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**A STUDY OF THE RELATIONSHIP BETWEEN  
MANAGERIAL SKILLS AND JOB SATISFACTION AMONG  
NURSES OF PRIVATE HOSPITALS IN BANGKOK.**

**NAOWARAT RIANTAWAN**

**With compliments  
of**

บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT  
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NURSES OF PRIVATE HOSPITALS IN BANGKOK**

*Naowarat Riantawan*

Mrs. Naowarat Riantawan  
Candidate

*T. Chaijirachayakul*

Assist.Prof. Thawatchai Chaijirachayakul, Ph. D.  
Major-Advisor

*Sirichai Chinatankul*

Assist.Prof. Sirichai Chinatankul, Ph. D.  
Co-advisor

*Chalong Boonyananta*

Assist.Prof. Chalong Boonyananta, Ph.D.  
Co-advisor

*Liangchai Limlomwongse*

Prof. Liangchai Limlomwongse, Ph.D.  
Dean  
Faculty of Graduate Studies

*T. Chaijirachayakul*

Assist.Prof. Thawatchai Chaijirachayakul, Ph.D.  
Chairman  
Master of Education Programme in  
Educational Management  
Faculty of Social Sciences and  
Humanities

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for the degree of Master of Education (Educational Management)

on

December 7, 1999

*Naowarat Riantawan*

.....  
Mrs. Naowarat Riantawan

Candidate

*T. Chaijirachayakul*

.....  
Assist.Prof. Thawatchai Chaijirachayakul, Ph.D.

Chairman

*Sirichai Chinatankul*

.....  
Assist.Prof. Sirichai Chinatankul, Ph.D.

Member

*P. Suwanawongse*

.....  
Mr.Padoongchart Suwanawongse,  
Ph.D.

Member

*Chalong Boonyananta*

.....  
Assist.Prof. Chalong Boonyananta, Ph.D.

Member

*Liangchai Limlomwongse*

.....  
Prof. Liangchai Limlomwongse, Ph.D.

Dean

Faculty of Graduate Studies

Mahidol University

*Jiraporn Chockpaiwong*

.....  
Asst. Prof. Jiraporn Chockpaiwong,

M.A. (Environment)

Acting Dean

Faculty of Social Sciences and Humanities

Mahidol University

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NAOWARAT RIANTAWAN

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Ph.D., CHALONG BOONYANANTA, Ph.D. 152p. ISBN 974-663-420-8**

The tasks of nurses are various and heavily demand both physical and mental strength for their accomplishment with effectiveness and satisfaction. Therefore, it is important for this study to examine the current level of job satisfaction, the acquisition of managerial skills and also the relationship between them, which will shed some light on the problem of high turnover in nursing profession.

Questionnaires were used as a tool for collecting data from 367 nurses of general private hospitals in Bangkok during April and May 1999. Cronbach's alpha coefficient was employed to assess the reliability of this instrument. The reliability of questionnaires on job satisfaction and managerial skills were 0.95 and 0.91 respectively. The data collected by the questionnaires were analyzed on the SPSS/PC+ system with statistical analysis, by using descriptive statistics and Pearson Product Moment correlation coefficient.

The results showed that job satisfaction and the level of managerial skills of nurses were both moderate. Furthermore, there was a moderate positive correlation between job satisfaction and managerial skills among nurses. Most respondents needed managerial skills at work and these skills were derived from repeating of activities rather than studying or training.

The causal result of moderate job satisfaction was partly influenced by the Thai economic crisis, affecting nurse's attitudes, feelings and opinions.

With regard to demographic factors: age, educational qualifications, present position and experiences, the majority of nurses were between 25-30 years of age (47.9%), had worked less than 5 years (36.5%), had obtained a bachelor's degree in nursing (96.5%) and had held a position of staff nurse (86.1%). It can be seen that the respondents were mostly young staff nurses, therefore, managerial skills and job satisfaction had possibly not yet reached their peak.

The findings from this study give us more understanding of the relationship between job satisfaction and managerial skills among nurses of private hospitals in Bangkok and the lack of managerial skills and insufficient job satisfaction. This outcome may lead to a review and development of an improved nursing curriculum as well as planning and establishment of adequate human resource policies and implementation to promote better working conditions and environment in hospital organization. However, other aspects of this relationship should be studied further in order to improve nursing profession.

**4038392 SHEM/M : สาขาวิชา: การบริหารจัดการด้านการศึกษา; ศษ.ม. (การบริหารจัดการด้านการศึกษา)**  
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กิจกรรมทางการพยาบาลมีอยู่มากราย และล้วนต้องการความมั่นคงทางด้านร่างกายและจิตใจของพยาบาลเพื่อให้การปฏิบัติงานลุล่วงไปอย่างมีประสิทธิภาพ และเป็นที่ยังพอใจแก่ตัวผู้ปฏิบัติงานนั้นๆ ดังนั้นการศึกษานี้ได้ตระหนักถึงความสำคัญของ ภาวะความพึงพอใจในงานของพยาบาลในสภาวะปัจจุบัน ความต้องการทางด้านทักษะการบริหารจัดการงานพยาบาล รวมทั้งความสัมพันธ์ระหว่างความพึงพอใจในการทำงาน กับทักษะการบริหารจัดการ ในพยาบาลวิชาชีพ อันเป็นแนวทางหนึ่งซึ่งก่อให้เกิดความเข้าใจในปัญหาความขาดแคลนพยาบาล จากภาวะการลาออกจากงานในอัตราสูง

เครื่องมือที่ใช้ในการวิจัยคือแบบสอบถามที่ผู้วิจัยสร้างขึ้นเพื่อเก็บรวบรวมข้อมูลจากกลุ่มตัวอย่างคือพยาบาลประจำการที่ปฏิบัติงานในโรงพยาบาลเอกชน เขตกรุงเทพมหานคร จำนวน 367 คน โดยวิธีการสุ่มตัวอย่าง ในช่วงระหว่างเดือน เมษายน ถึง พฤษภาคม 2542 แบบสอบถามเรื่องความพึงพอใจในการทำงาน และทักษะในการบริหารจัดการงาน มีค่า ความเที่ยง 0.91 และ 0.95 ตามลำดับ

ผลการวิจัยพบว่า ระดับความพึงพอใจในการทำงาน และ ทักษะการบริหารจัดการงานของพยาบาลวิชาชีพอยู่ในระดับปานกลาง นอกจากนี้ยังพบว่า ความพึงพอใจในการทำงาน กับ ทักษะการบริหารจัดการงานของพยาบาลวิชาชีพ มีความสัมพันธ์กันในระดับปานกลาง และ แปรผันไปในทิศทางเดียวกัน กลุ่มตัวอย่างพยาบาลในการศึกษานี้ตระหนักถึงความต้องการในการปฏิบัติงานโดยใช้ทักษะการบริหารจัดการงานในการปฏิบัติงานที่ได้รับมอบหมายในแต่ละวัน และพบว่าทักษะในการบริหารจัดการงานนั้นเพิ่มพูนขึ้นจากประสบการณ์ในการปฏิบัติงานนั้นหลายครั้ง นอกจากนี้ผลการศึกษาในครั้งนี้ได้รับผลกระทบบางส่วนมาจากการภาวะวิกฤตเศรษฐกิจภายในประเทศอีกด้วย

จากการศึกษาพยาบาลกลุ่มตัวอย่าง ทางด้านอายุ, วุฒิการศึกษา, ประสบการณ์ และ ตำแหน่งปัจจุบันพบว่าพยาบาลส่วนใหญ่มี อายุระหว่าง 25-30 ปี (47.9%) จบการศึกษาในระดับปริญญาตรี (96.5%) มีประสบการณ์ในการทำงาน ต่ำกว่า 5 ปี (36.5%) และ อยู่ในตำแหน่งพยาบาลประจำตึกทั่วไป (86.1%) ข้อมูลดังกล่าวทำให้เห็นภาพรวมว่าเป็นช่วงแรกของการเข้าสู่วิชาชีพพยาบาล ดังนั้น ทักษะทางด้านการบริหารจัดการงาน และ ความพึงพอใจในการทำงานของกลุ่มตัวอย่างนี้จึงยังไม่อยู่ในเกณฑ์สูงสุด

ผลการศึกษาความสัมพันธ์ในครั้งนี้จะเป็นแนวทางให้เกิดความรู้ความเข้าใจเพิ่มขึ้นในด้านการขาดทักษะการบริหารจัดการงาน และ ความพึงพอใจในการทำงาน จากผลการศึกษานี้จะช่วยให้เกิดแนวคิดในการทบทวน และ ปรับปรุง หลักสูตร พยาบาลศาสตร์ ในสถาบันการศึกษา และมีการวางแผนงานที่เหมาะสมทางด้านทรัพยากรบุคคล ในสายงานการพยาบาลของโรงพยาบาลต่างๆ ให้มีสภาวะการทำงาน สภาพแวดล้อม และบรรยากาศในการทำงานที่ถูกต้อง เหมาะสม เพื่อประโยชน์สูงสุดในการทำงาน อีกทั้งมีส่วนร่วมในการยกระดับมาตรฐานให้วิชาชีพพยาบาลอีกด้วย

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## **CHAPTER I**

### **INTRODUCTION**

#### **1.1 Background of study**

Among careers, nurses like others work to meet their needs, aspirations and satisfactions. The complexity of the social and technological environment for patient care can lead to specialization and the depersonalization of jobs and work. This alienates nursing employees and the quality of their work declines. From this point of view, it may relate to job satisfaction, which may lead to the high turn over rate of nurses.

As it is already known that the nurses' functions are various and require both physical and mental strength. Many definitions of nursing functions mentioned by experts in the field are included as below:

Nurses play an integral part in the difficult, complex, and dynamic working atmosphere, which heavily involves physical and mental strength. Nurses perform a great number of functions, which can be described as to provide health care for patients, families and communities, to deal with a wide range of all people from doctors to other medical staff, to give advice for maintaining or restoring normal life functions to both patient and relative, to observe and report signs of care based on medical regimen, including administration of medications and treatments and interpretation of treatment and rehabilitative regimens and to counsel families in relation to other health related services as well as teaching In some hospitals, nurses

are also involved in home visiting, mobile clinics and academic activities.(Young, 1995:144)

The nature of nursing work, that it is dirty, that it is natural, that it is invisible, can result in the notion that nursing can be regarded as a tough occupation, the chief requirements of which are a kind heart and a willingness to work hard. (Reed & Procter 1993: 18)

This profession is full of functions and activities to complete each working day, therefore, up until present time, there is a great number of nurses resigning from their profession. From this mentioned situation, the problem of nurse shortage has emerged and become a serious issue in most countries around the world. The issue not only effects the standard of nursing but also the quality of patients' lives. (Wolf, 1981: 211) The shortage of nurses has been recognized as a problem again in America since early 1990s. The report paints an alarming picture of the short fall of RNs, which started at 199,400 in 1990 to 874,900 in the year 2020. (American Journal of Nursing 1990, (9): 97) Besides, there is some prediction about the shortage of nurses in the 21<sup>st</sup> century may be even worst than 1980 crisis.

In Thailand, 1993, the government declared that nursing profession was in crisis of professional shortage. (the Thai Nursing Council Newsletter,1993) Later, in 1995, Public Health Department reported that the total number of professional nurses was 51,058 (from 803 government hospitals and 428 private hospitals) and the ratio of nurses to the Thai population was 1 : 1,150. This situation has clearly revealed that Thailand is still facing a serious problem of nurse shortage.

No doubt that there are several comments on the nurse shortage issue. Among them mentioned: it often assumes that the major factor of high turnover in nursing can be resulted from job dissatisfaction. (Brief, 1976: 118) This concept is shared by Feldman (1983: 36) and Dubrin (1984: 54) that there is a relationship between job satisfaction and nursing turn over. In this case, job satisfaction refers to as important for devoted time and both physical and mental strength for working effectiveness. In 1972, Green (1972: 31) remarks that job satisfaction has strong impact on morale raising at work.

On the other hand, when the morale at work is at its low level, the problem of turnover and absence become high. As a result, the proportion of nurse and patient are inadequate and lead to nurses' workloads. Nurses are not only effected by the amount of works need to be done but also the stressful and exhausted situation. Therefore, the quality of working standard becomes low. (Gilmer 1970: 412; Porter 1973: 151-176; Scully,1980:17 and Dessler 1987:118 ) The turnover of nursing also involves the cost of wastage in producing nurses for replacement. Besides, the newly graduated nurses can not replace the resigned nurses, who have great experiences, at once. It is doubted that the standard of nursing profession may gradually result in deterioration. (Pigor 1973:45, McConnel 1982:83 and Sally et al. 1997 :34 )

Herzberg, et al. (1959: 71-79) studied the factors of job satisfaction, which are mainly divided into 2 categories: motivation and maintenance (hygiene) factors.

Motivation factor comprises the factor of work achievement, recognition, work advancement, responsibilities and the work itself.

The factor of maintenance involves payment and benefits, job security, working condition, interpersonal relationship and company policy and administration.

This two-factor theory can clearly explain the satisfaction upon work. Therefore, the application of this theory is brought into action in Thailand in 1974 and 1975 by Jaruwan Savagwan and Yaowaluck Laohachinda respectively and found that nurses had low satisfaction in aspects of payment and benefits, work advancement and company policy and administration. However, the overall job satisfaction of nurses only reached at the moderate level.

Petty (1984: 712-721) found that nurses, who have high job satisfaction, usually have high working effectiveness as well. Similarly, McCloskey and colleagues (1988: 203-207) remarked that job satisfaction, which lies on the appropriate characteristics and working ability, can tremendously increase working effectiveness of that person.

Verca (1993: 265-275) also supported the concept that job satisfaction results in high interests toward works and leads into prosperous productivity. On the other hand, Donna (1997: 51-53) has remarked that the manifestations of job dissatisfaction are the intention to quit, lack of organizational commitment, and searching for other job alternatives.

From the above statements, they reveal that factors associated with job satisfaction involve strongly on personal ability of handling work. As it is known, nursing profession places emphasis on caring as a duty, to help the sick and vulnerable and, also, to safeguard healthy people from illness. Therefore, the functions of nurses can be seen in several forms and patterns, which demand both physical and mental strength. For this study, the nature of the nursing profession is practically divided and based on Schwirian's concept.(1979: 347-351) He classified nursing activities and managerial

skills into 6 categories:

### **1. Leadership**

Nurses take responsibilities for routine and assigned tasks, which need to be planned, set the effective targets, coordinate and stimulate among colleagues. Furthermore, their responsibilities include evaluation of the performances of staffs under supervision and preparation for planned changes in the future.

### **2. Planning and Evaluating**

Nurses always work in team. Thus, they are members of their team in planning, delegating, collecting information, supervising and evaluating nursing performances of their own work including the other members. This area enhances the standard and quality of nursing.

### **3. Communication and Relationship**

The foundation of the nursing profession is establishing good communication and cohesive relationship among colleagues, patients and relatives, particularly those who are both physically and mentally ill. Nurses should create a positive first impression with the patients so that treatment and advice become trustworthy and work toward its best attainment.

### **4. Teaching and Collaboration**

Nurses are involved in teaching and collaboration, as it is one of the most important tasks to pursue in daily working. The content of teaching concerns not only health education and understanding about the diseases but also collaboration with the patients to have their attitude changed. The methodology and applications of teaching vary considerably and need to be tailored for each patient and relatives. The area of teaching & collaboration are considered as the art and science of nursing performances.

## **5. Critical Care**

This task is the major work of all nurses. Critical care may occur at any minute of work, therefore, it is important to handle and manage those emergency and serious situations that effect both patient and relative. The attainment of critical care is not only the safety of patient but also a great relief of relative during the worst situations by helping them to accept and understand the real conditions without suffering of nervous breakdown.

## **6. Personal Development**

This is the most important element for healthy organization. Development of organization and standard of nursing very much depend on personal development such as: training, reeducating and academic seminars. Once individuals are concerned about their progress, they undoubtedly have vision for their organization.

These 6 areas are the hearts of main activities in nursing. When nurses find themselves in trouble of handling work: falling behind schedule, conflicts about their roles, lacking of preparation and management upon works and others, they realize that the success and efficiency of work as a whole is not only to complete one or few in these 6 areas but all of them. It is often mentioned in nursing literature about its significance of working success that nursing is in a need of managerial skills. Some of these reasons are as below:

Katz (1955: 33-42) remarks the significance and the needs of managerial skills at work, that good management can help performing various jobs effectively. Good management mainly comprises of managerial skills, which is one factor that will enhance management. Because it is well accepted that skill is as important as

knowledge.

Lathlean (1987: 42) said nurses definitely require some particular knowledge to face up with complex and multifaced problems. That is a set of nursing skills that is once established, it can then be integrated into expanded nursing activities to provide safe, competent, and effective at work.

Schlotfeldt (quoted from Young 1992:164) suggests that nursing functions, which are various, can lead to attain the achievement according to the level of knowledge and managerial skills.

Young (1992: 144) reported that nurses still see the nurse more as a manager of nursing care than as a face-to-face clinical practitioner. In other words, the nursing profession always employs the managerial skills at work: planning and responding for nursing care, controlling, supervising, coordinating and evaluating.

A faculty group at the Catholic University of America in 1967 specially identified the phases of nursing process as assessing, planning, implementing and evaluating. In other words, it is described as “an orderly, systematic manner of determining the client’s problems, making plans to solve them, initiating the plan or assigning others to implement it, and evaluating the extent to which the plan was effective in resolving the problems identified”. At this point, information in the nursing literature is always mentioned about the managerial skills as a frame of working. (Young, 1992: 145)

The process of managing is about deciding what needs to be done, getting it done, and then reflecting on experience so that it improves the planning-doing cycle that can begin again. Finally, the effective managerial skills will result as self-management ability. (Ivancevich, 1994 and Bounds et. al., 1995)

Similarly, Biglow (1995: 305-325) adds that managerial skills mean the behaviors resulting from application of theories, techniques and behavioral guidelines, which if applied properly, will enhance management practice. From this point of view, managerial skills mean ability to apply management knowledge in jobs to achieve high efficiency.

When looking at the issues regarding the nurses and managerial skills used at work, it is important to remember that cultural and personal differences stem from myriad components in all backgrounds: gender, education, experiences, personal satisfaction, religion, ethnicity, and even geographic locale and others. However, the managerial skills as a frame of working are the most universally recognized and penetrated concepts, which can be adjusted and applied to all situations without the problem of cultural and personal differences. Thus, the extension of nursing standard and quality have been tremendously improved and accountably checked, once the managerial skills are employed in planning, controlling, supervising and final evaluating.

Thus, this purposive study is to investigate the relationship between job satisfaction and managerial skills of work, with regard to, these skills as one important factor to create satisfaction upon nursing works. Besides, the study will shed the light on nurses' awareness of employing managerial skills as a tool to accomplish work effectively and efficiently.

It can be seen clearly as below that nurses, from recent researches, are struggling with nursing tasks and working conditions that they are faced up with.

Yaowaluck Laokachinda (1979: 165) studied about job satisfaction and intention to resign from the profession of nurses graduated from university and worked for hospitals

in Bangkok. It was found that nurses who had low level of job satisfaction, especially towards working conditions, tended to leave the profession.

Juthamas Pudthapitak and Vanida Monkolsin (1994: 40-100) studied about the intention to quit nursing profession at Taksin Hospital and found that there was 69.87% of nurses in Taksin hospital having strong intention to resign from the profession due to working conditions.

Chuanchom Charoenyooth et al. (1995: 35-64) studied 12 government hospitals in Bangkok concerning the trend of resignation from 1980 to 1991 with the following findings: (Quoted in TJN.,1995: 44 (1): 22-23) The trend of nurses' resignation and transfer in 1980, 1982, 1990 and 1991 was 5.84%, 6.92%, 9.11% and 37.71% respectively.

The trend of nursing resignation was gradually increased during 1980 to 1990 from 5.84% - 9.11%. It was about 3.27% of increase in resignation and transfer within a decade. When looking at this issue again in 1990 and 1991, the rapid change in nursing profession was overwhelmed by the rate of resignation arriving at 37.31% in only a year.(The Office of the Permanent Secretary, Ministry of Public Health) This alarming figure reveals the serious dissatisfaction upon nursing that can derive from the work itself, the organizational system, job security, salary and benefits, and several other factors concerning nursing profession. Further study was recommended for better understanding.

Pruksachart Pibultanavanich (1997) studied the resignation of nurses and found an alarming result of primary data collection, by using questionnaires to detect opinions of nurses among private hospitals in Bangkok. The finding revealed that nurses had intention to discontinue their profession by 87.25% because the nature of work itself is

too hard, tough and stressful.

The studies allow us to understand current situation of nurses, which reflect the dark side of this profession. Therefore, it is appropriate to consider the problem seriously and take every caution to increase performance effectiveness at work, which may, in turn, lead to job satisfaction.

A recent study conducted in Thailand has pointed out the significant support :

The study on organizing of learning and teaching of Nursing Administration Course in the Diploma Program in Nursing Science Curriculum of Suratthani Nursing College between the year 1990 through the year 1993 by Stufflebeam's CIPP model. Findings from this research revealed that students' achievements of learning were improved and the work capability of the graduates in nursing administration and public health was moderately appropriated. Even though the course content of some items need to be rearranged, such as, lacking of teaching and learning resources and time available and appropriate motivation in classroom, the course was moderately successful in improving the productivity of graduates for working performances.

The research also highlights the significance of nursing students, who learn and know how to apply knowledge on managerial skills for their task attainment. They have direct influenced upon the attitude of job satisfaction. For short, the more managerial skills the nurses have at work, the less time and conflicts they face. As a result, there was a positive significant correlation between nurses' satisfaction with managerial factors related to nursing performance and competency at the .001 level. (Somluck Suwanamalee, 1996:66)

From this study, it implies that the significance of managerial skills and job satisfaction is relevant and supports each other in nursing profession. It is, therefore, important for this thesis to further examine whether managerial skills have any relations with job satisfaction. Moreover, the data from this study may assist hospital administrators to make strategic plans for better working conditions, nursing resource development and including planned changes. Nursing schools/colleges may consider this study as an indication to arrange and establish nursing administrative course into nursing curriculum for nursing students in the future.

## **1.2 Objectives**

The objectives of the study are:

1. To investigate the managerial skills acquired among nurses.
2. To examine the current status of job satisfaction in nursing profession.
3. To investigate the correlation between job satisfaction and managerial skills among nurses of private hospitals in Bangkok.

## **1.3 Research Questions**

The major research questions are:

1. What are the level of the managerial skills acquired by the nurses of private hospitals in Bangkok ?
2. What is the current status of job satisfaction in nursing profession?
3. Is there any correlation between job satisfaction and managerial skills among nurses ?

## 1.4 Hypotheses

There is a positive correlation between job satisfaction and managerial skills.

## 1.5 Scope of the study

This study was conducted among full time professional nurses of private hospitals in Bangkok, 1999.

## 1.6 Definition of Terms

For the purpose of this thesis, the terms of variables used throughout the study are defined as followings:

**“Managerial skills”**: the behaviors resulting from application of planning, implementing and evaluating in the major 6 areas of the nursing profession: leadership, planning and evaluating, communication and relationship, teaching and collaboration, critical care and personal development.

**“Job satisfaction”**: the overall feeling of positive and favorable attitude to work as it refers to the contentment experience when a want, dealing with works, is satisfied and clearly involved outcomes already experiences. It may result in worker loyalty and raising morale at work.

**“Nurses ”** refer to the professional nurses who have a bachelor’s degree in nursing and are full time employees of general private hospitals in Bangkok.

**“General private hospitals”**: the hospitals that are not specialized in a particular disease or treatment. Normally, owned and operated by an individual or independent company. For this study, it must have at least 11 beds for patients’ admission.

### **1.7 Significance of the study**

1. The study will assist the hospital administrators not only to encourage nurses to perform their works with high efficiency but also create a relaxing organizational climate and increase the morale and loyalty of the nurses.

2. The data collection from this study can be considered as a primary data and information for further research in improving nursing curriculum.

## **CHAPTER II**

### **REVIEWS OF THE LITERATURE**

The purpose of this chapter is to develop a theoretical framework for the study. The literature of the relationship between managerial skills and job satisfaction among nurses of private hospitals in Bangkok, 1999 is presented in 5 sections. The first section is concerned with the nature of nursing. This will be followed by the importance of managerial skills and its measurement in the second section. The third section involves the importance of job satisfaction and its measurement. The fourth section links significance of managerial skills and job satisfaction in nursing profession. The last section talks about recently related research.

#### **1. The nature of nursing profession**

What is the nursing profession? It can easily be seen that there may not be a single definition of nursing. Perhaps there never will be, since nursing is a multifaceted profession.

Henderson (1961) wrote that the unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will, or knowledge. And such functions of nursing assist patients to gain independence as rapidly as possible. This aspect of her work, this part of her function, she initiates and controls; of this she is master. In addition she helps the

patient to carry out the therapeutic plan as initiated by the physician. She also, as a member of a medical team, helps other members, as they in turn help her, to plan and carry out the total program whether it be for the improvement of health or the recovery from illness or support in death.

The International Council of Nursing (1973) reported that the responsibilities of nurses are to care for the promotion of health, prevention of illness, care of the sick and rehabilitation; and to function as a member of the health team.

Hersey and colleagues (1989:55) suggested that the duties of nurses focus on nursing care. Nurses are expected to prioritize and organize their own work, coordinating it with other staff members' work as appropriate. Accurate recording of all nursing care is also required. The staff nurse serves as a member of the team, who prepare to speak out as an advocate of clients or patients. Certainly, the staff nurse is expected to know and implement appropriately the legal responsibilities associated with nursing practice in hospital organization. Finally, the staff nurse is expected to report patient care problems, unusual events, and high-risk situations to the head nurse, the physician, and others as appropriate. This is a continuous working process and is closely tied to staff development and morale building. Accurate, concurrent feedback is necessary for the staff to appropriately alter and adjust their behavior and to achieve quality job performance.

Young (1992: 163) stated that the essential nature of nursing is love, the love of people and of life and growth. Thus, nursing lets me savor the essence of caring. A nurse directly helps people to understand their disease or health status and to adapt to and prepare for changes during life. A nurse is vital in helping people to reach higher levels of functioning.

It is important to note that the statements concerned about the nursing profession have involved several aspects of work: promotion, prevention, nursing care and rehabilitation. These main aspects are built up with a number of activities, which may cause nurses to feel overwhelmed toward their works and assignments. Thus, for better understanding this multifaceted profession, the workload of nurses can be divided into different forms and patterns.

Roper's model (quoted in Zanicchia, 1988) remarked that nursing works / tasks are based on "activities of daily living". It comprises of 4 groups of activities: daily living, preventing from diseases and health problems, comforting and seeking activities. Roper's model generates the way to perform and stand in individual relationship to each patient in health care system. As such they are concerned with either acquisition, maintenance or restoration of maximum independence or assistance, so that patients can cope with being dependent in any of the activities of daily living.

Roper's model concentrates on essential skill of nursing care, which is an integral part of the nursing profession.

Anderson (1975:16-22) stressed the main areas for evaluating nursing activities into 5 categories: nursing cares, teaching, coordinating and leadership, nursing profession development and conducting research.

Anderson views nursing profession as the matter of interaction. It not only contributes great skill on nursing care but also includes patient and relatives into caring performances.

Gilmers (1982: 280-283) classed nursing activities into 10 areas that not only gather all similar tasks into groups but also use a tool to evaluate nursing performances. The ten areas are: knowledge, quality of work, quantity of work,

planning and sequencing of work, leadership, communication, adaptation and interpersonal behavior, interests and motivation, coordination and utilization & preparation of medical equipment.

From above, Gilmer (1982: 280-283) has broader scope of nursing activities. He highlights nursing activities into systematic skills that need methods of planning and putting things in the right sequence so that a great number of tasks become easier for achieving its best quality of nursing standard. Gilmer wraps up the overall work right from the nurses themselves, patient and relatives and colleagues and the work itself, then, connecting these 3 aspects to be the realm of nursing boundary.

Among models, each reveals its significance of nursing works in similar ways. Roper concerns "activities of daily living" (quoted in Zanecchia, 1988) and emphasizes on the significance of daily work, which implies the importance of nursing care. Anderson (1975: 16-22), who wrote similarly contented model in the same year of 1975, that nursing care is vital in nursing profession, also shares this concept. However, he added that the activities of nurses are not confined themselves only giving nursing cares but also teaching and establishing communication and relationship. For Gilmer (1982), who has broader senses of nursing responsibilities, put forward his similar finding concept in wider range of works and associated behavior of motivation and interests. However, there are many other models establishing in nursing profession, most models suggest ideas more or less closely to the three models above.

For this study, it relies on the well-known concept of Schwirian (1978: 345-351). He suggested his similar finding to the concept of Gilles, Roper and Anderson's model, on nursing activities, which should be divided into 6 aspects of skills:

leadership, planning & evaluation, communication & relationship, teaching and collaboration, critical care and personal development.

The rational principle of Schwirian firstly covers the significance of nursing cares under his aspect of critical cares: secondly, it reveals the importance of interaction among nurses, patient & relatives and colleagues clearly through the aspects of teaching and collaboration, communication and relationship and leadership and finally pin points the advancement of working strategies by methods of planning and evaluation and personal development. Therefore, Schwirian's concept, which is effectively divided into 6 skills, has collected most integral part of nursing activities in short, clear and accountable application.

The nature of nursing works and activities, which based on Schwirian's concept (1979: 347-351) is classified into 6 skills:

### **1. Leadership**

Leadership is a broader concept: it occurs any time, one attempts to influence the behavior of an individual or group, regardless of the reason. The goals may or may not be in harmony with organizational goals. Leadership requires interpersonal communication skills. The achievement of organizational goals through leadership is management that is often practiced to be managerial skills. In addition, nurses also take responsibilities for both routine and assigned tasks that always need to be rational and creative for better performances and also being ready for planned changes when things goes wrong in the future.

### **2. Planning & Evaluation**

Nurses always work in teams, thus, they are members of their team in planning, setting effective targets, delegating, coordinating and stimulating among colleagues,

collecting information, supervising and evaluating nursing performances of other members. This area enhances the standard and quality of nursing.

### **3. Communication and Relationship**

The important foundation of nursing profession is to establish good communication and strong relationship among colleagues, patients and relatives, particularly those who are both physically and mentally ill. Communication and relationship is the act of understanding and being understood, such as, sending, receiving, decoding and interpreting messages. Nurses should create a positive first impression with the patients so that treatment and advice become trustworthy and work toward its best attainment. There are many valuable methods used to improve communication in organizations. Trying to identify the problem before attempting to find the answers can develop more effective communication. Nurses must be able to identify why communication is not effective before looking for additional information to transmit. "Even a relatively small effort to improve organizational communication can put a hospital organization at a competitive advantage".

### **4. Teaching and Collaboration**

Nurses are involved in teaching and collaboration, as it is one of the most important tasks to pursue in daily working. The content of teaching concerns not only health education and understanding about the diseases but also collaboration with the patients to have their attitude changed. Teaching and collaboration are actions, which is essential to organize and clearly plan those working patterns before real demonstration. The methodology and applications of teaching vary considerably and need to be tailored for each patient and relatives. The area of teaching and collaboration are considered as the art and science of nursing performances.

## **5. Critical Care**

This task is the major work of all nurses and implies effective contribution of nursing cares. Critical care may occur at any minute of working, therefore, it is important to handle and manage those emergency and serious situations that affect both patient and relative. The attainment of critical care is not only the safety of patient but also a great relief of relative during the worst situations by accepting and understanding the real conditions without suffering of nervous breakdown.

## **6. Personal Development**

This is the most important element for healthy organization that employees need to understand the reality of work life. Development of organization and standard of nursing very much depend on personal development, such as; training, reeducating and also academic seminar. Once individuals concern about their progress, they undoubtedly have vision for their organization. It has been widely recognized that our own personal development determines success or failure. As organization change, both jobs and people change. The essential characteristics of nurses like to be competent, trained, energetic and experienced, alone are not enough to ensure success. The consideration of personal development in academic or related field can strongly support employees to become part of a network of in-groups or find themselves excluded from those useless groups of network. An isolated individual is more vulnerable and may become a victim of the bleeding shark syndrome. When a shark bleeds, it is often attacked by other sharks. Likewise, people in organizations who, knowingly or unknowingly, offend a member or members of a support network in-group may be constantly attacked rather than helped by others in the network. Thus,

personal development not only supports career development of each nurse but also extends the standard and quality of nursing profession.

These 6 areas are the heart of activities in nursing. Each nurse has a hand full of work to complete each day. She may find herself in trouble in handling work: falling behind schedule, conflicting about their roles, lack of preparation and management upon work and others. She finally realizes that the success and efficiency of work as a whole is not only to complete one or few in these 6 areas but all of them. Although experiences play parts in her works, there are many times that she does not know where she is going, and how she knows when she will get there.

Smith (1989: xi) stated that she was taught how to deal with patients in nursing school, but she was not taught how to deal with problems of colleagues, resources, budgets, organizational system, leadership styles and others. She has got patients to take care of she doesn't have time to deal with those problems. Statements like this echoed by nurses across the country. In a sense, all nurses are managers. The primary focus in nursing schools, however, is the management of patient cares. Little emphasis is placed on the managerial skills upon tasks and assignments, peers and others. Whether you are charge nurse, head nurse, or director of nursing, you have earned your position by demonstrating your excellent managerial skills.

Smith put her emphasis on the importance of managerial skill at work and commented that each nurse needs her own managerial strategies to attain goals in order to climb up career ladder. Although managerial skill is not concerned by nursing college and even nurses themselves, it is used regularly all the time of working performances.

Young (1992:144) put forward similar concepts that nurses still see the nurse more as a manager of nursing care than as a face-to-face clinical practitioner. In other words, nursing profession always employs the managerial skills at works: planning and responding for nursing care, controlling, supervising, coordinating and evaluating. Young presents her concept in support that nurses see themselves as managers rather than caring staff, but she also adds that as a manager she needs the process of management to manage work excellently: planning, setting objectives of each piece of work, controlling, supervising or monitoring and finally evaluating.

Allen (1982:154-155) has agreed upon the concept of Smith and Young that nurses require developing managerial skills, which are able to evaluate the way their knowledge, experience and energy can best be utilized. It is so important for nurses as individuals manage their delegated work to have managerial skills in order to be able to set their own objectives and become aware of self-monitoring and representing what they are doing to others and why they are doing it. They must consider other nurses, patients and disciplines.

The common theme of skills used in nursing profession can be found through out these concepts involve the idea of employing management process to promote better achievement. Thus, the fundamental process of nurses as managers are set to achieve well-defined, attainable, time-limited, quantitative goals and objectives at every level and by person in organization. Hersey and colleagues (1986:3) defined that management is to work with and through individuals and groups to accomplish organizational goals.

Molander (1986) said that management is a conscious and systematic process to control the development of managerial resources in the organization for the achievement of goals and strategies.

Mumford (1987) has ideas of management by explaining it is an attempt to improve managerial effectiveness through a planned and deliberate learning process.

Jame and colleagues (1992) have quite similar concepts that management is first, a process, an ongoing flow of activities. Second, management activities affect the behavior of both organization's members and organization itself. Third, in order to accomplish an organization's mission requires the organization itself. Fourth, the process of management can be divided into the main 4 functions: planning, setting goals, directing & controlling and evaluating.

The functional concepts of management are firstly mentioned as a systematic process that means parts, working together in order setting to achieve goals. Secondly, management assists nurses to know where they are by completing step by step of planning. Thirdly, it leads nurses to the same direction, therefore, nurses learn their problems of work and also realize when it achieves its goals. For short, management is the process of organizing works in sequence and progressing towards goal setting.

Management is distinguished as strategy to organize work, as it is always accountable, controllable, measurable and able to evaluated through the steps of planning, setting objectives, controlling and monitoring and evaluating results.

## 2. The importance of managerial skills

The nursing profession has various duties and responsibilities; then, nurses see themselves as a manager of their delegated works. Nurses utilize their own professional standards and body of knowledge and work in cooperation with other disciplines to maximize potential for the achievement of health status. However, this is not easily accomplished. Nursing profession is needed to plan and implement necessary patient-care services. Acquisition of sufficient resources is necessary to provide those services, and the quality of programs and services must be monitored to maintain a high level of care delivery. Because health care involves many disciplines, interdisciplinary coordination and cooperation must be encouraged. Technology is changing rapidly, and nurses must aware of the technological and sociopolitical milieu that affects the ability to offer programs and services. Thus, nurses need both basic knowledge and managerial skills to work effectively. Bartol and colleagues (1994) suggest that in managing various responsibilities, a person who is in charge, needs not only knowledge in that particular field but also managerial skills.

Lathlean (1987:42) similarly remarked that a set of nursing knowledge and managerial skills that are once established, it could then be integrated into expanded nursing activities to provide safe, competent, and effective at work.

Breen (1981: 34(2): 9,16) and Schlotfeldt (quoted in Young1992: 144) suggest that effective nursing functions, which are various, can lead to attainment, with regard to the level of knowledge and managerial skills.

Biglow (1995: 305-325) emphasized that the process of obtaining managerial skills are about deciding what needs to be done, getting it done, and then reflecting on the experience so that an improved planning-doing cycle can begin again.

The definitions of Bartol, Lathlean and Schotfeldt are related closely in terms of employing knowledge base and managerial skills altogether for achieving goals. Elaine and Marie (1984: 31-37) further suggested that experiences of goal accomplishment, which occurs repeatedly, obviously turn into managerial skills. Besides, the significance of contented feeling helps reflect the knowledge of managerial skills.

Many definitions of managerial skills have been written as below:

Biglow (1995:305-325) refers managerial skills to the behaviors resulting from application of theories, techniques and behavioral guidelines, which, if apply properly, will enhance a person's practice.

Yukl (1981:85) believed that managerial skills are extra patterns for better working performance. It reflects from a variety of abilities likely to be important of management theories including intelligence, creativity, judgement, persuasive ability, tact, task-related knowledge and others.

Beckhard and Harris (1977) remarked that managerial skills are functions from deep understanding of organizational goals and requirements. It undertakes (a) to forecast need, skill mixes and profiles for many positions and levels (b) to move from the concept of "management" to the concept of "managing".

It can be seen that there are at least a few things in common for the concept of managerial skills: first, it is based on theories, techniques and guideline pattern, second, it is used by applied method, third, it can be put into real action.

The most widely accepted approach for classifying managerial skills is in terms of a three-skill typology. This typology was initially proposed by Katz in 1955 (quoted

in Yulk, 1981:85-86) and similar three-skill typology was later proposed by Mann in 1965 (quoted in Yuki, 1981:85-86). The skill categories were defined as follows:

1. **Technical skills:** knowledge about methods, processes, procedures, and techniques for conducting a specialized activity, and the ability to use tools and operate equipment related to that activity.
2. **Human relations skills:** knowledge about human behavior and interpersonal processes, ability to understand the feelings, attitudes, and motives of others from what they say and do (empathy, speech fluency, persuasiveness), and ability to establish effective and cooperative relationships (tact, diplomacy, knowledge about acceptable social behavior).
3. **Conceptual skills:** general analytical ability, logical thinking, proficiency in concept formation and conceptualization of complex and ambiguous relationships, creativity in idea generation and problem solving, ability to analyze events and perceive trends, anticipate changes, and recognize opportunities and potential problems.

It is evident that technical skills are primarily concerned with things, human relations skills are primarily concerned with people, and conceptual skills are primarily concerned with ideas and concepts. Each of the three skill categories is relevant to the role requirement of nurses.

Hersey and colleagues (1982: 5) suggest skills of manager, which he believed that there are at least 3 areas of skill necessary for carrying out the process of management: technical, human and conceptual.

1. Technical skill--- Ability to use knowledge, methods, techniques and equipment necessary for the performance of specific tasks acquired from experience, education and training.
2. Human skill---Ability and judgment in working with and through people, including an understanding of motivation and an application of effective leadership.
3. Conceptual skill ---Ability to understand the complexities of the overall organization and where one's own operation fits into the organization. This knowledge permits one to act according to the objectives of the total organization rather than only on the basis of the goals and needs of one's own immediate group.

The appropriate mix of these skills varies as an individual advances in management from ordinary, supervisory to top management positions.

Shenhar and Thahain (1994: 13:27-40) attempted to develop the concept of Katz's modern method by making managerial skills in 4 areas model. They suggested that this model is an update development of Katz's classical theory, and it attempts to deal with several ambiguities and limitations existing in Katz's model. This update model is particularly relevant in relatively high technology organizations where staffs are often faced up with changing technology. They replaced the conceptual skill by two new inventive parts of operational and strategic skills. Thus, the concept of Shenhar and Thahain comprises of technical, human, operational and strategies.

Although there are different in topic headings, their contents of managerial skills are quite similar to each other. In fact, conceptual skills contain planning and bringing plans into action, which can be explained by the method of operation and strategy.

The operational area is to organize and operate an organizational unit efficiently, and control its performance. Operational knowledge involves learning various tools of planning, organizing, controlling, decision analysis methods and even further education, re-education and training in subjects related areas of economics, accounting, marketing, human resources, administration and others. Operational skills involves in planning, allocating resources, translating general direction and strategic plans into workable plan, establishing dateline of tasks, indicating priorities and setting up new procedures. For the purpose of the strategy area is to consider the organization as a whole, to direct and monitor it's overall performance. Strategy involves policy decision, strategic thinking, setting long-term goals & objectives and planned changes. It sheds the light on organization's direction and how to get there. Strategy area requires broader knowledge not only theories and techniques but also knowledge based inside and outside professional fields. (Shenhar, 1994: 13: 27-40)

The benefits of dividing conceptual skills into 2 main parts are (a) easier to monitor, follow up and examine. (b) clearly shown what should be done when changes occur.

Last but not least is the concept of Ivancevich and colleagues (1994) classified managerial skills into 6 categories: technical, human, conceptual, analytical, decision and computer skills.

It is clearly seen that the first three of managerial skills are exactly the same as Katz's concept but Ivancevich and friends make their ideas more specific in working

areas by adding ways of performing in details: analyzing, making decisions and employing computer skills.

This study puts emphasis on Katz's theory, which gives birth to the main 3 of the original skills: technical, human and conceptual skills. It is already known that nursing is a unique profession in sense of individual working performances, the nurses utilize skills right from technical, human to conceptual one. Although the proportion of managerial skills is different in application, they prevail in all duties of nursing profession.

Turning to look at nursing activities' model of Schwirian, which is divided into 6 aspects of: leadership, teaching and collaboration, communication and relationship, critical care, planning and evaluation and personal development, it can be seen that Katz, Hersey, Shenhar and Thahain and Ivancevich highlight the relative importance of these essential skills varies with special to types of working.

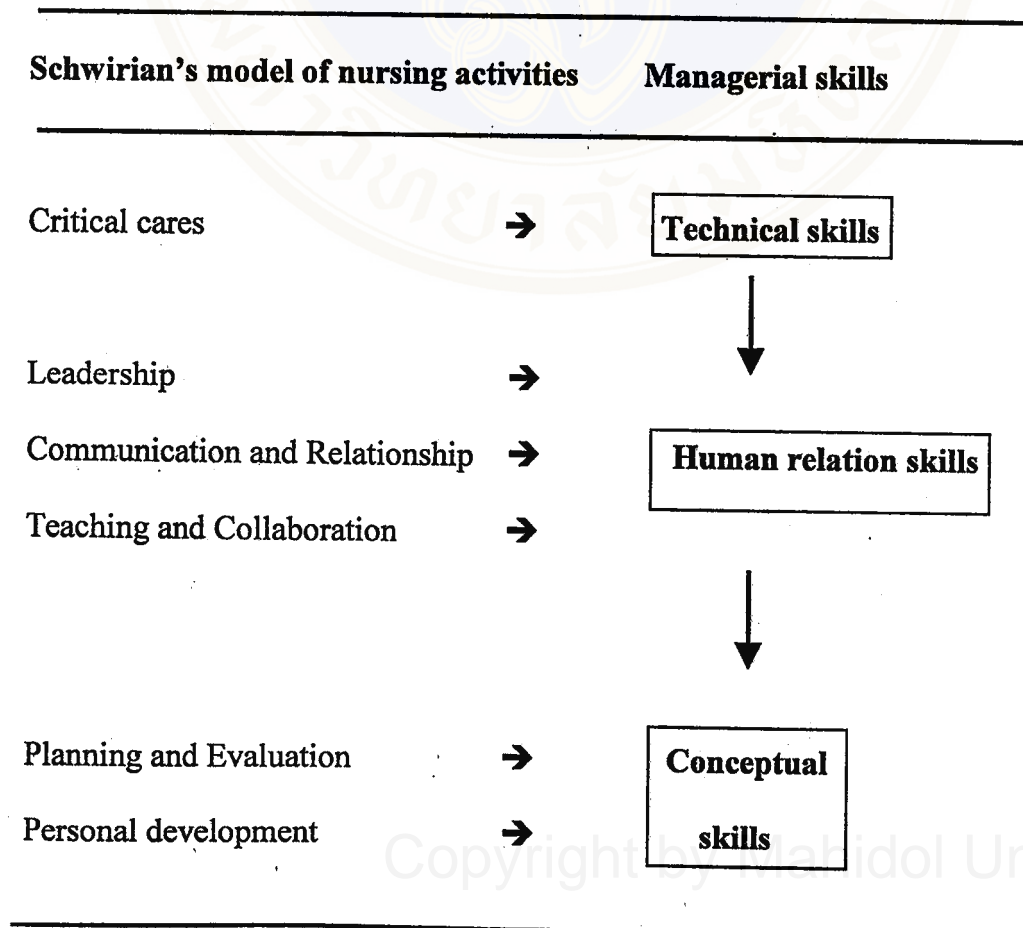
Technical skills are necessary for nurses who work directly with patients: giving nursing care and looking after for both acute and chronic patients through critical and routine situations. Thus, the technical skills in the nursing profession are critical care.

Human relations skills are vital for establishing effective relationships with peers, superior, patients and relatives and even outsiders. Then, human relations skills of nursing are teaching and collaboration, communication and relationship and also leadership at work.

Finally, conceptual skills are essential for effective planning, organizing, coordinating, policy formatting, problem solving, and program development. Nurses' responsibility are the coordination of the separate, specialized parts of the organization. In order to accomplish effective coordination and make necessary

modifications in organization, each nurse needs to understand how the various parts of the organization relate to each other, and how changes in one part of the system affect the other parts. Nurses as managers of their own works should also be sensitive to the environment and be able to comprehend how change in it will affect the organization. The importance of this “external perspective” is explained by Katz and Kahn (1978: 541). Therefore, conceptual skills are represented in the nursing model of Schwirian under the matter of planning and evaluation and personal development. It can be illustrated as below:

**Figure 1 Schwirian’s Model and managerial skills**



From the table also reveals that managerial skills can be measured through activities. With activities, nurses realize how successful they are. Armstrong (1993) mentioned in his book titled "Personal Management Practice" several times that success obviously creates satisfaction, especially, when it enables individuals to improve themselves that they are using skills effectively. And it is equally obvious that the reverse is true of failure.

### **3. The importance of job satisfaction**

Job satisfaction is one of the most discussed, researched, and written area under organizational behavior, human relations, leadership and managerial topics. There are many reasons to support why job satisfaction is quite important in organization. Definitions of job satisfaction can be able to explained as:

Job satisfaction is a collection of attitudes that workers have about their jobs. The notion of facet satisfaction is obvious when we hear someone say "I love my job but I hate my boss" or "this place pays lousy, but the people I work with are great". Both of these statements represent different attitudes toward separate facets of the speaker's jobs. It is shown that two workers might express the same level of overall satisfaction for different reasons. (Huczynski and colleagues, 1985)

Job satisfaction as a pleasurable or positive emotional state resulting from appraisal of one's job or job experience. (Davis and colleagues, 1985: 109) and Steers and colleagues, 1991:87)

Blum and Naylor (1968:368) and Schermerhorn (1991: 55) also have similar belief upon job satisfaction although they live in different decade of time. They state that job

is the degree which individuals feeling positively or negatively about their job.

Many authors wrote about job satisfaction in aspect of attitude and feeling of employees concerning their jobs. However, the extension of definitions is explained by Sparrow (1994) and Milton (1981:151) suggested that the concept of job satisfaction refers to an effective response of the worker to his job and also mentions that satisfaction results when a worker's on-the-job experience relates to his own values and needs.

Job satisfaction is the perception that one's job can enable a person, who takes charge of that job, to fulfill the important job values. (Wagner and colleagues, 1992: 244)

Job satisfaction represents as the combination of psychological, physiological and environmental circumstance that causes a person to say, "I am satisfied with my job". (Morse, 1955: 27 and Daft, 1997)

The similarities among these definitions relate not only to feeling and attitudes of employee but also concern personal values of staffs at work. If they have positive attitudes, which are based on their beliefs and values, they will tend to satisfy with their works. However, there is other interesting points of job satisfaction that deserves careful study. Beach (1971:131) mentioned job satisfaction refers to as positive and favorable attitudes towards the job and it may result in raising morale at work.

Hunt (1992) said that it is an overall feeling that I have about my work. This overall feeling is often called "morale".

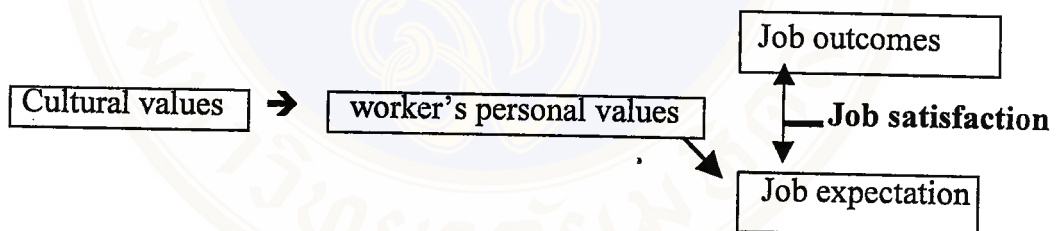
Strange and colleagues in 1993 (quoted from Harvard Business review, 1987:109) mentioned that job satisfaction is the equivalent as morale.



Similarly interest by Tosi and colleuages (1994) wrote that the key to understand job satisfaction is to see the contentment experience when a want is satisfied. It involves outcomes already experience at work.

These definitions view job satisfaction in wider senses of aspect; once good attitude is established, staff trust their organization where they work and work in harmony with peers, superiors and others. Their behaviors finally result in grouped cohesiveness. Thus, reviewing the related literature on job satisfaction can be described in a pattern of diagrams as:

**Figure 2** Model of Job satisfaction



Source: a model of Job satisfaction, Hui (1990).

Swansburg (1990:368) has further explanation that job satisfaction is a concept used to describe both extrinsic conditions that stimulate certain behavior and intrinsic responses that demonstrate that behavior in human beings. The intrinsic response is sustained by sources of energy, termed “motives”. They are often described as needs, wants, or drive which all-living people have them. Job satisfaction is a natural thing to occur with and without consciousness when working conditions and environment stimulates one. Here are examples of questions that prevail in organization;

Why does a professional nurse contribute numerous hours of volunteer work to communities organizations?

Why does that nurse continuously pursue off-duty education courses for academic credit to update clinical practice?

Why does one professional nurse pursue any of these activities without watching the clock or setting limits to accepting responsibility for patient care?

Why do some nurses perform in a positive manner and others negatively?

Why are some nurses actively dedicated to improving their quality of life, whereas others merely exert minimal effort to maintain it?

What make nurses come on duty on time, work hard and without error, maintain a pleasant demeanor, and meet all standards of performance appearance, and behavior where as others do just the opposite?

Some people do not do well in an organization. This does not mean these persons are not good; the organization may be lacking the means of making them productive, useful, satisfied employees. The answer to all these questions are people's attitude and motives. Some nurses have positive attitudes and highly motives to excel and be creative, whereas others put forth just enough effort to do their job.

Theories in response of human feeling, attitude and behavior at work are various in styles and patterns but most theories focus on factors or needs within a person that energize, direct, sustain, and stop behavior. Knowledge of satisfaction theories is essential to improving job performance of employees. Individual employees have different needs and goals. Theories have been classified into 2 main groups: content theories and process theories.

### **A. Content theories**

Content theories are theories that focus on the factors within people that motivate them to perform; such as, the theories of Maslow, Herzberg, McClelland and Alderfer. Northcraft and colleagues (1994:106) wrote that the most widely recognized work in theory is that of Maslow. While not universally accepted because of its lack of scientific evidence or research base, it is universally known and many managers attempt to use it as they turn to a human behavior approach to management.

Much has been said in support of Maslow's theories of motivation relative to human needs and goals. Like every science, nursing is a human creation stemming from human motives, having human goals, and being created, renewed, and maintained by human beings called nurses. Nurses are motivated as are other scientists by physiological needs including that for food; by needs for safety, protection, and care; by social needs for gregariousness, affection, and love; by needs for respect, standing and status leading to self-respect or self-esteem; and by a need for self-fulfillment or self-actualization of the idiosyncratic and species-wide potentialities of the individual human being. Many but not all are also motivated by cognitive needs for sheer knowledge and understanding, voraciously questioning others, reading textbooks, journals, and patients' charts and continuously pursuing courses in their specialty and in the liberal arts, particularly the humanities. Others are motivated by aesthetic needs for beauty, symmetry, simplicity, completion, and order and by their need to express themselves. How many of these needs are related to a nurse's need for continuing to learn and to apply new knowledge and skills? What can the nurses themselves do to spark the motive of curiosity in a nurse that sets in motion a desire to understand, explain, and systematize? These and many other human needs may serve as the

primary motivations for pursuing a career in nursing and updating and expanding knowledge and skills. The need may be a feeling of identification and belongingness with people in general, a feeling of love for human beings, a desire to help people, the need to earn a living, a means of self-expression, or a combination of all these needs working at the same time. Certainly the diversity in needs is individualistic. (Maslow, 1970)

A second content theory of motivation was developed by Alderfer who reduced Maslow's hierarchy of needs from five to three levels, existence ( E ), relatedness( R), and growth ( G ) -- thus the term ERG theory. Comparing Alderfer's scheme with Maslow's, existence needs would equate to physiological and safety needs; relatedness needs would equate to belongingness, social, and love needs; and growth needs would equate to self-esteem and self- actualization.

Whereas Maslow's theory proposed that the next level emerged when the predominant (satisfaction-progression) ones were fulfilled, Alderfer's theory proposed the addition of a frustration-regression process. When higher-level needs are frustrated, people will regress to satisfaction of lower level needs. There is limited research available to support or sustain the ERG theory. As with other theories of motivation, nurses who see themselves as managers, should become familiar with it and use its implications as appropriately as possible. (Swanburg, 1990:369)

Herzberg did research on a third content theory, which he labeled a two-factor theory of motivation. One factor is labeled extrinsic conditions, hygiene factors, or dissatisfiers. These include salary, job security, working conditions, status, company procedures, quality of technical supervision, and quality of interpersonal relations among peers, with supervisors, and with subordinates. They must be maintained in

quantity and quality to prevent dissatisfaction. They become dissatisfiers when not equitably administered, causing low performance and negative attitudes. The other set of factors are labeled intrinsic conditions, motivators, or satisfiers. They include achievement, recognition, responsibility, advancement, the work itself, and the possibility of growth. They create opportunities for high satisfaction, high motivation, and high performance. The individual must be free to attain them. Herzberg's research was criticized for its limited sample of accountants and engineers and for being simplistic. (Herzberg, 1959: 113-115)

McClelland proposed and researched a fourth content theory of motivation closely associated with learning concepts. There are three primary groups of learned needs acquired from the culture: the need for achievement, the need for affiliation, and the need for power. McClelland used the Thematic Apperception (TAT) to measure the need for achievement. He contended that needs can be learned through organizational and nonorganizational meetings. Persons high in the need for achievement want to set their own performance goals, which they prefer to be moderate and achievable. They want immediate feedback and they like responsibility for solving problems. Thus, many nursing personnel enjoy working together and are motivated by their affiliations. In some situations, such as nursing homes, they do not receive the recognition they need from clients, so they look for it from colleagues. (McClelland and Burnham, quoted in Harvard Business Review, 1976(March-April): 100-110)

From this point of view, many nurses want to talk to and socialize with each other on the job. They enjoy and prefer group-centered work activities, teamwork, interdependence, dependability, and predictability. The nurse manager works with them to maintain this affiliation need at a mutually acceptable level.

## **B. Process Theories of Motivation**

Four process theories of motivation are reinforcement theories, expectancy theory, equity theory, and goal setting. Most behavior within organizations is learned behavior: perceptions, attitudes, emotional reactions, and skills. Practice that occurs during the learning process results in a relatively enduring change in behavior.

Skinner (quoted from Swansburg, 1990: 370) advanced a process theory of motivation called operant conditioning. Learning occurs as a consequence of behavior. This is also called behavior modification. Behaviors are the operants and are controlled by altering the consequences with reinforcers or punishments. Positive or desired behaviors should be rewarded or reinforced. Reinforcement motivates increasing the strength of a response or inducing its repetition. Continuous reinforcement speeds up early performance. Intermittent reinforcement at fixed or variable ratios sustains performance. Research indicates higher rates of response with ratio rather than interval schedules. Reinforcers tend to weaken over time and new ones have to be developed. Undesirable organizational behavior should not be rewarded. Negative reinforcement occurs when desired behavior occurs to avoid negative consequences of punishment. Although frequently used, punishment creates negative attitudes and can increase costs. Behaviorists believe that people will repeat behavior when consequences are positive. Behavior modification research uses a scientific approach. Application of behavior modification is occurring in large companies. Benefits or results claimed include improved attendance, productivity and efficiency and cost savings. Reinforcers center on praise, recognition, and feedback.

The problem solving method is used to apply behavior modification:

1. Identify and define (observe and measure) the specific behavior.
2. Measure or count the occurrences.
3. Analyze the antecedents, behaviors, and consequences (ABCs) of the behavior.
4. Perform positive reinforcement, negative reinforcement, punishment, or extinguish the behavior. Positive reinforcement is best as people repeat behavior that is rewarded and avoid that which is punished. Identify by asking employees or through an attitude survey.
5. Evaluate changes. Provide feedback for reinforcement or correction. Give a positive reinforcement while discussing areas that need improvement. Give feedback at all steps of performance, not just at outcomes. Follow-up reinforcement motivates people to put plans into effect because of the attention generated: somebody cares and is paying attention. Structured follow-up can include review sessions between clinical nurse and nurse manager, interdisciplinary or intradisciplinary team review of outcomes, review of instrumented data, or direct consultation. (Skinner, 1953)

Critics of the behavior modification theory consider rewards to be bribes.

A second process theory of motivation is the expectancy theory of Vroom. This theory postulates that most behaviors are voluntarily controlled by a person and are therefore motivated. There is an effort-performance expectancy or belief by a person that a chance exists for a certain effort to lead to a particular level of performance. The performance-outcome expectancy or belief of this person will have certain outcomes.

Given choices, the individual selects the choice with the best expected outcome. Research on expectancy theory is increasing although not systematic or refined. It is a complicated process in which unconscious motivation is avoided. (Vroom, 1964: 99)

Equity theory is a third process theory. People believe they are being treated with equity when the ratio of their efforts to reward equals those of others. Equity can be achieved or restored by changing outputs, attitudes, the reference person, inputs or outputs of the reference person, or the situation. Research on equity theory has focused on pay. (Swansburg, 1990: 370)

A fourth process theory of motivation is the goal-setting theory of Locke. This theory is based on goals as determinants of behavior. The more specific the goals, the better the results produced. Research indicates goals are a powerful force. They must be achievable. The difficulty level of goals should be increased only to the ceiling to which the person will commit. Goal clarity and accurate feedback increase security. (Locke and Schweiger, 1979(1):265-339)

Both content and process theories of motivation focus on inside and outside factors of people that effect human behavior and working performance. With special to job satisfaction, the two most relevant theories, which widely used approach for analyzing the organizational factors, are considered to affect employee motivation are Maslow's theory and Herzberg's theory.

### **Maslow's motivation theory**

Abraham Maslow's theory of motivation is probably very familiar to most of readers. It is a positive one and is based on a holistic-dynamic theory. Maslow

identified a hierarchy of needs that he proposed as being the basis of motivation for mankind. It also has been applied to nursing care for some time, and these needs are arranged in order of priorities on a pyramid, which serves as the classic model for the theory. (Hersey and et al., 1989:77)

There are 5 categories of needs in the hierarchy. At the base of a needs system are physiological needs. These are based on homeostasis, which is a condition of constancy of body fluids, functions, and states; the constancy is maintained automatically by uniform interaction of counteracting processes. It should be noted that human beings do not just eat; they eat selectively to maintain homeostasis. The same is probably true of other physiological needs. Not all-physiological needs are homeostatic, and they are relatively independent of each other while at the same time interdependent; for example, smoking may satisfy the hunger need in some persons. Some are in opposite, such as the tendency to be lazy at the same time one has a desire to be industrious.

Physical needs are the strongest of human needs when unsatisfied. This level of needs has first priority and includes such elements as sex, food, water, air, shelter, and survival. A starving person will steal food and perform other acts that threaten safety. Dominance of a physiological need changes the individual's philosophy for the future. Human needs are organized in a hierarchy of prepotency: higher ones emerge as lower ones are satisfied. When the physiological needs are satisfied, the human being is no longer motivated by them. However, when deprived of a long-satisfied need, that person tolerates it better than one who has been long or previously deprived. Second, priority needs are Safety: security, protection, dependency and stability; freedom from

anxiety, chaos, and fear; need for order, structure, limits and law; strength in the protector, and others. Their satisfaction influences a person's philosophy of life and of values. What threatens the safety of nursing? Are nurses threatened by increased consumer interest in their shortcomings, which may lead to consumer control of practice? What motivates people? Is it a fear of the high cost of extended illnesses and poor results of care? The average person likes law, order, predictability, and organization, and this may be one reason people resist change. Insurance programs, job tenure, and savings accounts are expressions of safety needs. People prefer familiar to unknown things. Today's administrators are often threatened by the new generation of personnel who question regulations and use the law to achieve their goals.

Once the physiological and safety needs have been satisfied, the third priority are social (affiliation). Most individuals in nursing today have had their physiological and safety needs satisfied, although there are notable exceptions, the nonpromoted workers being among them. Now they want to be part of a group or family with love, acceptance, friendliness, and a feeling of belonging. How are the needs of the individual as well as those of the organization satisfied? A society that wants to survive and be healthy will work to satisfy these needs. Otherwise people will be maladjusted and will exhibit severe emotional and behavioral pathology.

Two categories emerge under the fourth set of needs-the esteem needs. All people share these needs. First they desire strength, achievement, adequacy, mastery and competence, confidence before the world, independence, and freedom. Second, they desire reputation or prestige, status, fame and glory, dominance, recognition, attention, importance, dignity, or appreciation. A person whose self-esteem is satisfied

identified a hierarchy of needs that he proposed as being the basis of motivation has feelings of self-confidence, worth, strength, capability, adequacy, usefulness, and being needed in society. For it to be stable and healthy, self-esteem must be based on known or deserved respect. The reason for it must be known and recognized within the recipient.

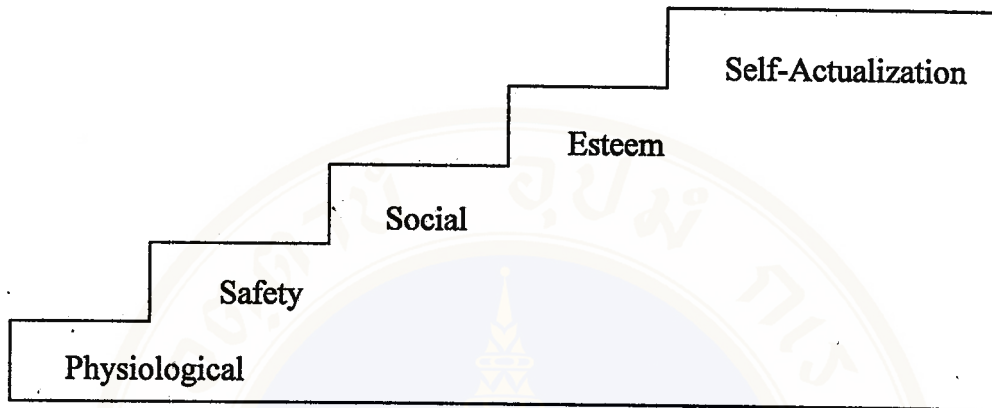
Finally, at the pinnacle of the hierarchy of needs is the emotional gold- the need for self-actualization, the effort of people to be what they can be. Nurses want to become everything that they are capable of becoming, to achieve their potential, to be effective as nurse persons, to be creative, and to meet personal standards of performance.

Certain conditions are prerequisites for basic need satisfaction. When basic needs are thwarted the individual is threatened. These conditions include:

1. Freedom to speak – communication.
2. Freedom to do what one wishes to do without harming others – choice of jobs, friends, and entertainment.
3. Freedom to express oneself – creativity.
4. Freedom to investigate and seek for information.
5. Freedom to defend oneself; justice, fairness, honesty and orderliness in group.

The illustration of Maslow's motivation theory is shown as below:

**Figure 3** Maslow's Motivation Theory



Source: Maslow's model, Hersey and Blanchard (1989).

Most behavior is multidetermined – all of the basic needs are involved. A single act of an individual could be analyzed to show how it addresses physiological needs, safety needs, love needs, esteem needs and self – actualization needs. Not all behavior is internally motivated; some is stimulated externally. Some is highly motivated, some weakly, and some not at all. Some is expressive and some not. A gratified or satisfied need is not a motivator behavior. Healthy persons are primarily motivated by the need to develop and actualize their potentialities and capacities.

To examine closely the theory of Maslow by researchers, they say about some of motives and rationality behind these 5 needs as following statements.

### **1. Physiological Needs – money /incentives.**

It can be clearly explained that the satisfaction of this level (shelter, food, clothing) is usually associated in our society with money. It is obvious that most people are not interested in dollars as such, but only as a means to be used to satisfy

other motives. Thus, it is what money can buy, not money itself, that satisfy one's physiological needs. To suggest that money as a tool is useful only to satisfy physiological needs would be shortsighted because money can play a role in the satisfaction of needs at every level. Extensive studies of the impact of money have found that money is so complicated an incentive that it is entangled with all kinds of needs besides physiological ones, and its importance is difficult to ascertain. It is clear, however, that the ability of a given amount of money to satisfy seems to diminish as one moves from physiological and safety needs to other needs on the hierarchy.

In many cases, money can buy the satisfaction of physiological and safety needs and even social needs, if, for example, it provides entry into a desired group, such as a country club. But as one becomes concerned about esteem, recognition, and eventually self-actualization, money becomes a less appropriate tool to satisfy these needs and, therefore, less effective. The more individuals become involved with esteem and self-actualization needs, the more they will have to earn their satisfaction directly, and thus the less important money will be in their attainment.

## **2.Safety (security) needs – work itself**

The conscious security needs are quite evident and very common among most people. As human have all desire to remain from the hazards of life- accidents, wars, diseases, and economic instability. Therefore, individuals and organizations are interested in providing some assurance that these catastrophes will be avoided if possible.

Gellerman (1968: 154-155) suggests that many organizations tend to overemphasize the security motive by providing elaborate programs of fringe benefits, such as health, accident, and life insurance and retirement plans. If creativity of

initiative is necessary in their jobs, an overemphasis on security can thwart desired behavior.

Drucker mentions in Fortune Magazine (1968) that one's attitude toward security is important to consider in choosing and staying on a job. He raises some interesting questions: Do you find real satisfaction in the precision, order, and system of a clearly laid-out job?

Do you prefer the security not only of knowing what your work is today and what it is going to be tomorrow, but also security in your job, in your relationship to the people above, below, and next to you?

Are you one of those people who tend to grow impatient with anything that looks like a "routine" job?

The answers to these questions are not always easy even though that person seems to understand him/herself to some certain degree. But the answers are involved with how important the security motive is for that particular individual. (Hersey and colleagues, 1989: 32-33)

From the above concept of Drucker (1968), it reveals that safety needs involve opportunity of promotion, the work itself, working conditions, relationship and company policies and administration.

### **3.Social (Affiliation) – communication & relationship**

This is the sense of belonging as being accepted as a part of team. Schachter of the University of Standford (1959) has made a significant contribution. He found that people tend to want to be with others " in the same boat". Thus, people at work congregated because of mutual feelings and this behavior may result in a form of strong informal work groups. Lowering productivity is not always the result of

other motives. Thus, it is what money can buy, not money itself, that satisfy one's informal work groups. In fact, informal groups can be a tremendous asset to management if their internal organization is understood and fully utilized. The productivity of a work group seems to depend on how the group members see their own goals in relation to the goals of the organization.

#### **4. Esteem – recognition from colleagues**

The need for esteem or recognition appears in a number of forms. Prestige motive is related to esteem and becoming more evident in our society today, especially as we move toward a middle-class society. People with a concern for prestige want to “keep up with the Joneses”, in fact, given the choice, they would like to stay ahead of the Joneses. Prestige is something intangible bestowed upon an individual by society. People seek prestige throughout their lives in various ways. Many tend to seek only the material symbols of status, while others strive for personal achievement or self-actualization, which might command prestige in itself. Regardless of the way it is expressed, there seems to be a widespread need for people to have their importance clarified and, in fact, set at a level that each feels is deserved. Prestige motivation, therefore, often appears in young people who tend not to be satisfied yet with their status in life. Besides, power is also other aspect of esteem. It is the resource that enables a person to induce compliance from or influence others. There tend to be 2 kinds of power: position and personal.

The overall concept of esteem is to develop trust and respect for others.

#### **5. Self-actualization – advancement**

At this level of need, social and behavioral scientists know least about it. Perhaps this is because people satisfy this need in different ways. Thus, it is a difficult

need to pin down and identify. Competence and achievement are considered closely relating to self-actualization.

It can be seen that Maslow's theory of motivation is strongly emphasis on the feeling and attitude rather than activities. The measurement of Maslow's theory is not clearly indicated. As a result, for this study, to determine the appropriate job satisfaction, theory of Herzberg is employed in indicating basis of questionnaire design. Herzberg's two-factor theory concerns people's motivation factor as well as maintenance factor. In other word, this theory interests not only the characteristics of work and working environment but also person as individual.

### **Herzberg's two-factor theory**

Frederick Herzberg conducted the original research that led to the formulation of the theory. It is often referred to as the two-factor theory of motivation because it describes 2 sets of factors that are independent but not opposite each other.

**Maintenance factors** are those factors that make people unhappy or dissatisfied with their jobs. **Motivation factors** are those that make people happy or satisfied and lead to job satisfaction. The basis of the theory is that maintenance and motivation factors are essentially independent of each other and affect behavior in different ways. The opposite of job satisfaction is not dissatisfaction but not job satisfaction. The opposite of job dissatisfaction is not satisfaction but no dissatisfaction. One study found that when maintenance factors were not present on the job, employees became dissatisfied. When maintenance factors were present, however, employees were not motivated to high levels of performance.

Motivation factors were found that produce high levels of job satisfaction and motivation. But if they are not present, they do not produce dissatisfaction.

Maintenance needs are generally equivalent to Maslow's lower-order needs in the physical, safety, and social categories. Motivation factors generally relate to Maslow's higher-order needs to esteem and self-actualization. (Costley, 1991:183)

### **Maintenance Factors**

Herzberg found that when people felt dissatisfied about their jobs, they were concerned with the conditions that surrounded the jobs. These maintenance factors involved the environment and conditions in which work was accomplished. Maintenance factors do not involve the nature of the work itself and are not an intrinsic part of a job. Maintenance factors include physical working conditions, job security, company policies and administration, social and interpersonal relations, and pay and economic benefits.

If any of these factors are not present to the liking of employees, the result is dissatisfaction, which may expressed in ways that hinder the achievement of organizational goals. Providing for maintenance factors do not produce increases in employee output prevents losses due to reduced worker performance. Herzberg found that poor working conditions were often a factor in negative job feeling, while good working conditions were seldom a reason for positive feelings about the job. Myers (1964: 73-88) and Davis & Newstorm (1985:74,335) summarized the effect of maintenance factors by stating that "maintenance factors are characterized by the fact that they inspire little positive sentiment when added, but incite strong negative

reactions when removed.” The following are specific maintenance factors that are usually important considerations in organization. **Physical Working Conditions** involve the quality of the physical environment in which the individual performs the job. The lighting, temperature control, ventilation, and noise levels are physical factors that directly affect the work environment. Working conditions are also affected by the availability of employee facilities such as parking, rest rooms, and cafeterias. When physical working conditions are undesirable, employees tend to focus their attention on the nature of the job.

### **Security**

When individuals feel certain about their continuation in a job, security needs are usually being met. In a work situation, feelings of security are affected by whether individuals believe they are protected by a fair and just system. For most employees, security needs are most affected by how workers perceive the behavior of their immediate supervisor. A supervisor who is reassuring, supportive, consistent in decisions, and easy to talk with strongly reinforces employee’s feelings of security. The importance of security is reflected in employee concern for seniority rights, disciplinary action, review processes, and complaint procedures.

### **Organizational Policies and Administration**

For most employees, job dissatisfaction is mainly related to the policies and administrative procedures. A common complaint involves the red tape and excessive paperwork in an organization. An organization's goals, policies, procedures, practices, and rules can be dissatisfiers when they are perceived by employees to be inadequate or unfair. For example, promotional policies are often a source of dissatisfaction when

they seem to place artificial barriers in the employee's way. Other policies and their administration cover a wide range of activities, such as vacations, overtime work, safety rules, and dress requirements.

### **Social and Interpersonal Relationships**

An important part of the work environment is the social interaction among employees. Social needs are satisfied in organizations through both formal and informal group interactions. However, interpersonal relations can cause conflict and dissatisfaction when workers clash over job-related factors such as works load, pay, and advancement. Conflict and dissatisfaction can also result from disagreement about issues not related to the job, such as religion, politics, and other personal matters. Factors affecting social maintenance needs include coffee-break groups, professional group, and committees, lunch groups, parties, car pools, and recreational activities.

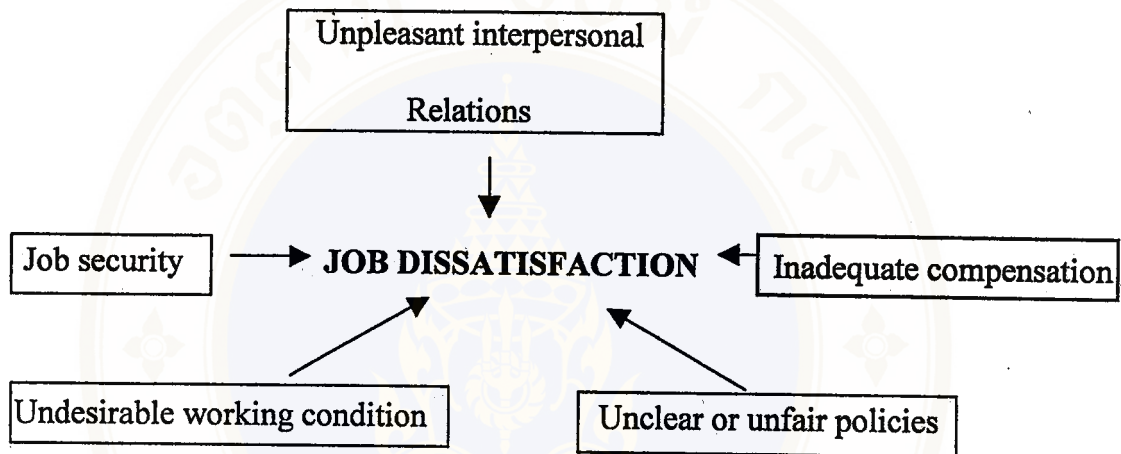
### **Pay and Other Economic Factors**

Any direct or indirect compensation for performing a task can function as an economic maintenance factor. These include wages, salaries, and increases in benefits that are received automatically as a result of being in a position. The benefits that go with the job, such as social security, sick leave, unemployment compensation, retirement benefits, paid vacations, health insurance, paid holidays, and educational benefits, are maintenance factors. Maintenance factors do not include compensation or benefits that are received as a result of outstanding performance.

The illustration below summarizes factors that can result in job dissatisfaction.

**Figure 4** Factors that contribute to job dissatisfaction

What factors contribute to job dissatisfaction?



The affect of pay is often overestimated by economists and underestimated by psychologists.

### **Motivation factors**

When employees feel good about their jobs, it is primarily because of the nature of the work itself. Factors that lead to positive feelings and motivation include achievement, recognition for accomplishment, responsibility, and personal growth. The presence of these factors leads to job satisfaction and employee commitment to higher levels of performance.

Motivation factors lead to high levels of satisfaction and increased productivity when they are present, but their absence does not lead to significant dissatisfaction.

For example, responsibility leads to feelings of satisfaction about a job, but the lack of responsibility seldom causes dissatisfaction and bad feelings.

When motivation factors are present, they serve not only to increase productivity but also to develop greater employee effectiveness. As it is said by Costley (1988) that "...it is the attention of employees, not working condition, that has the dominant impact on productivity".

### **Achievement**

As a motivational factor, achievement is present when employees have feelings of personal accomplishment or the need to accomplish. For achievement motivation to be present, the job must be challenging. Two factors are important in analyzing on-the-job achievement motivation: (1) the level of achievement motivation and (2) the ability to perform a specific job.

Since individuals differ in their needs for achievement, jobs that offer opportunities to achieve tend to attract people with high achievement motivation. Jobs with few such opportunities tend to attract people with low achievement motivation who are looking for satisfaction of maintenance needs, such as security, desirable working conditions, and a favorable social environment.

For achievement to occur on the job, the individual must be able to succeed, which requires the ability to solve job-related problems and perform effectively. If a person is to be successful in writing a book, he or she must know how to write. For achievement to be a motivator, a person must have opportunity, ability, and desire.

Factors that can increase the opportunity for on-the-job achievement include delegation of authority and responsibility, involvement in planning and goal setting,

availability of information concerning performance, and individual control of the quality of job performance.

### **Recognition**

To function as a motivator, recognition must be the result of accomplishment. Recognition can come from the organization, managers, fellow employees, customers, or the public. For many, employees, their jobs form only a small part of an organization's total activity, and recognition is the only way they can evaluate their achievement and contribution to organizational objectives. Research studies have found that praising job performance increases worker's motivation to improve job performance.

Recognition may take many forms, from verbal or written recognition to pay increases and bonuses. Regardless of the form, the motivational value of recognition does not last very long. Frequent reinforcement is necessary for it to be of continuing motivational value.

Recognition not related to accomplishment is not a motivational factor but may satisfy status, security, and social needs. This type of recognition often takes the form of friendliness from others or conversations and discussions that involve the employee's personal interests. Unearned recognition may serve to satisfy maintenance needs by making the environment more pleasant, but it is not a substitute for recognition of accomplishment.

### **Responsibility**

When individuals accept responsibility for decisions affecting their work, they develop a commitment to the job. If responsibility is to be a motivational factor,

individuals must have the opportunity to accept responsibility. As responsibility is accepted, external control can be reduced. Individuals who work under close supervision seldom develop the desire to accept responsibility. In other words, increased job freedom and responsibility go hand in hand. When some jobs are closely examined, the discovery is made that the individual is responsible only for following instructions. Put more strongly, some jobs have been structured in such a way that employees' sole responsibility is to act like robots.

A study by Myers of Texas Instruments (1964: 73-88) revealed that a sense of responsibility is a function of level and supervisory style in the organization. People in top-management positions had a higher sense of responsibility than did employees at lower levels. An even stronger relationship existed between accepting responsibility and the style of supervisor. The employee's sense of responsibility was higher when their supervisor helped them develop by providing information, delegating responsibility, and encouraging risk taking.

### **Growth**

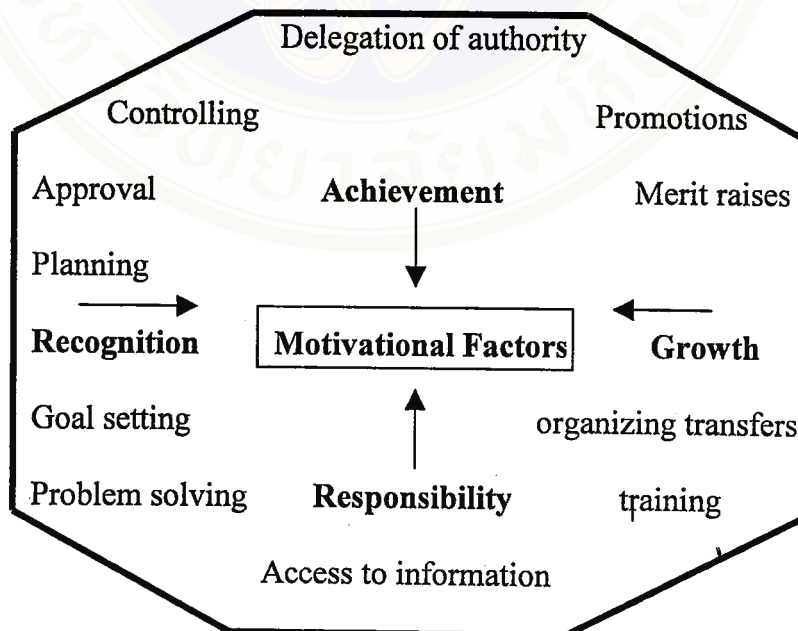
Individual growth takes place through development of new skills and abilities and acquisition of additional knowledge. Growth is motivational for employees and advantageous for the organization, since it increases the effectiveness of its human resources. Opportunities for individual growth can involve formal or on-the-job training made available by an organization. The involvement of employees in problem solving and decision making is a highly effective way of providing opportunities for growth and, at the same time, increasing the effective use of human resources.

For growth to take place on the job, employees must receive timely, accurate, and specific feedback on the quality of their performances. Managers can promote growth by helping employees learn how to evaluate personal performance and determine areas in which additional skills or knowledge are needed. By encouraging self-evaluation and performance improvement, management can create the conditions for continual individual growth. The most visible opportunities for growth are through promotion, transfers, and job rotation.

The illustration below presents a summary of maintenance and motivation factors:

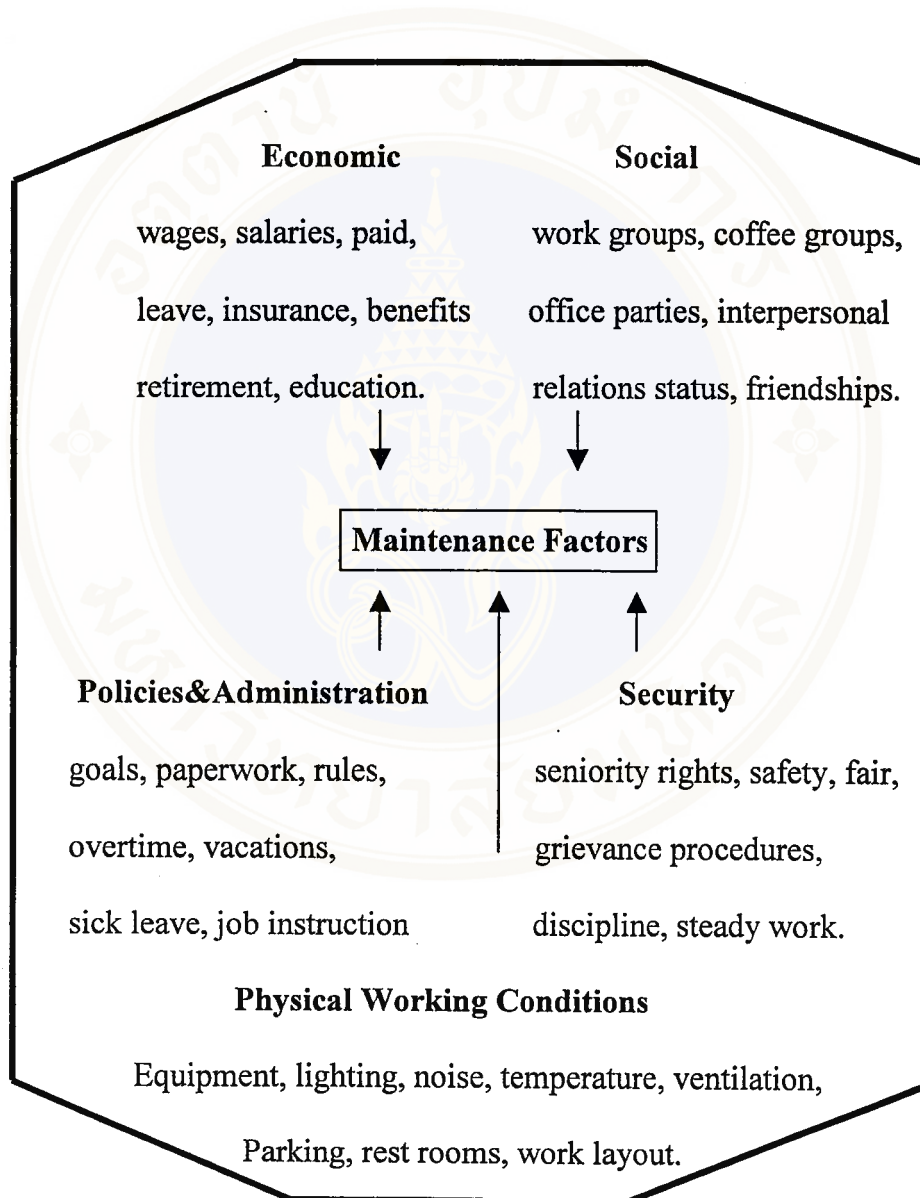
**Figure 5** Factors of motivation and job performance.

**I. Motivational factors that affect job performance**



**Figure 6** Factors of maintenance and job performance.

**II. Maintenance factors that affect job performance.**



This study intends to understand nurse's job satisfaction through the theory of Herzberg, which can rationally bring factors into tangible measurement.

### **Measurement of Job satisfaction**

Conducting research concerning job satisfaction has very much depended on accurate measurement as the same as other issues.

Probably the most common attitude surveys in organization today focus on job satisfaction. Satisfaction is considered by many professions for indicating the organizational effectiveness, and, therefore, it is regularly monitored to assess employee feeling toward the organization. By far the most common means of assessing satisfaction is the "rating scale". Rating scale represents direct verbal self-reports concerning employee's feelings; they have been widely used in companies since the 1930s. Several job satisfaction scales exist. One of the most popular is the Minnesota Satisfaction Questionnaires (MSQ). This instrument uses a Likert- response format to generate satisfaction score on 26 scales, including satisfaction with compensation, promotion or opportunities co-workers, recognition and so forth. (Steers and colleagues, 1991:89-90)

The measurement of job satisfaction by rating scale is also supported and shared concept by Wagner and colleagues ( 1992: 245). He believed that satisfaction levels of employees can be assessed by useful rating scale and he also added that Job Descriptive Index (JDI) and faces scale are possible to detect this matter. However, JDI requires minimal reading skills while faces scale requires none.

Concerning the significance of rating scale supported by many studies, it is said that this method of testing is relatively reliability and validity. Because there is a wealth of data on the use of these measures, and it is easy to compare their results in one firm with their results at another. (quoted in Johnson & colleagues,1982: 500-505)

Schermerhorn and colleagues (1991: 90) remarks that rating scales have several advantages for evaluating levels of job satisfaction: first, they are relatively short and simple and can be completed by large number of employees quickly. Second, they can be of the generalized wording of the various terms; the instruments can be administered to a wide range of employees in various objects. It is not necessary to alter the question for each job classification. Finally, extensive normative data (or norms) are available. These norms include summaries of the scores of 1 000s of people who have completed the instruments. Hence, it is possible for employer in other organizations to determine relative standing.

With reference to Steers, Wagner and Schermerhorn, the measurement of job satisfaction has been utilized by the virtues of rating scale. Because rating scales have proved to helpful in assessing satisfaction in various aspects of the job situation. Nurses and above authority can use the results to identify potential the areas of problem and generate discussions and action plans of how to correct aspects of works/ tasks or the organization that are causing unacceptable levels of discussion. Therefore, this study is determined satisfaction level of employees following the Likert- response format (rating scales).

#### **4. The significant linkage between managerial skills and job satisfaction**

The quality of work, which has been completed by each nurse, is entirely different because nurses differ among themselves in terms of characteristics, educational level, experience, opinion about work and others. If employees are rightly being motivated to achieve what they are doing, they put their best effort to that work.

Successfully in increasing performance effective it not only depends on proper motivation but also stands a chance to work problems out in reality. Herzberg wrote in Harvard Business Review (1968, Jan-Feb: 53) that " the employer's task is not to motivate his people to get them to achieve; he should provide opportunities for people to achieve, so they will become motivated".

The above statement reveals employee motivation depending on the perceived degree of need satisfaction. When workers perceive that performance will be personally rewarding, they are usually motivated to achieve high levels of productivity. As it is known, there has been a profound change in the way that nurses have been viewed over the last few decades. The degree of change in knowledge and technology is quite great and it is commonly to assumption that little of learning previously acquired can be usefully transferred in uses. Thus, many relevant subjects and strategies outside the field are considered to take up in order to reduce nurses' anxiety. Then, job satisfaction may occur. (Henderson, 1969: i)

Vroom (1964: 99) and Green (1972: 31) presented their concept in the same route as Herzberg (1969) that people's working performances have strong impact on the feeling of satisfaction.

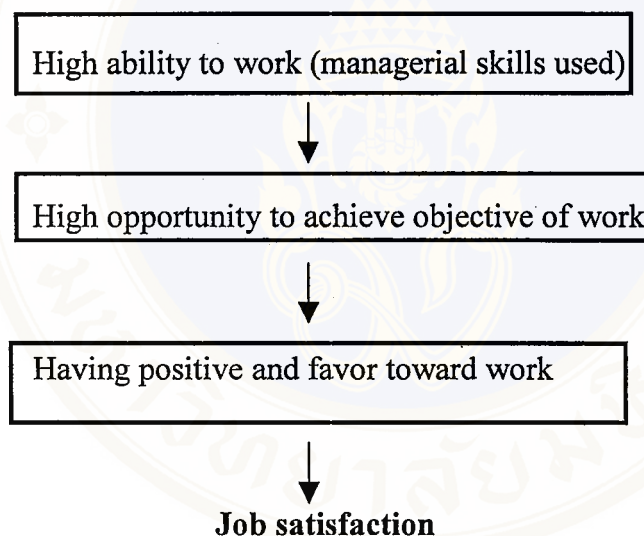
Parker (1994: 94) puts forward the important statement that the relationship between managerial skills at work and job satisfaction is strongly connected.

In an effort to recognize the subjectivity and relativity of nursing performance and job satisfaction, Chin (1995) points out that nursing profession is an art and science of helping persons to meet their essential requirements, preventing the development of unmet needs and problems, and maintaining an optimal level of

independence. The pattern of performing nursing services is closely related to the process of management and managerial skill is a major vehicle for high standard, which can be monitored and ready for planned change right from the beginning to the end.

The illustration is shown as below:

**Figure 7** Managerial skills used and job satisfaction



Managerial skills and job satisfaction have related in organization. It is not only in nursing profession but also applied in a wide range of careers.

## 5. Recent studies

To understand this study, it is important to learn the related studies in the field. The study has 2 main parts: managerial skill and job satisfaction.

### **The studies of managerial skill**

Recent studies emphasize the necessity to understand managerial skills, to carefully plan course of action, and to be ready for planned change.

Lathlean (1987: 25-27) conducted a study named 'Are you ready to be a staff nurse?' in Nursing Times that managerial skills is extremely important and necessary for competent nursing practice. Nurses, nowadays, requires broad knowledge to face up with complex and multifaced problems. From study, he identified a set of managerial skills that once established, it can then be integrated into expanded nursing activities to provide safe, competent, and effective work.

In Thailand, the organization of learning and teaching of Nursing Administration Course in Diploma Program in Nursing Science Curriculum of Suratthani Nursing College between the year 1990 through the year 1993 by Stufflebeam's CIPP model. The findings of this research revealed that student' achievement of learning were improved and the work capability of the graduates nursing administration and public health was moderately appropriated. Even though the course content of some items needed to rearrange, lacking of teaching and learning resources and time available and appropriate motivation in classroom, the course was moderately successful in improving the productivity or graduates for working performances. (Popattanachai, 1994)

In 1997, a survey of managerial skill used by hospital pharmacists found that managerial skill used and number of responsible jobs had positive correlation with managerial skill problem but duration of working in present hospital and age did not have significant relationship with managerial skill problem. Most of the respondents obtained managerial knowledge from their experience while bachelor degree courses,



seminars and training were other sources of knowledge. They emphasized the importance of managerial skill and needed managerial skill improvement. Practical training was the most preferable method to improve managerial skill. (Rookkapan, 1997)

These studies mentioned the need of managerial skill, which can improve effectiveness at work.

Turning to the research conducting for job satisfaction, there are many research / studies under this category include below:

Jatee (1987: 141-160) remarked that job satisfaction has been shown to reduce drastically employee's motivation and physical ability to perform a task well. This may result in lower production levels and increased errors and accident. Unrelieved work dissatisfaction can cause job burnout.

Wolf (1981: 233 -236) reported in Nursing Outlook that the cause most often cites for nurses leaving their jobs are conflict in power and control, lack of autonomy, dissatisfaction with working condition, low pay and low status.

These studies highlight that low job satisfaction causes job bum out and renders nurses to leave their job.

Wright (1993: 376-381) has the similar result from his study, mentioned in Journal of Burn Care Rehabilitation, that today's nurses have to handle many tasks at once on shorter deadline. The pace of modern decision making has become so rapid that professional do not have enough time to decompress or recharge. The rate of nurses' turn over is high. In America, it costs \$ 2,500 to \$10,000 to replace and train a nurse.

A number of factors, which were studied in the past two decades concerning to keep nurses from being job satisfaction, are:

Bamber (1988: 33-34) and Dailey (1990: 33-42) found that nurse's obstacle upon satisfaction was the *role conflict and role ambiguity*.

Richman (1989:169-190) and Oehler (1992: 81-90) believed that *thwarted ambition, inadequate group support and cohesiveness* are the major factors to reduce the level of job satisfaction.

Ogus (1990: 267-281) and Anders (1992:186-191) suggested that *norm pressure and administration policy* are the problem of job satisfaction.

Mc Abec (1991: 568-575) puts emphasis of nurse's job satisfaction on *job security*.

Jenkins (1991: 579-581) and Robinson (1993:1146-1151) mentioned the factor of *leader behavior* as the factor that directly effects job satisfaction in person.

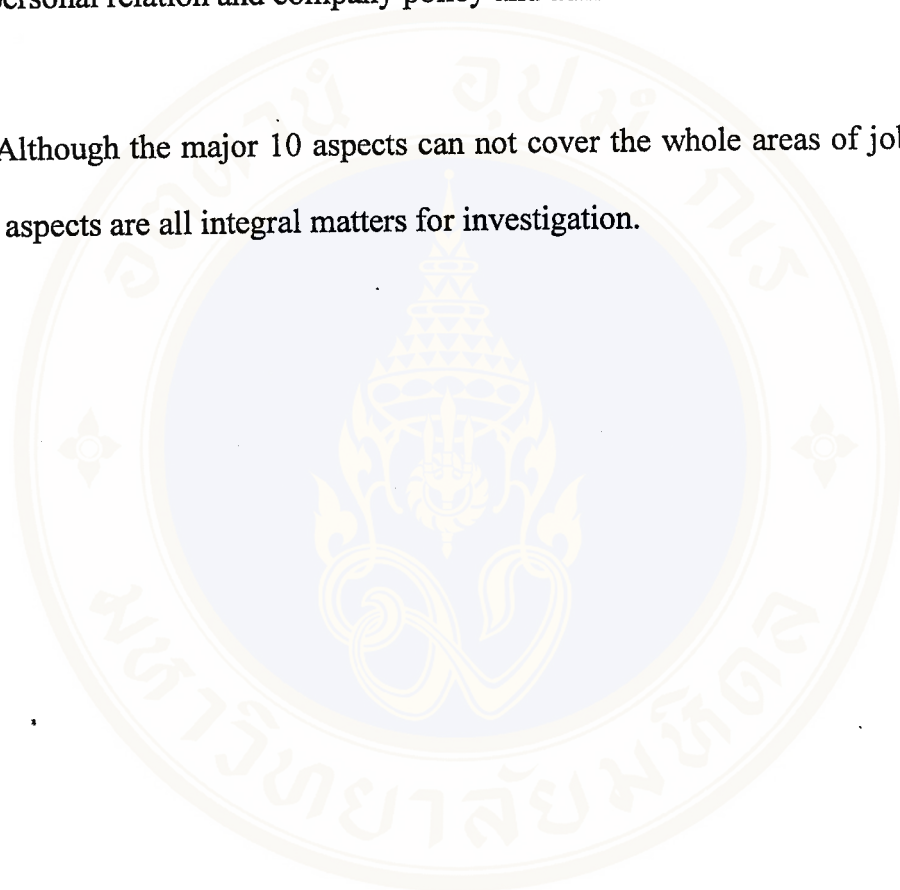
Dick (1992:341-346) found in his study that *organizational change* is one of the most important factors that has a strong impact on job satisfaction.

Blegen (1993: 36-41) and Foxall (1990: 577-584) stated in Journal Nursing Research that job satisfaction among nurses are depended on several work-related factors, especially, working condition.

During the last two decades, there are many of the same kind of analysis conducting in this area, the results of them are more or less similar to the above statements. Therefore, for this study, the factors that affecting job satisfaction comprise of 2 main areas according to Herzberg two-factor's theory: motivator and maintenance factors.

**Motivator factor** covers 5 aspects of working achievement, the work itself, responsibility, recognition and working advancement. **Maintenance factor** also obtains 5 aspects of payment and benefits, job security, working condition, interpersonal relation and company policy and administration.

Although the major 10 aspects can not cover the whole areas of job satisfaction, these aspects are all integral matters for investigation.



## **CHAPTER III**

### **METHODOLOGY**

#### **3.1 Research Design**

This chapter describes the research design and the methodology used in terms of population, sample for study, research instrument, data collection and data analysis.

#### **3.2 Population**

The population in this study was professional full-time nurses, who have obtained at least a bachelor's degree in nursing and are also working for general private hospitals in Bangkok.

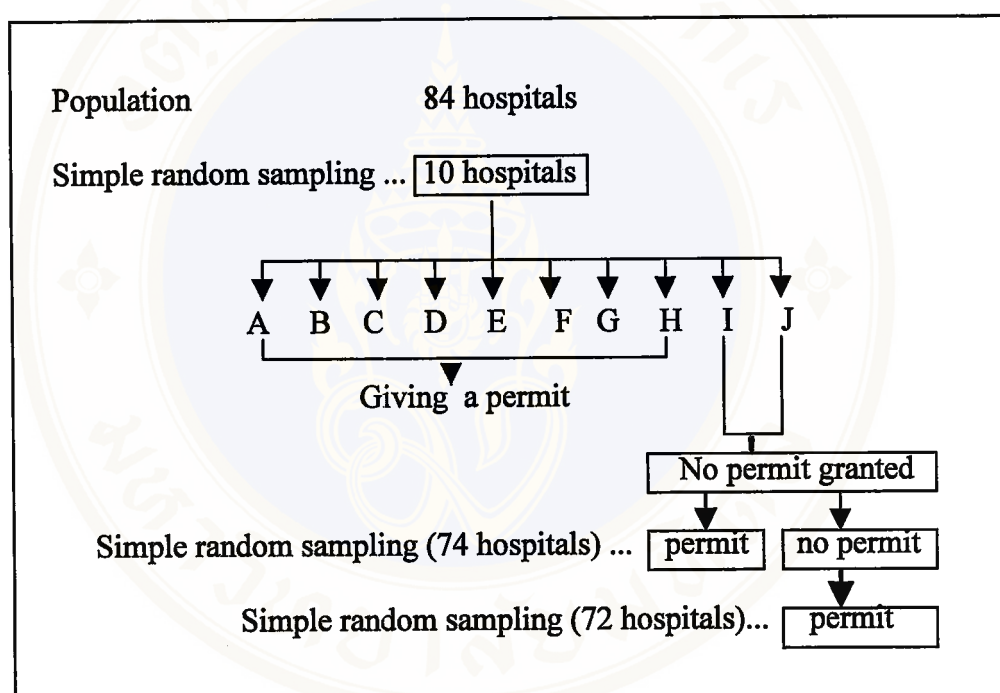
According to the National Statistical Office, Statistical Data Bank and Information Dissemination Division, Bangkok, 1997, the total number of general private hospitals in Bangkok is 84. From these 84 hospitals, there are 4,145 professional full-time nurses, who obtained at least bachelor's degree and work as full-time nurses of general private hospitals.

#### **3.3 Sample**

The process of achieving the samples for this study was arranged into 2 steps. First step was undertaken so as to select the hospitals. Ten general private hospitals were randomly selected from a population of 84 hospitals by placing 84 names of hospital in a container and drawing one name at a time until the sample of 10 hospitals

were selected. These 10 selected hospitals were contacted and asked for cooperation in the study in terms of granting permission for collecting data. However, two out of the ten hospitals declined to participate in the study, the other two sampling hospitals were redrawn from the rest of 84 hospitals to replace them. (see figure 8)

**Figure 8** Sampling method of general private hospitals in Bangkok



Second step is to choose the samples of nurses from these 10 selected hospitals by turning to consider nurses from these selected hospitals, who have qualification based on definition. They must be chosen in such a way that each has an equal chance of being selected, and each choice is independent of any other choices. Therefore, simple random sampling procedure was again used as the method of determination.

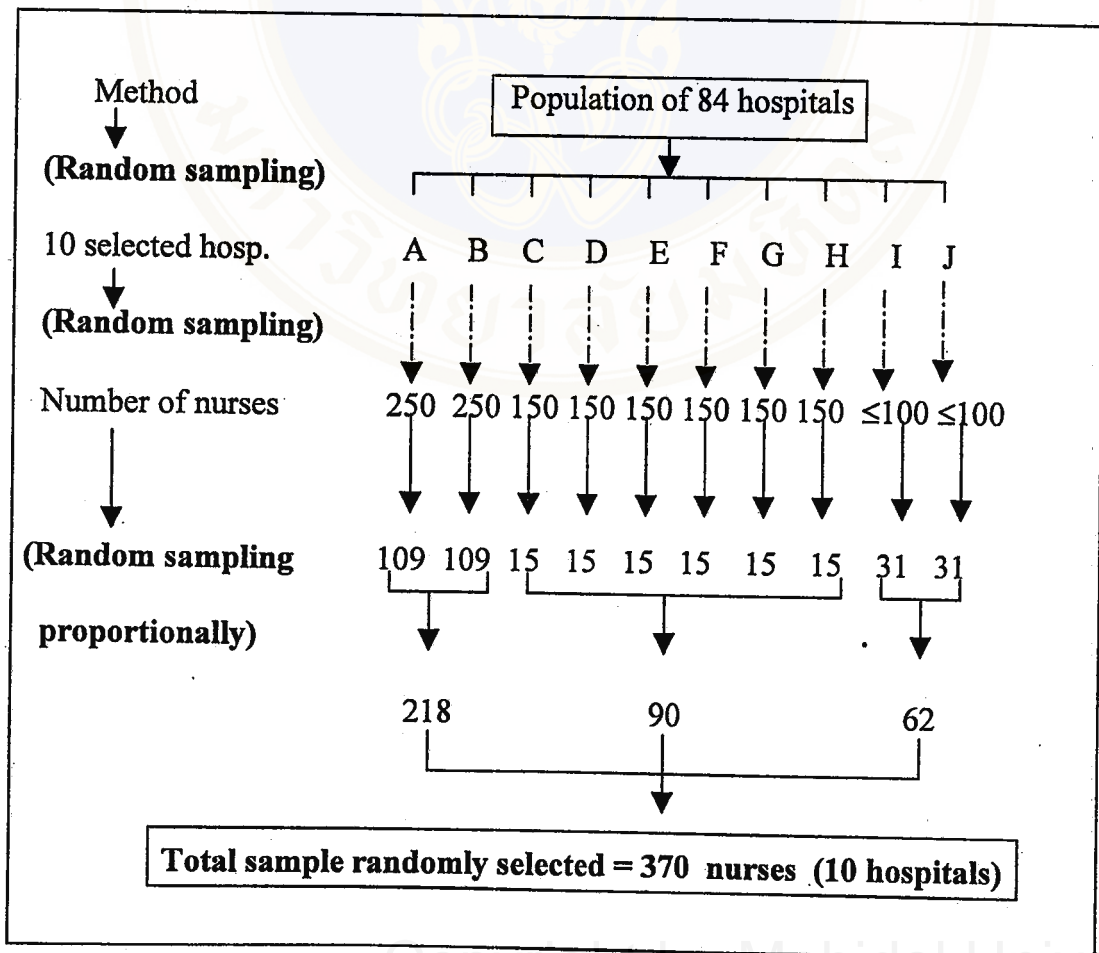
With reference to Yamanae's statistical table (Yamanae, 1973) the suitable sample size of the population scale between 4,100-4,500 nurses at 95% of confidence and a maximum of  $\pm 5$  allowed error, the sample size of the study is 367.

However, the total number of nurses of each hospital were different, the samples must be drawn proportionally.

The sampling method for achieving the samples of 367 nurses must be started from drawing nurses proportionally from these 10 selected hospitals by placing all names of nurses based on definition into a container. Then, drawing one at a time until the desire number of samples (367) were randomly selected. (see figure 9)

If any of selected nurses were on vacation period or study, sick and maternity leave, simple random sampling must be done again for replacing.

**Figure 9** Sampling method of nurses from each selected hospital



### 3.4 Research Instrument

#### 3.4.1. Development of questionnaires

This survey study employed a set of questionnaires, developed by the researcher herself, as a tool to gather the data about the relationship between job satisfaction and managerial skills among full-time professional nurses of general private hospitals in Bangkok. The questionnaires consist of three sections:

Section one concerns biographical information regarding age, working experience, length of working in present hospital, training acquirement, position held and educational qualification. The format of this section consists of open-ended questions and multiple choices.

Section two comprises of 24 items of five point rating scales on managerial skills. The purposes of these 24 statements are to evaluate real working performances and opinions upon the situational statements of nursing activities. This questionnaire is rationally developed to cover the basis of Schwirian's principle of nursing activities and abilities as follows.

1. Leadership	4 items	(1 <sup>st</sup> -4 <sup>th</sup> )
2. Planning and evaluation	4 items	(5 <sup>th</sup> -8 <sup>th</sup> )
3. Communication & relationship	4 items	(9 <sup>th</sup> -12 <sup>th</sup> )
4. Teaching & collaboration	4 items	(13 <sup>th</sup> -16 <sup>th</sup> )
5. Critical care	4 items	(17 <sup>th</sup> -20 <sup>th</sup> )
6. Personal development	4 items	(21 <sup>st</sup> -24 <sup>th</sup> )

The characteristic of the questionnaire is in the pattern of rating scale. The respondent is asked to choose an appropriate response by judging suitable scores that indicate their regular way of completing the works or activities as indicated below.

(see figure10 ).

**Figure 10** Rating scale of managerial skills questionnaires

1	2	3	4	5
not at all	a little	moderate	much	very much

Section three allows nurses to rate scores on job satisfaction with regard to the current status. The questionnaire is developed from Herzberg's two-factor theory, which is divided into 2 main parts: motivator factors and maintenance factors.

**“Motivator factor”** is one of Herzberg's two-factor theory, which makes people happy and satisfied with their jobs. This study concerns motivation factors in 5 aspects: working achievement, the work itself, responsibility, recognition and working advancement.

**“Maintenance factor”** is the factor that usually relates employees and their working place together. The factor of hygiene involves in this study can be divided into 5 aspects: payment and benefits, job security, working condition, interpersonal relation with superiors, subordinates and peers and company policy and administration.

**Part 1:** The Motivator factors consist of 15 items which include:

Work achievement	3 items (1 <sup>st</sup> –3 <sup>rd</sup> )
Work itself	3 items (4 <sup>th</sup> –6 <sup>th</sup> )
Responsibility	3 items (7 <sup>th</sup> –9 <sup>th</sup> )
Recognition	3 items (10 <sup>th</sup> –12 <sup>th</sup> )
Advancement	3 items (13 <sup>th</sup> –15 <sup>th</sup> )

**Part 2:** There are 15 items on the Maintenance factors, which involve:

Payment and benefits	3 items (16 <sup>th</sup> –18 <sup>th</sup> )
Job security	3 items (19 <sup>th</sup> –21 <sup>st</sup> )
Working conditions	3 items (22 <sup>nd</sup> –24 <sup>th</sup> )
Interpersonal relationship	3 items (25 <sup>th</sup> –27 <sup>th</sup> )
Company policy & admin.	3 items (28 <sup>th</sup> –30 <sup>th</sup> )

For each item of the questionnaires, the respondent is asked to choose an appropriate respond to the five-point rating scale according to their opinion on the statement related to job satisfaction as followings. (see figure 11).

**Figure 11** Rating scale of job satisfaction questionnaires.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
very poor	poor	moderate	good	excellent

### 3.4.2. Validity and Reliability of the questionnaires

The **content validity** refers to the degree to which the test items actually measure, or are specifically related to, the traits for which the test was designed. This study is adapted after experts in the field like Herzberg who has established the theory of satisfaction and Schwirian who set up the model of nursing activities and abilities.

However, it is important to make sure that questionnaires, which were made to detect the true condition of nurses based on mentioned theories, are rationally covered, clearly understood and given the right meaning. This set of questionnaires is observed in 2 areas: the universe of content and each questionnaire should be representative of this universe. Then, using a panel of experts in the field: one nursing educator and two skilled nurses, after the questionnaires had been developed for the approval of questionnaires. The most important consideration pressed on the issue of whether the questionnaire's content, language and communication through statements were appropriate for the samples to be tested. After carefully examined by experts, a few areas of language ambiguities were suggested to correct for better understanding.

A test is **reliable** to the extent that it measures whatever it is measuring consistently. The questionnaire was pre-tested with a similar qualification but different group of 20 nurses for both its content validity and reliability before releasing to the real selected sample.

Cronbach's alpha coefficient (Cronbach, 1970), is employed to assess the reliability of this instrument.

$$\alpha = \frac{n}{n-1} \left( 1 - \frac{\sum S_i^2}{S_t^2} \right)$$

where	$\alpha$	=	Coefficient of reliability
	$n$	=	Number of items in the scale (questionnaires)
	$\sum Si$	=	The variance of part scores $i$ for each part in turn
	$St$	=	The variance of the sum of " $n$ " part scores

The calculated reliability of job satisfaction and managerial skills were 0.95 and 0.91 respectively.

### 3.5 Data collection

The researcher organized the process of data collection into 5 steps.

**First**, contacting the Faculty of Graduate Studies, Mahidol University for a cover letter explaining the purpose of the study including statement asking for cooperation from the director of general private hospitals where researcher had selected earlier.

**Second**, making an appointment with the hospital authorities who were involved in granting permission for pursuing the study in each hospital.

**Third**, visiting wards and associated departments so as to introduce myself, explain the objectives of the study, and ask for time and cooperation in completing the questionnaires. Moreover, it was important to set up at the earliest convenience the time for collecting the questionnaires. If the rate of returned questionnaires was less than 60 percent, an advanced plan for a follow-up was needed.

**Fourth**, collecting the questionnaires and thoroughly checking through each set of questionnaires in order to find out whether they were all completed, or whether there were any problems, queries and suggestions from respondents.

The final one is when the questionnaires were received, they were checked for data completion, and analyzed.

From these 5 steps of data collection, a total of 420 (100%) questionnaires were distributed on 15 April 1999 and ended on 21 May 1999. The target sample of the study was 367 nurses which was approximately 87% of distributed questionnaires (Yamanae, 1973); 412 (98%) were returned with 406 (97%) completed response. These completed responses of questionnaires were carefully observed and discovered that respondents rated score only at the moderate column (score = 3) throughout the areas of managerial skills, job satisfaction and both managerial skills and job satisfaction's questionnaire by 10, 13 and 16 sets of questionnaires respectively. Therefore, these 39 mentioned sets of questionnaire were cast-off from the study. In other word, the data analyses and interpretations in this study were based on 367 samples.

### 3.6 Data Analysis

The data were organized and analyzed by SPSS / PC (Statistical Package for Social Sciences / Personal Computer Plus).

The analysis process for this study are as following:

1. The study on biographic information such as number of working years, qualifications, positions held and others were analyzed by frequencies and percentage.

2. The investigation on managerial skills was calculated for both overall aspects of 6 and each aspect separately by mean and standard deviation.

Each item of managerial skill question has 5 levels of frequency as shown in the figure 10; '5' is rated for answering "very much" and '1' for "not at all" in positive statement item. On the other hand, '1' for "very much" and '5' for "not at all" in the negative context of practice. Eight questions were made in negative context which were items: 6, 10, 12, 13, 16, 19, 20 and 21.

**Low score** means nurses have obtained relatively low level of managerial skills at work.

**High score** means nurses have obtained high level of managerial skills at works.

The overall rating scores will fall into the interval level of 24-120 scores. The interpretation of given scores which ranges from the highest to the lowest can be explained as below:

Mean score between 4.6-5.0 = having obtained very high level of managerial skills in working performances.

Mean score between 3.6-4.5 = having obtained high level of managerial skills in working performances.

Mean score between 2.6-3.5 = having obtained moderate level of managerial skills in working performances.

Mean score between 1.6-2.5 = having obtained low level of managerial skills in working performances.

Mean score between 1.0-1.5 = requires urgently improvement of organizing work and activity.

3. The investigation on job satisfaction was computed for achieving the final results in both overall and each single aspect by mean and standard deviation.

The essential notice is that each item has 5 levels of frequency as shown in figure 11; '5' is given for satisfaction at the level of "excellent" and '1' for satisfaction at "poor" level. No negative context of practice were employed in the part of job satisfaction questionnaires.

**Low score** means having least satisfaction upon work.

**High score** means having high satisfaction upon work.

The overall scores rating for job satisfaction fall in the range of 30-150 scores. The interpretation of given scores ranging from the highest to the lowest can be explained as below:

Mean score between 4.6-5.0 = having obtained very high or excellent level of job satisfaction.

Mean score between 3.6-4.5 = having obtained high level of job satisfaction.

Mean score between 2.6-3.5 = having obtained moderate level of job satisfaction.

Mean score between 1.6-2.5 = having obtained low level of job satisfaction.

Mean score between 1.0-1.5 = having obtained the least level of job satisfaction.

4. The investigation on the relationship between managerial skills and job satisfaction among nurses was analyzed by employing Pearson Product-Moment correlation coefficient.

## **CHAPTER IV**

### **RESULTS OF STUDY**

This chapter presents the findings of the study based on statistical analysis. The data of the study were analyzed and summarized into 4 parts, which are as the following sequences: general characteristics of the respondents, current status of job satisfaction, managerial skills used among nurses and relationship between managerial skills and job satisfaction.

#### **4.1 General Characteristics of the Respondents**

This part focuses on the general information of the respondents. It is descriptively summarized by the means of frequency and percentage of the respondents classified by age, position, number of working years, educational qualification and training received. General characteristics of the respondents can be seen through the socio-demographic factors of respondents as below:

##### **The socio-demographic factors of the respondents**

It was shown that most of the respondents (47.9%) were between 25 – 30 years of age. The majority of nurses worked less than 5 years (36.5.1%) and nearly all of nurses earned bachelor's degree (96.4%). With respect to rank classification, the largest numbers of nurses in the study were staff nurses (86.1%) and it was also added that many of nurses received last training within a year (38.4%).

The details about these variables are shown in Table 1.

**Table 1** Frequency and percentage of the sample classified by age, number of working years, position, educational qualification and last training received.

<b>General Information</b>	<b>Number</b>	<b>Percentage (%)</b>
<b>Age</b>		
less than 25 year-old	30	8.2 %
25 - 30 year-old	176	47.9 %
31 - 35 year-old	88	24.3 %
36 year-old and above	73	19.6 %
<b>Number of working year</b>		
less than 1 year	6	1.6 %
1 - 5 years	134	36.5 %
6 - 10 years	127	34.7 %
11 - 15 years	55	14.9 %
16 - 20 years	23	6.3 %
21 years and above	22	6.0 %
<b>Last training course ever received</b>		
Never	116	31.6%
Less than 1 year	141	38.4%
1-5 year	100	27.3%
More than 5 years	10	2.7%
<b>Position</b>		
Staff nurse (1)	316	86.1 %
Head nurse (2)	51	13.9 %

**Table 1 Continue**

<b>General Information</b>	<b>Number</b>	<b>Percentage (%)</b>
<b>Educational qualification</b>		
Bachelor's degree (1)	354	96.5%
Master degree (2)	12	3.3%

#### **4.2 Presentation of job satisfaction among nurses of private hospitals in Bangkok.**

##### **4.2.1 Presentation of Job satisfaction by categories.**

The presentation of this part consists of 2 major factors: motivator and maintenance. Motivator factors are working achievement, recognition, responsibility, work advancement and work itself whereas the factors of maintenance are payment & benefits, job security, working condition, interpersonal relationship and company policy & administration.

The analysis of job satisfaction is processed and summarized by arithmetic mean, standard deviation and satisfaction level. It revealed that the majority of job satisfactions among nurses lie on the average level of satisfaction for both motivator factors and maintenance factors in all areas except working achievement, which was rated at high level. Therefore, from this study, nurses were at moderate level of satisfaction as shown in Table 2.

**Table 2** Mean, standard deviation and satisfaction status among nurses of private hospitals in Bangkok for the overall 10 aspects of job satisfaction.

<b>Job satisfaction of nurses</b>	<b>mean (X)</b>	<b>S.D.</b>	<b>satisfaction status</b>
<b><u>Motivator factor</u></b>			
Working achievement	3.6	0.6	high
Recognition	3.4	0.7	moderate
Responsibility	3.3	0.8	moderate
Work advancement	3.0	0.9	moderate
Work itself	3.3	0.8	moderate
Total	3.3	0.7	moderate
<b><u>Maintenance factor</u></b>			
Interpersonal relation	3.1	0.8	moderate
Company policy & administration	3.4	0.7	moderate
Working condition	3.1	1.0	moderate
Job security	3.1	1.0	moderate
Payment & benefit	3.1	1.6	moderate
Total	3.1	1.0	moderate
<b>Total of Job Satisfaction</b>	<b>3.2</b>	<b>0.8</b>	<b>Moderate</b>

#### **4.2.2 Presentation of job satisfaction by items.**

The study consisted of 30 items of questionnaire on job satisfaction, which was presented by frequency, percentage, mean, standard deviation and level of job satisfaction.

When looking into the details on the factors of job satisfaction, the data analysis of this part can shed the light on job satisfaction of the nurses each item of question. The details are presented as follows:

The sample nurses were highly satisfied with their job in the specific areas of opportunities to work with supportive knowledge and experiences; abilities to give nursing care at its best objective setting; opportunities to take responsibilities for acknowledgeable assignments of higher position; considering as a part of team for both success and failure; seeking supports and coordination from colleagues and giving cooperative on new hospital policy & administration. The least satisfaction on nursing job was about the relationship with colleagues and other department. The rest of the job satisfaction responses were at the moderate level.

**Table 3** Frequency, percentage, mean, standard deviation and job satisfaction level among nurses of private hospitals in Bangkok presented by items.

Job satisfaction	Rating Scale (frequency & percent)							Satisfaction level
	5	4	3	2	1	Mean	S.D.	
<b><u>Motivator factor</u></b>								
<i>Work Achievement (1-3)</i>								
1 Opportunities to work with supportive knowledge and experiences.								
Total 367	74	177	107	8	1	3.8	0.7	high
Total 100 %	(20.1)	(48.2)	(29.2)	(2.2)	(0.3)			
2 Abilities to give nursing care at its objective setting.								
Total 367	32	208	122	5	-	3.7	0.6	high
Total 100 %	(8.7)	(56.7)	(33.2)	(1.4)	-			
3 Being a delegated person in solving problems of works								
Total 367	32	169	145	19	2	3.5	0.7	moderate
Total 100%	(8.7)	(46.1)	(39.5)	(5.2)	(0.5)			
<b>Total score of Work Achievement</b>	<b>138</b>	<b>554</b>	<b>374</b>	<b>32</b>	<b>3</b>	<b>3.6</b>	<b>0.6</b>	<b>high</b>
	(12.5)	(50.3)	(34)	(3.0)	(0.2)			
<i>Work itself (4-6)</i>								
4 The amount of delegated works								
Total 367	18	147	159	30	13	3.3	0.8	moderate
Total 100 %	(4.9)	(40.1)	(43.3)	(8.2)	(3.5)			

Table 3 Continue.

Job satisfaction	Rating Scale (frequency & percent)							Satisfaction level
	5	4	3	2	1	Mean	S.D.	
<b>5 Gaining beneficial knowledge</b>								
Total 367	28	146	155	35	3	3.4	0.8	moderate
Total 100 %	(7.6)	(39.8)	(42.2)	(9.5)	(0.8)			
<b>6 Fix and regular way of doing works.</b>								
Total 367	27	102	178	50	10	3.2	0.8	moderate
Total 100 %	(7.4)	(27.8)	(48.5)	(13.6)	(2.7)			
<b>Total score of Work Itself</b>	<b>73</b>	<b>395</b>	<b>492</b>	<b>115</b>	<b>26</b>	<b>3.3</b>	<b>0.8</b>	<b>moderate</b>
	(6.6)	(35.9)	(44.7)	(10.4)	(2.4)			
<b>Responsibility (7-9)</b>								
<b>7 Opportunities to take responsibilities for acknowledgeable assignments of higher position.</b>								
Total 367	40	185	128	11	3	3.6	0.7	high
Total 100%	(10.9)	(50.4)	(34.9)	(3.0)	(0.8)			
<b>8 Fully control over the delegated works.</b>								
Total 367	35	155	130	36	11	3.4	0.9	moderate
Total 100 %	(9.6)	(42.2)	(35.4)	(9.8)	(3.0)			
<b>9 Too much responsibilities to handle.</b>								
Total 367	29	72	161	80	25	3.0	0.9	moderate
Total 100 %	(7.9)	(19.6)	(43.9)	(21.8)	(6.8)			
<b>Total score of Responsibility</b>	<b>104</b>	<b>412</b>	<b>419</b>	<b>127</b>	<b>39</b>	<b>3.3</b>	<b>0.8</b>	<b>moderate</b>
	(9.5)	(37.4)	(38.1)	(11.5)	(3.5)			

Table 3 Continue.

Job satisfaction	Rating Scale (frequency & percent)							Satisfaction level
	5	4	3	2	1	Mean	S.D.	
<b>Recognition (10-12)</b>								
10 Being praised from both leaders and colleagues.								
Total 367	12	92	216	38	9	3.1	0.7	moderate
Total 100 %	(3.3)	(25.1)	(58.9)	(10.4)	(2.5)			
11 Being trust to manage an important piece of assignment.								
Total 367	13	131	185	32	6	3.3	0.7	moderate
Total 100 %	(3.5)	(35.7)	(50.5)	(8.7)	(1.6)			
12 Considering as a part of team for both success and failure.								
Total 367	58	201	101	6	1	3.8	0.7	high
Total 100 %	(15.8)	(54.8)	(27.5)	(1.6)	(0.3)			
<b>Total score of Recognition</b>	<b>83</b>	<b>424</b>	<b>502</b>	<b>76</b>	<b>16</b>	<b>3.4</b>	<b>0.7</b>	<b>moderate</b>
	<b>(7.5)</b>	<b>(38.5)</b>	<b>(45.6)</b>	<b>(6.9)</b>	<b>(1.5)</b>			
<b>Work Advancement (13-15)</b>								
13 Opportunities of being promoted.								
Total 367	13	75	202	57	20	3.0	0.8	moderate
Total 100 %	(3.5)	(20.4)	(55.1)	(15.5)	(5.5)			
14 Being support from others to get into higher position.								
Total 367	14	71	191	60	31	2.9	0.9	moderate
Total 100 %	(3.8)	(19.3)	(52.0)	(16.4)	(8.5)			

Table 3 Continue.

Job satisfaction	Rating Scale (frequency & percent)							Satisfaction level
	5	4	3	2	1	Mean	S.D.	
15 Limited position in this profession.								
Total 366	50	80	138	64	35	3.1	1.1	moderate
Total 100 %	(13.6)	(21.8)	(37.6)	(17.5)	(9.5)			
<b>Total score of Work Advancement</b>	<b>77</b>	<b>226</b>	<b>531</b>	<b>181</b>	<b>86</b>	<b>2.9</b>	<b>0.8</b>	<b>moderate</b>
	<b>(7.0)</b>	<b>(20.5)</b>	<b>(48.2)</b>	<b>(16.5)</b>	<b>(7.8)</b>			
<b><u>Maintenance factors</u></b>								
<i>Payment and benefits (16-18)</i>								
16 Appropriate salary and benefits								
Total 367	8	56	166	91	46	2.6	0.9	moderate
Total 100 %	(2.2)	(15.3)	(45.2)	(24.8)	(12.5)			
17 Steady and punctual payment and benefits.								
Total 367	65	99	144	40	19	3.4	1.0	moderate
Total 100 %	(17.7)	(27.0)	(39.2)	(10.9)	(5.2)			
18 The intention of moving or transferring into higher payment careers.								
Total 367	82	77	140	47	21	3.4	1.1	moderate
Total 100 %	(22.4)	(21.0)	(38.1)	(12.8)	(5.7)			
<b>Total score of Payment &amp; Benefits</b>	<b>155</b>	<b>232</b>	<b>450</b>	<b>178</b>	<b>86</b>	<b>3.1</b>	<b>1.0</b>	<b>moderate</b>
	<b>(14.1)</b>	<b>(21.1)</b>	<b>(40.8)</b>	<b>(16.2)</b>	<b>(7.8)</b>			

Table 3 Continue.

Job satisfaction	Rating Scale (frequency & percent)							Satisfaction level
	5	4	3	2	1	Mean	S.D.	
<b>Job Security (19-21)</b>								
19 Uncertainty of present position.								
Total 367	50	85	137	67	28	3.1	1.0	moderate
Total 100 %	(13.6)	(23.2)	(37.3)	(18.3)	(7.6)			
20 Security of present position								
Total 367	72	102	132	42	19	3.4	1.0	moderate
Total 100 %	(19.6)	(27.8)	(36.0)	(11.4)	(5.2)			
21 Assurance of present position toward family security.								
Total 367	25	69	149	88	36	2.8	1.0	moderate
Total 100 %	(6.8)	(18.8)	(40.6)	(24.0)	(9.8)			
<b>Total score of Job Security</b>	<b>147</b>	<b>256</b>	<b>418</b>	<b>197</b>	<b>83</b>	<b>3.1</b>	<b>1.0</b>	<b>moderate</b>
	(13.3)	(23.2)	(38.0)	(18.0)	(7.5)			
<b>Working Condition (22-24)</b>								
22 Environment of present working place.								
Total 367	35	126	158	40	8	3.3	0.8	moderate
Total 100 %	(9.5)	(34.3)	(43.1)	(10.9)	(2.2)			
23 Working in a pattern of shifted - duty.								
Total 367	86	60	118	63	40	3.2	1.2	moderate
Total 100 %	(23.4)	(16.3)	(32.2)	(17.2)	(10.9)			

Table 3 Continue.

Job satisfaction	Rating Scale (frequency & percent)							Satisfaction level
	5	4	3	2	1	Mean	S.D.	
<b>24 Climate of working place.</b>								
Total 367	34	57	154	84	38	2.9	1.0	moderate
Total 100 %	(9.3)	(15.5)	(42.0)	(22.9)	(10.3)			
<b>Total score of Working Conditions</b>	<b>155</b>	<b>243</b>	<b>430</b>	<b>187</b>	<b>86</b>	<b>3.1</b>	<b>1.0</b>	<b>moderate</b>
	<b>(14.1)</b>	<b>(22.1)</b>	<b>(39.1)</b>	<b>(16.9)</b>	<b>(7.8)</b>			
<b>Interpersonal relationship (25-27)</b>								
<b>25 Seeking supports and coordination from colleagues.</b>								
Total 367	40	159	150	14	4	3.5	0.7	high
Total 100 %	(10.9)	(43.3)	(40.9)	(3.8)	(1.1)			
<b>26 Relationship with colleagues and other departments.</b>								
Total 367	16	27	110	125	89	2.3	1.0	low
Total 100 %	(4.3)	(7.3)	(30.0)	(34.1)	(24.3)			
<b>27 Respecting among colleagues.</b>								
Total 367	40	145	161	18	2	3.5	0.7	moderate
Total 100 %	(10.9)	(39.5)	(43.9)	(4.9)	(0.5)			
<b>Total score of Interpersonal Relationship</b>	<b>96</b>	<b>331</b>	<b>421</b>	<b>156</b>	<b>95</b>	<b>3.1</b>	<b>0.8</b>	<b>moderate</b>
	<b>(8.7)</b>	<b>(30.1)</b>	<b>(38.3)</b>	<b>(14.3)</b>	<b>(8.6)</b>			
<b>Company policy &amp; administration (28-30)</b>								
<b>28 Giving co-operative on new hospital policy &amp; administration.</b>								
Total 367	76	179	102	10	-	3.8	0.7	high
Total 100 %	(20.7)	(48.8)	(27.8)	(2.7)				

Table 3 Continue.

Job satisfaction	Rating Scale (frequency & percent)							Satisfaction level
	5	4	3	2	1	Mean	S.D.	
29 Fair and rational policies & administration for nurses.								
administration for nurses.								
Total 367	10	65	179	87	26	2.8	0.8	moderate
Total 100 %	(2.7)	(17.7)	(48.8)	(23.7)	(7.1)			
30 Straight and clear of communication within hospital organization.								
Total 367	6	64	192	80	25	2.8	0.8	moderate
Total 100 %	(1.6)	(17.5)	(52.3)	(21.8)	(6.8)			
<b>Total score of Company policy &amp; Administration</b>	<b>92</b>	<b>308</b>	<b>473</b>	<b>177</b>	<b>51</b>	<b>3.1</b>	<b>0.7</b>	<b>moderate</b>
	(8.3)	(28.1)	(43.0)	(16.0)	(4.6)			

### 4.3 Managerial Skills among nurses of private hospitals in Bangkok

The study focuses on managerial skills of nurses, which can be divided into 6 main areas according to Schwirian's principle of nursing activities. These areas are leadership, planning and evaluation, communication and relationship, teaching and collaboration, critical care and personal development.

On the question concerning the managerial skills among nurses of private hospital in Bangkok, it was found that the overall managerial skills of nurses were at the moderate level. As it was already mentioned that managerial skills comprise of 6 main areas, there were 3 areas classified in the level of moderate and the others 3 were at the level of high managerial skills. Planning and evaluation, critical care and personal development appeared to belong to high level of managerial skills, whereas,

leadership, communication & Relationship and teaching & collaboration were found at the moderate level of managerial skills.

Although, the proportion of high and moderate level of managerial skills from this study seemed to be balanced in some degree of indication (3:3), the final computation, by mean and standard deviation, was indeed worth noting that the overall managerial skills was persistently on the moderate level. The details are shown in Table 4.

Table 4 Mean and Standard Deviation of managerial skills among nurses

<b>Managerial Skills</b>	<b>Mean</b>	<b>S.D.</b>	<b>Managerial Skills Status</b>
Leadership	3.4	0.7	Moderate
Planning & Evaluation	3.6	0.7	High
Communication & Relationship	3.5	0.7	Moderate
Teaching & Collaboration	3.1	0.8	Moderate
Critical Care	3.6	0.8	High
Personal Development	3.7	0.7	High
<b>Total of managerial skills</b>	<b>3.5</b>	<b>0.7</b>	<b>Moderate</b>

#### 4.3.1 Analysis of managerial skills with special to each of question item

The analysis made on the data collection regarding each question of managerial skills, which comprise the overall 6 aspects of managerial skills, were different and

ranged from low, moderate to high level of skills. The findings showed that there was no result of urgent need in improving managerial skills among nurses existed in this study. Similarly, the result of extremely high level of managerial skills did not appeared either. Therefore, it is rather beneficial to consider the question item by item.

Leadership, mostly found at the moderate level, only one item of high managerial skills was the ability of applied knowledge into workable nursing cares. Followed by the aspect of planning and evaluation, which found significantly high skills on reviewing steps and system of routine works and planning in advanced. The third aspect is communication & relationship. This aspect was mainly at moderate level of employing working experiences for setting up relationship with clients. The next aspect is teaching & collaboration, which were determined to attainment with average skills. However, the attitude and spirit of nurses became high on the benefits of patient's attitude and behavior change. The fifth aspect, which is critical care, was indicated at the high level because nurses not only manage various critical works effectively but also give mental and emotional supports to both patient and relative. The final aspect is personal development. Nurses agree upon the significant of training and reeducating for increasing working performances. The details have been shown in Table 5.

**Table 5** Frequency, percentage, mean, standard deviation and managerial status among nurses of private hospitals in Bangkok presented in both overall 6 aspects as well as each single aspect.

Managerial skills	Rating Scale (frequency & percent)							Managerial Status
	5	4	3	2	1	Mean	S.D.	
<b>Leadership (1-3)</b>								
1 To present new concepts and strategies into real work.								
Total 367	30	121	187	24	5	3.4	0.7	moderate
total 100 %	(8.1)	(33.0)	(51.0)	(6.5)	(1.4)			
2 To set up new working plans head nurse is away.								
Total 367	44	135	140	25	23	3.4	0.9	moderate
Total 100 %	(12.0)	(36.8)	(38.1)	(6.8)	(6.3)			
3 To give advice and suggestions which always accepted among colleagues.								
Total 367	24	96	204	34	9	3.2	0.8	moderate
Total 100 %	(6.5)	(26.2)	(55.6)	(9.3)	(2.5)			
4 To be able to apply up-to-date knowledge into real work.								
Total 367	46	178	132	11	-	3.7	0.7	high
Total 100 %	(12.5)	(48.5)	(36)	(3.0)	-			
<b>Total score of leadership</b>	<b>114</b>	<b>409</b>	<b>476</b>	<b>70</b>	<b>32</b>	<b>3.4</b>	<b>0.7</b>	<b>moderate</b>
	(12.5)	(50.3)	(34)	(3.0)	(0.2)			

Table 5 Continue.

Managerial skills	Rating Scale (frequency & percent)							Managerial Status
	5	4	3	2	1	Mean	S.D.	
<b>Planning &amp; Evaluation (5-8)</b>								
5 To indicate deadline and working plans before actual practice.								
Total 367	45	151	139	27	5	3.5	0.7	moderate
Total 100 %	(12.3)	(41.1)	(37.9)	(7.4)	(1.4)			
6 To work straight away without planning in advance.								
Total 367	30	130	143	58	6	3.3	0.8	moderate
Total 100 %	(8.2)	(35.4)	(39.0)	(15.8)	(1.6)			
7 To review steps and methods of works with special to increase performances effectiveness.								
Total 367	55	179	122	11	-	3.7	0.7	high
Total 100 %	(15.0)	(48.8)	(33.2)	(3.0)				
8 To eliminate such stresses and being rush through works, working plans should be set in advanced.								
Total 367	81	190	81	9	2	3.9	0.7	high
Total 100 %	(22.1)	(51.8)	(22.1)	(2.5)	(0.5)			
Total score of Planning and evaluation	211	650	485	105	13	3.6	0.7	high
	(14.4)	(44.3)	(33.2)	(7.2)	(0.9)			



Table 5 Continue.

Managerial skills	Rating Scale (frequency & percent)							Managerial Status
	5	4	3	2	1	Mean	S.D.	
<b>Communication &amp; relationship (9-12)</b>								
9 To carefully listen to the patients' problem and bring these data into real action plans.								
Total 367	116	191	46	12	2	4.1	0.7	high
Total 100 %	(31.6)	(52.1)	(12.5)	(3.3)	(0.5)			
10 To employ previous experiences rather than present data of patient for building up relationship.								
Total 367	13	71	140	111	31	2.8	0.9	moderate
Total 100 %	(3.6)	(19.4)	(38.2)	(30.3)	(8.5)			
11 To contribute cooperation and maintain trustworthy among colleagues.								
Total 367	41	206	112	7	1	3.7	0.6	high
Total 100 %	(11.2)	(56.1)	(30.5)	(1.9)	(0.3)			
12 To be able to express oneself to both leader and colleagues through communication.								
Total 367	32	144	138	44	9	3.4	0.8	moderate
Total 100 %	(8.7)	(39.2)	(37.6)	(12.0)	(2.5)			
<b>Total score of Communication &amp;relationship</b>	<b>202</b>	<b>612</b>	<b>436</b>	<b>174</b>	<b>43</b>	<b>3.5</b>	<b>0.7</b>	<b>moderate</b>
	(13.8)	(41.7)	(29.7)	(11.9)	(2.9)			

Table 5 Continue.

Managerial skills	Rating Scale (frequency & percent)							Managerial Status
	5	4	3	2	1	Mean	S.D.	
<b>Teaching &amp; collaboration (13-16)</b>								
13 To have more desirable on paper works rather than to create relationship with patients.								
Total 367	40	144	139	36	8	3.4	0.8	moderate
Total 100 %	(10.9)	(39.2)	(37.9)	(9.8)	(2.2)			
14 To spend the spare time on preparing complicated nursing cares into easy steps of practice.								
Total 367	10	36	145	139	37	2.5	0.8	moderate
Total 100 %	(2.7)	(9.8)	(39.5)	(37.9)	(10.1)			
15 To give patients and relative advice and knowledge for changed both attitude and behavior. Total 367								
Total 367	81	144	112	25	5	3.7	0.9	high
Total 100 %	(22.1)	(39.2)	(30.5)	(6.8)	(1.4)			
16 Be patient for selecting suitable words when explanation was needed. Total 367								
Total 367	15	67	154	105	26	2.8	0.9	moderate
Total 100 %	(4.0)	(18.3)	(42.0)	(28.6)	(7.1)			
<b>Total score of teaching and collaboration</b>	<b>146</b>	<b>391</b>	<b>550</b>	<b>305</b>	<b>76</b>	<b>3.1</b>	<b>0.8</b>	<b>moderate</b>
	(9.9)	(26.6)	(37.5)	(20.7)	(5.2)			

Table 5 Continue.

Managerial skills	Rating Scale (frequency & percent)							Managerial Status
	5	4	3	2	1	Mean	S.D.	
<b>Critical care (17-20)</b>								
17 To be able to make rational plan during critical situation.								
Total 367	14	107	214	29	3	3.3	0.6	moderate
Total 100 %	(3.8)	(29.2)	(58.3)	(7.9)	(0.8)			
18 To be able to manage various works with effectiveness.								
Total 367	9	119	201	37	1	3.2	0.6	moderate
Total 100 %	(2.4)	(32.4)	(54.8)	(10.1)	(0.3)			
19 To have more desirable on giving nursing cares rather than emotional support.								
Total 367	160	138	45	18	6	4.1	0.9	high
Total 100 %	(43.6)	(37.6)	(12.3)	(4.9)	(1.6)			
20 Too busy to explain the patients what needed to be done one after another.								
Total 367	117	135	81	26	8	3.9	1.0	high
Total 100 %	(31.9)	(36.8)	(22.1)	(7.1)	(2.1)			
<b>Total score of Critical Care</b>	<b>286</b>	<b>392</b>	<b>327</b>	<b>81</b>	<b>15</b>	<b>3.7</b>	<b>0.8</b>	<b>high</b>
	(25.9)	(35.6)	(29.7)	(7.4)	(1.4)			
<b>Personal Development (21-24)</b>								
21 No need to be trained and retrained if one practices regularly.								
Total 367	206	110	44	5	2	4.4	0.7	high
Total 100 %	(56.1)	(30.0)	(12.0)	(1.4)	(0.5)			

Table 5 Continue.

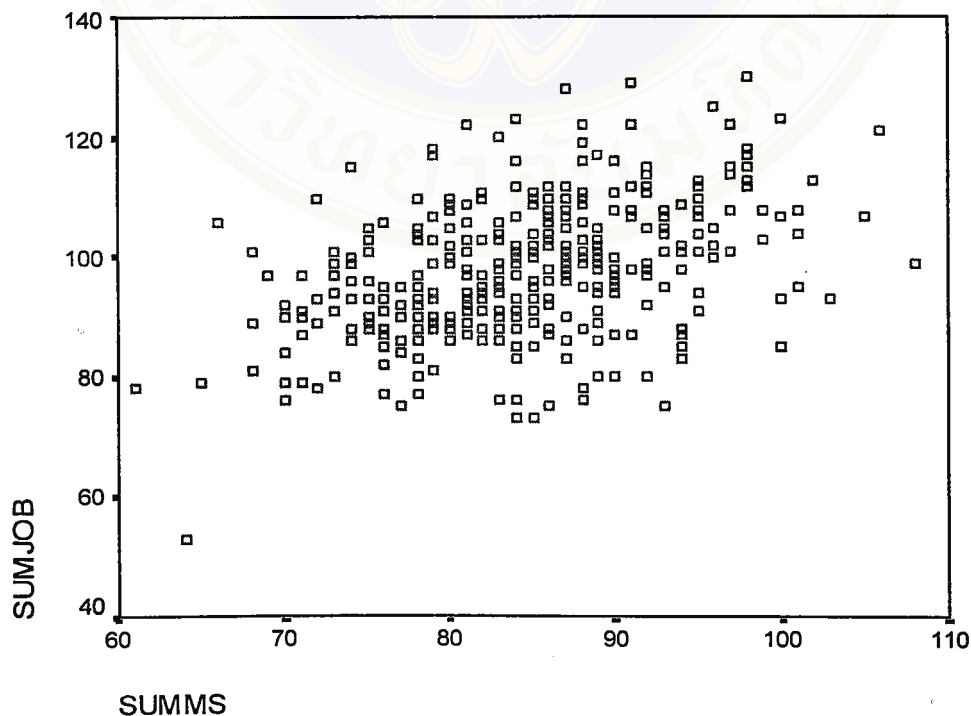
Managerial skills	Rating Scale (frequency & percent)							Managerial Status
	5	4	3	2	1	Mean	S.D.	
22 To take responsibility over various works with special to gain a great number of skills. Total 367	102	170	85	8	2	3.9	0.7	high
Total 100 %	(27.8)	(46.3)	(23.2)	(2.2)	(0.5)			
23 To spend the spare time on understanding the trouble issues of working. Total 367	27	134	182	24	-	3.4	0.7	moderate
Total 100 %	(7.4)	(36.5)	(49.6)	(6.5)	-			
24 To follow closely toward new medical technology and strategies. Total 367	38	109	189	31	-	3.8	0.7	high
Total 100 %	(10.4)	(29.7)	(51.5)	(8.4)	-			
<b>Total score of personal development</b>	<b>373</b>	<b>523</b>	<b>500</b>	<b>68</b>	<b>-</b>	<b>3.8</b>	<b>0.7</b>	<b>high</b>
	<b>(25.4)</b>	<b>(35.6)</b>	<b>(34.1)</b>	<b>(4.6)</b>	<b>-</b>			

#### 4.4 Data analysis on the relationship between job satisfaction and managerial skills among nurses of private hospitals in Bangkok

The overall correlation between job satisfaction and managerial skills among nurses of private hospitals in Bangkok was found to be 0.421 with significant level at 0.01. Thus, the result confirmed the hypothesis that there was a positive correlation between these two variables.

Finding that a relationship exists does not indicate much about the degree of association or correlation between the two variables. The relationship between job satisfaction and managerial skills should be illustrated that job satisfaction and managerial skills are associated, since the higher satisfaction of a person the higher managerial skills and vice versa. Therefore, the scatter plot is employed to indicate the strength of correlation. The scatter plot visually displays all information contained in a correlation coefficient in both its direction (by the trend underlying the points) and its strength (by the closeness of the points to a straight line). As a result, it is significant to present the relationship of this study in scatter plot as below:

**Figure 12** Scatter plot of job satisfaction and managerial skills



## CHAPTER V

### DISCUSSIONS

The purpose of this study was to examine the current status of job satisfaction, managerial skills acquired and the relationship between managerial skills and job satisfaction among nurses of private hospitals in Bangkok. Additionally, the study shed the light on the factors of age, rank, duration of working experience and educational degree on the aforementioned result for better understanding this profession.

However, it is important to note the limitation of the subjective nature of the rating scales employed in this study. Therefore, the scores derived can not be claimed to be truly representative of the individual's practice; nevertheless, the analysis of this study is validated by Herzberg's two-factor theory for job satisfaction and Schwirian's concept for nursing managerial skills.

Three main areas require comprehensive and constructive discussion, as following:

#### **1. The current status of job satisfaction among nurses of private hospitals in Bangkok**

Job satisfaction comprises of motivator and maintenance factors, therefore, in order to understand the current issues of satisfaction, it is important to consider each single aspect of motivator and maintenance factors as below:

##### **Motivator factors**

The first aspect of motivator factors is *work achievement*. From the study, it showed that work achievement was at high satisfaction (table 2). The central reason

posed for this matter were the nature of nursing profession, which allows nurses to function their works or tasks directly on patients. The common elements of function include maintaining or restoring normal life function; observing and reporting signs of actual or potential change in a patient's status; assessing his or her physical and emotional state and immediate environment; formulating and carrying out a plan of nursing care based on a medical regimen, including administration of medications and treatments and interpretation of treatment and rehabilitative regimen; counseling families in relation to other health-related services; and teaching. These activities involve not only knowledge and high responsibilities but also abilities and skills to solve and improve problems concerning patients' health issue with the time limitation. After completing each individual task, nurses can perceive how much achievement they gained from that piece of works. The value of working achievement can lead nurses to an ego need at the top of the hierarchy of Maslow called "self-actualization". (Swansburg, 1990 : 381) Owing to the nature of nursing profession, that having such impact on working achievement, the high level of satisfaction resulted.

In this study, working achievement emphasized on the opportunity of giving nursing care and managing work problems with up-to-date knowledge and advanced medical technology. In short, it is known as task-related knowledge. (table 3)

### *Work itself*

It is already known that nursing profession is rather different from other careers. Dealing with frustrated routine, dangerous communicable diseases and overwhelmed works effect not only physical but also mental strength of nurses. In addition, there are many work-related factors that can contribute to the development of stressful, fear and

risky experience, such as, unpleasant working condition (Blegen,1993: 36-41), work overload (Foxall,1990: 577-584), role conflict (Dailey, 1990 : 33-42), role ambiguity (Bamber,1988: 33-34), thwarted ambition (Richman, 1989: 169-190), risk of various diseases (Young, 1992: 162), norm pressure (Anders, 1992: 186-191), organizational change (Jenkins,1991:579-581) and job distress (McNeese-Smith, 1996: 53). These mentioned factors deteriorate nursing profession in aspect of the work itself and, therefore, the overall attitude upon the aspect of work itself in this study was at the moderate level of satisfaction. (table 2)

This study emphasized on the amount of delegated work include the fix and regular way of doing works. Further, the majority of nurses were staff nurses, then, they needed more advanced skills from present position in order to prepare themselves for higher position.

### ***Responsibility***

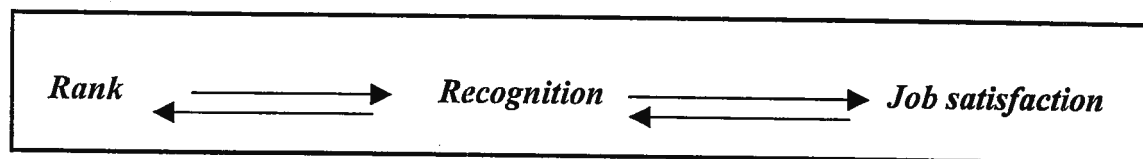
As regards the responsibility, this study showed that nurses' satisfaction was at a moderate level (table 2). The reason why the majority of nurses felt moderately satisfied came from a multifaceted nature of nursing profession. Nurses primarily deal with life and death of patients and, as a result, nurses bear a great deal of tension owing to their responsibilities. Weissman et al. (1980:77) emphasized that the volumes of work responsibility and job satisfaction are closely related and stimulated one another. Similar agreement is apparent in a study of Mariner (1982: 248) that there is a relationship between job satisfaction and the amount of delegated responsibilities and he also added that the significance of decision making upon delegated works as equally important as the issue of volume responsibility aspect. From the study, nurses

Preferred controlling their delegated works to being told from superiors. However, the proportions of responsibility and workloads and responsibility and work control should be balanced in order to create high job satisfaction among nurses. These working responsibility remained unclear, lack of challenging and overwhelmed routine, therefore, the factor of work itself in this study was fallen into moderate level of job satisfaction.

**Recognition**

On average, nurses had moderate job satisfaction toward recognition (table 2). Ghiselli and Brown (1965: 430-433) stated that possessing good position results in increasing recognition among colleagues and leads to higher satisfaction. From studies above, it can be explained that *rank* is one the influenced factors that causes recognition and, similarly recognition helps increase job satisfaction and vice versa. It can be illustrated as below:

**Figure 13** Recognition and job satisfaction in relation to rank



Moreover, McNeese-Smith (1996: 51) reported in her study that job satisfaction was most influenced by recognition, praise and thanks. Conversely, job dissatisfaction was caused primarily by not providing recognition. Young (1990:163-164) expressed that nurse not only directly decides what nursing is to him or her but also helps people to understand their disease or health status and to adapt to and prepare for changes

during life. The characteristics of nursing functions allow nurses to savor the essence and real recognition from patients. Recognition, in this study, involved being praised and trusted from leader, colleagues including patients and being accepted as a member of working team.

The study revealed that nurses received praise and trustworthy from both superiors and colleagues not as much as the senior nurses who have been in higher position, authority or working for a longer period of time. (table 3) On the real current conditions of the nursing activity and function practice, the finding of this study showed the awareness and need of nurses on receiving recognition at work as the result of this study was at moderate level of satisfaction.

#### ***Work Advancement***

This study revealed the moderate level of job satisfaction in aspect of work advancement (table 2). The work advancement of this study highlighted on the leaders' support and the limited opportunity of promotion provided in nursing profession. Barnard (1968:142-149) and Oshagbemi (1997: 511-519) put forward that the opportunities of being promoted to higher position as a factor of creating job satisfaction. Hence, work advancement and rank have strong relationship between them.

From the study, nurses were mostly members of a team, and they work hard in order to demonstrate their abilities and skills to superiors with hope of being promoted. However, the limited positions in this profession never meet the demand of nurses, then, job satisfaction among nurses resulted at moderate level.

*To sum up*, the study of motivator factors assist and support opportunities of high satisfaction, high motivation, and high performance.(Herzberg, 1959:113-115) Therefore, the findings of this study on average were at the moderate level of job satisfaction, which means nurses possess moderate satisfaction, moderate motivation to perform their work at moderate level.

### **Maintenance factor**

The first aspect of maintenance factors is *payment and benefits*. From the study, it showed that payment and benefit was at moderate level of satisfaction (table 2). Focusing on this matter, it can be considered that nursing profession, like other careers, they primarily work to survive, in other words, the prior needs of nurses begin at the base of Maslow's needs system called "physiological needs". Physiological needs are the strongest of human needs when unsatisfied. This level of needs has first priority and includes such elements as food, water, air, shelter, survival and so on. A starving person will steal food and perform other acts that threaten safety in order to fulfill their physical need. (Swansburg, 1990: 372-373) This concept is similarly supported by (Nongnuch Pumison, 1996:44) that nurses derive a great pleasure of job satisfaction from being paid in the right rate of payment and given appropriate benefits. Further concept added up by Hersey and colleagues (1989:40) noted that it is obvious that most people are not interested in dollars as such, but only as a means to satisfy one's physiological needs. To suggest that money as a tool is useful only to satisfy physiological needs would be shortsighted because money can play a role in the satisfaction of needs at every level. For this study, nurses had moderate satisfaction,

the supportive reasons should lie on the fact that most nurses received steady and punctual payment and benefits however the salary itself was still at poor to moderate level of satisfaction. As a result, nurses indicated their satisfaction level at moderate. Besides, the main issue of the study aimed at understanding the right proportion between a number of nursing works and salary and benefits they received and also having further interests on the transferring need of nurses into higher payment careers. It discovered that although nurses had moderate job satisfaction on payment and benefits, they had no strong intention to transfer or move into higher payment career.

( table 3)

### ***Job security***

This aspect involves the second level of Maslow's hierarchy of needs. It is known that human needs are organized in a hierarchy of prepotency: higher ones emerge as lower ones are satisfied. When the physiological needs are satisfied, the human being is no longer motivated by them. Job security is matched with the second group of Maslow's theory called "safety needs". Among these are security, protection, dependency, and stability and so on.(Swansburg, 1990: 372) In other words, human have all common desires to remain from the hazards of life-accidents, wars, diseases, and economic instability. Hence, individuals and organizations often provide some assurance that these catastrophes will be avoided if possible.

The study revealed nurses were at moderate satisfaction (table 2). The explanation of this matter was intended to insight the real and current situation that nurses have been facing during economic crisis in Thailand, such as; making redundant of nurses, cutting down benefits and facing work loads. The results appeared to be at moderate

level of satisfaction on job security instead of high job satisfaction because nurses realized of organizational changed including new policies of survival which comprise of rotation and dual or multiple duties and others. As it is already known, these situations may cause nurses felt vulnerable with changed policies and hospital organization not only what their works of today and what would be tomorrow, but also their relationship to people above, below and next to them and several components of working condition, administration, opportunities of promotion and work itself. These factors develop the favor or non-favor attitude toward works under the title of “job security”. From this condition, they need to use up all abilities and experiences to manage and cope with frantically changed situations within organization and showed their moderate status of satisfaction as a result.

### ***Working condition***

This is the environment of working places that serve the needs of employee in working performances. Shifted work, organizational climate and working environment were the major areas of this study and directly effected both physical and mental strength of nurses. Since nursing profession is a tough career and work with unstable condition and situation, it is, therefore, important to organize working units in the most appropriate and convenient arrangement. Additionally, nurses also need the friendly atmosphere to support their working performances.

From the study, it can be clarified that organizational climate was non-stability, conflicts, high competition and disturbing by shifted work. Young (1990: 214) stated that the mentioned conditions effected all nurses' behavior, attitude and life-circle, then, nurses became aware of themselves by asking questions: Am I intolerant of

shifted work? Am I willing to relocate? Do I have a great deal of energy and stamina to complete my delegated works? Do I really like those new policies? If not, what can I do about it? These sorts of questions revealed the reality of working conditions. With these mentioned conditions still existed, the result of working condition showed at moderate level of satisfaction (table 2).

### ***Interpersonal relationship***

The finding of interpersonal relationship aspect was at moderate level of job satisfaction (table 2). The rationality lies on the fact that nursing profession extremely depends on teamwork. Teamwork needs not only cooperate but also respect one another. This study emphasized on relationship among colleagues and superiors with special to give respect and contribute participation concerning work development.

From the study, it can be seen that nurses have desirable attitude on friendliness with other nurses, particularly, within their teamwork, however, they tend to have less friendly toward patients, relative and even other associated departments. It is because nurses have multifaceted works to complete and need to play several roles at the same time for each patient. Hence, there are many studies concerning the issue of role, such as: the problem of role conflict (Dailey, 1990: 33-24), role ambiguity (Bamber, 1988: 33-34), inadequate group support (Oehler, 1992: 81-90).

Turning to the aspect of teamwork, through using team, it leads to achieve personal recognition, raising self-esteem, motivation and commitment. Teamwork is stimulated by trust, support, interpersonal relationship completion and agreement. (Swansburg, 1990: 378)

Considering both factors of role and teamwork involved in developing of

stressful experience in nursing profession. As most nurses were young and possessed only a limited period of experience, they were challenged by roles, norm of teamwork, environment forces, which directly impact on the characteristics and behavior of nurses. These factors reduce the possibility of establishing relationship to one another. Besides, the amount of works and responsibilities can also prevent nurses from setting up new relationship. Therefore, the interpersonal relationship issue was at moderate status of satisfaction.

### ***Company policy and administration***

The finding of this study discovered that the company policy and administration showed at moderate level of satisfaction (table 2). From the study, nurses of private general hospital in Bangkok highly interested and kept up with policies and administration and were ready to perform and pursue policies' objectives. However, most nurses found that the communication within hospital organization was not as clear as it needed to be and, sometimes, even had no reasons for supportive changes. Therefore, on the average of company policy and administration was only at moderate level of satisfaction.

The explanation of this matter involves leadership and management style. Leadership and management effectiveness can influence nurses to perceive their role and working performance in the health care organization and finally related to satisfaction of nurses. (Gresham et al, 1997:41) Although, from the study, nurses had high intention to accomplish those policies, they found that communication within organization and policies content had not been acknowledged, transferred and exchanged between policy maker or administrator and employees as much as it should be. As a result, nurses had moderate satisfaction for company policy & administration.

## **2. The managerial skills acquired by nurses of private general hospitals in Bangkok**

From the study, the status of managerial skills among nurses of private general hospitals in Bangkok was at moderate level. Managerial skills of nurses in this study comprise of 6 aspects. It will be shown as below:

### **1. Leadership**

This aspect of managerial skill was at moderate level (Table 4). It can be clearly explained for at least 2 major factors. First, nursing profession heavily depends on teamwork, which leads by in-charge nurse or head of department to agree on plans and make decisions before non-urgent performances. Second, nurses must obedient doctor order in case of critical care. Although, nurses are allowed to give basic nursing cares, the boundary of nursing contribution is rather limited and mostly nurses are told what to do. Moreover, the problems of leader behavior have also known as a factor of decreasing leadership among staff nurses. (Robinson, 1993:1146-1151) With these factors, they directly effected the leadership, especially, of staff nurses. Therefore, leadership was at moderate level of managerial skill.

### **2. Communication & Relationship**

Moderate level of managerial skill was the result of communication & relationship. (table 4) A function of communication is to transmit messages from one person to another. The real purpose of communication is to create meaning: the sender of message wishes to convey a meaning to receiver, and vice versa. (Hersey and Blanchard,1982:276-277) As it is already known that nurses are surrounded by a major function of communication & relationship. Communication demands professional focusing on interpersonal processes while blending artistic and scientific

components within practice. (Davis, 1985) These concepts allow us to understand that a good communication is built on practicing and based on skill. Similar support by Michael and colleagues that the communication of a person on a job is considered as a function of 2 different kinds of variables: one of these refers to the ability or skill of the individual to perform the tasks and the second refers to his or her motivation to use this ability or skill in the actual performance of the job. (Michael et al, 1992)

### **3. Teaching & Collaboration**

Based on the majority of nurses in this study, they realized the significance of teaching and collaboration toward patient and relative. However, they had no time for demonstrated preparation. These nurses attempted to complete all papers and records when they finished their nursing care and believed that if they still had time they would teach or gave advice. (table 5) In reality, they found it hard to reach at the stage of advising. Besides, many nurses had a tough time to deal with individual patients who had a wide range in education, career, age, and other socio-economic difference. Finally, it was a time consuming process to go through. This situation was supported by Hersey and Duldt, (1989: 55-56) that teaching and collaboration were a time consuming process which involves in shaping problems, analyzing needs, limitation of each patient, preparation in teaching based on sound knowledge and others. It needs not only physical but also mental strength of nurses. As a result, it was not surprised in this study that nurses had moderate managerial skill on this aspect.

### **4. Critical Care**

It is known what nursing has to do... is to put the patient in the best condition for nature to act upon him. (Nightingale, 1859) The essential function of nurses is to assist the individual, sick, in the performance of those activities contributing to health

or its recovery (or to peaceful death)...(Henderson, 1961) These statements reveal a major function of nurses from the past up until now which is to give nursing care.

From the study, the aspect of critical care was at high level of managerial skills (table 4) because staff nurses directly devoted their work for patients and this function considered as daily works of them. Then, it is said that critical care was the first skills of the newly graduated or young staff to develop in nursing profession. However, they also realized that they tended to give their best nursing cares but leave out the mental and emotional support during the crisis.

### **5. Planning and Evaluation**

This aspect derives from several skills above. Being a staff nurse, they work mainly with team and were closely monitored by leader or head of department. Therefore, their works were normally delegated and they also were told what to do to complete their works in time. (table 5) At this stage they had a regular basis of conference or round table discussion before and after giving nursing cares. In other words, they work with planning and learn of evaluating their works. Henderson 1962, Wu 1979, Ellis 1982 (quoted from Scales,1985:22-23) remarked that planning and evaluation are the nursing process or goals of nursing inherent in the process. It enhances individuals in the performance of those activities contributing to health or is recovery. From this study, nurses emphasized the significance of planning works in advanced and regular reviews of routine works. The benefits of planning and evaluation of nurses in the study not only released work in a rush but also tension and stress of time limitation. As a result, planning and evaluation skill of nurses, in this study, was at high level (table 4).

## **6. Personal Development**

In this study, personal development skill resulted at high level (table 4). Because nurses had vision of medical advanced and applied technology so that they keep up with modern nursing cares through seminars, journals and further education. Davis et al.(1985:294) the modern need for high skills means that a premium is put upon education... More education and training become necessary in order to avoid a surplus of underdeveloped people in that profession and a shortage of highly developed people. The study showed that nurses needed to develop themselves both knowledge and skills for enhancing their performances and profession. Hence, the aspect of personal development in the study was at high level.

*To conclude*, the managerial skills in 6 aspects, it can be seen clearly that the nurses were in needs of skill development. Although, they were different in need of skill acquired, they agreed that managerial skills play a major part in performance working effectiveness and through this matter, job satisfaction was appeared as a result.

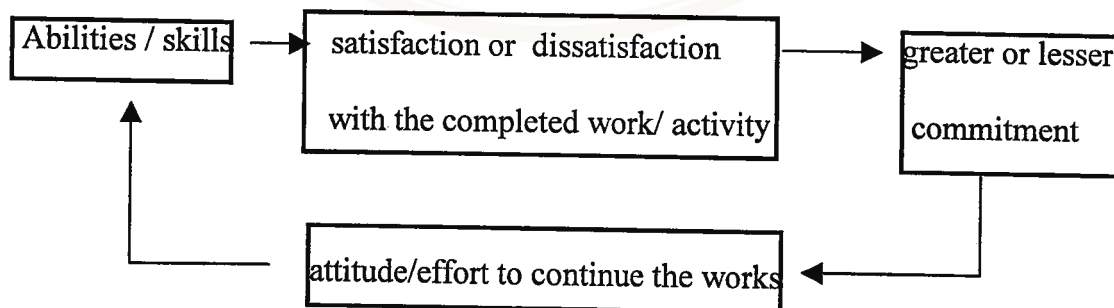
## **3. Relationship between job satisfaction and managerial skills among nurses of private hospitals in Bangkok**

The main purpose of study was to find out the overall relationship between job satisfaction and managerial skills among nurses of private hospitals in Bangkok. It showed that there was a positive correlation between these two variables. The value of this correlation is significant at 0.01 level,  $r = .421$ . Its correlation indicates moderate positive correlation between job satisfaction and managerial skills. In other words, a positive correlation indicates that respondents getting *high* scores on the X variable

also tend to get *high* scores on the Y variable. Conversely, respondents who get low scores on managerial skill also tend to get low score on job satisfaction. From this point of view, it can be explained that managerial skills and job satisfaction are related in term of direction.

The study of these 2 variables showed the strength and direction of the relationship between job satisfaction and managerial skills among nurses of private general hospitals in Bangkok. The results of the study is deliberately expanded for clearly understanding by Lawler and Porter (1967:20-28) that a more accurate portrait of the relationship between job satisfaction and skills at work is that high skill contributes to high job satisfaction. Besides, one's level of satisfaction leads to either greater or lesser commitment, which then affects effort and eventually skills to complete the works. It can be seen as below:

**Figure 14** The relationship of working skills, job satisfaction and commitment



(source: Academy of Management Journal, October, 1967: 20-28)

As the study of both job satisfaction and managerial skills were at moderate level, the study of the relationship between job satisfaction and managerial skills resulted similarly at the moderate level. The relationship not only showed the cohesiveness of their direction but also moderate strength between them.

One certain way to close off the problems of the future turnover among nurses is to take action on boosting the factors of job satisfaction and working skills on at least some of them while eliminating the factors of job dissatisfaction should be managed as soon as possible.

## **CHAPTER VI**

### **SUMMARY AND RECOMMENDATION**

#### **6.1 Summary**

It is generally accepted that job satisfaction usually relates to working performance, skills and abilities of employees. This concept applies to most careers, including nursing profession, which has been reported of facing a high rate of turnover. The high turnover in nursing profession has spreaded widely around the world and painted an alarming picture upon this profession. Therefore, it is necessary for this study to explore the relationship between job satisfaction and managerial skills among nurses for understanding the situation of lacking appropriate skills of works leading to job dissatisfaction and finally reassignment.

The purpose of this study was to investigate the relationship between job satisfaction and managerial skills among nurses of general private hospitals in Bangkok and to find out the current status of job satisfaction and managerial skills acquired among nurses.

Descriptive research was employed in this study. To access information, a questionnaire was constructed to be a tool for collecting data. The reliability of managerial skills and job satisfaction questionnaire was .91 and .95 respectively.

Three hundred and sixty seven of professional nurses who worked for private general hospitals in Bangkok were drawn proportionally according to the size of selected hospitals to respond to the questionnaire. As it was already mentioned in the previous chapters, this study was based on the concept of Herzberg's two-factor

theory and Schwirian principle of nursing skills as a frame of study. Consequently, the construction of research instrument was adapted from these two concepts.

The research questionnaire consisted of 3 main parts: the respondent's general information, job satisfaction and, lastly, managerial skills.

The questionnaires were distributed to the subjects of study by the researcher after the random sampling method had been conducted. A total of 412 (98%) questionnaires were returned with 406 (97%) completed response. There were 39 sets of questionnaires that were cast-off from the study as the respondents intentionally rated only on score 3 column throughout the questionnaire. As a result, 367 sets of questionnaires, which are the exact target of samples, were analyzed by both descriptive and inferential statistics method through SPSS / PC+. Frequency, percentage, arithmetic mean, standard deviation and Pearson Product Moment correlation coefficient were employed for data analysis.

However, it is important to note the limitation of the sample in this study. Due to a few of selected hospitals having no interest in participating in this study, random sampling method needed to be carefully done again for replacements.

The findings of this study were:

1. The majority of samples were between 25-30 year of ages (47.9%), staff nurses (86.1%) and holding bachelor's degree in Nursing (96.5%)
2. The majority of nurses had been trained in the last 5 years. ( 65.9%)
3. The current status of job satisfaction among nurses of private general hospitals in Bangkok was at moderate level. All factors of job satisfaction had fallen into moderate level of satisfaction except the one of working achievement,

which showed at the high level of satisfaction.

4. All of nurses (100 %) need managerial skills to improve their working effectiveness.

5. The level of managerial skills acquired among nurses of private general hospitals in Bangkok was at moderate level.

(5.1) There were 3 aspects of managerial skills indicated at high level.

They were planning & evaluation, critical care and personal development.

(5.2) The other three aspects: leadership, communication & relationship and teaching & collaboration were at moderate level of managerial skills.

6. There was a moderate positive correlation between job satisfaction and managerial skills among nurses of private general hospitals in Bangkok at 0.01 level.

## 6.2 Recommendation

Based on the study findings, the following recommendations were made.

### 6.2.1 Recommendation to hospital management with reference to the factors of job satisfaction.

( 1 ). *Motivator factors* are mainly related to build motivation, but their absence rarely is strongly dissatisfying. These factors effect a person's self esteem status and self-actualization and fulfillment. One can respect and be proud of him or herself as the motivator factors are raised. Therefore, it is important

for hospital administrators to establish management strategies to improve conditions of motivator factors which definitely keep nurses to do their job at its best.

***Suggestions:***

(1.1) In order to support the esteem status and self-actualization of nurses, hospital administrators need to recognize the philosophy of “value of the person”. Therefore, the policy, administration, leadership and all organizational practices must carefully stimulate the feeling inside of nurses that they are worthy to hospital organization.

(1.2) To support the value of nurse as individual means allowing one become all that one is capable of becoming; for example, putting a right person to a right job, then, she will find her work a challenge and an inner satisfaction

(1.3) From the study, most of nurses were staff nurses who had less satisfaction on work advancement structure and this situation was considered as one of the significant contributions to prevent nurses from higher satisfaction. As a result, reviewing the career ladder program of young staffs should be reconsidered and determined for better solution and satisfaction over this matter.

( II). *Maintenance factors* are considered as potent dissatisfiers. These factors are necessary to maintain a reasonable level of satisfaction in employees. It is significant to eliminate the obstacles of maintenance factors at first, then the motivator factors. The factors of maintenance strongly involve condition of hospital management; such as, interpersonal relation, working condition, company policy and

administration, job security and payment & benefits. These factors are seen as the possibilities of nurse satisfaction and it is the responsibilities of hospital authority to change, improve and support them to raise higher satisfaction level. With these it may prevent nurses from dissatisfaction.

*Suggestions :*

(2.1) Average nurses had moderate level of job satisfaction. Based on the result, the existing nursing policy, especially on working condition, payment and benefits, should be restructured in order to provide nurses with a great opportunities for growth and achievement in their job. The new policy and strategies must be compatible with the individual needs and expectation. Besides, it must be congruent to the seriousness of economic crisis situation.

(2.2) It is known that one-third or one-half of employee's waking hours are spent at work. Thus, the physical safety and social needs should be met at working place, such as, convenient lay out of wards and sufficient equipment, proper ventilation, rest period and others. Besides, nurses also need safety, security and assurance which not only for today but tomorrow and thereafter. As a good foundation between nurses and employers, employment policy and social welfare should be clearly and fairly stated in advance.

(2.3) This empirical verification of the findings suggest that hospital organization should take an immediate action to reduce the tasks overload of staff nurses, particularly in the areas that they had already shown dissatisfaction: old patterns of routine work, too much clerical and practical works, lack of time to do

better job which could be due to inadequacy of staff. The right proportion of tasks and works will ultimately help to increase nurse's job satisfaction during this economic crisis.

### **6.2.2 Recommendation to nursing education with reference to managerial skill aspects.**

Nursing profession is a unique career, which strongly depends on abilities of nurse in performing their tasks. The study revealed that nurses could not work successfully by the pure knowledge they had but also the skills they obtained. These skills are not taught at nursing college and not as well existing in nursing curriculum. The nurses' managerial skills are incidentally obtained by their repeated practice. This study has defined "managerial skills" as consisting of planning, implementing and evaluation. The circle of managerial skills, tasks / works are completed within time limitation, target fulfillment and accountability. It is well known in business world for its efficiency and effectiveness.

From this study, it can not be denied that managerial skills among nurses were needed and tended to effect the level of satisfaction among nurses. Therefore, the data collection of the study can be seen as a primary data for considering to introduce managerial skills into nursing curriculum.

### 6.3 Recommendations for future research

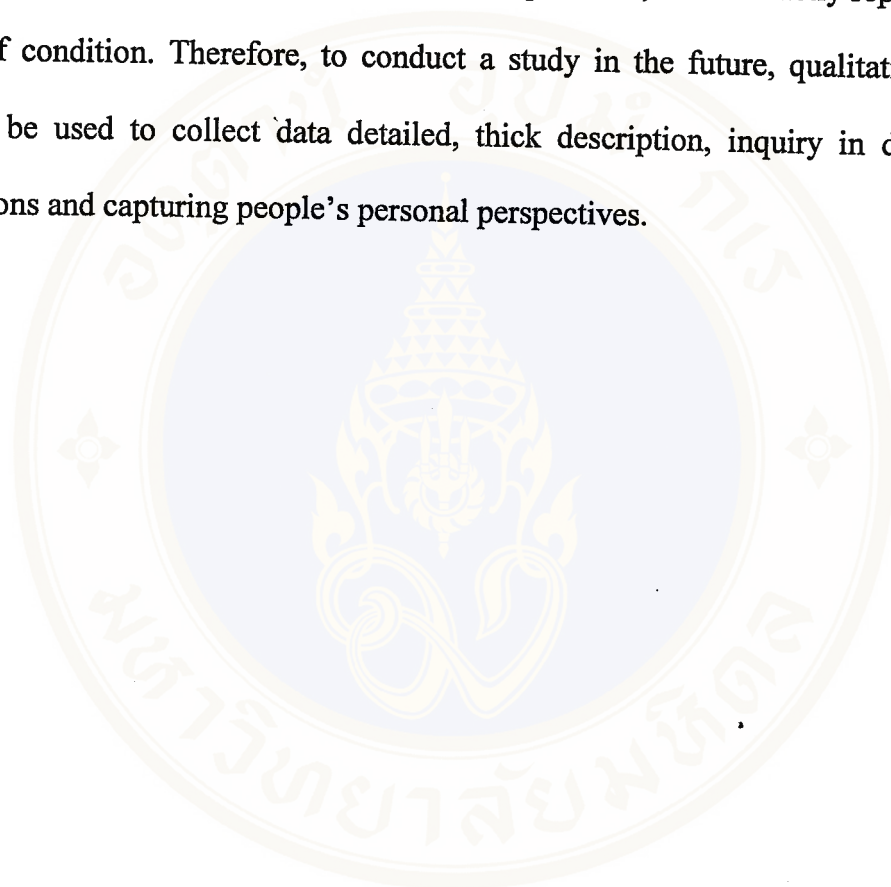
1. For future study of this research, there should be the follow-up study which can investigate further relationship between job satisfaction and managerial skills in terms of finding out what has happened to the same group of nurses and what impact the hospital organization and its policies have on them.

2. This study was conducted generally on nurses with no limitation of wards, units, or sections that they work for. For future study, it should specify on types of services they contribute and on what wards they are working for. Then, the study will help to address the problems on both job satisfaction and managerial skills more specifically and rightfully way.

3. Since this study was conducted specially on general private hospitals in Bangkok, therefore, it may not be applicable to other private and government hospitals with geographical, social and environmental differences. The result of this study mentioned about atmosphere of working place, payment, social welfare, opportunities of promotion and others which effect on nurses' attitude, feeling and needs. Thus, the future research should study both private and government hospitals in order to obtain the overall condition of nursing profession.

4. Since the study was conducted in survey approach, it may not be possible to clearly evaluate the result of the study in relation to the opinions, feeling, experiences and knowledge as precisely as qualitative research. Qualitative methods concern primarily with process rather than outcomes or products and consist of 3 kinds of data collection:(1) in-depth, open ended interviews; (2) direct observation: and (3) written documents. The data from interview consists of direct quotations from

people about their experiences, opinions, feelings and knowledge. The data from observations give detailed descriptions of people's activities, actions, and full range of interpersonal interactions and others. Documentary analysis yields quotations or passages from hospital organization and open questions, which exactly represent better truth of condition. Therefore, to conduct a study in the future, qualitative methods should be used to collect data detailed, thick description, inquiry in depth, direct quotations and capturing people's personal perspectives.



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## APPENDIX

### QUESTIONNAIRES



**A STUDY OF THE RELATIONSHIP BETWEEN JOB SATISFACTION  
AND MANAGERIAL SKILLS AMONG NURSES OF PRIVATE  
HOSPITALS IN BANGKOK**

**Please read each statement carefully and decide if you ever do and feel this way.**

**If you do experience these activities and feeling, indicate as below.**

**Section I. General information of respondents.**

Please fill in the blank and tick [✓] the most appropriate to your real situation.

1 Age .....years old.

2 Marital status.    [....] single

                          [....] married

                          [....] separate / divorce / widow

3 The highest education received .....

.....

4 The length of working experience .....years.

5 Number of working years at present hospital .....years.

Present position   [....] head nurse / head of department

                          [....] assistant head of department

                          [....] staff nurse

The main department that you work for [....] OPD. [....] ER [....] ward (s)

  [....] OR [....] ICU

6 The last training course you attended .....year (s) .....month (s).

7 What sort of working skills that you presently need for performance effectiveness?

(Indication more than 1 allowed).

[...] nursing care skill [...] administrative skill

[...] communication & relationship [...] creative thinking

[...] goal setting [...] managing people [...] all of them

8 If you wish to increase knowledge and skills in the field, you prefer to seek from what sources as below: (Indication by filling A-E in the blank and more than 1

allowed). A = experiences      B = book, journal and printed matter

C = experts      D = training course / short course

E = further education at higher level; such as, master and doctoral degree

[...] nursing care skill [...] administrative skill

[...] communication & relationship [...] creative thinking

[...] goal setting [...] managing people [...] all of them

### **Section II.** the questionnaires of managerial skills

This section consists of 24 items regarding sources of activities in nursing profession which respondents are asked to rate in response to the question (score from 1 to 5), then, circle the number 1, 2, 3, 4 or 5. Please note that selected score must closely describe the frequency of activities you would do in each situation, for example, score 1 means not at all or never do that activity at work, whereas, score 5 means having done that activity very much at work

1	2	3	4	5
not at all	a little	moderate	much	very much

<b>Questionnaire</b>	
<b>Managerial skills</b>	<b>Rating Scale (score)</b>
1 To present new concepts and strategies into real work.	1 2 3 4 5
2 To set up new working plans and strategies, especially, when head nurse is not on duty.	1 2 3 4 5
3 To give advice and suggestions which always are accepted among colleagues.	1 2 3 4 5
4 To be able to apply up-to-date knowledge into real work.	1 2 3 4 5
5 To indicate deadline and working plans before actual practice.	1 2 3 4 5
6 To work straight away without planning in advance.	1 2 3 4 5
7 To review steps and methods of works with special to increase performances effectiveness.	1 2 3 4 5
8 To eliminate such stresses and being rush through works, working plans should be set in advance.	1 2 3 4 5
9 To carefully listen to the patients' problem and bring these data into real action plans.	1 2 3 4 5
10 To employ previous experiences rather than present data of patient for building up relationship.	1 2 3 4 5
11 To remain cooperation and trustworthy among colleagues.	1 2 3 4 5
12 To be able to express oneself to both leader and colleagues through communication.	1 2 3 4 5
13 To have more desirable on paper works rather than to create relationship with patients.	1 2 3 4 5

<b>Questionnaire</b>	
<b>Managerial skills</b>	<b>Rating Scale (score)</b>
14 To spend the spare time on preparing complicated nursing cares into easy steps of practice.	1 2 3 4 5
15 To give patients and relative advice and knowledge with hope to change both their attitude and behavior.	1 2 3 4 5
16 Be patient for selecting suitable words when explanation was needed.	1 2 3 4 5
17 To be able to make rational plan during critical situation.	1 2 3 4 5
18 To be able to manage various works in crisis with effectiveness.	1 2 3 4 5
19 To have more desirable on giving nursing cares rather than emotional support.	1 2 3 4 5
20 Too busy to explain patients what needed to be done one after another.	1 2 3 4 5
21 No need to be trained and retrained if one practice works regularly.	1 2 3 4 5
22 To take responsibility over various works with special to gain a great number of skills.	1 2 3 4 5
23 To spend the spare time on understanding the trouble issues of working.	1 2 3 4 5
24 To follow closely toward new medical technology and strategies.	1 2 3 4 5

**Section III.**

This section is the questionnaire of job satisfaction, which comprises of 30 items concerning the status of satisfaction at work. Respondents are asked to rate score ranged from 1 to 5. Score 5 means job satisfaction of nurse is excellent, whereas, score 1 means job satisfaction of nurse on that condition is very poor.

5	4	3	2	1
excellent	good	moderate	poor	very poor

Please note that the questionnaire is not a test - there are no right or wrong answers, and everyone will have different responses. The purpose of this questionnaire is to determine the current satisfaction of nurses about their work.

*Circle the appropriate score, which closely describe how you feel about your work.*

<b>Questionnaire</b>	
<b>Job Satisfaction</b>	<b>Rating Scale (score)</b>
1 Opportunities to work with supportive knowledge and experience.	1 2 3 4 5
2 Abilities to give nursing care at its objective setting.	1 2 3 4 5
3 Being a delegated person in solving problems of works.	1 2 3 4 5
4 The amount of delegated works.	1 2 3 4 5
5 Gaining beneficial knowledge and skills from present works for managing works at higher level.	1 2 3 4 5
6 Fix and regular way of doing works.	1 2 3 4 5

<b>Questionnaire</b>	
<b>Managerial skills</b>	<b>Rating Scale (score)</b>
7 Opportunities to take responsibilities for acknowledgeable assignments of higher position.	1 2 3 4 5
8 Fully control over the delegated works.	1 2 3 4 5
9 Too much responsibilities to handle.	1 2 3 4 5
10 Being praise from both leaders and colleagues.	1 2 3 4 5
11 Being trust to manage an important piece of assignment.	1 2 3 4 5
12 Considering as a part of team for both success and failure.	1 2 3 4 5
13 Opportunities of being promoted.	1 2 3 4 5
14 Being support from others to get into higher position.	1 2 3 4 5
15 Limited position in this profession.	1 2 3 4 5
16 Appropriate salary and benefits.	1 2 3 4 5
17 Steady and puncture payment and benefits.	1 2 3 4 5
18 The intention of moving or transferring into higher payment careers.	1 2 3 4 5
19 Uncertainty of present position.	1 2 3 4 5
20 Security of present position.	1 2 3 4 5
21 Assurance of present position toward family security.	1 2 3 4 5
22 Environment of present working place.	1 2 3 4 5
23 Working in a pattern of shifted - duty.	1 2 3 4 5
24 Climate of working place.	1 2 3 4 5
25 Seeking supports and coordination from colleagues.	1 2 3 4 5

<b>Questionnaire</b>	
<b>Job Satisfaction</b>	<b>Rating Scale (score)</b>
26 Relationship with colleagues and other departments.	1 2 3 4 5
27 Respecting among colleagues.	1 2 3 4 5
28 Giving co-operative on new hospital policy & administration.	1 2 3 4 5
29 Fair and rational policies & administration for nurses.	1 2 3 4 5
30 Straight and clear communication within hospital organization.	1 2 3 4 5

## แบบสอบถามสำหรับการวิจัย

### เรื่อง

การศึกษาความสัมพันธ์ระหว่าง ทักษะการบริหารจัดการงาน กับ ความพึงพอใจในการทำงานของ  
พยาบาลวิชาชีพ โรงพยาบาลเอกชน ในเขตกรุงเทพมหานคร

รองศาสตราจารย์ ดร. ชวัลชัย ชัยจิรฉายากุล

อาจารย์ที่ปรึกษา

ขอขอบคุณในความร่วมมือตอบแบบสอบถามเป็นอย่างยิ่ง

นาง เนาวรัตน์ เจริญตะวัน

นักศึกษาหลักสูตรปริญญาโทบริหารธุรกิจ

สาขาการจัดการด้านการศึกษาศาสตร์

(หลักสูตรนานาชาติ) ภาควิชาศึกษาศาสตร์

คณะสังคมศาสตร์และมนุษยศาสตร์

มหาวิทยาลัยมหิดล

แบบฟอร์มการอธิบายเพื่อขอความร่วมมือพยาบาลประจำการเข้าร่วมการวิจัย

คณะสังคมศาสตร์ และ มนุษยศาสตร์ มหาวิทยาลัยมหิดล

15 มกราคม 2542

เรื่อง ขอความอนุเคราะห์ ในการตอบแบบสอบถาม เพื่อการวิจัย  
เรียน พยาบาลประจำการผู้ตอบแบบสอบถามทุกท่าน

เนื่องด้วย ดิฉัน นาง เนาวรัตน์ เจริญตะวัน นักศึกษาปริญญาโท สาขาวิชาการบริหารจัดการ  
การด้านการศึกษา หลักสูตรนานาชาติ คณะสังคมศาสตร์ และ มนุษยศาสตร์ มหาวิทยาลัยมหิดล  
กำลังทำวิทยานิพนธ์ เรื่อง “ความสัมพันธ์ระหว่างทักษะการบริหารจัดการ กับ ความพึงพอใจใน  
การทำงาน ของพยาบาลประจำการในโรงพยาบาลเอกชนในเขตกรุงเทพมหานคร” อยู่ในระหว่าง  
ดำเนินการเก็บรวบรวมข้อมูล ผู้วิจัย จึงใคร่ขอความร่วมมือจากท่าน ในการตอบแบบสอบถามทุก  
ข้อให้ตรงกับกรปฏิบัติงานจริง และ ความคิดของท่านมากที่สุด ทั้งนี้ข้อมูลที่ได้รับจากท่านจะได้  
รับการพิทักษ์สิทธิ์ ถือเป็นความลับ จึงย่อมไม่เกิดผลกระทบต่อท่าน ทั้งในหน้าที่การงานและ ส่วน  
ตัว คำตอบของท่านมีความสำคัญอย่างยิ่งที่จะช่วยให้การวิจัยครั้งนี้สำเร็จลุล่วงด้วยดีและ คาดว่าผล  
การวิจัยที่ได้นี้ จะช่วยให้เกิดการพัฒนางานบริหารการพยาบาล เพื่อ ประโยชน์ต่อตัวท่านเอง  
หน่วยงาน และ วิชาชีพการพยาบาลต่อไป

ผู้วิจัยหวังเป็นอย่างยิ่งว่า จะได้รับความร่วมมือจากท่านเป็นอย่างดี ซึ่งผู้วิจัยจะเป็นผู้มา  
รับแบบสอบถามกลับคืนจากท่านด้วยตนเอง ขอขอบพระคุณเป็นอย่างสูงมา ณ โอกาสนี้

ขอแสดงความนับถือ

(นาง เนาวรัตน์ เจริญตะวัน)

ผู้ทำการวิจัย

### คำชี้แจง

แบบสอบถามชุดนี้เป็นส่วนหนึ่งของการวิจัยด้านการบริหารจัดการด้านการศึกษามหาบัณฑิต ของ นาง เนาวรัตน์ เจริญตะวัน เรื่อง “ความสัมพันธ์ระหว่าง ทักษะการบริหารจัดการ กับ ความพึงพอใจในการทำงาน ของพยาบาลประจำการ โรงพยาบาลเอกชน ในเขตกรุงเทพมหานคร” โดยมีวัตถุประสงค์เพื่อหาแนวทางในการตอบสนองความต้องการของพยาบาลประจำการในการปฏิบัติงาน รวมทั้งใช้ประกอบเป็นแนวทาง ปรับปรุงวิชาชีพพยาบาลเพื่อเพิ่มประสิทธิภาพในการทำงานยิ่งขึ้นต่อไป ทั้งนี้ข้อมูลที่ได้จะเป็นประโยชน์สำหรับการจัดการศึกษาต่อเนื่อง การอบรม หรือ การฝึกทักษะการบริหารจัดการในวิชาชีพพยาบาล รวมถึงการปรับปรุงหลักสูตรการพยาบาล เพื่อ เตรียมความพร้อมในการทำงานในโรงพยาบาล

ท่านเป็นผู้ที่จะให้ข้อมูลดังกล่าวได้ดีที่สุด จึงขอความกรุณาจากท่าน ช่วยตอบแบบสอบถามตามความเป็นจริง ข้อมูลทั้งหมดจะเก็บเป็นความลับ และใช้เฉพาะในงานวิจัยเท่านั้น เพื่อเสนอผลการวิจัยในภาพรวม โดยมีได้ เสนอเป็นรายบุคคล ท่านจึงไม่ต้องระบุชื่อในแบบสอบถามเมื่อตอบแบบสอบถามเรียบร้อยแล้ว ผู้วิจัยจะติดต่อขอรับด้วยตนเอง ตามกำหนดเวลาที่ได้นัดหมายไว้ล่วงหน้าแล้ว

### แบบสอบถามชุดนี้ประกอบด้วยคำถาม 3 ชุดคำถาม ดังนี้

ส่วนที่1 ข้อมูลทั่วไปของผู้ตอบแบบสอบถาม จำนวน 8 ข้อ

ส่วนที่2 ชุดคำถามทักษะการบริหารจัดการของพยาบาลในวิชาชีพพยาบาล จำนวน 24 ข้อ

โดยการตอบเป็นระดับคะแนน 1-5 1: ไม่ใช่ หรือ ไม่ได้กระทำเลย 4: มาก

2: น้อยที่สุด 5: มากที่สุด

3: ปานกลาง

ส่วนที่3 ชุดคำถามความพึงพอใจในการทำงานพยาบาล จำนวน 30 ข้อ

โดยการตอบเป็นระดับคะแนน 1-5 1: ไม่มีความพึงพอใจในการทำงานเลย

2: มีความพึงพอใจในการทำงานระดับต่ำ

3: มีความพึงพอใจในการทำงานระดับปานกลาง

4: มีความพึงพอใจในการทำงานระดับสูง

5: มีความพึงพอใจในการทำงานระดับสูงมาก



## ส่วนที่ 2 ชุดคำถาม เกี่ยวกับทักษะการบริหารจัดการงานพยาบาล

โปรดอ่านแบบสอบถามในแต่ละข้ออย่างละเอียด แล้วพิจารณาว่าท่านได้ปฏิบัติ หรือ กระทำ กิจกรรมเหล่านั้น บ่อยครั้งเพียงใด และตอบแบบสอบถาม โดยทำเครื่องหมาย ○ ล้อมรอบระดับ คะแนนซึ่งตรงกับการกระทำ หรือ ความคิดเห็น ตามความเป็นจริงมากที่สุด แต่ละระดับคะแนนมีความหมายดังนี้

- ระดับคะแนน**
- 1 ไม่มีโอกาสกระทำกิจกรรม หรือ ไม่ต้องการปฏิบัติกิจกรรมนั้นเลย
  - 2 มีโอกาสกระทำงาน หรือ ปฏิบัติตามสถานะการณ์นั้นๆ น้อยมาก
  - 3 มีโอกาสกระทำงาน หรือ ปฏิบัติตามสถานะการณ์นั้นๆ ปานกลาง
  - 4 มีโอกาสกระทำงาน หรือ ปฏิบัติตามสถานะการณ์นั้นบ่อยๆ
  - 5 มีโอกาสกระทำงาน หรือ ปฏิบัติตามสถานะการณ์นั้นบ่อยมาก

### ข้อความ

### ระดับคะแนนความคิดเห็น

- 1 นำเสนอแนวความคิดใหม่ๆทางการทำงานแก่ผู้ร่วมงาน 1 2 3 4 5
- 2 คิดวิธีการใหม่ๆ ในการวางแผนการทำงาน เมื่อหัวหน้าหน่วยงาน ไม่ขึ้นปฏิบัติหน้าที่ 1 2 3 4 5
- 3 แนะนำ หรือ เสนอแนะแนวทางที่เป็นที่ยอมรับในการแก้ปัญหาการทำงาน 1 2 3 4 5
- 4 นำความรู้ใหม่ๆ มาสัมพันธ์ กับสภาพงานตามความเป็นจริง เพื่อนำไปประยุกต์ใช้กับงานด้านต่างๆ 1 2 3 4 5
- 5 กำหนดเวลา และ วิธีการของแต่ละกิจกรรมพยาบาล ก่อนลงมือปฏิบัติงานจริง 1 2 3 4 5
- 6 ปฏิบัติงานที่ได้รับมอบหมาย โดยไม่จำเป็นต้องวางแผนล่วงหน้า 1 2 3 4 5

7. ทบทวนแก้ไขขั้นตอนต่างๆในการทำงาน เพื่อเพิ่มประสิทธิภาพของงานประจำนั้นๆ  
1 2 3 4 5
8. เพื่อขจัดความความกังวล และความรีบเร่ง จึงมีการวางแผนการทำงานไว้ล่วงหน้า  
1 2 3 4 5
9. รับฟังปัญหาของผู้ป่วย เพื่อหาแนวทางในการวางแผนแก้ไขร่วมกัน  
1 2 3 4 5
10. ใช้ประสบการณ์ที่มีอยู่เดิม สร้างสัมพันธภาพ กับผู้ป่วยมากกว่าข้อมูลปัจจุบันที่ได้รับ  
1 2 3 4 5
11. สร้างความไว้วางใจ และ ความร่วมมือ กับผู้ร่วมงาน  
1 2 3 4 5
12. สร้างความชัดเจนในการสื่อความหมาย ถึง ความต้องการต่างๆ ต่อหัวหน้าและ  
เพื่อนร่วมงาน  
1 2 3 4 5
13. ให้ความสำคัญกับการจัดทำบันทึกรายงานเกี่ยวกับ ผู้ป่วย มากกว่าการสร้าง  
สัมพันธภาพ กับผู้ป่วย  
1 2 3 4 5
14. ใช้เวลาว่างนอกเวลาปฏิบัติงานเพื่อเตรียมการสารพัด วิธีการพยายามที่ยุ่งยากให้กลายเป็นขั้นตอน  
ที่ง่าย ทำได้จริง  
1 2 3 4 5
15. ให้คำแนะนำ พูดคุย กับผู้ป่วยและญาติ เพื่อเปลี่ยนแปลงพฤติกรรม และทัศนคติไป  
ในทางที่ถูกต้องเหมาะสม  
1 2 3 4 5
16. อธิบายให้ผู้ป่วย และญาติเข้าใจถึงสภาวะความเจ็บป่วย แม้ต้องใช้ความอดทนอย่างมากใน  
การเลือกเฟ้นคำพูดที่เหมาะสม  
1 2 3 4 5
17. ตัดสินใจในการวางแผนงานอย่างรอบคอบ เมื่อดูแลผู้ป่วยในภาวะวิกฤต  
1 2 3 4 5

- 18 จัดการกับงานหลายๆอย่างในภาวะวิกฤตได้อย่างมีประสิทธิภาพ 1 2 3 4 5
- 19 ทำงานในส่วนรับผิดชอบอย่างดีที่สุด แม้การประทับประคองทางอารมณ์ของผู้ป่วย และญาติ จะด้อยลงไปก็ตาม 1 2 3 4 5
- 20 รับแรงและ ให้ความสำคัญต่อการพยาบาลผู้ป่วยภาวะวิกฤตเป็นพิเศษ จนอาจทำให้เกิดความบกพร่องในการให้คำอธิบายแก่ผู้ป่วยในฐานะบุคคลที่มีชีวิตจิตใจ 1 2 3 4 5
- 21 ปฏิบัติงานให้เกิดความชำนาญในกิจกรรมนั้นๆ โดยปราศจากการพึ่งพาการฝึกอบรม หรือ การแสวงหาความรู้เพิ่มเติม 1 2 3 4 5
- 22 พยายามรับผิดชอบงานใหม่ๆ เพิ่มขึ้นเพื่อจะได้เพิ่มความรู้ความชำนาญให้แก่ตนเอง 1 2 3 4 5
- 23 ใช้เวลาว่างเพื่อทำความเข้าใจกับหัวข้อที่เป็นปัญหาในการทำงาน 1 2 3 4 5
- 24 ติดตามวิทยาการ และ ความก้าวหน้าทางด้านการรักษาพยาบาล 1 2 3 4 5

**ส่วนที่ 3** เป็นชุดคำถาม เกี่ยวกับความพึงพอใจในการทำงานของพยาบาลประจำการ

โปรด อ่านแบบสอบถามอย่างละเอียดแล้วพิจารณาว่า ท่านมีความรู้สึกพึงพอใจกับ สถานการณ์ในข้อความนั้นมากน้อย เพียงไร โดยการทำเครื่องหมาย ○ ล้อมรอบ ระดับคะแนน ซึ่งตรงกับความคิดเห็นและความรู้สึกตามความเป็นจริงของท่านมากที่สุด แต่ละระดับคะแนนมีความหมายดังนี้

- ระดับคะแนน**
- 1 รู้สึกไม่พอใจ กับ สถานการณ์ในข้อความนั้นเลย หรือ ไม่มีสถานการณ์เกิดขึ้นในหน่วยงาน
  - 2 รู้สึกพอใจเล็กน้อย กับ สถานการณ์ในข้อความนั้น
  - 3 รู้สึกพอใจเพียงครั้งเดียว กับ สถานการณ์ในข้อความนั้น
  - 4 รู้สึกพอใจมาก กับสถานการณ์ในข้อความนั้น
  - 5 รู้สึกพอใจมากที่สุด กับสถานการณ์ในข้อความนั้น

ข้อความระดับคะแนนความพึงพอใจ

- 1 มีโอกาสใช้ความรู้ ความสามารถ และ ประสบการณ์ในการทำงาน 1 2 3 4 5
- 2 การให้การพยาบาลดูแลผู้ป่วย ตามเป้าหมายของการพยาบาลนั้นๆ 1 2 3 4 5
- 3 การได้รับมอบหมายให้แก้ปัญหา หรือ อุปสรรคต่างๆ ที่เกิดขึ้นจากการทำงาน  
1 2 3 4 5
- 4 ปริมาณงานที่ได้รับมอบหมาย 1 2 3 4 5
- 5 ความรู้ หรือ ทักษะจากงานปัจจุบัน เป็นประโยชน์ต่อการปฏิบัติงาน  
ในระดับที่สูงกว่า 1 2 3 4 5
- 6 ลักษณะงาน โดยทั่วไปจะเหมือนเดิม ซ้ำๆ 1 2 3 4 5
- 7 การมีโอกาสได้ทำงานในตำแหน่งที่ก่อให้เกิดความรู้ ความสามารถที่จะปฏิบัติงาน  
ในระดับที่สูงขึ้น 1 2 3 4 5
- 8 การมีอิสระตัดสินใจในการทำงานทุกขั้นตอนตามที่ได้รับมอบหมาย  
1 2 3 4 5
- 9 การที่ต้องรับผิดชอบภาระงานมากเกินไปเป็นครั้งคราว 1 2 3 4 5
- 10 การยกย่องชมเชยจากหัวหน้าหน่วยงาน และ เพื่อนร่วมงาน 1 2 3 4 5
- 11 การได้รับความไว้วางใจให้ปฏิบัติงานสำคัญๆ 1 2 3 4 5
- 12 การมีส่วนร่วมต่อความสำเร็จ หรือ ความล้มเหลว ของทีมงาน 1 2 3 4 5

- 13 การมีโอกาสก้าวหน้าสูงในสายงานที่ปฏิบัติอยู่ 1 2 3 4 5
- 14 การสนับสนุนในการปรับ หรือ การเลื่อนขั้นตำแหน่งไปสู่ตำแหน่งที่สูงกว่าเดิม 1 2 3 4 5
- 15 ความจำกัดของจำนวนตำแหน่งในสายงาน 1 2 3 4 5
- 16 ความเหมาะสมระหว่างอัตราเงินเดือน และ สวัสดิการ กับหน้าที่ความรับผิดชอบ 1 2 3 4 5
- 17 ความรวดเร็วตามกำหนดเวลาของการจ่ายเงินเดือน ค่าตอบแทน และ สวัสดิการ 1 2 3 4 5
- 18 โอกาสของการปรับ ย้าย หรือ โอนไปสู่สายงานอื่น ที่มีค่าตอบแทนสูงกว่า 1 2 3 4 5
- 19 โอกาสที่จะถูกปรับ เปลี่ยน หรือ ย้ายตามนโยบายได้ตลอดเวลา 1 2 3 4 5
- 20 ความมั่นคงในตำแหน่งหน้าที่การงาน 1 2 3 4 5
- 21 หลักประกันของตำแหน่งหน้าที่ต่อความมั่นคงของครอบครัว 1 2 3 4 5
- 22 สภาพแวดล้อมของที่ทำงานปัจจุบัน 1 2 3 4 5
- 23 การเป็นอาชีพที่ต้องขึ้น เวร เข้า- บ่าย และ ดึก 1 2 3 4 5
- 24 บรรยากาศในสถานที่ทำงาน 1 2 3 4 5
- 25 โอกาสในการปรึกษาหารือ และ การขอความช่วยเหลือจากเพื่อนร่วมงาน 1 2 3 4 5

**ข้อความ**

**ระดับคะแนนความพึงพอใจ**

- |   |           |
|---|-----------|
| 26 สัมพันธภาพ และ ปฏิกริยาของผู้ร่วมงาน ที่มีต่อกันภายในแผนก รวมทั้งทั้งผู้ป่วย และญาติ | 1 2 3 4 5 |
| 27 การให้เกียรติ และ การเคารพสิทธิ ซึ่งกันและกันระหว่างผู้ร่วมงาน                       | 1 2 3 4 5 |
| 28 การให้ความร่วมมือกับนโยบายใหม่ๆ ของโรงพยาบาล   | 1 2 3 4 5 |
| 29 การให้ความยุติธรรม และ สิทธิ ที่สมเหตุสมผลของนโยบายโรงพยาบาล ต่อผู้ร่วมงาน           | 1 2 3 4 5 |
| 30 ความชัดเจน และ ตรงประเด็น ของการสื่อสารภายในที่ทำงาน                                 | 1 2 3 4 5 |

**BIOGRAPHY**

<b>NAME</b>	Mrs. Naowarat Riantawan
<b>DATE OF BIRTH</b>	5 June 1965
<b>PLACE OF BIRTH</b>	Chantaburi, Thailand
<b>INSTITUTIONS ATTENDED</b>	Mission College of Nursing, 1984-1987: Diploma in Nursing and Midwifery Central College of Commerce, Glasgow, U.K., 1994: Diploma in Marketing Management Sukothaithamathiraj University, 1997: Bachelor degree in Public Health
<b>POSITION &amp; OFFICE</b>	1987-1988 Camillian Hospital, Bangkok. Position: staff nurse 1989-1990 Bangkok Adventist Hospital, Bangkok. Position: In charge Nurse 1994-1997 Ladprao General Hospital, Bangkok. Position: Head Assistance of the out Patient Department