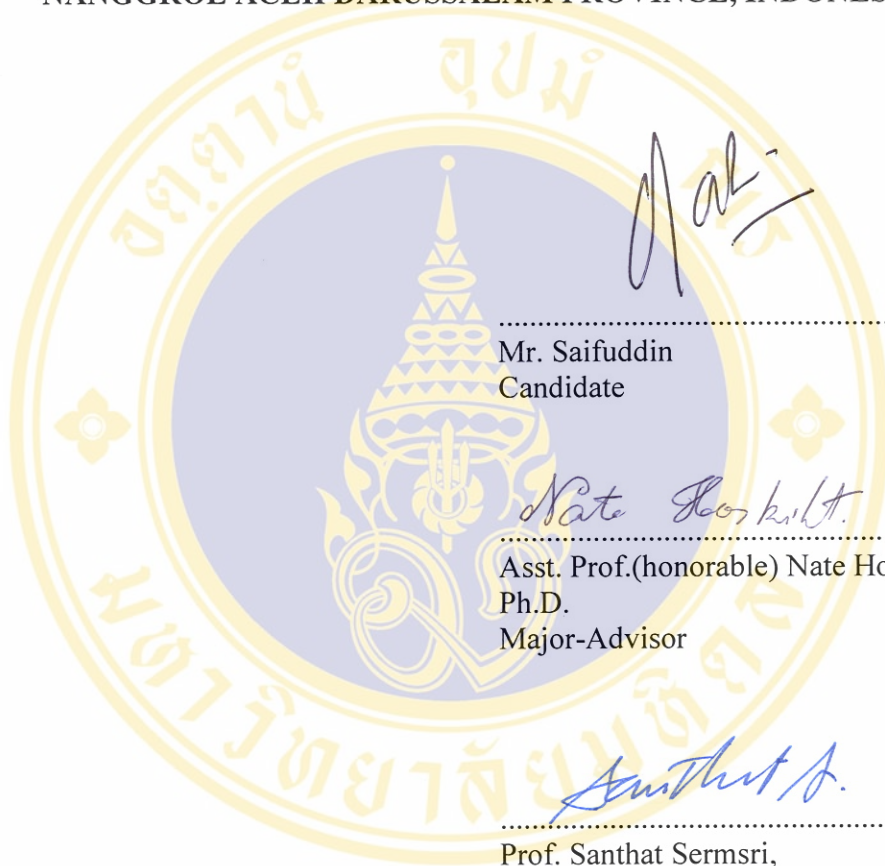
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Thesis
entitled

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NANGGROE ACEH DARUSSALAM PROVINCE, INDONESIA**



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ACKNOWLEDGEMENTS

Let me take this opportunity to convey my utmost appreciation and deepest gratitude to my highly eminent advisor, Asst. Prof [Honorable] Nate Hongkraitert, Ph.D., for his continuous support throughout the process of conducting the study and invaluable guidance on the direction toward which this study should be geared up. To reach the culmination of this thesis has proved laborious and extremely arduous, occasionally undermining my perseverance as well as commitment. With my major advisor's leading the light that shines on me particularly during the setbacks, I have been enlightened as to the essence of conducting research and emboldened by the impetus that she bestowed. These indispensable elements have been instrumental in ultimately bringing my thesis to fruition.

I also owe a debt of sincerest gratefulness to my co-advisor, Prof. Santhat Sermsri, Ph.D. His genuine encouragement to conduct the study to my best ability and constructive consultation are deemed integral on the course to the completion of this thesis. My heartfelt thankfulness is also extended to my external advisor, Assoc. Prof. Panee Sitakalin, Dr.P.H. of Sukothai Thammathirat Open University, Nonthaburi, for her beneficial as well as practical suggestions and comments offered during the thesis defend. I also would like to express my appreciation to Assoc. Prof. Jiraporn Chompikul, Ph.D., for her ingenuity and advice regarding statistical data analysis and interpretation.

My greatest and purest gratitude is conveyed to my lovely wife, Cut Jannatul Firdaus, S.PdI, whose love, patient and encouragement are priceless during my study in Thailand. And also to my strong mothers, brother and sister for their unparallel, eternal and unconditional love as well as care that has helped me flourish during my study at AIHD Mahidol University.

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**JOB SATISFACTION AMONG NURSES IN ACEH TIMUR DISTRICT
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ABSTRACT

This cross sectional study was conducted to identify level of job satisfaction among nurses in Aceh Timur District NAD Province, Indonesia. A total of 215 self administered questionnaires were obtained from nurses working at health centers and approached randomly in Aceh Timur District during January 2008. Chi square test and Fisher's exact test were employed for statistical analysis of the variables.

The results showed that the nurse's job satisfaction was at a moderate level (49.30%). There was a statistically significant association between educational levels, travel time, professional training and amount of professional training attended in the recent two years and job satisfaction. There was also a significant association between recognition, salary and benefit, as well as working condition, and nurse's job satisfaction. ($p < .005$).

The findings of this study are important for understanding level of job satisfaction and are a milestone for improving quality of nursing service at health centers. The government should change the policy on continuing education, provide professional training to enrich knowledge and skills of nurses, propose new salary policy and benefit scheme, as well as create a conducive working atmosphere and improve working conditions.

KEY WORDS: JOB SATISFACTION/ NURSES/ INDONESIA.

91 pp.

CONTENTS

	Page
ACKNOWLEDGEMENTS	iii
ABSTRACT	iv
LIST OF TABLES	vii
LIST OF FIGURES	viii
LIST OF ABBREVIATION	ix
CHAPTER	
1 INTRODUCTION	1
1.1 Rational and justification	1
1.2 Research objective	4
1.3 Conceptual framework	5
1.4 Operational definition	6
1.5 Expected outcome	9
2 LITERATURE REVIEW	10
2.1 Theoretical models	10
2.2 Job satisfaction	18
2.3 Factors influence job satisfaction	19
3 RESEARCH METHODOLOGY	23
3.1 Research design	23
3.2 Study population	23
3.3 Sample size and sampling techniques	23
3.4 Research instrument	24
3.5 Data collecting procedures	25
3.6 Data analysis procedures and statistical analysis	25
3.7 Data Collection Process	28
3.8 Data Analysis	28

CONTENT (Cont.)

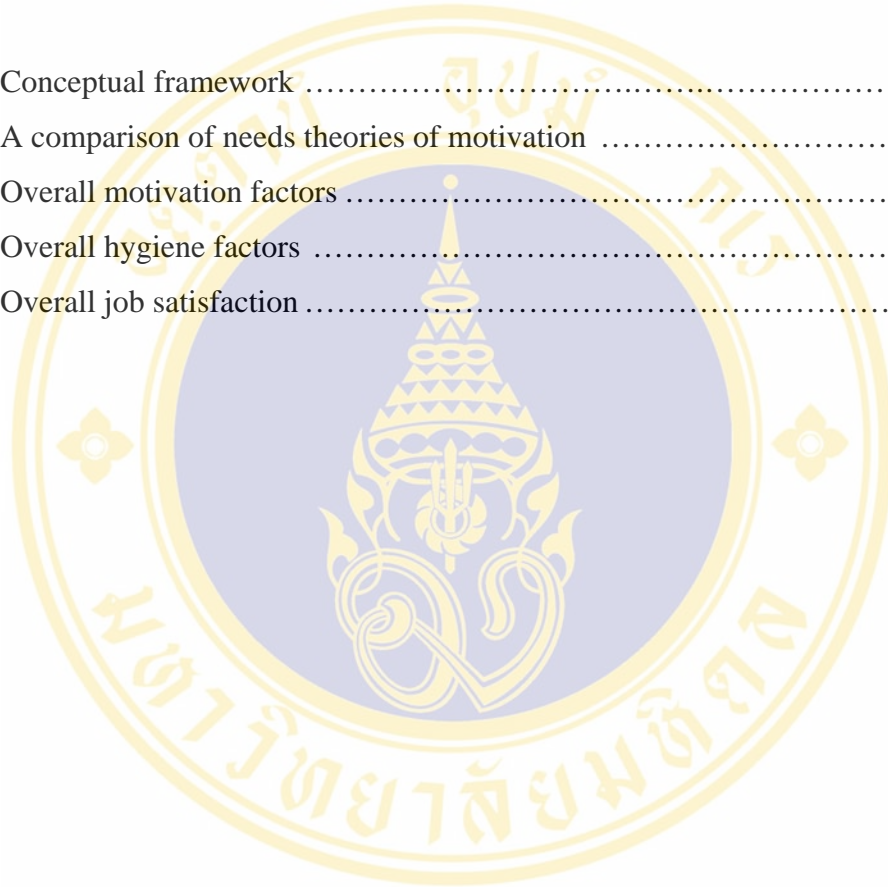
		Page
4	RESULTS	30
	4.1 Socio demographic of nurses	31
	4.2 Motivation and hygiene factors of nurses	34
	4.3 Job satisfaction	37
	4.4 Association between personal characteristics and job satisfaction	39
	4.5 Association between motivation, hygiene factors and job satisfaction	44
5	DISCUSSION	49
	5.1 Association between personal characteristics and job satisfaction	49
	5.2 Association between motivation and job satisfaction	53
	5.3 Association between hygiene factors and job satisfaction	56
6	CONCLUSION AND RECOMMENDATION	60
	6.1 Conclusion	60
	6.2 Recommendation	61
	REFERENCES	61
	APPENDIX	67
	BIOGRAPHY	91

LIST OF TABLES

TABLE	Page
1 Percentage of individual characteristic of nurses	33
2 Percentage of motivation factors.....	35
3 Percentage of hygiene factors	37
4 Percentage of job satisfaction by items	38
5 Association between individual characteristics of nurses and job satisfaction.....	42
6 Association between motivation factors of nurses and job satisfaction	45
7 Association between hygiene factors of nurses and job satisfaction	47
8 Percentage distribution of motivation factors of nurses by items	68
9 Percentage distribution of hygiene factors of nurses by items	70
10 Percentage distribution of job satisfaction of nurses by items	72
11 Means, standard deviation, minimum and maximum of motivation factors of nurses by items	74
12 Means, standard deviation, minimum and maximum of hygiene factors of nurses by items	75
13 Means, standard deviation, minimum and maximum of job satisfaction of nurses by items	76

LIST OF FIGURES

FIGURE	Page
1 Conceptual framework	6
2 A comparison of needs theories of motivation	16
3 Overall motivation factors	35
4 Overall hygiene factors	36
5 Overall job satisfaction	38



LIST OF ABBREVIATION

NAD	: Nanggroe Aceh Darussalam
ADB	: Asian Development Bank
DHS	: Decentralization of Health Service
ASEAN	: Association of South East Asia Nation
SNO	: Senior Nursing Officer



CHAPTER 1

INTRODUCTION

1.1 Rationale and justification

The objective of the Indonesian health development program is to create awareness of the people to live in healthy life so they can reach optimum health level. To meet this objective, the health development policy of Indonesian government strives for enhanced quality and equality of access to health services for the people as was announced health vision of Indonesia as “Indonesia Sehat 2010” it means “Healthy for Indonesian People 2010”.

The Indonesia Sehat 2010 program promotes health development run not by centralization but now by using decentralized process. Health not only to fulfill the need of the people, but it’s a human right for the people and an investment in human resources. That is why, health development programs in Indonesia have become the first priority (1).

To run this health effort, every sub district now has a health centers to provide health services to the people. The health centers enhance community health such as significantly reduced mortality and morbidity significantly. However quality of health services to society is still low. Many factors contribute to this problem, especially the low of quality of nursing service and low of professional motivation of nurses in work. Nursing is a vital component of the health care delivery system and their job satisfaction should be a key concern in the health infrastructure of Indonesia.

Nursing profession has its own professional identity. It different from other professions because nurses must take care of sick people. Nurses must be concerned about the needs of other people more than themselves. The changing technology and the economic crisis have affected health care needs health care profession.

Nurses face multiple roles, heavy work loads, lack of administrative support, lack of service training and insufficient salary.

Nursing is a vital component and the back bone of the health care delivery system. Nurse administrators are responsible for creating and managing a work environment that provides high quality health care and support for staff nurses to overcome challenges in the nursing profession. They are accountable for clinical nursing practice, education and research in a variety of health care setting.

More formally stated organizational reasons for obtaining overall measure of job satisfaction relate either to using the result of job satisfaction to reduce staff turnover and absenteeism or to improve the quality of their output. An underlying assumption exists that given adequate measuring tools, we would find a direct correlation between productivity and job satisfaction: the satisfied employee is a productive employee (2).

High turnover and absenteeism are reported to be related to job dissatisfaction, while low absenteeism is associated with high job satisfaction. The high turn over rate also affect another important issue: a nursing shortage. There are usually nursing shortages in several countries at any one point of time. For example in Thailand, Charoenyuth, C (1990) found that from 1986 to 1990 on nursing turn over was only 4.69%, was not high compared with the turn over in some other countries where the rate is higher than that of other health professionals in Thailand. At one of large university hospitals in Thailand, the turn over rate increased from 6.3% in 1986 to 9.2% in 1989, and is projected to be higher in the future. Moreover, the need for registered nurses in the hospitals governed by the Ministry of Public Health far exceeds the supply and accounts for only 52% of the nurses needed in the country (3)

The shortage of nurses has emerged as a serious issue in most countries around the world. The issue negatively affects not only the standard of nursing care but also the quality of patient care. The shortage of nurses has been recognized as a problem again in America since 1990s. which had a short fall of nurses, which started

at 199,400 in 1990 and projected to be 874,900 in 2020(4) Besides, there is some prediction about the shortage of nurses in 21st century may be even worst than 1990 crisis. According to the studies on turnover rate and shortage of nurses, the greatest cause for leaving the nursing profession was job dissatisfaction (5).

Job satisfaction is a complex phenomenon recently, acknowledge by the multiple variables included in the studies. Identifying the variables with the largest and the most consistent effect would assist further work in refining the theoretical models of job satisfaction and in developing management interventions. In People Republic of China, job satisfaction has a negative relationship with intention to leave their current hospital. In the studies were found occupational stress and role of conflict has impact to job satisfaction (6), while in Australia job satisfaction related to salary and task requirement (7).

It's the same problem with Jordanian nurses who get involved in studies on job satisfaction who said that insufficient salary leads to job satisfaction. Nurses who work in private hospitals have more satisfaction in their job than the nurse who worked in public hospital (8). In Italy factor influence nurses job dissatisfaction is related to role management style, coordinators, relationships with another health professionals such as medical doctors, and relationships with patients and their families. Many public health nurses in Canada mention that their job dissatisfaction is related to organizational policy (9). However in Hong Kong, demographic factors and organizational climate take part as main role in job dissatisfaction among nurses (10).

Job satisfaction among nurses in Indonesia has been studied before. In 2001, job dissatisfaction of Indonesian nurses was found to be related to salary, policy of work organization, relationships with other health professionals and work environmental (11). In 2001, a research on job satisfaction among nurses in Bandar Lampung Mental Hospital. It was found that two factors of job characteristics, feedback and personal motivation ($r = .069$; $P = .021$; $r = .434$; $P = .006$ respectively). (12). Research conducted in 2001 at Sigli General Hospital in Pidie District of NAD province, found that 44.5% of nurses were satisfied and 55.5% dissatisfied. (13) This

study also found that employment status, travel time, and task requirement has significance association with job satisfaction of nurses (14).

Understanding about job satisfaction of nurses and influencing factors will help the Districts Health Office of Aceh Timur to set up and develop appropriate strategies and programs not only leading to better job satisfaction of nursing work force but also increasing their productivity, efficiency, and the quality of care, which is likely indirectly will increase patient satisfaction at health center.

Research questions

The main objective of this study is to answer the following questions:

- (1). What is the level of job satisfaction among nurses in Aceh Timur District, Nanggroe Aceh Darussalam Province Indonesia
- (2). What are the influenced factors for job satisfaction among nurses in Aceh Timur District, Nanggroe

1.2 Research objective

1.2.1 General Objective

To determine job satisfaction among nurses in Aceh Timur District Nanggroe Aceh Darussalam Province Indonesia.

1.2.2 Specific Objectives

- a) To measure job satisfaction among nurses in Aceh Timur District, Nanggroe Aceh Darussalam Province Indonesia
- b) To describe socio–demographic factors among nurses in Aceh Timur District, Nanggroe Aceh Darussalam Province Indonesia.
- c) To assess motivation factors among nurses in Aceh Timur District, Nanggroe Aceh Darussalam Province, Indonesia on their job satisfaction.
- d) To assess hygiene factors among nurses in Aceh Timur District, Nanggroe Aceh Darussalam Province, Indonesia on their job satisfaction.

- e) To identify the relationship between socio-demographic factors and nurses job satisfaction in Aceh Timur District, Nanggroe Aceh Darussalam Province, Indonesia
- f) To identify the relationship between motivation factors, hygiene factors and nurses job satisfaction in Aceh Timur District, Nanggroe Aceh Darussalam Province, Indonesia

1.3 Conceptual framework

The conceptual frame work of this study is based on **Herzberg's Two Factors Theory Models**. Job satisfaction and dissatisfaction were found to stem from different sources. Certain factors lead to satisfaction when they are present and dissatisfaction when they are absent.

Herzberg extended the work of Maslow and developed a specific content theory of work motivation. He concluded a widely on motivational study. He used the critical incident method of obtaining data analysis. Reported good feelings were generally associated with job experience and job content. Reported bad feeling, on the other hand, were generally associated with the surrounding or peripheral aspect of the job; the job context.

In particular, dissatisfaction was associated with condition surrounding the job (e.g., working condition, pay, security, quality of surrounding the job, relation with others) rather than work itself. Satisfaction was associated with the work itself or outcomes directly such as the nature of the jobs, achievement in the work, promotion opportunities, and chance for personal growth and recognition (15).

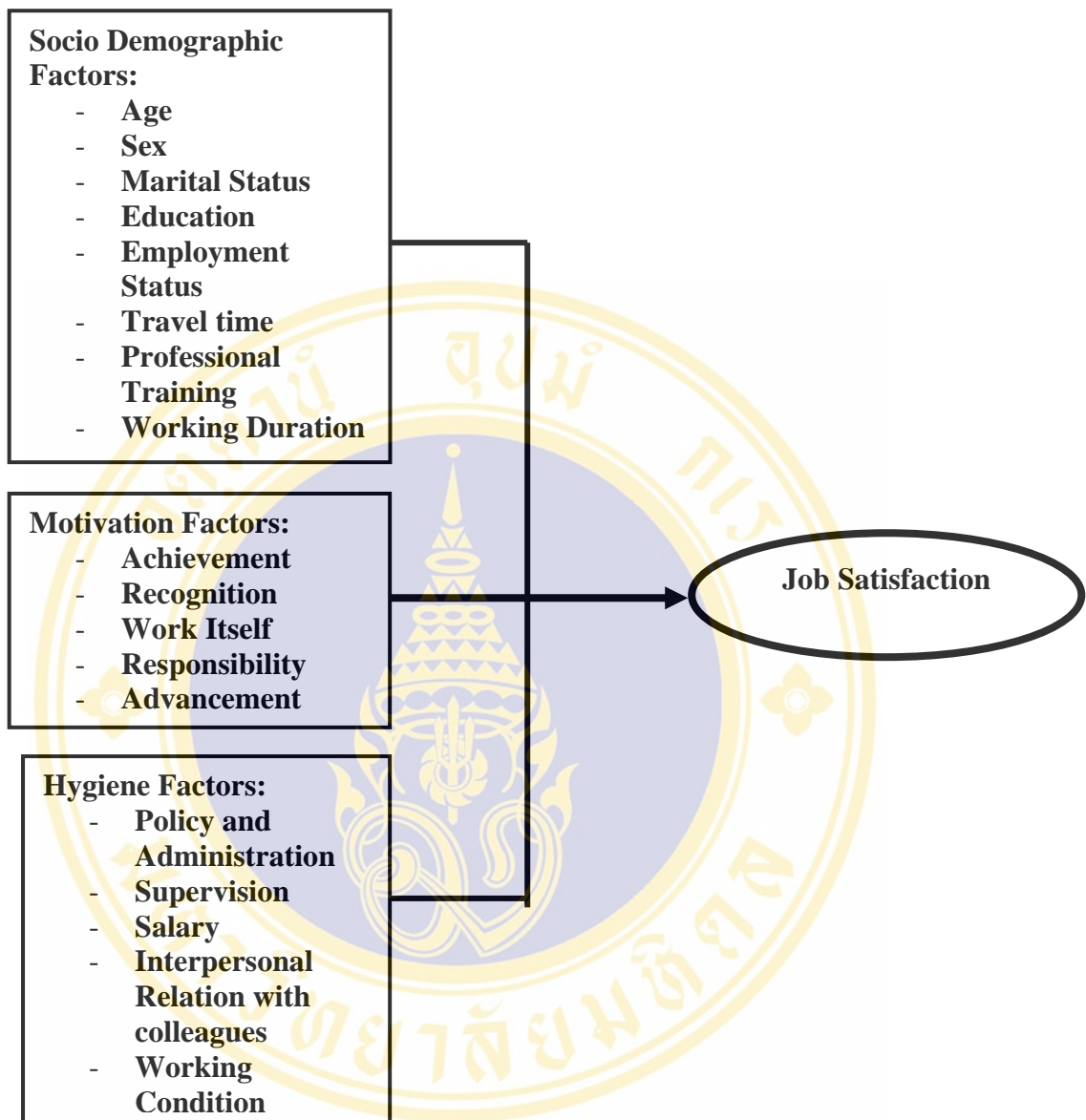


Figure 1 Conceptual Framework

1.4 Operational definitions

The term below that are used in this thesis are defined as follows:

Job satisfaction is the degree to which nurses individually feel positive or negative about his/her job responsibilities, task requirement, relationship with others, working atmosphere, reward and punishment, facilities, welfare and promotion at work. It is an emotional response to their task or their profession.

Nurses refer to the health practitioners in Aceh Timur District with academic degree of proficiency or certificate in nursing. In this research there are three levels of nursing education background, i.e. certificate in nursing, diploma in nursing and bachelor's degree in nursing.

Health Centre is a unit of health service which provides accessible, comprehensive and integrated curative and preventive health care within a geographical area of responsibility which is the sub district (*Kecamatan*).

Age is a real age of nurses at the time when the in this research was conducted.

Gender is whether the nurse respondent is male or female.

Marital Status is marriages of nurse currently single, married, divorced or widowed.

Education is the education levels of nurses who work at the health centre. There are three categories of nurses which are SPK (Nursing Certificate/ Three years of nursing education program after junior high school), Nursing Academy (Three years of nursing education program after senior high school), and Ners (Bachelors Degree).

Working Duration is how long he/she has been working in the health centers and how long they have been working as health personnel.

Travel Time is approximate time period to reach the health centre from where the nurses live.

Employment Status is the type of employment under which nurses are employed, such as permanent employees (civil servant) and temporary employees.

Professional Training is a number of nursing training of nurses attended employed at the health centre.

Motivation Factors are factors that motivate nurses to put their effort to work to achieve the goals. In this study motivation factors includes interaction between nurses and their job. The motivation brings in positive attitude to like and love his/her job in terms of providing patient care with good responsibility and recognized by patients. Motivation factors are associated with job content and are unique to each individual in his or her own way.

- **Achievement** means feeling proud of being able to work and solve problems successfully, with self actualization.

- **Recognition** is a reward the government, others professionals and its, makes nurses excited in work.

- **Work itself means** good or bad feeling towards the job characteristics. The job is boring, the job is challenging, innovative, or easy or difficult. It can be an interesting and exciting job to make employees have opportunities to learn.

- **Responsibility** means satisfaction with job assignments and has full authority to take responsibility. It related to daily nurses task on serving the patient at the health centers.

- **Advancement** means an opportunity for subordinates to get adjustment or be promoted to a higher position or to get support to have more training, skills and be able to have skills in working and support to have higher education.

Hygiene Factors refers to factors which operate smoothly and prevent job dissatisfaction or if in adequate, it can trigger dissatisfaction for nurses. Such factors are largely extrinsic, or external to nature of nursing job itself; thus they can be thought of as job context features. Hygiene factors as following:

- **Policy and Administration** means the managing and administrating the organization, empowerment, interpersonal communication with clear direction to authorize power to the person to operate the task until it is done.

- **Supervision** is the style to oversee workers, give suggestions, provide justification, accept opinion and solve problems by using technical skill.

- **Salary** means monthly earning or income including overtime payment and special auxiliary allowance.

- **Interpersonal Relationship** is relationship among peers and subordinates (colleagues) and supervisor to discuss, to make a friend and to learn about the job in a group and to identify the group.

- **Working Condition** means the provision of convenient facilities, happy condition and work safety.

1.5 Expected outcome

The expectations of this study:

To understand the actual job satisfaction among nurses working at health centers in Aceh Timur District Nanggroe Aceh Darussalam Province and will be a recommendation for nursing management to enhance job satisfaction and reduce job dissatisfaction.

CHAPTER 2

LITERATURE REVIEW

2.1 Theoretical models

2.1.1 Satisfaction Theory

Maslow, A (1954) wrote of a hierarchy of human needs from the lowest to highest level which included psychological needs, safety, love and belonging, self esteem, and self actualization. He thought that the most normal individuals are both partially satisfied and dissatisfied in all these basic needs at the same time. Only when the needs at one level have been at least partially satisfied does the individual normally seek to satisfy those at the next level. This need is the basis for job satisfaction (16).

Briefly, there are four initial hypotheses of Maslow:

1. To meet or to satisfy the needs in the increasingly higher level
2. Structure of needs of most people is complicated which affects to each persons behavior.
3. The higher needs will not be a priority when the low level of the needs is not met.
4. There are methods that can responds to the needs more

Maslow described human motivation as a hierarchy of five needs, ranging from the most basic human needs to the highest human needs for self actualization.

- Physiological needs

The requirements for meeting survival needs include food, water, shelter, clothing, medicine, sex, and comfort. In the job environment a manager could satisfy these needs by offering salaries and wages that allow employees to buy these basic human needs.

- Security needs

After the physiological needs are met, people desire security. Security means managing of risk and danger, free from coercion, and also free from threats to their physical and emotional sense of security. A person desire for physical safety and protection as well as job security are represent in this category. Managers could support this need by providing salaries, job security, safe physical and emotional on the job and health insurance.

- Social needs

An individual desire for social relationship and affection is addressed both inside and outside of the work environment. These needs relate to social interaction. People desire companionship, friendship, and inclusion in the group. Managers might be satisfy social needs by offering sports teams, lunches, parties and work group.

- Self esteem needs

This level of needs is to master work, hold a position of prestige, receive public recognition, demonstrate competence, and feel self-esteem. Lack of job satisfaction can result in feelings of weakness, helplessness and inferiority. Work-related activities that help individuals meet esteem needs include successfully completing projects, being recognized by peers and supervisors and being offered organization titles.

- Self actualization

In the top of the needs pyramid, Maslow placed the self actualization stage of human needs, a desire to grow or develop to full potential. It represents the needs to maximize the use of one's skills, abilities and potential. Managers could help employees meet their self actualization by providing appropriate autonomous assignments, a chance for training and flexible work schedule. When a person work to achieve self actualization needs, their skill and ability will grow stronger, but they may completely be fulfilled (17). The needs theory of Maslow has received wide recognition, particularly among practicing managers. Maslow provided no empirical

substantiation for his theory, and several studies that sought to validate it found no support.

However, Maslow's work provided insight into the nature of motivation and how needs and desires tend to influence our action. Besides giving us a convenient window through which to view human nature, his hierarchy has stimulated research on motivation and led important change in how managers view human endeavor. It has also given managers a personal understanding of their own needs and the potential of those needs for stimulating behavior.

Organizations and managers plays a role with respect to employee needs. According to Maslow, the lowest level of needs do not necessarily motivated an individual. However, once lower level needs are met, a person will act to satisfy needs at the next higher levels. Motivation is increased at work particularly when the esteem and self actualization needs are being satisfied. Consequently, research has indicated that there are actually only two or three relevant categories of needs relevant to employees and that the order of their importance varies from one individual to another. In addition, Maslow's theory cannot be labeled as universal due to the cross cultural variation in sequencing of needs.

In the late 1950s, Frederick Herzberg, a US clinical psychologist, published his hygiene motivation theory in "the motivation to work", considered by many of pioneer in motivation theory, interviewed a group of employees to find out what made them satisfied and dissatisfied on the job. This theory and study focused on working climate and environment to support the employees to have job satisfaction and have willingness in working.

Herzberg, Mosner and Synderman (1959) studied about the worker attitudes by interviewing 200 accountants and engineers from 9 (nine) workplaces in Pittsburg about what makes employees more or less satisfied in their job. They asked the employees essential two set of questions:

Think of a time when you felt good about your job. Why did you feel that way? Think of a time when you felt especially bad about your job. Why did you feel that way?

From these interviews, Herzberg went on to develop his theory that there are two dimensions to job satisfaction: “Motivation” and “Hygiene”. Hygiene issues, according to Herzberg, cannot motivate employees but can minimize dissatisfaction, unless handled properly. In other words, they can only dissatisfy if they are absent or mishandled. The study found that there related to good feelings and bad feelings of the interviewees that can be separated into two categories, which are:

1. Motivation Factors

Motivation stimulates a person satisfied in his job and brings in positive attitudes to like and love their job. Motivated workers work more efficiently. Employees feel motivated by any of the following:

- Achievement. It means completion of the job, ability to solve the problems, see the job result, clarity of the job which can be measured from achievement of the target which is on time, ability to solve the problem in working, satisfaction in working.

- Recognition. It means acceptance by the superior, colleagues and someone asking for advice or receiving admiration, congratulations, to make them willing, or any expression of acceptance or praise of one’s abilities when the job is achieved

- Work Itself means good or bad feeling towards the job characteristics. The job is boring, the job is challenging, innovative, or easy or difficult. It can be an interesting and exciting job or can provide employees opportunities to learn.

- Responsibility means satisfaction that comes from new job assignments and has full authority to take responsibility.

- Advancement. It means an opportunity for subordinates to get adjustment or be promoted to a higher position or to get support to have more training, skill and be able to have skills in working and support to have higher education.

2. Hygiene Factors

Where hygiene factors are negative or absent, dissatisfaction results. These hygiene factors include company policy and administration, supervision, salary, interpersonal relations and working conditions. The presence of positive hygiene factors by themselves prevents dissatisfaction but does not lead to satisfaction and motivation (18). It means that the factors influencing the satisfaction dimension – motivating factors- are specifically related to the work content (i.e. intrinsic factors). The factors presumed to cause dissatisfaction – hygiene factors – are related to the work environment. According to Herzberg, changing the environment alone will not enhance employee motivation (19). The following are some examples of hygiene factors:

- Salary and benefit compensation from work such as wages, incentives, and other income including welfare and vacation.

- Supervision. It means the ability of the supervisor in managing, promoting organizational fairness and equity including the willingness of the supervisor to give subordinates suggestions, advice helps and responsibility.

- Working condition is represents physical conditions that facilitate work such as light, ventilation, tools and equipment, building and facilities. This factor includes provision of enough equipment and balance of work load and the amount of workforce in the organization.

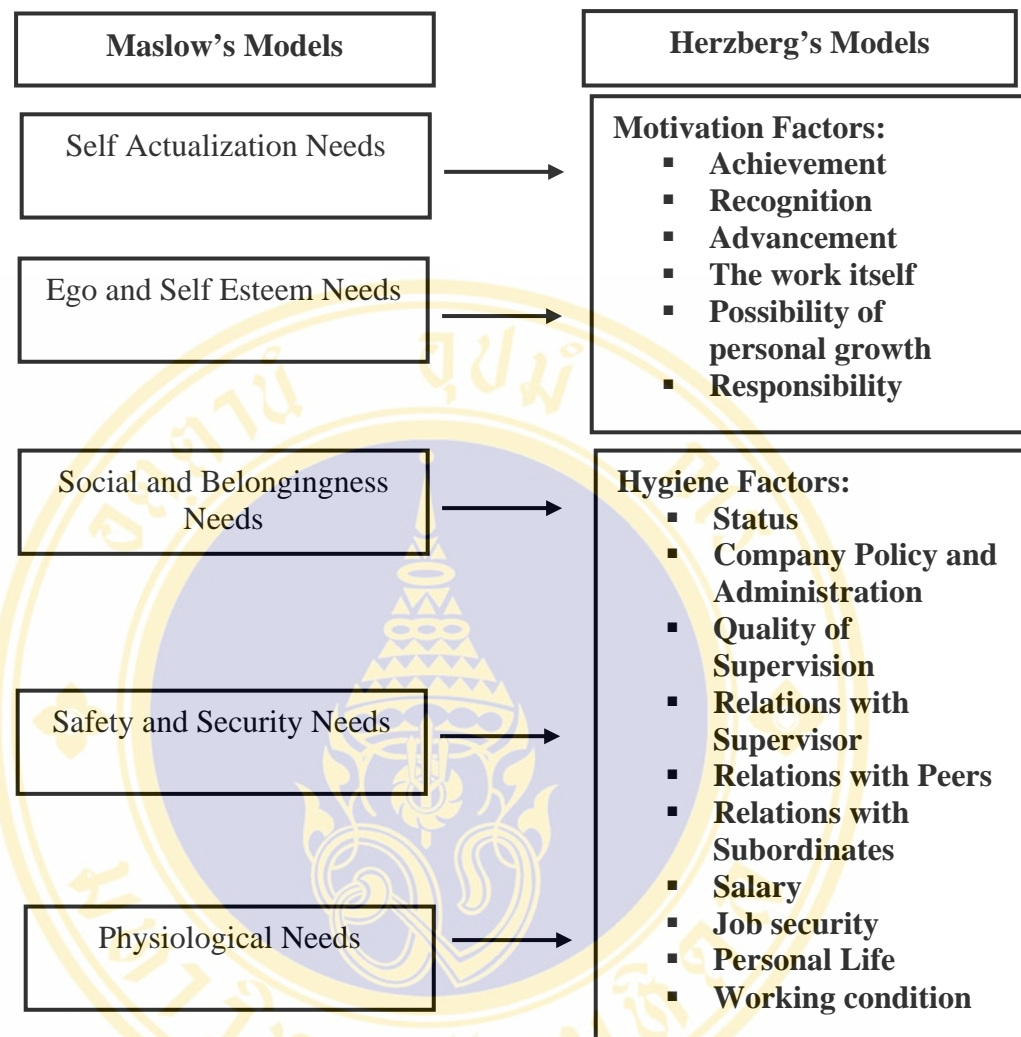
- Security is about feeling the person who is secure in working, secure in the organization, secure in all they work period and working condition is not too risky. It about job security and safety.

- Interpersonal relationship means relations with condition among peers' subordinates and superiors to learn the job from the commander, support from commander with honesty, willingness to listen to suggestion from subordinates and gain the trust of subordinates. In the organization with high quality supports, the employees will enjoy working and these will have high production.

- Policy and administration is managements and administrative management of the organization, empowerment and interpersonal communication. The policy that the best enhances satisfaction will make a clear direction, distribute appropriate work distribution and promote participative management. It means the clear policy direction of the organization will make the employees work correctly.

There are strong relationship between Maslow's Theory and Herzberg's Theory. The following is a comparison between Herzberg's Hygiene factors and Maslow's on lower need and Motivation factors and higher needs.

The next figures illustrated the comparison between Maslow's Theories of human need with Herzberg's Dual factors motivation theory.

**Source:**

Shortell S.M , Kaluzny A.D. Health Care Management: Organizational Design and Behavior. 5th ed. USA: Thompson Delmar Learning 2006

Figure 2. A Comparison of Needs Theories of Motivation

2.1.2 Job Satisfaction theory

There are many definitions about job satisfaction. Job satisfaction is a multi-dimensional construct with a variety of definition and related concepts, which have been studied since the beginning of the 20th. Social psychologist and scholars are interested in job satisfaction have conducted many studies on job satisfaction. Job satisfaction is an individual's reactions or cognitive, affective and evaluation reactions toward their job. It proposed that job satisfaction was not the result of absolute

positive factors. Instead, satisfaction is perceived from an individual frame of references. The individual trait, needs, and experiences interact with the work environmental to produce felt satisfaction or dissatisfaction (15).

Job satisfaction is the degree to which individuals feel positively or negatively about their general job, working conditions, supervision, compensation, and co worker in about the instrument. Nurses respond emotionally of nurses to their tasks or professions and may refer to any other factors (12). Persons will have high job satisfaction when they have a good attitude towards their job, while those who persons who are not satisfied with the job will not have a good attitude towards the job.

According to Vroom (1994), job satisfaction is the result that the person has in participating in the job that they are doing, positive attitude will show the satisfaction condition of the job. The terms of job satisfaction and job attitudes were typically used interchangeably. Both refer to affective orientation on the part of individuals toward work roles which they were presently occupying. Positive attitudes toward job were conceptually related to job satisfaction. Negative attitudes toward the job were equivalent to job dissatisfaction (21).

Herzberg et al (1954) stated that job satisfaction is feeling or attitude of a person to job that they are doing which results from responsiveness, sufficient motivating and hygiene factors. Organ and Bateman described defined of job satisfaction as a person's attitude toward or about their job. In general, job satisfaction comprises the attitude towards the job as whole (22).

Reffisa, 1997 (as cited by Iskandar TA, 2001) mentioned that job satisfaction is a critical factor in organizational behavior. It needs to be understood, monitored, and dealt with so as to avoid some of the potential by products of dissatisfaction like decreased morale, lack of motivation, lower productivity, and waste of limited resources, ineffectiveness and inefficiency by deviating fit between individual and organization goals. Various researchers support these consequences. As a manager of

organizational behavior, we are vitally interested in the nature of the attitudes of our employees towards their job, the organization and their careers. One criterion by which we evaluate organization is through employee's level of job satisfaction (14).

Job satisfaction varies greatly from individuals to individuals and from organization to organization. Job satisfaction is individual employee's evaluation of the work environment. Identifying the sources of the job satisfaction is one of the most heavily researched areas in organizational behaviors.

In the 1980s and 1990s, many researchers have addressed nurse job satisfaction. The understanding of nurse's job satisfaction and its contributing variables are important for any health organization to exist and prosper. Job satisfaction is defined as the degree to which employees enjoy their jobs (23).

2.2 Job satisfaction

Nurses play an important role in providing health care services to people, their families and communities. General job satisfaction is influenced by organizational climate, psychological distress, and demographic variables. Generally some demographic variables and some facet of organizational climate are significant predictors of job satisfaction and absenteeism (10).

Working conditions have a to be consistently positive correlation with working condition and job satisfaction feature such as temperature, humidity, ventilation, lightening, noise hours of work, cleanliness of the work place, and adequate tools and equipment all affect job satisfaction. It means work itself has a role on job satisfaction, promotional and supervision (12).

2.3 Factors influencing job satisfaction

Previous literatures on several independent variables that contribute to job satisfaction or dissatisfaction among employee have focuses mainly on various aspects of work conditions.

Socio Demographic Factors.

Age, gender, marital status, education, distance to work and residence, employment status and professional training are the socio demographic factors that some studied have shown to have a relationship with job satisfaction. It could contribute to both job satisfaction and job dissatisfaction.

Regarding age, job satisfaction increases with age, whereas the lowest job satisfaction was reported by the youngest workers. Many young staff nurses were disappointed with their first jobs because they failed to find sufficient challenge and responsibility. Older nurses' staffs were more satisfied than younger staff nurses with their jobs Older staff nurse reporting greater job congruence, higher salaries and rank and higher internal locus of control (24).

The adjustment of the individual to the job or differences in the job between younger and older account for the age – satisfaction relationship, including a better match between desired and actual job condition and higher salary. The older staff nurses may bring certain rewards that result in higher satisfaction (25). Njuki, G.M. (2001) mention that age of nurses has relationship with salary and has significant correlation with job satisfaction (26).

Marital status has a role in job satisfaction also. According to Suwanna, L (2001), nurses living with spouses had more job satisfaction than those living single or living alone, because married nurses receive emotional and mental support from their spouse (16).

Education has played a role in job satisfaction. It was found that job satisfaction tended to be increase with the level of education. The higher a nurse's education was the more opportunity the nurse has for a good work that is more skilled and high performance, challenge and creative. However, some studies have shown that education has a slight negative relationship with job satisfaction, the higher formal education, the more likely a person is to be dissatisfied with the job. One explanation is that better educated persons have higher expectations and believe that

their work should provide greater fulfillment and responsibility. Most jobs do not satisfy their expectations (24). The differences of educational and position level affected the differences in level of job satisfaction (16).

One study found that a significant relationship between travel time and level of job satisfaction. Employment status also had a significant relationship to job satisfaction. The satisfaction score revealed that nurses with permanent status had higher level of satisfaction than temporary nurses. The reason for differences could be due to the experience and unmet need for growth and achievement among the temporary status of the nurses (14).

Professional training should aim to consolidate and build upon skill and knowledge gained during training through the provision of continuing professional and academic development. The personal benefits of post registered training to individuals' nurses are obvious, but there are wider considerations: continuing education and training of nurses is intended to primarily benefit clients who will be cared for by nurses who have developed skills and knowledge relation to the changing pattern of health care need. The need for education of nurses following initial registration has been long recognized (12).

Motivation Factors

Motivation is what causes a person to act in a particular manner. There are a multitude of theories related to motivation, and all have relevance for the leader seeking to better understand a follower's nature (27). Understanding and applying the principles of motivation are inherent elements of the coaching role of an effective leader. Motivation factors therefore include a group of hygiene factors.

Hygiene Factors

Salary and benefits are an important part of a nurse's job satisfaction. The most satisfied groups typically earn higher salaries than others. According to Carol, A (1990) on her study on job satisfaction and retention among nurses in USA, salary and benefit were the most important factors related to job satisfaction (26).

According to a Pilbutanavanich, P (1964) study on job satisfaction and nurses intention to resign from their job found that from their profession among nurses who graduated from university education and worked in Bangkok found that nurse who had low level of job satisfaction had intended to leave from their profession. The reason behind them resigning was that they were dissatisfied with hospital policy and management, low salary, poor welfare and benefits (25).

Nurse interaction at work is opportunities and requirement presented for both formal and informal social contact during working hours. Interaction, usually involves in reciprocity expectation. For this reason, support primarily within stable or continuing relationship developed with co-workers. Even though, a supervisor traditionally has been responsible for supporting employees, the strongest support relationship maybe with co workers.

According to Joann (1993), co-workers support was more than twice as important as other sources of support. Individual who receive support from either co-workers or supervisors report low role conflict and ambiguity, high participation, and a good skill utilization. Somatic complains increase as stress increases (14).

Perhaps most important to employee motivation is helping individuals believe that the work they are doing is important and that their tasks are meaningful. Emphasize that their contribution to the practice result in positive outcome and good health care for their patient. Katz, A (1999), makes a big deal out of meaningful tasks that may have become ordinary, such as new baby visits. Of course employees may not find all their tasks of interesting or rewarding, but should show the employees how those tasks are essentials to overall process that make the practice succeed. One may find certain tasks that are truly unnecessary and can be eliminated or streamlined, resulting in greater efficiency and satisfaction (28).

Job satisfaction also tend to increase with level of position, therefore, staff nurses in high level of position, are more like to have motivation, autonomy,

challenge, and work responsibility. Satisfaction of esteem and self actualization needs also increases with higher level of position (29).

There is a strong correlation between management style and nurses job satisfaction. The important factors in supervision are decision making, friendliness, praising good performance, leading and motivating staff, ensuring an adequate working environment and listening to subordinates opinion (30).



CHAPTER 3

RESEARCH METHODOLOGY

3.1 Research design

This research was designed as a cross sectional approach on job satisfaction among nurses working in health centers in Aceh Timur District, Nanggroe Aceh Darussalam Province, Indonesia. The main tool of the research based on self administered questionnaires.

3.2 Study population

The target population of this research was all nurses working in health centers in Aceh Timur District NAD Province, Indonesia during January 2008.

3.3 Sample size and sampling techniques

In Aceh Timur District there are 21 health centers and 255 nurses who working as permanent civil servants in the health centers. For data collection filed work, the researcher was used a simple random sampling techniques to explore the nurse satisfaction in Aceh Timur District Nanggroe Aceh Darussalam. To determine the sample size of this research, the following formula was used (31):

$$n = \frac{N Z^2 pq}{d^2 (N-1) + Z^2 pq}$$

Where:

n = Estimated sample size

N = Total number of sample population; 255

d = Absolute precision value of the study. It was set at .02 (2%)

Z^2 = Level of statistical significance in this study was set at .05 therefore $z = 1.96$

P = 0.5 anticipated proportion of individual in the population possessing the characteristic of interest when unknown

$q = 1 - p$

According to the above formula, the required sample size should be not less than 215 respondents for statistical analysis.

3.4 Research instrument

As mentioned above, self administered questionnaires were used in this study. It was conducted in Bahasa. The questionnaires were drafted in English first and then translated into Indonesian language which is the part of job satisfaction, motivation factors and hygiene factors. The main questionnaires were constructed by Likert Scale questions type as shown / listed below:

Part I: Socio-demographic characteristic of nurses

The question is concerned with personnel factors including age, gender, ethnic, residence, marital status, and education level

Part II Motivation

Part III Hygiene factors

Part IV Overall Satisfaction

Individual job satisfactions referred to overall satisfaction about their current job. In this part questionnaires were constructed as a Likert Scale with five choices and the item based on Herzberg's Theory to measure level of job satisfaction among nurses. For the positive responses were scored was assigned from 1 to 5 points,

corresponding from strongly agree to strongly disagree. And for the negative questions, question was scored from 5 to 1 point; corresponding from strongly disagrees to strongly agree.

3.5 Data collecting procedures

Before the research work began, the work for pre testing the research tool conducted in Langsa Municipality in order to detect any unclear statement, misleading and highly sensitive questions. The pretest helped to finalize the content, to measure its validity, reliability and provided the researcher a chance to actually implement the questionnaire. Thirty nurses participated in this pre-test. All of them come from another district in NAD Province, Indonesia and they were not including in the research. The Cronbach Alpha was occupied to testing questionnaires validity and reliability.

3.6 Data analysis procedures and statistical analysis

After completion field data collection, data were edited and coded before processing by using Epidata and Minitab 14 software. For the descriptive parts, statistics of the variables studied were undertaken to assess the demographic factors, nursing education level, employment status, travel time and professional training. They are percentage, mean, median, minimum, maximum and standard deviation that are used for descriptive part of the result.

Chi square statistical techniques was used to determine whether the studied relations were significant associated between independent and dependent variables with the level of significance of this statistical techniques was at $p = .05$.

The motivation indicators consist of:

- Achievement aspect with 3 questions,
- Recognition aspect 3 questions,
- Work itself aspect 3 questions,

- Responsibility aspect 3 questions, and
- Advancement aspect with 3 questions.

And the Hygiene Factors indicators included:

- Policy and Administration aspect with 3 questions,
- Supervision aspect 3 questions,
- Salary aspect 3 questions,
- Interpersonal Relation with colleagues aspect 3 questions, and
- Working Condition aspect 3 questions.

Positive statement used in measure the items above and for interpretation will using rating scale:

- 5 Point used for Strongly Agree about statement and the score is 5 point
- 4 Point used for Agree about statement and the score is 4 Point
- 3 Point used for Not Sure about statement and the score is 3 point
- 2 Point used for Disagree about statement and the score is 2 point
- 1 Point used for Strongly Disagree about statement and the score is 1 point

The classification was done by quartile as follow:

Low is less than first quartile (Q1), moderate is between quartile first (Q1) and quartile third (Q3) and high is more than more than third quartile (Q3)

Questions for general job satisfaction consist of twenty questions. The result interpretation of job satisfaction among nurses in Aceh Timur District NAD Province will classify into three level of satisfaction categories, e.g., High, Moderate, and Low.

The classification was done by quartile as follow:

Low is less than first quartile (Q1), moderate is between quartile first (Q1) and quartile third (Q3) and high is more than more than third quartile (Q3)

And scores range as if less than first quartile (Q1) the job satisfaction level is low, between quartile first (Q1) and quartile third (Q3) if job satisfaction level is

moderate and if more than more than third quartile (Q3) if job satisfaction level is high

For interpretation of the result rating scale was used as:

- 5 Point used for Strongly Agree about statement and the score is 5 point,
- 4 Point used for Agree about statement and the score is 4 point,
- 3 Point used for Not Sure about statement and the score is 3 point,
- 2 Point used for Disagree about statement and the score is 2 point, and
- 1 Point used for Strongly Disagree about statement and the score is 1 point

The result interpretation of job satisfaction among nurses in Aceh Timur District NAD Province was classified into three levels of satisfaction categories, e.g., high, moderate, and low level.

The classification was done by quartile as follow:

Low is less than first quartile (Q1), moderate is between quartile first (Q1) and quartile third (Q3) and high is more than more than third quartile (Q3)

And score range as follows:

And scores range as if less than first quartile (Q1) the job satisfaction level is low, between quartile first (Q1) and quartile third (Q3) if job satisfaction level is moderate and if more than more than third quartile (Q3) if job satisfaction level is high

Validity and reliability

Before data collecting, research instrument approved by AIHD Mahidol University thesis committee and translated from English into Bahasa Indonesia. The instrument was tested for validity and reliability with nurses who have been working at health centers in Langsa City District, NAD Province, Indonesia. And according to result of pre test, questionnaires were then revised for the proper content.

Pre test was used in another similar situation with 30 nurses during the first week of January 2008. Then, the answers were analyzed to test its reliability by using Cronbach Alpha Coefficient Test. For motivation factors there was .74 point of reliability, while for hygiene factor and job satisfaction questionnaires were .72 and .66 point of reliability, respectively.

3.7 Data collection process

Following Faculty of Graduate Studies and institutional approval, data were collected based on following procedures:

- The request letter issued by AIHD Mahidol University to District Health Office of Aceh Timur, NAD Province, Indonesia to ask for permission to collecting data and explanation of research project in detail.
- Examine the population of nurses as target of research to find eligible subject.
- Research visited Health centers to explained objective of research and spread the questionnaire to nurses in each health centers.

The questionnaires were collected and checked for completion and then analyze.

3.8 Data analysis

After all questionnaires were collected, all data were analyzed by using Minitab software Version 14. The socio demographic factors as personal characteristic of respondent were used for descriptive statistics, i.e., frequencies, percentage, mean, standard deviation, minimum and maximum. Motivation factors were analyzed by using descriptive statistics: frequencies, percentage, mean, standard deviation, minimum and maximum. And the same way used for hygiene factors and job satisfaction factors.

Investigation of association between motivation factor of nurses and job satisfaction of nurses by using Chi Square test. The statistical significant level set at

.05 point. And the same methods were used for association between hygiene factors and job satisfaction.



CHAPTER 4

RESULTS

The aim of this cross sectional descriptive study was principally to identify job satisfaction of nurses who has been work at health centers and factors influenced their job satisfaction in Aceh Timur District, Nanggroe Aceh Darussalam Province, Indonesia. The questionnaires were sent to 215 nurses working in 21 health centers in Aceh Timur District and completed by the self administered questionnaires. The data collection was undertaken on second week through forth week January, 2008. All of questionnaire distributed randomly to all respondent and all of questionnaires returned by the respondent of this research.

This chapter describes the result of the study. Data analysis was conducted to describe socio demographic characteristic of the respondent which consist of genders, age, marital status, educational level, travel time, professional training, and amount of professional training, duration of working at health centers and duration of work as health personnel. Motivation factors, hygiene factor and job satisfaction of the nurses were describe by scaling analysis. The motivation factors consisted of achievement, recognition, work itself, responsibility and advancement. While hygiene factors such as policy and administration, supervision, salary, relationship and working condition. In the term of job satisfaction, it's consisted of organizational, administration / relationship, promotion and incentives as well as quality of services.

Statistical analysis also examined the association between motivation factors, hygiene factor and job satisfaction. All the data were processed by computer by using Minitab 14 program. The study results were presented in four parts as the follows:

- 4.1 Socio demographic of nurses
- 4.2 Motivation factors of nurses and hygiene factor of nurses
- 4.3 Association between socio demographic and job satisfaction.

4.4 Association between motivation factors, hygiene factor and job satisfaction

4.1 Socio demographic of nurses'

Aceh Timur District is one district in Nanggroe Aceh Darussalam Province Indonesia. It has 21 health centers and every sub district has one health center. A 215 of nurses were recruited for this study. The personal characteristic of nurses that were investigated included their gender, age, marital status, duration of time to reach health centers, level of education, professional training they attended, duration of working as health personnel and duration of working at health centers.

Most of respondent of this study was female 147 (68.37%) followed by male nurse which was 68 respondents and 31.63%. Age was categorized into three groups. Their age range from 22 years old to 55 years old, with the mean age of 29.77 years old and standard deviation of age was 6.29 years old. Most of respondent ages were 29 years old and younger (60%), between 30-39 years old they were 67 nurses (31.16%). And about 19 respondents (8.84%) were more than 40 years old. Regarding to marital status of respondent, most of them were married 146 (67.91%) followed by single 52 (24.19%) and others statuses such as divorce, widow, widower and separated were 17 (7.91%).

With respect to their educational levels, a majority of education background of nurses at health centers in Aceh Timur District NAD Province were Diploma in Nursing, 129 respondents (60%), followed by those who had certificate in nursing were 80 respondents (37.21%), bachelor of nursing were 5 (2.33%) and others was 1 (0.47%). Regarding to employment status of respondent. All of respondent of this study was civil servants (government officer).

Traveling time to health centers from residence, there is a range from 1-120 minutes. It's about 19 nurses (8.84%) took time less than 10 minutes to work, 50 nurses (23.26%) between 16-20 minutes and 40 (18.60) nurses took time more than

20 minutes. Majority of them (49.30%) took time between 11-15 minutes in traveling to work with mean 16.86 minutes and standard deviation was 7.39 minutes. The minimum duration to reached health centers was five minutes and maximum time to reach health centers was thirty five minutes.

Training is very important method to increase knowledge and practical skill of nurses at health centers. But in this study found that only 43.88 percents of nurses reported have attended professional training and 65.12 percents of nurses at health centers had never attended any professional training program throughout their services at the health centers. Most of nurses (26.97%) who attended the training only once since they worked at health centers and 6.98 percents nurses who attended training more than twice.

This study also found that range of duration of work at this health centers was one year to thirty two years. The mean of duration of work was 6.48 years and with standard deviation 6.53 years. Less than three years of working duration at health centers were seventy six nurses (35.35%) and more than ten years of working duration were thirty two nurses or 14.88%. And most of nurses spend between four years to ten years in service at this health centers (49.77%).

Regarding to working as health personnel, most of nurses spent four to ten years as health personnel at health centers. Followed by three years or less were seventy three nurses (33.95%) and more than ten years was twelve nurse or 19.07%. and most of nurses worked as heath personnel between 4-10 years was one hundred and one nurses or 46.98% with mean was 7.43, standard deviation was 7.05, minimum one years and maximum was 37 years. (See table 1)

Table 1 Percentage of socio demographic characteristics of nurses (n=215)

Characteristics	Frequency	Percentage
Sex		
Male	68	31.63
Female	147	68.37
Age		
≤ 29	129	60.00
30-39	67	31.16
≥ 40	19	8.84
Marital status		
Single	52	24.19
Married	146	67.91
Others	17	7.90
Educational level		
Bachelor of Nursing	5	2.33
Diploma of Nursing	129	60.00
Certificate in Nursing	80	37.21
Others	1	0.46
Time to reach health centers		
< 10 Minutes	19	8.84
11-15	106	49.30
16-20	50	23.26
>20	40	18.60
Professionals training attended recent two years		
Yes	75	34.88
No	140	65.12
Number of training attended in the recent two years		
Once	60	27.91
2-4 Times	15	6.97
Never	140	65.12

Table 1 Percentage of socio demographic characteristics of nurses (n=215) (cont.)

Characteristics	Frequency	Percentage
Working Duration at health centers		
< 3 Years	76	35.35
4-10 Years	107	49.77
> 10 Years	32	14.88
Working Duration as health personnel at health centers		
< 3 Years	73	33.95
4-10 Years	101	46.98
> 10 Years	41	19.07

4.2 Motivation and hygiene factors of nurses

In the second part of the questionnaires the respondents were asked to provide their perception upon specific work related based on the component of job satisfaction theory. The scores of explanatory factors were divided into two aspects, i.e. motivation factor and hygiene factors. For motivation factors, questionnaires related to achievement, recognition, work itself, responsibility, and advancement. While for hygiene factors consisted of policy and administration, supervision, salary, interpersonal relationships, and working condition.

The levels of perception in each component were assigned with the score ranging from 1 to 5. The higher score that means the respondent felt toward a particular component. In each issue about specific work related factors, there were 3 statements per item. After compiling the score in the each issue, the total score were classified into high perception, medium and low perception.

Regarding to over all motivation factor of respondent, it was found that there was 21.42 percents at a high level and 44.19 percents at a moderate level. There was 34.42 percents at a low level, with mean of 53.38 and standard deviation 2.28. Figure 3 presented level of motivation factor perceived by respondent. Under domain of motivation factor such as achievement was 27.91 percent, recognition was 33.95 percent, work itself was 51.63 percent, responsibility was 25.58 percent and

advancement was 46.05 percent, the percentage of health centers nurses were at a high level.

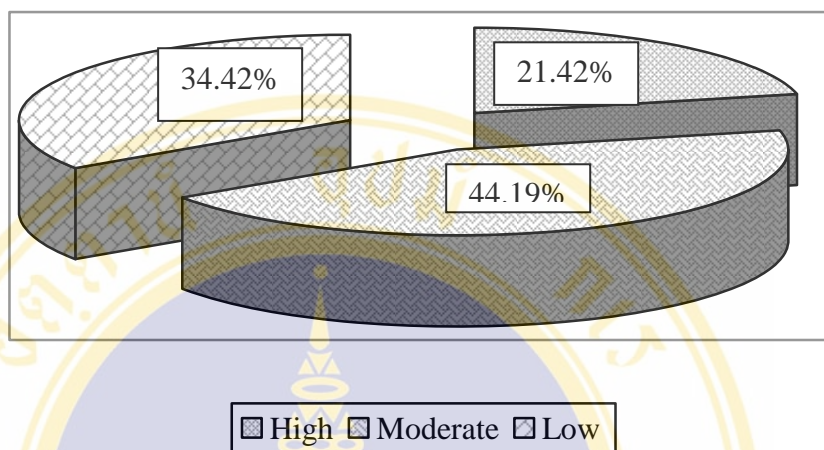


Figure 3 Overall motivation factors

Moderate level for motivation domain such as achievement was 44.19 percent, recognition was 43.72 percent; work itself was 33.95 percent, responsibility was 31.63 percent and advancement was 34.42 percent. It also shown that the nurses who had low level of motivation including as achievement was 8.37 percent, recognition was 37.21 percent, work itself was 14.42 percent, responsibility was 42.79 percent and advancement was 19.53 percent. Data in detail was shown in table 2.

Table 2 Percentage of motivation factors (n=215)

Items	Level of Motivation Factors					
	High		Moderate		Low	
	n	%	n	%	n	%
Overall Motivation	46	21.42	95	44.19	74	34.42
Achievement	60	27.91	94	43.72	61	28.37
Recognition	73	33.95	62	28.84	80	37.21
Work Itself	111	51.63	73	33.95	31	14.42
Responsibility	55	25.58	68	31.63	92	42.79
Advancement	99	46.05	74	34.42	42	19.53

Regarding to hygiene factors, the majority of nurses who work at health centers were at a moderate level was 51.16 percent and low level at 32.09 percent followed by 16.74 percent at a high level. With mean of 47.91 point and standard deviation of 2.76 point. Under domain of hygiene factors, such as policy and administration was 50.70 percent, supervision was 36.28 percent, salary was 40.47 percent, interpersonal relationship was 42.791 percent, and working condition at a high level were 36.74 percent. The figure 4 below illustrated level of hygiene perceived by nurses.

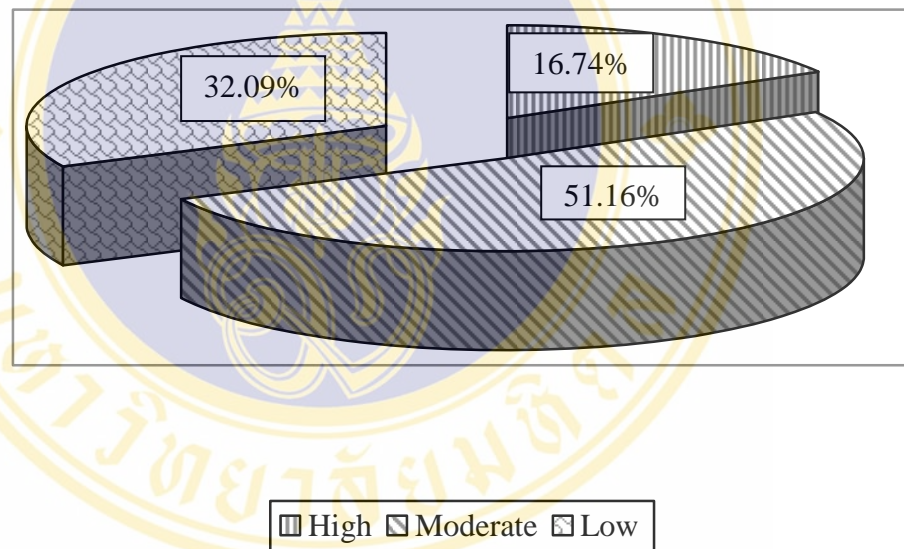


Figure 4 Overall hygiene factors

And under hygiene factors, policy and administration was 22.33 percent, supervision was 43.72 percent, salary was 32.09 percent, interpersonal relationship was 37.67 percent, and working condition at a moderate level were 33.02 percent. It also shown that the nurses who had low level of hygiene including as administration was 26.98 percent, supervision was 20.00 percent, salary was 27.44 percent, relationship was 19.53 percent and working condition percentage of health centers nurses were at a high level were at 30.23 percent. Detail data shown in table 3.

Table 3 Percentage of hygiene factors (n=215)

Item	Level of Hygiene Factors					
	High		Moderate		Low	
	n	%	n	%	n	%
Overall Hygiene	36	16.74	110	51.16	69	32.09
Administration	109	50.70	48	22.33	58	26.98
Supervision	78	36.28	94	43.72	43	20.00
Salary	87	40.47	69	32.09	59	27.44
Relationship	92	42.79	81	37.67	42	19.53
Working Condition	79	36.74	71	33.02	65	30.23

4.3 Job satisfaction

From third part of the questionnaires, the respondents were asked to report their satisfaction about various component corresponded to the total of job satisfaction. Those components consisted of many factors such as opportunity to participate in administrative decision making and administrative matter, interpersonal relationship, reward system, continuing education and training, working facilities and the quality of service provided by the organization.

The maximum score of 20 items related to the job satisfaction component was 100 score. It shown that fifty five respondents (25.58%) had low level job satisfaction, 49.30 percent had moderate level of job satisfaction and only 25.12 percent had high level of job satisfaction. The figure 5 was illustrated level of job satisfaction of nurses who has been working at health centers in Aceh Timur district, Nanggroe Aceh Darussalam Province, Indonesia.

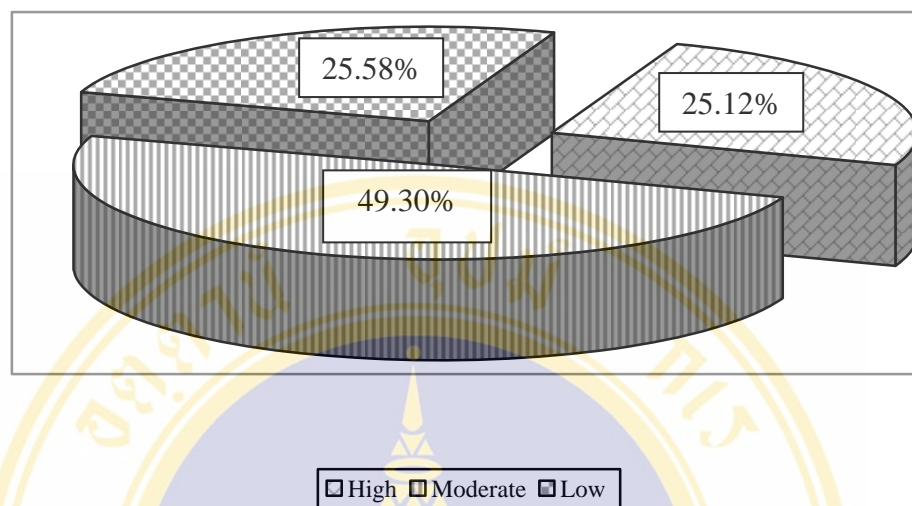


Figure 5 Overall job satisfactions

In the term of each aspect of job satisfaction statistics such as organization, administration, promotion and incentive, and quality of service perceived by nurses were showed in table 4.

Table 4 Percentages of job satisfaction by items (n=215)

Item	Level of Satisfaction					
	High		Moderate		Low	
	n	%	n	%	n	%
Overall Job Satisfaction	54	25.12	106	49.30	55	25.58
Organization	74	34.42	128	59.53	13	6.05
Administration/Relationship	63	29.30	106	49.30	46	21.40
Promotion and Incentive	73	33.95	96	44.65	46	21.40
Quality of Service	90	41.86	79	36.74	46	21.40

4.4 Association between personal characteristics and job satisfaction

Scores of job satisfaction were calculated and statistically correlated with individual characteristic variables to find a significant association among them. The Chi-Square test was employed, if p-value was $< .05$ it showed significant association between two variables have been testing. Based on three level of job satisfaction, the association between individual socio demographic characteristics and job satisfaction showed in table 5.

The results revealed that male nurse had high level of job satisfaction 32.35 percent compared with female nurse at the same level of satisfaction were 21.77 percent. Under the moderate level of job satisfaction, male nurses were 39.71 percent compared with female nurses 53.06 percent. And for male nurses who at a low level of job satisfaction were 27.94 percent compared with female nurses who at a low level of job satisfaction were 25.17 percent. However, it has no association between gender and job satisfaction by using Chi Square test ($X^2= 3.909$, p-value = .142).

According to age, the study results showed that age group of 29 years old or less was at a high level of satisfaction, 25.58 percent compared with age group and more than 29 years old which were 24.42 percent. Under the moderate level of job satisfaction, age group 20 years old or less were 52.71 percent, while for age group more than 29 years old, the percent was 43.02. And for low level of job satisfaction, age groups of 29 years old or less were 21.71 percent compared with age group more than 29 years old, 32.56 percent. However, there was no significant association between age and job satisfaction by using Chi-Square test ($X^2= 3.353$, p-value = .187).

Concerning marital statuses of nurses, the study results showed that unmarried nurses were at a high level of job satisfaction were 28.99 percent compared with married 42.47 percent. And for moderate job satisfaction, married nurses of job satisfaction were 49.32 percent compared with unmarried nurses 47.83 percent. In cases of low job satisfaction, married nurses with low job satisfaction were 27.40

percent compared with unmarried (23.19%). By using Chi Square test, marital status of nurses had no significant association with job satisfaction ($X^2 = .946$ p-value = .623).

The study results also showed that educational level after regrouping into two categories, it was found that educational level of nurses has a significant association with job satisfaction ($X^2 = 52.27$, P-value = .000). Where bachelor degree of nursing, others educational level and diploma of nursing were regrouping together in the same group as higher level of education (bachelor degrees). It is than the higher levels of education with high level of job satisfaction were 37 percent compared to certificate degree, 5 percent. Meanwhile, the group of respondents where higher level education of moderate job satisfaction were 51.9 percent compared with certificate degree of low job satisfaction were 43.8 percent. On the other hand, low level of job satisfaction on certificate degree was 51.30 percent compared with those nurses who hold higher educational degree were at 11.10 percent.

According to travel time to work place into three categories which are less than 15 minutes, between 15-20 minutes and more than 20 minutes, nurses who reached travel more than 20 minutes (57.50%) were at a high level of job satisfaction compared with those who reached health centers less than 15 minutes and 15-20 minutes were 20 percent and 30 percent, respectively.

Nurses who reach health centers less than 15 minutes were at a moderate level of job satisfaction compared with those nurses who reach working place at 15-20 minutes and more than 20 minutes, were 22 percent and 7.50 percent, respectively. And for the others group where low level of job satisfaction, duration of time to reached the health centers between more than 20 minutes were 57.50 percent compared with those groups of nurses with less than 10 minutes (33.60%) and more than 15-20 minutes was 48 percent. Hence, there was a significant association between travel time and job satisfaction by using Chi Square test ($X^2 = 12.44$, P-value = .0149)

The results also revealed that there was a statistically significant association between professional training of nurses with job satisfaction by using Chi-Square test ($X^2 = 11.726$, P-value = .003). Nurses who attended professional training in the recent two years had high level of job satisfaction at 28.67 percent compare with nurses who did not attended training at a high level of job satisfaction 17.864 percent. On the other hand, nurse who attended professional training were at a moderate level of job satisfaction were 42.67 percent compared with nurses those who did not attended training, were 52.14 percent. Nurses who attended professional training at a low level of job satisfaction, 18.67 percent compared with those nurses who did not attended professional training 30 percent.

According to number of training. Nurse who attended 2-4 times of professional training had high level of job satisfaction, 66.67 percent compared with those who attended only one professional training during working at health centers, 31.67 percent. Besides this, nurses who attended one of the training had moderate level of job satisfaction, 50 percent compared with those who attended more than 2-times of professional training, 13.33 percent. In case of low level of job satisfaction. Nurses who attended 2-4 times of professional training were 20 percent compare with those nurses who attended professional training once (18.33%) However, there was a significant association between number of professional training attended and job satisfaction by using Chi Square test ($X^2 = 7.601$, P-value = .022).

Regarding to working duration at health centers among nurses, the results also showed no statistically significant association between duration of working at health centers and job satisfaction by using Chi Square test. ($X^2 = 6.431$, P-value = .169). Those nurses who had worked at health centers 4-10 years at a high level of job satisfaction only 27.10 percent compared another's group which work 3 years or less and more than 10 years were at a high level of job satisfaction were 26.32 percent and 15.63 percent, consecutively. For moderate level of job satisfaction, nurses who worked at health centers 4-10 years were 57.47 % compared with nurses who work 3 years or less and more than 10 years were 50% % and 40.63 %.

In term of working duration as health personnel, after test presented that, there was also no significant association between duration of working as health personnel and job satisfaction. ($X^2 = 4.3338$, P-value = .356). Nurse who had high level of job satisfaction were nurses who worked 4-10 years (27.72 %) compared with those who worked 3 years or less and more than 10 years were 27.40 percent and 14.63 percent, respectively. On the others hand, for those who at a moderate level of job satisfaction were nurses who work more than 10 years (76.92%) as health personnel compared with those nurse who worked 3 years or less and 4-10 years were 49.32 percent and 48.51 percent, respectively.

In conclusion, there was no significant association between some personal socio demographic characteristic variables and job satisfaction, namely, sex, age, marital status, duration of working at health centers and duration of working as health personnel. But four variables had shown statistically significant association. They were educational level, travel time to health centers, professional training and number of professional training attended in the recent two years. (See table 5)

Table 5 Association between individual characteristics of nurses and job satisfaction (n=215) by Chi Square Test

Characteristics	Level of Job Satisfaction							
	High		Moderate		Low		Total	
	n	%	n	%	n	%	n	%
Gender								
Male	22	32.35	27	39.71	19	27.94	68	100
Female	32	21.77	78	53.06	37	25.17	147	100
Total = 215	$X^2 = 3.909$		df = 2		P-Value = .142			
Age								
≤ 29	33	25.58	68	52.71	28	21.71	129	100
≥ 29	21	24.42	37	43.02	28	32.56	86	100
Total = 215	$X^2 = 3.353$		df = 4		P-Value = .187			
Marital Status								
Married	34	23.29	72	49.32	40	27.40	146	100
Unmarried	20	28.99	33	47.83	16	23.19	69	100
Total = 215	$X^2 = .946$		df = 2		P-Value = .623			

Table 5 Association between individual characteristics of nurses and job satisfaction (n=215) by Chi Square Test (cont.)

Characteristics	Level of Job Satisfaction							
	High		Moderate		Low		Total	
	n	%	n	%	n	%	n	%
Educational Level								
Bachelor/Diploma	50	37.00	70	51.9	15	11.1	135	100
Certificate	4	5.00	35	43.8	41	51.3	80	100
Total = 215	X² = 52.27 *		df = 2		P-Value = .000			
Travel Time								
≤ 15 Minutes	25	20.00	58	46.4	42	33.6	125	100
15-20 Minutes	15	30.00	11	22.00	24	48.00	50	100
≥ 20 Minutes	14	25.10	3	7.50	23	57.50	40	100
Total = 215	X² = 12.44 *		df = 4		P-Value = .0143			
Professional Training								
No	25	17.86	73	52.14	42	30.00	140	100
Yes	29	28.67	32	42.67	14	18.67	75	100
Total = 215	X² = 11.726		df = 2		P-Value = .003			
Number of Training Attended								
2 - 4 Times	10	66.67	2	13.33	3	20.00	15	100
Once	19	31.67	40	50.00	11	18.33	60	100
Total = 215	X² = 7.601		df = 2		P-Value = .022			
Working Duration at Health centers								
≤ 3 Years	20	26.32	38	50.00	18	23.68	76	100
4 -10 Years	29	27.10	54	50.47	24	22.43	107	100
≥ 10 Years	5	15.63	13	40.63	14	43.75	32	100
Total = 215	X² = 6.431		df = 4		P-Value = .169			
Working Duration as Health Personnel								
≤ 3 Years	20	27.40	36	49.32	17	23.29	73	100
4 -10 Years	28	27.72	49	48.51	24	23.76	101	100
≥ 10 Years	6	14.63	20	49.32	15	36.59	41	100
Total = 215	X² = 4.388		df = 4		P-Value = .356			

*P <0.05

4.5 Association between motivation factors, hygiene factors and job satisfaction

The score of job satisfaction were statistically correlated with motivation factors by using Chi-Square Test. From the analysis of the association, the study results showed that there was no significant association ($P < .05$) between overall motivation factors and job satisfaction ($X^2 = 3.814$, $P\text{-value} = .432$). When considering each aspect of motivation factors, it was found that significant association between one aspect of motivation factors, recognition and job satisfaction was indicated by $p\text{-value} = .010$. There was neither relationship between other aspects, such as achievement, work itself, responsibility and advancement and job satisfaction.

It was also found that group there was high level of motivation factors 32.61 percent had high level of job satisfaction compared with those who were moderate level of job satisfaction, 39.13 percent and low level of job satisfaction, 28.26 percent. And the others group which in motivation factors was moderate of job satisfaction was 20 percent compared with those who was moderate level of job satisfaction was 53.68 percent and also low level of job satisfaction were 26.32 percent. On the other hand, nurses who had low in motivation of high job satisfaction were 27.03 percent had high job satisfaction.

According to the recognition item, the study revealed that nurses who high level in recognition factors were 34.24 percent of high level of job satisfaction compared with those nurses who moderate level and low level of job satisfaction, 41.10 percent and 24.66 percent respectively. For nurses moderate level of recognition were 8.06 percent of high job satisfaction compared with those moderate level of job satisfaction were 53.23 percent and low level of job satisfaction were 17.50 percent.

Nurses who low level of high job satisfaction, were only 30 percent compared with those nurses moderate level of job satisfaction and low level of job satisfaction were 52.50 percent and 17.50 percent, respectively. Detail was showed in table 6.

Table 6 Association between motivation factors of nurses and job satisfaction (n=215) by Chi Square Test

Items	Level of Job Satisfaction							
	High		Moderate		Low		Total	
	n	%	n	%	n	%	n	%
Overall Motivation								
High	15	32.61	18	39.13	13	28.26	46	100
Moderate	19	20.00	51	53.68	25	26.32	95	100
Low	20	27.03	37	50.00	17	22.97	74	100
	X² = 3.814		df = 4		P-Value = .432			
Achievement								
High	12	20.00	31	51.67	17	28.33	60	100
Moderate	28	29.79	46	48.94	20	21.28	94	100
Low	14	22.95	28	45.90	19	31.15	61	100
	X² = 3.313		df = 4		P-Value = .507			
Recognition								
High	25	34.25	30	41.10	18	24.66	73	100
Moderate	5	8.06	33	53.23	24	38.71	62	100
Low	24	30.00	42	52.50	14	17.50	80	100
	X² = 17.835		df = 4		P-Value = .001			
Work Itself								
High	32	28.83	49	44.14	30	27.03	111	100
Moderate	17	23.29	36	49.32	20	27.40	73	100
Low	5	16.13	20	64.52	6	19.35	31	100
	X² = 4.393		df = 4		P-Value = .355			
Responsibility								
High	9	16.36	32	58.18	14	25.45	55	100
Moderate	16	23.53	29	42.65	23	33.82	68	100
Low	29	31.52	44	47.83	19	20.65	80	100
	X² = 7.399		df = 4		P-Value = .116			
Advancement								
High	30	30.30	48	48.48	21	21.21	99	100
Moderate	13	17.57	36	48.65	25	33.78	74	100
Low	11	26.19	21	50.00	10	23.81	42	100
	X² = 5.443		df = 4		P-Value = .245			

*P <0.05

Regarding to hygiene factors perceived by health centers nurses, the study results showed that there was a significant association (P< .05) between overall hygiene factors and job satisfaction. When considering in each aspect, it was found

that statistically significant association between two aspects of hygiene factors. It were salary and benefit (p-value = .002) and working conditions (p-value = .000). But other aspects were no significant association between other aspects, such as policy and administration, supervision and interpersonal relationship.

For overall hygiene factors, the result of testing showed that the group which there was high level hygiene factors was 27.78 of high level of job satisfaction compared with those who had moderate level of job satisfaction were 19.44% and those who low level of job satisfaction were 19.44%. And the others group which there was moderate level of hygiene factors were 22.73 of high level of job satisfaction compare with group which those who had moderate level of job satisfaction were 54.55% and low level at job satisfaction were 22.73%. On the others hand, nurses who had low level of job satisfaction of high job satisfaction were 27.54% compared with those nurses on moderate level and low level of job satisfaction were 39.13% and 33.33%, respectively. However, the result revealed that there was statistically significant association between job satisfaction and hygiene factors of job satisfaction by using Chi-Square test ($X^2 = 5.163$, P value = .271).

Concerning to salary of job satisfaction, the study revealed that the group of nurses who perceived there was high level of salary aspect was 33.33% of high level of job satisfaction compared with those who had high level of salary and moderate of job satisfaction at 49.43% and low job satisfaction were 17.24%. And for others group those which there was moderate level of salary and high of job satisfaction were 20.29 % compared with the group those who had high of salary and moderate of job satisfaction 53.62.

In case of low level of salary and high of job satisfaction were 18.64% compared with those moderate of job satisfaction were 42.37 % and low level of job satisfaction were 38.98 %. However, the result revealed that there was statistically significant association between salary and job satisfaction by using Chi-Square test ($X^2 = 11.178$, p-value = .025).

According to working condition of health centers. The result of study showed that nurses who perceived working condition at a high level and also high level of job satisfaction were 29.11% compared with those on moderate of job satisfaction at 56.96 % and low job satisfaction were 13.92 %. And for another's group those which there were moderate level of working condition and high of job satisfaction were 18.46 % compared with the group those who had moderate of working condition and moderate of job satisfaction 60 %.

Regarding to low level of working condition and high of job satisfaction were 26.76 % compared with those moderate of job satisfaction were 29.58 % and low level of job satisfaction were 43.66 %. However, the result revealed that there was statistically significant association between working condition and job satisfaction by using Chi-Square test ($X^2 = 11.178$, $p\text{-value} = .025$). See detail in table 7 below.

Table 7 Association between hygiene factors of nurses and job satisfaction (n=215) by Chi Square Test

Items	Level of Job Satisfaction							
	High		Moderate		Low		Total	
	n	%	n	%	n	%	n	%
Overall Hygiene Factors								
High	10	27.78	19	52.78	7	19.44	36	100
Moderate	25	22.73	60	54.55	25	22.73	110	100
Low	19	27.54	27	39.13	23	33.33	69	100
Total = 215	$X^2 = 5.163$		df = 4		P-Value = .271			
Administration								
High	28	25.69	53	48.62	28	25.69	109	100
Moderate	13	27.08	22	45.83	13	27.08	48	100
Low	13	22.41	30	51.72	15	25.86	58	100
Total = 215	$X^2 = .471$		df = 4		P-Value = .976			
Supervision								
High	18	23.08	40	51.28	20	25.64	78	100
Moderate	20	21.28	47	50.00	27	28.72	94	100
Low	16	37.21	18	41.86	9	20.93	80	100
Total = 215	$X^2 = 4.430$		df = 4		P-Value = .351			

Table 7 Association between hygiene factors of nurses and job satisfaction (n=215) by Chi Square test (cont.)

Items	Level of Job Satisfaction							
	High		Moderate		Low		Total	
	n	%	n	%	n	%	n	%
Salary and Benefit								
High	29	33.33	43	49.43	15	17.24	87	100
Moderate	14	20.29	37	53.62	18	26.09	69	100
Low	11	18.64	25	42.37	23	38.98	59	100
Total = 215	X² = 11.178		df = 4		P-Value = .025			
Relationship								
High	21	22.83	40	43.48	31	33.70	92	100
Moderate	23	28.40	43	53.09	15	18.52	81	100
Low	10	23.81	22	52.38	10	23.81	42	100
Total = 215	X² = 5.425		df = 4		P-Value = .246			
Working Condition								
High	23	29.11	45	56.96	11	13.92	79	100
Moderate	12	18.46	39	60.00	14	21.54	65	100
Low	19	26.76	21	29.58	31	43.66	71	100
Total = 215	X² = 23.267		df = 4		P-Value = .000			

CHAPTER 5

DISCUSSION

This study was conducted among 215 nurses who have been working at 21 health centers in Aceh Timur District, NAD Province, Indonesia, using self-administrated questionnaires. Based on the objective of study, there are various important features to be discussed in this chapter. These are individual characteristics, motivation factor, hygiene factors and job satisfaction.

The discussion of the results obtained from the study was highlighted in details in this chapter. The sequence of discussion composed of three parts was followed according to the study objectives:

- 5.1. Association between job satisfaction and individual characteristics
- 5.2 Association between motivations perceived by nurses and job satisfaction
- 5.3 Association between hygiene factors perceived by nurses and job satisfaction

5.1 Association between job satisfaction and individual characteristics.

According to Herzberg's two factors theory, socio demographic factors influence of job satisfaction. The result of this study showed that overall job satisfaction of the nurses who have been working in Aceh Timur District was at a moderate level nearly fifty percent (49.30 %). Results of this study also revealed that some aspects of socio demographic variables of nurses who have been working at health centers in Aceh Timur District have no significant association with job satisfaction. They are gender, age, marital statuses, working duration at health centers and working duration as health personnel. Otherwise, the results showed that there

were associations between education levels of nurses, travel time to work place, professional training, and amount of professional training attended in the recent two years toward job satisfaction of nurses at health centers in Aceh Timur District.

Regarding to gender of nurses who work at health centers, no significant differences was note under each level of job satisfaction. Male and female nurses showed that there are no differences in level of job satisfaction. These results supported the previous studies of Iskandar TA in 2001 that also obtained similar results and concluded gender differences has no influence to job satisfaction. But Simpson (1985) noted that while all level of nurses reported some dissatisfaction at work, males experienced greater job satisfaction than females. This may be attributed to the fact that males advance more rapidly than females (32).

For age factor of nurse, there was no significant association between age and job satisfaction. A similar research result of Wang, S.H. (2004) who studied job satisfaction of nurses and their perception on head nurses leadership, working in the Sakeo Provincial Hospital Thailand she also found that there was no significant association between age of nurses and job satisfaction of nurses. However, James and Jones (1980) mentioned that job satisfaction tend to increase gradually with age.

Morrow and Mc Elroy (1987) mentioned an increase in job satisfaction that linked to several factors. For example, an older worker has more time to find a job in which they are reasonably happy. Older workers are more satisfied with the intrinsic, personal aspect of their job than they are with the extrinsic aspects, such as payment. According to White and Spector (1987), older workers may have resigned themselves to the fact that things are unlikely to improve, resulting in a better congruence between worker desires and job attributes. Bray and Howard (1983) also mentioned that work becomes less of a focus in people's lives as they age and achieve occupational success (33).

Marital status, in this study was found to have no significant association between marital status and job satisfaction. (P-value = .623). The percentage between

married, single and others were almost the same scores, though others status including divorce had slightly higher on job satisfaction. There were not much differences between single, others and married nurses. Even though others slightly more satisfied in term of job satisfaction than the single nurses. It was contradicted with study conducted by Gyanendra, P.G (1998) where married nurses were married significantly more satisfied than single (14).

According to educational level, there was a significant association with job satisfaction by using statistical method of Chi-Square (p -value = .000). It was believed that the people with higher education developed higher expectation and if their expectation were not met, the situation eventually led to the lower level of job satisfaction and vice versa. Wetzel et al. (1989), explained by the greater gap between bachelor's degree holders' has higher role expectations and actual working roles. The knowledge enrichment of university-educated nurses may yield a broader perspective and a higher expectation for their working roles compared with those of diploma or associate degree nurses (6).

Regarding to the results of the study, one explanation was that the nurses with high education background have been posting in higher rank position than nurses who had lower educational background. Most of nurses with higher education posted as clinical manager and chief of unit service for health centers. These made nurses with high education feel high self esteem and self respect, and happy to be in nursing profession. This is working achievement and it could lead them meet their needs at the top of the Maslow's hierarchy of needs, it was self actualization. And rules and regulations for continuing education have impact to nurses for further education especially for distance learning process.

Employment status of all nurses was permanent employees who work for the government. Both Maslow and Herzberg suggested that the increase of self esteem or status of individual, which has considered as higher level of psychological need would increase satisfaction. The amount of achievement that the employee perceives possible in the job. Along with recognition for these achievements is directly related

to level of job satisfaction (16, 17, 22) The previous the study among nurses who work at health centers in Pidie District, the results indicated that permanent employee status has a significant correlation with job satisfaction and job performances.

Regarding the travel time, the study found that there was no significant association between travel time and job satisfaction. (p-value = .0143). It was supported the previous the study among nurses who work at health centers in Pidie District NAD Province, Indonesia, the results indicated that travel time has a significant correlation with job satisfaction and job performances. Travel time of nurses to work place also related to money they spent to reach health centers. If travel time took time longer, more money spent for transportation.

In term of training experience, nurses who work at health centers in Aceh Timur District, NAD Province, Indonesia, did not receive continuous professional training after graduated from their nursing education and working as health personnel. The result found that professional training was has significant association with job satisfaction (p-value = .003). It contradicted with previous study in Pidie District, NAD Province which had no significant association between professional training and job satisfaction. It is speculated that post registered training should aim to consolidate and build upon skill and knowledge gained during training through provision of continuing professional and academic development. Lack of professional training of nurses leading to poor of satisfaction with work prospects (34).

According to Herzberg, management should focus on rearranging work so that motivation factors can take effect. He suggested three ways in which this could be done; the first is job enlargement, the second on job rotation and the third on job enrichment. Job enrichment is the process of improving work processes and environments so they are more satisfying for employees and provide skill improvement opportunities. Job enrichment also an attempt to motivate employees by giving them the opportunity to use the range of their abilities. It can be contrasted to job enlargement which simply increases the number of tasks without changing the challenge. As such job enrichment has been described as 'vertical loading' of a job,

while job enlargement is 'horizontal loading'. An enriched job should ideally contain: a range of tasks and challenges of varying difficulties, a complete unit of work a meaningful task and feedback, encouragement and communication. This could include education at universities or on the job training. (35).

Concerning to duration of working at health centers and duration of working as health personnel. It was no found that significant statistically association between duration of working duration and job satisfaction. It was supporting the previous research by Iskandar TA (2001) who found that duration of nursing service at health centers did not have relationship with job satisfaction. This problem could be due to the higher level of unmet need for growth and achievement which must have affected to their perception on job satisfaction.

5.2 Association between motivation of nurses and job satisfaction of nurses.

Concerning to motivation factors perceived by nurses, the result of the study found that motivation factors perceived by nurses were at a moderate level 44.19 percent. We conclude that motivation factors of job satisfaction which originate from the nature of job itself which can create job satisfaction. The domains of motivation factor in this study were achievement, recognition, works itself, responsibility, and advancement.

Regarding to Achievement items, the result of this study showed that nurses who has been working at health centers at a moderate level (43.72 %). The study revealed further that most of nurses were proud to be a nurse; they can also solve the problem, work and felt that nursing profession was very important to the society. This idea can lead them to gain the self esteem in work and glad to be with nurses, lead them to self actualization as a top rank of human need of Maslow's.

Concerning to recognition items, this study showed that majority of nurses who work at health centers in Aceh Timur District has low level of this point (37.21 %). Because the nurses at the health centers receive respect from the patient and

society regarding their job. And they can share the opinion to solve the patient problem. But they did not have respect from others profession such as medical doctor in their work. The study found that recognition had significant association with job satisfaction by using statistical method of Chi-Square (p - value = 0.01).

According to Morgan &McCann 1983, Keenan et al. 1998, Coeling & Cukr, 2000, the working relations between doctors and nurses, as any set of relations between two collective groups in the workplace, are affected to some degree by interprofessional conflicts. The causes can be many: gender differences; gaps in education and socio-economic status; lack of understanding and sympathy; and, of late, the clash when nurses try to take on more professional responsibility. In the past, their subordination to the doctor has gone unquestioned. Corley (1998), in a review of many empirical research studies, has spelled out the factors affecting the nature and substance of nurse and physician relations and this paragraph represents that study's findings. The conflictual factors include the fact that nursing is still by and large a female profession while doctoring is still largely male, and the physician's higher prestige.

According to Corley, even if the idea that the nurse is some kind of doctor's apprentice is gradually disappearing, its influence is still felt. Physicians still adopt authoritarian attitudes. Nurses' opinions are not taken into consideration and they are apprehensive about challenging the physicians' greater power and authority. Feeling intimidated by the physicians' prestige and authority, nurses can, for example, hesitate to report changes in the patients' condition (36).

In case of work itself aspect, the result of study showed that the nurses who work at health centers satisfied in work was at a high level (51.63 %). It is reasonable because nursing is a unique profession. It was helping profession. Most of nurses felt that they can apply their knowledge and experience during working, can make decision freely and they felt that nursing as an interesting and challenging profession and they need more creative and an innovation to serve the people by nursing science.

According to responsibility, the study revealed that responsibility of nurse's job satisfaction was at a low level (42.79 %). Nurse's responsibility was professional responsibility. Professional responsibility is the area of legal practice that encompasses the duties of attorney to act in a professional manner, obey the law, avoid conflict of interest, and put the interests of clients ahead of their own interests (37).

Herzberg (1959) argues that employees will be more motivated to do their jobs well if they have ownership of their work. This requires giving employees enough freedom and power to carry out their tasks so that they feel they "own" the result. As individuals mature in their jobs, it's needs to provide opportunities for added responsibility. Be careful, however, that you do not simply add more work. Instead, find ways to add challenging and meaningful work, perhaps giving the employee greater freedom and authority as well (38).

The nurse is responsible for contributing to **a moral environment that encourages respectful interactions with colleagues, support of peers, and identification of issues that need to be addressed.** Nurse administrators have a **particular responsibility to assure that employees are treated fairly and that nurses are involved in decisions related to their practice and working conditions.** Acquiescing and accepting unsafe or inappropriate practices, even if the individual does not participate in the specific practice, is equivalent to condoning unsafe practice. Nurses should not remain employed in facilities that routinely violate patient rights or require nurses too severely and repeatedly compromise standards of practice or personal morality.

In the term of advancement, the study found that the level of advancement of health centers nurses' job satisfaction were at a high level (46.05 %). Panyarachun and Danpradit (1996) mentioned that one cause of resignation from nursing profession of nursing staff was hard working in addition to staff nurses tried to find higher position by increasing their knowledge. They attempt to exhibit their skill and capabilities to head nurses with the hope of being promoted (20). Nurses also need

reward loyalty and performance with advancement. If you do not have an open position to which to promote a valuable employee, consider giving him or her a new title that reflects the level of work he or she has achieved. When feasible, support employees by allowing them to pursue further education, which will make those more valuable to your practice and more fulfilled professionally.

5.3 Association between hygiene of nurses and job satisfaction of nurses.

Regarding to hygiene factors, the result of the study shows that hygiene factor perceived by nurses was at a moderate level, 51.16 percent. Herzberg (1959) mention that second group factor of job satisfaction was hygiene factors, was negative or absent will lead to dissatisfaction. It is noted that the factors influencing job satisfaction related to motivation.

The factors presumed to cause dissatisfaction are hygiene factors which related to the work environment. According to Herzberg, changing the environment alone will not enhance motivation (19). These hygiene factors included policy and administration, supervision, salary, interpersonal relationship and working conditions.

The finding of policy and administration of nurses toward job satisfaction was at a high level (49.30 %). They understand the policy and administration created by District Health Office and also they can accept rules and regulations after explained before applied to health centers services setting. **The head of health centers also used their leadership to create good working condition psychologically such as accept the opinion of nurses to improve the patient service.** Clearly, effective leadership and management could influence nurse's perception on their job performance and role in the health care organization directly which lead to job satisfaction. An organization's policies can be a great source of frustration for employees if the policies are unclear or unnecessary or if not everyone is required to follow them.

Although employees will never feel a great sense of motivation or satisfaction due to the policies, it can decrease dissatisfaction in this area by making sure your policies are fair and apply equally to all. You might also compare your policies to those of similar practices and ask yourself whether particular policies are unreasonably strict or whether some penalties are too harsh. (38).

Supervision means the act of watching over the work or tasks of another who may lack full knowledge of the concept at hand. Supervision does not mean control of another but guidance in a work, professional or personal context. According to results of this study, Head of health centers and chief of nursing officer who work closely to nurses conducted the technical supervision. Therefore, the perceptions of nurses on supervision of job satisfaction were at a moderate level (43.72 %).

It was similar to previous study that revealed that technical supervision of nurse was at a moderate level (14). The nurses perceived that the head of health centers or chief of nursing officer help them if they have a problem in term of technical skills and help them equally. The role of supervisor is extremely difficult. It requires leadership skills and the ability to treat all employees fairly supervisors to use positive feedback whenever possible and should establish a set means of employee evaluation and feedback so that no one feels singled out. In fact, head nurses had not received preparation for being effective managers and leaders, but we appointed based on seniority. Hence, there were managers with limited supervision and management skills (20).

The old adage "you get what you pay for" tends to be true when it comes to staff members. Salary is not a motivator for employees, but they do want to be paid fairly. If individuals believe they are not compensated well, they will be unhappy working for you. According to salary, the study revealed that salary and incentive of staff nurse's job satisfaction was at a high level (40.47 %). But the nurses still felt that the salary and incentive not reasonable if they compared to task and quality of work, they also felt the salary and incentive did not make them well being and not happy with rule and regulation on welfare provided by District Health Office.

The salary regulations come from top down policy of the government. In the previous study also found that job satisfaction of nurses related to salary and benefit paid for them. Nurses who work in private hospitals report higher levels of job satisfaction and reported higher intention to stay at their jobs than nurses in public hospitals. The core problem was differences of salary and benefits. (23). Chavanagh (1992) suggested that the distribution of salary and benefits was associated with job satisfaction. (20).

In the term of relationship with colleagues, the nurse's job satisfaction was at a moderate level of nurse's job satisfaction, 72.56 percent. Nurses can work and communicate well each others and most of the nurses felt that their team work like "a big one family". It drew closely relationship to each others at their work place. If they have any problem, they can discuss each others to find solving problem. That's the fact that nursing profession characterize with a heavy dependence on teamwork and the member of the team can interact each others. Interaction is an essential component to support group work, it usually involved reciprocity expectation. Co-worker support is more than twice as important as others sources of support. Individual who received support from either co-worker or supervisor reported low of conflict and ambiguity(14).This research finding was supported by Vroom (1964), who found that the people who work in isolated position within work force have a higher turn over rate than those in position involving some degree of interaction(7)

The results of this study also indicated that working condition was related to nurse's job satisfaction. 36.74% of nurses had high level of job satisfaction. The factors related to job satisfaction on this domain including adequate staffing, scheduling, of working hours, a clean work environment, adequate equipment and supplies. The nurses still felt that working place is not spacious enough to them in daily service, besides material, supplies, and equipment not available to perform their job. And most of the nurses felt that staff of health centers is not enough to run an efficient work.

The conclusion is nurses working condition made them stress and has impact to their job satisfaction. The environment in which people work has a tremendous effect on their level of pride for themselves and for the work they are doing. If you've placed your employees in close quarters with little or no personal space, don't be surprised that there is tension among them (38).



CHAPTER 6

CONCLUSION AND RECOMMENDATION

6.1 Conclusion

This study was identified factors influencing job satisfaction among nurses working at health centers in Aceh Timur District NAD Province, Indonesia. It studied about socio demographic factor of nurses such as gender, age, marital status, education level, travel time, professional training and working duration. It also studied on motivation and hygiene factors perceived by nurses. The motivation factors consisted of achievement, recognition, work itself, responsibility and advancement. While hygiene factors including policy and administration, supervision, salary, interpersonal relation with colleagues and working condition. The target population as mentioned at the previous chapter was nurses who work at health centers and subjects of this study were 215 of 21 health centers nurses in the 2008.

The research instrument was based on the concept of Herzberg's two factor theory of job satisfaction. The instrument used for data collection was self administered questionnaires which were consisted of four parts: individual characteristic, motivation factors, hygiene factors and job satisfaction. The reliability of motivation factor was .74, hygiene factors were .72 and job satisfaction was .66 point. A self administered questionnaire was distributed during second through third week of January 2008.

Statistical analysis such as descriptive statistic was applied by frequencies, percentage, mean, median, quartile and standard deviation. Chi-Square test was employed to measure the association between job satisfaction of nurses and individual characteristics, motivation factors and also hygiene factors. Based on the results of the study and interpretation, the conclusion concerning these factors discussed below:

The study revealed that majority of nurses who has been work at health centers in Aceh Timur NAD Province, Indonesia had moderate level of job satisfaction (49.30%). The job satisfaction domain including organization, administration and relationship, promotion and incentives, and quality of services. The entire item mentioned had moderate level. The study revealed that individual characteristic of socio demographic factors (individual characteristics) and job satisfaction. It showed that were no statistically significant associations among gender, age, marital status, duration of working at health centers and duration of working as health personnel. But education level (p-value = .000), travel time to working place (p-value = .0143), professional training attended (p value = .003) and amount of training attended in the recent two years had statistically significant association with job satisfaction by using Chi-Square test (p value = .022).

Concerning to motivation factors of job satisfaction, the result of the study showed that most of nurses had motivation at a moderate level (44.19%). The motivation factors including achievement, recognition, work itself, responsibility, and advancement. All of items were at a moderate level. But only recognition of motivation factors had significant association with job satisfaction by using Chi-Square test. (P-value = .001)

Regarding to hygiene factor of job satisfaction, most nurses at health centers perceived these factors at a moderate level (51.16%). The hygiene factor including policy and administration, technical supervision, salary and benefit, relationship with colleagues, and working condition. All items under hygiene factors domain also at a moderate level of satisfaction. And only salary and working condition had significant association with job satisfaction by using Chi-Square test. The P-value was .025 and .000, consecutively.

6.2 Recommendations

From the results of this research, the author offers the following recommendations:

6.2.1 Recommendation from result of study

- Nearly a half of nurses (37.21%) still hold certificated of nursing in Aceh Timur District and among them had less satisfied. Based on this finding the government must let them to continue their study at least at diploma degree as first level of professional degree approved by national education law by change regulation for continuing education toward civil servant. And if possible the government creates distance learning education to nurses.

- More than a half (65.12%) of nurses who has been working at health centers never attended professional training to enrich their ability in work. It was a crucial thing that we found. It quite important to nurses to update their knowledge and technical skill in nursing. Based on this finding, District of Health office should provide regular training to refresh nurse's knowledge and skills and proposed budget support for nursing professional training.

- The head of health centers and all staff should have make working atmosphere conducive. Based on finding that nurses feel less respect by others profession such as medical doctor. It quite important to make friendly relationship with others profession and important to reduce the gap between professions.

- This study also found that salary and working condition had association with job satisfaction. It means the management of District Health Office must new policy on incentive and must make a plan to improve working condition.

6.2.2 Recommendation for further studies

- The research instrument may be not reflecting the real feeling of nurses on job satisfaction. Therefore for further research if using interview and in-depth interview may provide more qualitative information and also compliment the information on quantities as this research was done.

- The results of this study might not reflect of the whole population of nurses in Aceh Timur District. Therefore, need to be done the research in large sample of nurses and also consider development of factors variables that contributing.

- The future study also should be directly exploring nurse's behavior in service of patient and quality of health service concerning job satisfaction.



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APPENDIX A

Table 8 Percentage distribution of motivation factors of nurses (n=215) by items

Motivation Factors Item	SA	A	NS	D	DS
	n %	n %	n %	n %	n %
ACHIEVEMENT					
I feel Proud with nursing profession	76 64.65	139 35.35	0 0	0 0	0 0
I am able to use ability to solve the Problem	72 33.49	141 65.58	2 0.93	0 0	0 0
My job is important to the patient health and people accept my profession	71 33.02	143 66.51	1 0.47	0 0	0 0
RECOGNITION					
I receive respect from the society regarding to my job	60 27.91	121 56.28	22 10.23	12 5.58	0 0
Others profession respect to my job and my profession	3 1.40	7 3.26	32 14.88	122 64.74	51 23.72
I always share my opinion to solve patient Problems	39 18.14	103 47.91	35 16.28	38 17.67	0 0
WORK ITSELF					
I can apply my knowledge and experience to develop my work	66 30.70	125 58.14	24 11.16	0 0	0 0
My work is interesting and very challenging to conduct	60 27.91	119 55.35	36 16.74	0 0	0 0
I need some creativity, innovation to run my work and I can make decision freely	67 31.16	122 56.74	26 12.09	0 0	0 0
RESPONSIBILITY					
I take responsible for the result of my work	67 31.16	126 58.60	13 6.05	9 4.19	0 0
I have another task beside my responsibility	69 32.09	124 57.67	22 10.23	0 0	0 0
I can finish my entire job during working hour	76 35.35	120 55.81	19 8.84	0 0	0 0

Table 8 Percentage distribution of motivation factors of nurses (n=215) by items (Cont.)

Motivation Factors Item	SA	A	NS	D	DS
	n	n	n	n	n
	%	%	%	%	%
ADVANCEMENT					
I always get support from head of health center to attend training and workshop to increase skill and ability	2 0.93	12 5.58	29 13.49	120 55.81	52 24.19
The knowledge and experience I got from training and workshop can improve my ability in my job	80 37.21	122 56.74	13 6.05	0 0	0 0
The head of health centers support me to continue my higher level of education	64 29.77	116 53.95	35 16.28	0 0	0 0

APPENDIX B

Table 9 Percentage distribution of hygiene factors of nurses (n=215) by items

Hygiene Factors Item	SA	A	NS	D	SD
	n	n	n	n	n
	%	%	%	%	%
POLICY AND ADMINISTRATION					
I understand the policy and administration of District Health Office on Health centers	57 26.51	140 65.12	14 6.51	4 1.86	0 0
I accept rule and regulation of this health Center and explained before applied to health centers	53 24.65	144 66.98	18 8.37	0 0	0 0
The head of health centers can solve the problem and he/she accept the opinion to improve the working condition	14 6.51	84 39.07	41 19.07	64 29.77	12 5.58
SUPERVISION					
I can ask my supervisor/head of health center freely if I have a problem in term of work especially in term of technical skills	43 20.00	145 67.44	27 12.56	0 0	0 0
My supervisor/head of health centers are always considering my suggestion and opinion related to the job.	41 19.07	147 68.37	27 12.56	0 0	0 0
My supervisor/head of health centers always gives me reward, comment to my job and he/she help us equally	44 20.47	144 66.98	27 12.56	0 0	0 0
SALARY					
My monthly salary is reasonable if I compare with my task and quality of work	0 0.00	2 0.93	21 9.77	140 65.12	52 24.19
My monthly salary and incentive make me well being in society	0 0	3 1.40	19 8.84	138 64.19	55 25.58
I happy with the welfare provided by health center under DHO rule and policy	7 3.26	16 7.44	25 11.63	122 56.74	45 20.93

Table 9 Percentage distribution of hygiene factors of nurses (n=215) by items (Cont.)

Hygiene Factors Item	SA	A	NS	D	DS
	n	n	n	n	n
	%	%	%	%	%
RELATIONSHIP					
I can communicate well with the health team	45	143	27	0	0
	20.93	12.56	66.51	0	0
My team work is usually like one family	42	149	24	0	0
	19.53	69.30	11.16	0	0
When I have a problem, I can ask solving problem from my colleagues or head of health centers	44	148	23	0	0
	20.47	68.84	10.70	0	0
WORK PLACE					
My working place is spacious enough	8	18	35	118	36
	3.72	8.37	16.28	54.88	16.74
The supplies, material and equipment necessary to perform my duty are available in the health centers	0	5	24	127	59
	0	2.33	11.16	59.07	27.44
I believe the staff in this health centers is enough for efficient work	1	6	25	131	52
	0.47	2.79	11.63	60.93	24.19

APPENDIX C

Table 10 Percentage distribution of job satisfaction of nurses (n=215) by items

Job satisfaction Item	VS	S	NS	LS	D
	n %	n %	n %	n %	n %
Organization					
Opportunity to participate in policy formulating in this health centers	2 0.93	12 5.58	28 13.02	136 63.26	37 17.21
Opportunity to participate in decision making In this health centers	1 0.47	12 5.58	30 13.95	131 60.93	41 19.07
Your organizational climate	5 2.33	11 5.12	30 13.95	136 63.26	33 15.35
Administration and Relationship with Colleagues					
Relation among Colleagues	20 9.30	113 52.56	75 34.88	7 3.26	0 0
Relationship between nurses and administrator	27 12.56	109 50.70	65 21.86	12 5.58	2 0.93
Reward and punishment system in the health center	15 6.98	86 40.00	69 32.09	40 18.60	5 2.33
Administration system in the health centers	13 6.05	74 34.42	71 33.02	49 22.79	8 3.72
Opportunity to receive promotion for health centers staff	20 9.30	102 47.44	74 34.42	11 5.12	8 3.72
Opportunity to get promotion if I perform well	18 8.37	102 47.44	78 36.28	8 3.72	9 4.19
Promotion and incentives					
Promotion that you received in this health center	3 1.40	18 8.37	61 28.37	112 52.09	21 9.77
Reward for the people who work with high dedication	17 7.91	59 26.05	78 36.28	53 24.65	11 5.12
Respect of head of health centers to staff	13 6.05	71 33.02	93 43.26	32 14.88	6 2.79

Table 10 Percentage distribution of job satisfaction of nurses (n=215) by items
(Cont.)

Job satisfaction Item	VS	S	NS	LS	D
	n	n	n	n	n
	%	%	%	%	%
Salary compare to work load	1 0.47	19 8.84	50 23.26	101 46.98	44 20.47
Opportunity to attend professional training	1 0.47	12 5.58	43 20.00	115 53.49	44 20.47
Opportunity to continue study at higher level	23 10.70	100 46.51	76 35.35	15 6.98	1 0.47
Quality of service for patient provided by medical doctors	23 10.70	64 29.77	95 44.19	30 13.95	3 1.40
Quality of Service					
Quality of service for patient provided by nurses	20 9.30	63 29.30	86 40.00	45 20.93	1 0.47
Quality of service for patient provided by others staff	20 9.30	66 30.70	80 37.21	49 22.79	0 0
Facilities in working place	0 0	5 2.33	43 20.00	127 59.07	40 18.60
Efficient equipment for service is available in work place	2 0.93	9 2.79	42 19.53	140 65.12	25 11.63

APPENDIX D

Table 11 Means, standard deviation, minimum and maximum of motivation factors of nurses (n=215) by items

Motivation Factors Item	Mean	SD	Min	Max
ACHIEVEMENT				
I feel Proud with nursing profession	4.35	.48	4	5
I am able to use ability to solve the Problem	4.32	.49	3	5
My job is important to the patient health and people accept my profession	4.32	.48	3	5
RECOGNITION				
I receive respect from the society regarding to my job	4.06	.77	2	5
Others profession respect to my job and my Profession	2.01	.80	1	5
I always share my opinion to solve patient problems	3.66	.97	2	5
WORK ITSELF				
I can apply my knowledge and experience to develop my work	4.19	.62	3	5
My work is interesting and very challenging to conduct	4.11	.66	3	5
I need some creativity, innovation to run my work and I can make decision freely	4.19	.63	3	5
RESPONSIBILITY				
I take responsible for the result of my work	4.16	.71	2	5
I have another task beside my responsibility	4.21	.61	3	5
I can finish my entire job during working hour	4.26	.61	3	5
ADVANCEMENT				
I always get support from head of health center to attend training and workshop to increase skill and ability	2.03	.83	1	5
The knowledge and experience I got from training and workshop can improve my ability in my job	4.31	.59	3	5
The head of health centers support me to continue my higher level of education	4.13	.67	3	5

APPENDIX E**Table 12** Means, standard deviation, minimum and maximum of hygiene factors of nurses (n=215) by items

Hygiene Factors Item	Mean	SD	Min	Max
POLICY AND ADMINISTRATION				
I understand the policy and administration of District Health Office on Health centers	4.16	.62	2	5
I accept rule and regulation of this health Center and explained before applied to health centers	4.16	.55	3	5
The head of health centers can solve the problem and he/she accept the opinion to improve the working condition	3.11	1.08	1	5
SUPERVISION				
I can ask my supervisor/head of health center freely if I have a problem in term of work especially in term of technical skills	4.07	.57	3	5
My supervisor/head of health centers are always considering my suggestion and opinion related to the job	4.06	.56	3	5
My supervisor/head of health centers always gives me reward, comment to my job and he/she help us equally	4.08	.57	3	5
SALARY				
My monthly salary is reasonable if I compare with my task and quality of work	1.87	.60	1	4
My monthly salary and incentive make me well being in society	1.86	.62	1	4
I happy with the welfare provided by health center under DHO rule and policy	2.15	.94	1	5
RELATIONSHIP				
I can communicate well with the health team	4.08	.57	3	5
My team work is usually like one family	4.08	.55	3	5
When I have a problem, I can ask solving problem from my colleagues or head of health centers	4.09	.55	3	5
WORKING PLACE				
My working place is spacious enough	2.27	.96	1	5
The supplies, material and equipment necessary to perform my duty are available in the health centers	1.88	.68	1	4
I believe the staff in this health centers is enough for efficient work	1.94	.71	1	5

APPENDIX F

Table 13 Means, standard deviation, minimum and maximum of job satisfaction of nurses (n=215) by items

Job Satisfaction Item	Mean	SD	Min	Max
Organization				
Opportunity to participate in policy formulating in this health centers	2.10	0.78	1	5
Opportunity to participate in decision making In this health centers	2.07	0.77	1	5
Your organizational climate	2.15	0.83	1	5
Administration/Relationship with Colleagues				
Relation among Colleagues	3.67	0.68	2	5
Relationship between nurses and administrator	3.68	0.79	1	5
Reward and punishment system in the health Center	3.30	0.93	1	5
Administration system in the health centers	3.16	.96	1	5
Opportunity to receive promotion for health centers staff	3.53	0.87	1	5
Opportunity to get promotion if I perform well	3.52	0.86	1	5
Promotion and Incentive				
Promotion that you received in this health Center	2.39	0.82	1	5
Reward for the people who work with high dedication	3.06	1.01	1	5
Respect of head of health centers to staff	3.24	0.88	1	5
Salary compare to work load	2.21	0.88	1	5
Opportunity to attend professional training	2.12	0.81	1	5
Opportunity to continue study at higher level	3.60	0.79	1	5
Quality of Service				
Quality of service for patient provided by medical doctors	3.34	0.89	1	5
Quality of service for patient provided by nurses	3.26	0.91	1	5
Quality of service for patient provided by others staff	3.26	0.91	2	5
Facilities in working place	2.06	0.69	1	5
Efficient equipment for service is available in work place	2.16	0.69	1	5

APPENDIX G

English Version

QUESTIONNAIRE

Dear nurses

I am Saifuddin, a student of Master of Primary Health Care Management at Asean Institute for Health Development Mahidol University Thailand. Regarding to fulfill my master degree, I have to conduct this research. Therefore, I would like to study on nurse's job satisfaction of nurses who has been working at the health centers Aceh Timur District NAD Province, Indonesia.

The aim of this research is to study on your opinion about your job. All of your answer to the question will be highly confidential and no one will be able to link your name to the answer that you have given. Your answer will be highly appreciated and the answer will serve as an invaluable guideline for further implementation and researches. Please feel free to answer the question giving true reflection on your job satisfaction.

These questionnaires consist of four parts. Part 1. Socio and demographic Factors. Part 2. Motivation Factors. Part 3. Hygiene Factors. And part 4. Job Satisfaction. Please answer whole of question and please check it for complete answer before you return back to the person who distributed to you.

Thank you very much for your participation and cooperation

Saifuddin
Faculty of Graduate Studies
Mahidol University
Kingdom of Thailand

Part I. Socio and Demographic Factors
--

1. Sex : 1. Male 2. Female
2. Age (in Years) :Years
3. Marital Status : 1. Single
 2. Married
 3. Other (Specify), _____
4. Educational Background : 1. Bachelor of Nursing
 2. Diploma III of Nursing
 3. Certificate in Nursing
 4. Others, _____
5. Employment Status : 1. Permanent Civil Servant
 2. Temporary Servant (Specify), _____
6. Travel Time from Residence: (Minutes/hours)
7. Have you ever attended professional training in the recent 2 years?
 1. Yes 2. No
8. If yes, how many time? _____
9. How many years have you been working in this health centers?
.....Year (s)
10. How many years have you been working as the present position of health officer?
.....Year (s)

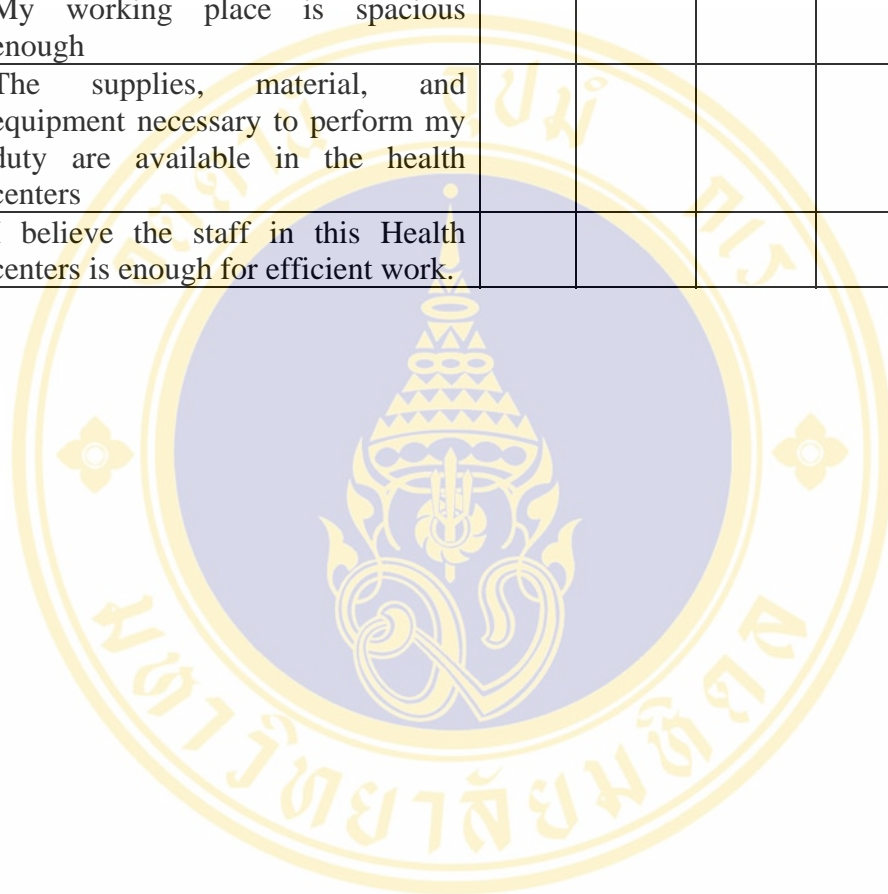
Part II. Motivation Factors						
No	Statement	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
<u>Achievement</u>						
1	I feel proud with nursing profession					
2	I am able to use ability to solve the problems.					
3	My job is important to the patient health and people accept my profession					
<u>Recognition</u>						
4	I receive the respect from the society regarding to my job					
5	Others profession respect to my job and my profession					
6	I always share my opinion to solve patient problems.					
<u>Work Itself</u>						
7	I can apply my knowledge and experience to develop my work					
8	My work is interesting and very challenging to conduct.					
9	I need some creativity, innovation to run my work and I can make decision freely in work					
<u>Responsibility</u>						
10	I take responsibility for the result of my work.					
11	I have another task beside my responsibility.					
12	I can finish my entire job during working hours.					
<u>Advancement</u>						
13	I always get support from head of health centers to attend training and workshop to increase skill and ability					
14	The knowledge and experience I got from training and workshop can improve my ability in my job					

15	The head of health centers support me to continue my higher level of education.					
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Part II Hygiene Factors

No	Statement	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
<u>Policy and Administration</u>						
1	I understand the policy and administration of Districts Health Office on Health centers					
2	I accept rule and regulation of this health centers and explained before applied to health centers					
3	The head of Health centers can solve the problem and he/she accept the opinion to improve the working condition					
<u>Supervision</u>						
4	I can ask my supervisor/ head of health centers freely if I have a problem in term of work especially in term of technical skills					
5	My supervisor / head of health centers are always considering my suggestion and opinion related to the job.					
6	My supervisor/head of health centers always gives me reward, commend to my job and he/she help us equally					
<u>Salary</u>						
7	My monthly salary is reasonable if I compare with my task and quality of my work.					
8	My monthly salary and incentive make me well being in society					
9	I happy with the welfare provided by health centers under District Health Office (DHO) rule and policy.					
<u>Interpersonal Relation</u>						
10	I can communicate well with the health team					

11	My team work is usually like one big family					
12	When I have a problem, I can ask solving problem from my colleague or head of health centers					
<u>Working Condition</u>						
13	My working place is spacious enough					
14	The supplies, material, and equipment necessary to perform my duty are available in the health centers					
15	I believe the staff in this Health centers is enough for efficient work.					



Part IV: JOB SATISFACTION

Please tick (X) on level of satisfaction regarding to statement
How do you feel about the following statement?

No	Statement	Very Satisfied	Satisfied	Fair	Less Satisfied	Dissatisfied
1	Opportunity to participate in policy formulating in this health centers					
2	Opportunity to participate in decision making in this health centers					
3	Your organizational climate					
4	Relation among colleague					
5	Relationship between nurses and administrator					
6	Reward and punishment system in the health centers					
7	Administration system in the health centers					
8	Opportunity to receive promotion for health centers staff					
9	Opportunity to get promotion if I perform well					
10	Promotion that you received in this health centers					
11	Reward for the people who work with high dedication					
12	Respect of head of health centers to the staff					
13	Salary compare to work load					
14	Opportunity to attend professional training					
15	Opportunity to continue study at higher level					
16	Quality of service for patient provided by medical doctors					
17	Quality of service for patient provided by nurses					
18	Quality of service for patient provided by others staff					
19	Facilities in working place					

20	Efficient equipment for service is available in work place.					
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Other Comment:

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APPENDIX H**Bahasa Version****ANGKET**

Yth. Perawat Puskesmas

Saya Saifuddin., Mahasiswa Program Master of Primary Health Care Management (MPHM) The Asean Institute for Health Development, Mahidol University, Thailand. Penelitian ini saya lakukan memenuhi sebagian syarat guna memperoleh gelar master dalam bidang Primary Health Care Management (Pelayanan Kesehatan Dasar). Oleh karena itu saya bermaksud meneliti “Kepuasan Kerja Perawat di Puskesmas, Kabupaten Aceh Timur, Provinsi NAD.

Tujuan penelitian ini adalah untuk mengkaji opini anda terhadap pekerjaan sehari-hari di Puskesmas tempat anda bekerja. Semua jawaban yang anda berikan akan dijaga kerahasiaannya. Dan semua jawaban yang anda berikan tidak berpengaruh terhadap posisi maupun status kepegawaian anda serta kebijakan yang akan diterapkan dikemudian hari.

Silakan berikan jawaban yang anda anggap mewakili sikap anda terhadap pekerjaan. Silakan cek kembali semua isian pada kuesioner yang telah anda isi sebelum anda serahkan

Terima kasih atas kesediaan anda meluangkan waktu untuk membantu riset ini.

Saifuddin
Faculty of Graduate Studies
Mahidol University
Kingdom of Thailand

Bagian I. Faktor Sosial dan Demografi

1. Jenis Kelamin : 1. Pria 2. Wanita
2. Umur (dlm Tahun) :Tahun
3. Status Perkawinan : 1. Single
 2. Kawin
 3. Lain-lain, _____(Tuliskan)
3. Pendidikan Terakhir : 1. Sarjana Keperawatan
 2. Akademi Keperawatan
 3. SPK
 4. Lain-lain, _____(Tuliskan)
4. Status Kepegawaian 1. PNS
 2. Honda/Sukarela
5. Waktu yang ditempuh ke tempat kerja: (Menit/Jam)
6. Pernahkah anda ikut pelatihan keperawatan dalam dua tahun terakhir?
 1. Ya 2. Tidak
7. Jika ya, Berapa kali? _____(Tuliskan)
8. Berapa tahun anda telah bekerja di Puskesmas ini?
Tahun
9. Berapa tahun anda sudah menjadi tenaga kesehatan di puskesmas?
 Tahun

Bagian II. Faktor Motivasi Kerja						
No	Pernyataan	Sangat Setuju	Setuju	Ragu-ragu	Tidak Setuju	Sangat Tidak Setuju
<u>Prestasi</u>						
1	Saya sangat bangga dengan profesi saya sebagai Perawat.					
2	Saya bisa memecahkan masalah kesehatan pasien dengan kemampuan saya.					
3	Pekerjaan saya sebagai Perawat sangat penting bagi kesehatan pasien dan orang lain sangat menerima profesi saya.					
<u>Pengakuan</u>						
4	Saya menerima penghargaan dari masyarakat terkait dengan profesi saya sebagai Perawat.					
5	Profesi lain menghargai pekerjaan saya.					
6	Saya sering tukar pendapat (kolaborasi) dengan profesi lain terkait masalah pasien					
<u>Pekerjaan</u>						
7	Saya dapat menerapkan ilmu dan pengalaman saya didalam pekerjaan.					
8	Pekerjaan saya sangat menarik dan sangat menantang untuk di kerjakan.					
9	Saya butuh kreatifitas dan inovasi untuk mengerjakan pekerjaan saya serta membuat keputusan secara bebas didalam pekerjaan.					
<u>Tanggung Jawab</u>						
10	Saya bertanggung jawab terhadap hasil pekerjaan saya.					
11	Saya mempunyai (pekerjaan) lain selain tugas yang berhubungan dengan profesi saya sebagai Perawat.					
12	Saya dapat menyelesaikan pekerjaan saya selama jam kantor.					
<u>Kemajuan dan Promosi</u>						

13	Saya selalu mendapat dukungan dari kepala puskesmas untuk mengikuti pelatihan untuk meningkatkan kemampuan dan keahlian saya.					
14	Ilmu dan pengalaman yang saya dapatkan dipelatihan dapat memperbaiki kinerja saya.					
15	Kepala puskesmas selalu memberikan dukungan kepada saya untuk mengikuti pendidikan lanjutan.					

Bagian III Faktor Higiene Kerja

No	Pernyataan	Sangat Setuju	Setuju	Ragu-ragu	Tidak Setuju	Sangat Tidak Setuju
<u>Administrasi dan Kebijakan</u>						
1	Saya mengerti kebijakan dan administrasi yang diterapkan oleh Dinas Kesehatan terhadap puskesmas.					
2	Semua aturan yang diterapkan dipuskesmas ini dan telah dijelaskan sebelum diterapkan.					
3	Kepala Puskesmas dapat menerima pendapat dan saran yang saya sampaikan untuk memperbaiki kondisi kerja.					
<u>Supervisi</u>						
4	Saya dapat bertanya kepada kepala puskesmas secara bebas jika saya mempunyai masalah terkait dengan pekerjaan saya terutama masalah yang bersifat teknis.					
5	Kepala Puskesmas selalu mempertimbangkan saran dan pendapat saya. Yang berhubungan dengan pekerjaan.					
6	Kepala Puskesmas selalu memberikan pujian dan komentar terhadap pekerjaan saya serta membantu kami dalam bekerja secara adil					

<u>Gaji dan Insentif</u>						
7	Gaji yang saya terima tiap bulan sebanding dengan pekerjaan saya.					
8	Gaji dan insentif yang saya terima tiap bulan dapat mensejahterakan hidup saya.					
9	Saya puas dengan kesejahteraan yang diberikan oleh Puskesmas dibawah kebijakan Dinas Kesehatan Kabupaten.					
<u>Hubungan dengan kolega</u>						
10	Saya dapat berkomunikasi dengan baik dengan tim kesehatan.					
11	Tim kerja saya seperti layaknya keluarga besar.					
12	Ketika saya mempunyai masalah, saya dapat menanyakan penyelesaiannya kepada teman					
<u>Kondisi Kerja</u>						
13	Lingkungan kerja saya cukup leluasa dan aman dalam bekerja.					
14	Semua peralatan dan bahan yang diperlukan dalam bekerja tersedia dengan cukup di puskesmas.					
15	Saya percaya pegawai puskesmas saya cukup untuk bekerja secara efektif.					

Bagian IV: KEPUASAN KERJA

Silakan pilih pernyataan yang menurut anda sesuai dengan pilihan yang tersedia

No	Pernyataan	Sangat Puas	Puas	Ragu-Ragu	Tidak Puas	Sangat Tidak Puas
1	Kesempatan dalam berpartisipasi merumuskan kebijakan di Puskesmas ini.					
2	Kesempatan berpartisipasi dalam pengambilan keputusan di puskesmas ini.					
3	Iklim organisasi di Puskesmas ini					
4	Hubungan sesama kolega					
5	Hubungan antara perawat dan pegawai administrasi.					
6	Penghargaan dan hukuman yang diberikan di puskesmas ini					
7	Sistem Administrasi di puskesmas ini					
8	Kesempatan untuk menerima kenaikan jabatan dan promosi di puskesmas ini					
9	Kesempatan untuk mendapatkan promosi bila berkinerja baik.					
10	Promosi yang anda dapatkan selama ini.					
11	Penghargaan terhadap pegawai yang bekerja dengan dedikasi yang tinggi.					
12	Pujian dan penghargaan dari kepala puskesmas terhadap pegawai.					
13	Gaji dan insentif bila dibandingkan dengan beban kerja.					
14	Kesempatan untuk mengikuti pelatihan profesional.					
15	Kesempatan untuk mengikuti pendidikan yang lebih tinggi.					
16	Kualitas pelayanan yang diberikan kepada pasien oleh dokter.					
17	Kualitas pelayanan yang diberikan kepada pasien oleh perawat.					
18	Kualitas pelayanan yang diberikan kepada pasien oleh pegawai lain					

	selain perawat dan dokter.					
19	Fasilitas tempat anda bekerja					
20	Peralatan yang anda gunakan dalam bekerja.					

Saran lain (*Silakan isi saran anda di ruang kosong berikut ini*):

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BIOGRAPHY

NAME	Mr. Saifuddin
DATE OF BIRTH	January 15, 1975
PLACE OF BIRTH	Kabu, Aceh Timur, NAD Province Indonesia
INSTITUTIONAL ATTENDED	Universitas Syiah Kuala, Indonesia, 2000-2004 Bachelor of Nursing Mahidol University, Thailand, 2007–2008 ASEAN Institute for Health Development Master of Primary Health Care Management
FELLOWSHIP/ RESEARCH GRANT	Asian Development Bank DHS-1 ADB Loan No. 1810-INO
PRESENT POSITION	Senior Nursing Officer (SNO) Puskesmas Peureulak (Health Centre) Aceh Timur District Nanggroe Aceh Darusalam Province Indonesia