

Job Satisfaction Among Nurses in China

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Abstract:

This study examined job satisfaction among nurses in China. A nationwide survey was conducted with 403 nurses employed at hospitals in 16 provinces in China using the Job Descriptive Index Scale. The findings indicated that, overall, nurses were dissatisfied with work, pay, and promotions. Pay was rated as the least satisfying aspect of work followed by promotions. Nurses with more years of experience, higher professional titles, and more opportunities to attend continuing education programs were more likely to have a high level of job satisfaction than nurses with fewer years of experience, lower professional titles, and fewer opportunities to attend continuing education programs. Nurse managers should pay close attention to nurses' pay, career advancement opportunities, and promotions. They should recognize nurses' achievements and provide opportunities for continuing education programs and independent work with emphasis on critical thinking and decision making, autonomy, accountability, and delegation. **Key Words:** job; satisfaction; Chinese; nurse

Article:

OVERVIEW OF NURSING PRACTICE IN CHINA

According to the Ministry of Health (1999), the nursing workforce in China is estimated at 1,288,000 persons—a ratio of less than 1 nurse per 1,000 people. The majority of nurses graduated from diploma programs (secondary nursing education) and work at three levels of hospitals in China: provincial hospitals (including teaching and metropolitan hospitals), county hospitals, and township hospitals. Nursing practice has changed in China since the country opened to the outside world in the 1980s. New nursing concepts have been introduced by Western nursing experts and Chinese nurse leaders who made visits abroad. As a result, nursing practice has been gradually changing from a task-oriented to a patient-centered, holistic paradigm. In the early 1990s, the nursing process and holistic nursing were introduced in a few model units, and since then, they have become more popular (Li, 1998; Li, Huang, & Dong, 1997; Lin, 1999). However, nursing practice in China is still in the initial stage of shifting from functional nursing practice to patient-centered care delivery. Currently, a severe nurse shortage is a major problem in implementing holistic nursing care (Zhao, 1998) and is compromising the ability of nurses to deliver quality care (Fan, Liu, & Fan, 2000). With the rapid economic reforms in China in recent years, nurses are also leaving the profession and working in different fields, which makes the nurse shortage even more severe. The problem is becoming worse every year. Dissatisfaction with nursing practice, management, pay, and promotions may be a factor in overall job dissatisfaction and the current high turnover in the profession.

Job Satisfaction

Stamps and Piedmonte (1986) conceptualized job satisfaction as consisting of six components: pay, autonomy, task requirements, organizational policies, interactions, and professional status. Job satisfaction has been associated with relationships with coworkers, workload, professional growth opportunities, autonomy, role clarity, and work hazards (Alexander, Lichtenstein, Ho, & Ullman, 1998). Factors that have been found to affect nurses' job satisfaction include job stress (Bratt, Broome, Kelber, & Lostocco, 2000; Sawtzky, 1996), a management style of nursing leadership (Bratt et al., 2000; Moss & Rowles, 1997), empowerment (Lachinger, 1998; Morrison, Jones, & Fuller, 1997), nursing work environments including autonomy and control

(Lachinger, Shamian, & Thomson, 2001), and the nursing practice model (Upenieks, 2000). Colleagues, group cohesion, and salary have also been found to be related to nurses' job satisfaction (Leppa, 1996; Lucas, Atwood, & Hagaman, 1993). In addition, several studies have suggested that demographic factors such as age, system tenure, position tenure, level of education, and experience influence job satisfaction (Alexander et al., 1998; Davidson, Folcarelli, Crawford, Duprat, & Clifford, 1997). Satisfaction with professional growth and workload is an important predictor of nurse turnover (Alexander et al., 1998). A recent study that examined the relationships between turnover intentions, professional commitment, and job satisfaction of hospital nurses in Taiwan (Lu, Lin, Wu, Hsieh, & Chang, 2002) found significant associations between job satisfaction and intention to leave the organization and profession.

Few studies, however, have investigated nurses' job satisfaction in China. The study reported here was the first nationwide job-satisfaction survey of nurses conducted in the country. The study examined aspects of job satisfaction and also looked at relationships between demographic variables and job satisfaction.

METHODS

Design and Sample

A descriptive design was used to conduct the survey. A convenience sample was obtained from a national workshop held in Beijing, China. A total of 520 surveys were distributed to nurses who attended the workshop, and 403 nurses from 16 provinces of China participated in the survey for a response rate of 78%.

Instrument

The Job Descriptive Index Scale (Smith, Kendall, & Hulin, 1969) was used to measure job satisfaction. The index measures five dimensions of job satisfaction: work, pay, promotions, supervision, and coworkers. The scale has good reliability with Cronbach's alphas as follows: work, .84; coworkers, .88; supervision, .87; pay, .80; and promotions, .86. The English version of the questionnaire was translated into Chinese by two bilingual Chinese nurses, and a back translation was conducted to ensure equivalency. A group of three nursing experts, including one nursing professor from the United States, reviewed the content and checked for validity and equivalence of the translation. Based on the situation in nursing practice and management in China, two items were added to the questionnaire: (a) Do you agree that deduction of nurses' extra bonus could improve clinical nursing practice (in China, nurse managers routinely cut the amount of the monthly bonus a nurse receives as a way to punish nurses who made mistakes at work or have not provided good care to patients)? and (b) Do you agree that nurse managers lack scientific management and leadership skills? A pilot test was conducted with 10 participants to ensure that it was clear to respondents before the questionnaire was used in the study.

RESULTS

Sample Characteristics

The age of participants ranged from 25 to 55 years; 69% were between 25 and 35 years, and 31% were between 36 and 55 years. Fifty-six percent had worked in a hospital for more than 10 years and 44% for less than 10 years. The education of participants included secondary nursing education (70%) and associate's degree education (30%). According to the categories of professional rank for nurses in China, the sample consisted of 37% staff nurses, 37% senior nurses, 21% chief nurses, and 5% directors and vice directors. Fifty-one percent of the participants worked in teaching hospitals (affiliated with a medical university) at the provincial level, whereas 49% worked in county-level hospitals. Fifty-one percent of the participants had had opportunities to attend nursing continuing education programs.

Job Satisfaction

The study found that 40% of these nurses were satisfied with their work, 52% with their coworkers, 55% with supervision, 24% with their pay, and 20% with their promotions (Table 1). Two fifths (43%) of the participants agreed that nursing work was boring, 44% thought it lacked creativity, 81% said it was tiresome, and 60% thought it was not respected (60%). Also, 67% of the respondents thought it was not healthy and had no regular time schedule, and 60% thought it was frustrating. Only 40% of the participants said that they felt a sense of accomplishment in nursing.

Pay was rated as the least satisfying part of the job by respondents: 64% rated it as dissatisfying, 83% rated their pay as less than they deserved, and 75% thought

TABLE 1
Job Satisfaction Among Nurses

<i>Subscale</i>	<i>Satisfaction</i>	<i>No Satisfaction</i>	<i>Unsure</i>
Work	40%	44%	16%
Pay	24%	63%	13%
Supervision	55%	19%	26%
Promotions	20%	58%	22%
Coworkers	52%	14%	34%

that monthly hospital bonuses were not fairly distributed.

Promotions were rated as the second least satisfying aspect of their jobs. Seventy-six percent of the participants agreed that their opportunities for promotions were somewhat limited, 56% did not think that promotions were based on ability, 51% thought that the promotion policy in their hospitals was unfair, and 38% agreed that nursing was a dead-end job.

Job-Satisfaction–Related Factors

A significant difference in satisfaction with work and management was found between participants who had worked less than 10 years and those who had worked more than 10 years ($p < .01$). Participants who had more than 10 years of experience were more satisfied with their jobs than those who had less than 10 years of experience. Participants who had more than 10 years of experience felt that their work gave them more of a sense of accomplishment (68%) and was more pleasant (55%) than participants who had less than 10 years of experience ($p < .01$). Many nurses who had less than 10 years of experience thought that nursing was a dead-end job (63%), frustrating (52%), and had no good chances for promotions (96%; $p < .01$; Table 2). The majority of the nurses did not agree with the use of deduction of bonuses as a way to improve clinical nursing practice. Seventy-six percent of respondents who had less than 10 years of experience disagreed with the idea of using deduction of bonuses as a way to improve clinical nursing practice, and 62% of nurses who had more than 10 years of experience disagreed ($p < .01$). Fifty-three percent of nurses with less than 10 years of experience thought that nurse managers lacked scientific management and leadership skills, but only 36% of nurses with more than 10 years of experience thought this ($p < .01$).

Participants who held the professional title of chief nurse or higher were more satisfied with their work than nurses who held the professional title of senior nurse or lower ($p < .01$). More of the chief nurses, vice directors, and directors than nurses with lower titles thought that nursing was attractive (88% vs. 37%) and creative (54% vs. 36%), and more were satisfied with their work (85% vs. 49%; Table 3).

There were no differences in job satisfaction between different age groups or nurses working in different types of hospitals. Participants who had an associate’s degree felt a greater sense of accomplishment than those who had a diploma (secondary nursing education; 61% vs. 48%).

Participants who had had opportunities to attend continuing education programs thought their jobs were

TABLE 2
Years of Experience and Job Satisfaction

<i>Years of Experience</i>	<i>Dead-End Job</i>		<i>Frustrating</i>		<i>No Good Chance for Promotion</i>	
	<i>Agree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Disagree</i>
< 10 years	63%	37%	52%	48%	96%	4%
> 10 years	45%	55%	42%	58%	72%	28%

TABLE 3
Professional Title and Job Satisfaction

<i>Professional Title</i>	<i>Attractive</i>		<i>Creative</i>		<i>Satisfying</i>	
	<i>Agree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Disagree</i>
Senior nurse or lower	37%	63%	36%	64%	49%	51%
Chief nurse or higher	88%	12%	54%	46%	85%	15%

more interesting than those who did not attend such programs (70% vs. 41%), and more felt their work gave them a sense of accomplishment (55% vs. 42%) and good opportunities for advancement (25% vs. 15%; $p < .01$). Fifty-seven percent of participants who had not had opportunities for continuing education thought that nursing was a dead-end job versus 45% of those who had had such opportunities.

DISCUSSION

The purpose of this study was to examine job satisfaction and related factors among nurses in China. Overall, nurses were dissatisfied with work, pay, and promotions. Many factors appeared to contribute to the dissatisfaction among these nurses.

Nursing Practice Model

The functional nursing practice model is still being used in most hospitals in China today. In 1996, the concept of a systematic approach to holistic nursing care was introduced to China (Wu [Yuan], Jin, Du, & Wang, 1996). The nursing process and the patient-centered care practice model have been applied only as pilots in model units at a few hospitals. The nursing process requires nurses to integrate scientific knowledge into nursing practice. Nurses in most hospitals in China are not able to use the nursing process to provide care to patients; instead, they must work on orders from physicians. Problem identification, critical decision making, delegation, authority, and accountability are not encouraged. The simple, dull nature of functional nursing may contribute to nurses' view of nursing as boring, frustrating, uncreative, and not respected and their lack of a sense of accomplishment. These factors are important in nursing job satisfaction (Hatcher & Laschinger, 1996; Upenieks, 2000).

Nursing in China needs to apply a patient-centered practice model and promote professional nursing development. Nurses need to assume leadership roles and participate in clinical decision making. However, these changes will require the efforts of nurse educators, hospital administrators, and nurses.

Pay Policy for Nurses

Most nurses in China still feel they are underpaid and their salary does not reflect what they contribute. Pay is the most important factor in job satisfaction. With the economic reforms in China, nurses' salaries and bonuses are lower than those for other professions. Hospital administrators should consider the value of nursing and fairly allocate monthly bonuses to nurses.

Nursing Management and Leadership Skills

In this study, nurses who had less than 10 years of experience thought nurse managers lacked scientific management and leadership skills, and the majority of the nurses in the study were not satisfied with deductions in nurses' bonuses as a way to improve clinical practice. Most nurse managers and administrators in the country do not have opportunities for systematic training in management and leadership skills. Chinese nurse managers and administrators' lack of management and leadership skills when they assume management positions may contribute to nurses' dissatisfaction with their jobs. Nurse managers and administrators should update their knowledge of nursing management to meet the challenges and demands of new graduates with higher education in nursing and use positive reward strategies to encourage nurses to provide quality care to patients.

Promotions and Professional Development

The majority of nurses in China have only a secondary education in nursing, and many do not have opportunities for postbasic education. Their level of education limits their chances for promotions and professional development, because education is an important criterion for promotions in hospitals in China. Lack of chances for promotions may influence nurses' job satisfaction. Nursing administrators in hospitals should therefore provide opportunities and encourage nurses to attend continuing education programs and pursue a degree.

Continuing Nursing Education Programs

In general, nurses who had lower professional titles such as staff nurse or senior nurse and nurses who did not have chances for continuing nursing education were more likely to be dissatisfied with their work and perceive nursing as a boring, dead-end job; not attractive; not creative; and without a sense of accomplishment than those who had higher professional titles and who attended continuing education programs. Staff nurses and senior nurses in China usually work at the bedside and do not have opportunities to work as a supervisor or preceptor or attend continuing education programs. Their limited chances for education and leadership may contribute to their low satisfaction with work and promotions. Providing continuing education and job enrichment for nurses is a way to promote job satisfaction (Hayes, 1993). Indeed, increased educational attainment has been associated with greater job satisfaction (Alexander et al., 1998). Clearly, nurse managers should provide continuing education opportunities for nurses, especially for those who have a lower level of nursing education.

Limitation

This study was a convenience sampling because of limited resources such as time and funding. Ideally, a probability sampling would have enhanced generalizability of the findings.

CONCLUSION

This study suggests that, in China, nurses with more years of work experience, higher professional titles, and more opportunities to attend continuing education programs are more likely to have a high level of job satisfaction than other nurses. Pay, promotions, and the nature of the work are major factors in job satisfaction among nurses in China. Nurse managers should pay close attention to nurses' pay scales, career advancement opportunities, and promotions. They should recognize nurses' achievements and provide opportunities for nurses to work independently with emphasis on critical thinking and decision making, autonomy, accountability, and delegation.

REFERENCES

- Alexander, J. A., Lichtenstein, R., Ho, H. J., & Ullman, E. (1998). A causal model of voluntary turnover among nursing personnel in long-term psychiatric settings. *Research in Nursing & Health, 21*, 415-427.
- Bratt, M. M., Broome, M., Kelber, S., & Lostocco, L. (2000). Influence of stress and nursing leadership on job satisfaction of pediatric intensive care unit nurses. *American Journal of Critical Care, 9*(5), 307-317.
- Davidson, J., Folcarelli, P. H., Crawford, S., Duprat, L. J., & Clifford, J. C. (1997). The effects of health care reforms on job satisfaction and voluntary turnover among hospital-based nurses. *Medical Care, 35*, 634-645.
- Fan, Q., Liu, Y., & Fan, H. (2000). Investigation into the status of nursing staff towards carrying out nursing procedure. *Chinese Nursing Research, 14*(4), 139-141.
- Hatcher, S., & Laschinger, H. K. (1996). Staff nurses' perceptions of job empowerment and level of burnout: A test of Kanter's theory of structural power in organizations. *Canadian Journal of Nursing Administration, 9*(2), 74-94.
- Hayes, E. (1993). Managing job satisfaction for the long run. *Nursing Management, 24*(1), 65-67.
- Lachinger, J. K. S. (1998, March). *Impact of leadership behaviors on staff nurse work empowerment*. Paper presented at the Meeting of the Midwest Nursing Research Society, Columbus, OH.
- Laschinger, H. K. S., Shamian, J., & Thomson, D. (2001). Impact of magnet hospital characteristics on nurses' perceptions of trust, burnout, quality of care, and work satisfaction. *Nursing Economics, 19*(5), 209-219.

- Leppa, C. J. (1996). Nurse relationships and work group disruption. *Journal of Nursing Administration*, 26(10), 23-27.
- Li, Q. (1998). Functional health patterns: A ladder from philosophy to clinical practice for holistic nursing care. *Shanxi Nursing Journal*, 12(1), 3.
- Li, Q., Huang, Q., & Dong, P. (1997). Systematic approach to holistic nursing care: Narrow and broad senses. *Shanxi Nursing Journal*, 11(5), 188-190.
- Lin, G. (1999). Progress on holistic nursing care in our country. *Shanxi Nursing Journal*, 13(2), 47-49.
- Lu, K. Y., Lin, P. L., Wu, C. M., Hsieh, Y. L., & Chang, Y. Y. (2002). The relationships among turnover intentions, professional commitment, and job satisfaction of hospital nurses. *Journal of Professional Nursing*, 18(4), 214-219.
- Lucas, M. D., Atwood, J. R., & Hagan, R. (1993). Replication and validation of anticipated turnover model for urban registered nurses. *Nursing Research*, 42, 29-35.
- Ministry of Health. (1999). *Chinese health statistical digest*. Beijing, China: Ministry of Health, People's Republic of China.
- Morrison, R. S., Jones, L., & Fuller, B. (1997). The relationship between leadership style and empowerment on job satisfaction of nurses. *Journal of Nursing Administration*, 27, 27-34.
- Moss, R., & Rowles, C. J. (1997). Staff nurse job satisfaction and management style. *Nursing Management*, 28, 32-34.
- Sawtzky, J. V. (1996). Stress in critical care: Actual and perceived. *Heart & Lung*, 25, 409-417.
- Smith, P. C., Kendall, L. M., & Hulin, C. L. (1969). *The measurement of satisfaction in work and retirement*. Chicago: Rand McNally.
- Stamps, P. L., & Piedmonte, E. B. (1986). *Nurses and work satisfaction: An index for measurement*. Ann Arbor, MI: Health Administration Press Perspectives.
- Upenieks, V. (2000). The relationship of nursing practice models and job satisfaction outcomes. *Journal of Nursing Administration*, 30(6), 330-335.
- Wu (Yuan), C., Jin, Q., Du, X., & Wang, H. F. (1996). Systematic approach to holistic nursing care—model unit establishment for nursing practice reform in China. *Chinese Journal of Nursing*, 31(2), 118-120.
- Zhao, G. (1998). Difficult points and countermeasures in development of holistic nursing care in hospitals in the Northwest Army. *Shanxi Nursing Journal*, 12(1), 15-20.