Job Satisfaction among Hemodialysis and Labour Ward Nurses: A Comparative Descriptive Study

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Abstract

Introduction: Increasing CKD cases means higher demands for haemodialysis nurses. Haemodialysis nurses are required to fulfil many demanding roles such as advocate, caregiver, educator, mentor and technician while patients attend a dialysis unit. The complexities of the role that are performed by these nurses along with organization factors within the work environment have led to haemodialysis nurses experiencing high levels of burnout thus impacting on satisfaction derived from job done.

Objectives: To compare job satisfaction among haemodialysis nurses with that of labour ward nurses and determine if the type of patient managed affects job satisfaction of nurses.

Methodology: The multidimensional Job satisfaction scale designed and validated by Murat Ozpehlivan and Zafer Acar was used to determine job satisfaction among sixty-six hemodialysis nurses and sixty-four labour ward nurses in a cross sectional comparative descriptive study. Statistical significance difference between the two group of nurses attributed to events with a p-value lower than 5% (p < 0.05).

Results: The overall mean job satisfaction score was higher among the labour ward nurses 67.95 ± 13.39 compared to the mean score among renal nurses 65.07 ± 14.24 (T= 1.81, p = 0.240).

The mean score of labour ward nurses regarding satisfaction based on patient managed 74.51 ± 14.96 is higher than the mean score among renal participants of 71.21 ± 14.70 (T= 1.27, p = 0.201).

Conclusion: Hemodialysis nurses in Nigeria are satisfied with the job they do and this is comparable to that of nurses in labour ward.

***Keywords:** Maintenance Haemodialysis, Job Satisfaction, End Stage Renal Disease, Renal replacement therapy, Chronic Renal Failure.*

Introduction

Chronic Renal Failure (CRF) is an irreversible and progressive kidney failure, where haemodialysis has been proved to be the most effective treatment modality, as it results in long rates and maintains patients' life at a satisfactory level. However, this treatment has a number of restriction and modification not limited to fluid restriction and diet modification which have a detrimental impact on the quality of patient's life. Haemodialysis itself is time consuming taking between four to six hours of the patient per session, thus patients on long term dialysis suffer from loss of personal freedom, often have to depend on helpers in form of their relatives and health care givers; there is associated disruption of family life and social life with loss of financial income and capability.

More than two million people worldwide are on regular dialysis to keep alive out of estimated twenty million who really need dialysis / renal transplant for life. About 20% of these two million patients receive treatment in close to one

hundred developing countries including Nigeria (Couser, 2011). The two million patients are expected to grow to 5.5million by 2030. Thirty-seven million are thought to have CKD in USA and about 4.5 million in Poland; the prevalence is on the increase by the year as there was an increase of over 150 per 100,000 in 10 years in Poland from 141 per 100,000 people in 1996 to 326 per 100,000 by 2006 (National kidney foundation 2019).

Due to the increase in the number of patients with chronic kidney disease all over the world, as well as its associated poor quality of life (QoL) and severe economic implications, chronic kidney disease has become one of the most expensive diseases to treat in present times. While much emphasis has been laid on the quality of life of patients globally, the job satisfaction of caregivers, though of equal importance may have been said to be neglected.

According to Hayes, Bonner and Douglas (Hayer et al 2015- {9}), the total time required to prepare, deliver and discontinue a hemodialysis treatment is approximately 6 hours. Therefore, hemodialysis nurses frequently care for the same patient up to three times a week for an extended period of time, often years and in some cases decades, leading to unique nurse-patient relationships (Bonner, 2007).

The haemodialysis work environment is highly technical (Bennett, 2011) with nurses needing to master complex haemodialysis equipment to provide safe, efficient and effective care to patients. Haemodialysis nurses are required to fulfil many demanding roles such as advocate, caregiver, educator, mentor and technician while patients attend a dialysis unit. The complexities of the role that are performed by these nurses along with organization factors within the work environment have led to haemodialysis nurses experiencing high levels of burnout.

According to a study conducted by Flynn et al 2009, Hayes et al 2015 stated that in the United States, 1 in 3 experienced burnouts (Aiken, 2010), 52% in Australia and New Zealand (Hayes, 2013). Kavurmaci et al (2014) found medium to high levels of emotional burnout in haemodialysis nurses in a small Turkish study.

The purpose of this study is to determine the level of job satisfaction of the nurses caring for patients of chronic kidney disease and Midwives caring for intra partum mothers.

Statement of Problem

Most of the patients pay out of pockets and are not looking forward to better days, rather to when death will come coupled with amounts of money, they must spend to keep alive. So, they are hardly excited about life and may not be the best of patients one would want to cater for.

Caregivers have often been at the receiving end of the burden and stress of this disease on the patients which is often translated to anger by patients and their relatives, vented many at times, on the caregiver, especially the nurses who stay long with them during dialysis sessions.

This necessitates the importance of carrying out a study to assess not only the quality of life of patients on haemodialysis, but also to determine the job satisfaction of nurses caring for patients with chronic kidney disease. It plans to explore if the quality of life of the patients managed by nurses affects their job satisfaction. This study is unique in the sense that it plans to look at both sides of the coin and possibly give information that may help better in mutual understanding of the plight of the renal patients by the renal nurse and also that of the renal nurse by the renal patients.

Objectives of the Study

General Objective

To determine Job satisfaction of nurses caring for CKD patients and intra-partum women.

Specific Objectives

1. To determine job satisfaction index of renal nurses.
2. To determine job satisfaction index of labour nurses.
3. To compare the job satisfaction index of Renal ward nurses to that of labour ward nurses.
4. To determine if the kind of patient managed influences job satisfaction.

Limitation/Challenges

Forced to use mixed method of applying questionnaire due to restriction of contacts allowed occasioned by covid-19 pandemic.

Hurdles of securing organization permission due to pandemic restriction and just share difficulty of some unit leaders in granting access to their workers.

Research Questions

1. What is job satisfaction level of renal and labour ward nurses?
2. Is there any relationship between kinds of patients nursed and job satisfaction of nurses?

Research Methodology

Research Design

The study is a descriptive comparative cross-sectional study. A comparative analysis of Job satisfaction level of renal and labour ward nurses was done. Objectives 1-4 was answered with a comparative descriptive study using a multidimensional job satisfaction scale instrument.

Research Settings

This research was carried out in eleven hospitals in five states in the South west region of Nigeria and a private hospital in the Federal Capital Territory- Abuja. The eleven hospitals consist of two federal teaching hospital, two state teaching hospitals, two federal medical centres, two private specialist fertility hospitals, two private specialist Haemodialysis hospitals and a private Hemodialysis hospital in the Federal Capital Territory Abuja. In some of these hospitals, both the renal unit and the labour wards were used for data collection while some it is either the labour wards or the haemodialysis centres.

Study Population

The target population for this research are nurses working in either of haemodialysis unit or labour ward of chosen sites for this study.

Selection Criteria

Inclusion Criteria

(i) Patients above 18years of age.
(ii) Intra partum women who have had at least one delivery in the past and do not have any medical complication or factor that makes pregnancy high risk.
(iii) Consenting patients.

Exclusion criteria

(i) Patients with cognitive impairment and are unable to respond adequately.
(ii) Non-consenting Nursing staff.

Sample Size Determination

Estimating the sample size required for comparison of health-related quality of life of CKD patients on haemodialysis against that of healthy pregnant women, a sample size formula for comparison of two proportions will be used, calculated as follows (Charan, 2013).

$$no = \frac{\left[z_{1-\alpha}\sqrt{2p(1-p)} + z_{1-\beta}\sqrt{p_1(1-p_1)} + p_2(1-p_2)\right]^2}{(p_1 - p_2)^2}$$

Where:

n_o = minimum sample size for each group

$Z_{1-\alpha}$ = Standard normal deviate corresponding to the probability of making type I error (α) at 5% = 1.96.

$Z_{1-\beta}$ = Standard normal deviate corresponding to the probability of making type II error (β) of 10%. Power at 90% = 1.28.

$$\frac{(p_1 + p_2)}{2} \frac{(p_1 + p_2)}{2}$$

$p_1 p_1$ = Percentage quality of life score among CKD on haemodialysis.

$p_2 p_2$ = Percentage quality of life score among healthy pregnant women.

$p \; p$ = Arithmetic average of the two percentages.

A previously published study documented the average percentage quality of life scores across the four domains among CKD undergoing hemodialysis to be 50% (Ogutmen et al 2006).

Sampling Technique

Purposive sampling was used in selecting the centres where the study will take place. End stage renal disease is certainly not managed in primary and secondary health facilities in Nigeria majority especially the middle and lower class of the population receive care in the Tertiary centres (Teaching hospital, Federal Medical Centres, Federal Specialist Hospital and Private Specialist Hospital). Quota sampling is

employed in assigning that one third (twenty-one) of the patients undergoing hemodialysis and healthy intra partum women to be interviewed are to be drawn from private renal centres and Labour Ward which most time take care of upper and medium class of these group of patients.

All consenting nurses working in the renal unit and labour ward units of the centres chosen for this study were included until the appropriate minimum required number was met.

Data Collection Instrument

For Job satisfaction, a questionnaire adapted from the multidimensional Job satisfaction scale designed and validated by Murat Ozpehlivan and ZaferAcar was used. Socio-demographic characteristics and questions relating to the work environment, relationship with senior colleagues/bosses and other co-workers, work pay and opportunities at work, satisfaction with patients and general feeling towards individual units were asked. A 37-stem questions on likert scale is assessed with highest possible score being 185 which is reduced to 100% by multiplying total score obtained with 0.54. Scoring of Stem questions 27 and 28 which are framed negatively were adjusted to align with other 35 questions framed positively.

Validity and Reliability of Instrument

The Multi-dimension Job Satisfaction Scale used in this study was also shown to have acceptable validity and reliability as the integrated internal reliability coefficient value (a = 0.845) and unified validity coefficient value (pc = 0.989) are supporting the acceptance of the obtained scale as job satisfaction scale. (REF - Murat Özpehlivan& A. ZaferAcar | Jamie Halsall (Reviewing Editor) (2016) Development and validation of a multidimensional job satisfaction scale in different cultures, Cogent Social Sciences, 2:1, DOI: 10.1080/23311886.2016.1237003).

Data Collection

A letter of introduction was obtained from the appropriate authorities in order to obtain permission to administer the questionnaires to the sample population. The clients' confidentiality was promised.

Data Analysis Method

The Statistical Package for Social Sciences (SPSS) software Version 20 will be used for analysis.

For Job satisfaction questionnaire, apart from socio-demographic characteristics, a section of 37 questions using the Likert-type of scale will be used and the choices for each item will be as follows: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree. However, for questions 27 and 28 which are framed negatively added as modification by the researcher 1 = strongly agree, 2 = agree, 3 = neutral, 4 = disagree while 5 = strongly disagree. Total obtainable score of 185 will be reduced to 100% by multiplication factor of 0.54. Descriptive statistics will be computed for continuous variables such as length of service, this will be presented as mean ± SD. For categorical variables such as level of satisfaction, the number and proportions will be computed. The level of satisfaction among the renal ward nurses and the labour ward nurses will be compared using Chi-square. Statistical significance will be attributed to events with a p-value lower than 5% ($p < 0.05$). In this study, a cut-off points of 60% after score had been adjusted to 100% will be taken to be equivalent to job satisfaction while any with score less than 60% will be taken as not being satisfied with job.

Ethical Consideration

The study was carried out after obtaining approval from the Human Research and Ethics Committee of Lautech Teaching Hospital. This approval forwarded to the research assistants along with request for permission to conduct study in other centres addressed to respective governing bodies of the institution like head of departments, medical directors, head of unit, matron-in-charge etc.

Results

A total of one hundred and thirty nurses participated in this arm of the study, sixty-six hemodialysis (renal) nurses and sixty-four midwives. About three-fifth of the participants filled the questionnaires online (Google forms) while the remain filled printed hard copies.

The mean age of nurses was 38.77±9.176 with the youngest participant being 23 years and oldest 59years. A little over half (51.5%) were in the 3rd and 4th decade while the remaining (48.5%) were in their 5th and 6th decades. No significant difference in the mean age of renal nurses compared to labour ward nurses though the labour ward nurses were more (53.1%) in the 3rd&4th decade than renal nurses (50%). Over three-fifth of the nurses were from Yoruba ethnic extraction, while one fifth was of Igbo extraction. Three out of four labour ward nurses in this study were Yoruba compared to three out of five among the renal nurses. Understandably, all participants possessed tertiary level of education. Majority (64.6%) of the nurses in this study worked in Federal government institutions, while about one-fifth worked in state-owned institutions and only a little above one-tenth worked in private hospital. The distribution of nurses in this study shows that a renal nurse has four times (56.1%) the likelihood of working in either private hospital or state-owned hospital compared to labour ward midwife working in private or state-owned institution (14.1%) and this difference is statistically significant X2 =49.485, p=0.000.

About half (50.8%) of the participants were in the junior cadre of nursing profession with Nursing officer 1 being the commonest junior cadre while Chief nursing officer is the commonest of the senior cadre. The senior cadre constituted about half of the participants (49.2%). Deputy Director of Nursing, highest rank in nursing constituted the lowest proportion (3.1%) of the participants. There were higher percentage of junior cadre among labour ward nurses (54.7%) than renal nurses (45.5%) though difference not statistically significant (p=0.308). Almost all participants were fully employed with only just 3.1% engaged as part-time workers. Renal nurses were 3 times more likely to work part-time than the midwives. Four-fifth of the participants were married and ninety percent practiced Christianity though the likelihood of the renal nurse being a Muslim was five times higher than a labour ward nurse being a Muslim in this study. The mean age in nursing service of renal nurses was 14.08 years which was a year and four months more than the mean year of service of the labour ward nurses of 13.05years (t=0.758, p =0.450). Only thirty percent of the participants have spent less than two years in their current unit, the remaining 70% have spent over two years either in the hemodialysis unit or in the labour ward. The likelihood of the labour nurse spending less than two years in current unit is twice that of renal nurse (X2 =26.600, P = 0.003). Over three-fifth (63.1%) of the participants had nursing degree as at the time of the study with almost equal proportion among renal (62.12%) compared to labour ward nurses (64.06%). Over four-fifth (83.1%) of participants have worked in other units prior to working in their present unit.

Table 1 shows the proportion of satisfaction with job among the two groups. The overall satisfaction proportion among entire participants was 72.1% while only a little above a quarter (27.9%) of the entire participants were not satisfied with the jobs they were doing based on 60% cut off criterion for determination of satisfactory level. The table shows that about seventy percent of renal nurses were satisfied with the work their job compared to seventy five percent of labour ward nurses who were satisfied with their jobs though the difference was not statistically significant.

Table 2 looked at the different domains of job satisfaction explored by the scale. The overall mean score was higher among labour ward nurses (67.95 ± 13.39) compared to the mean score among renal nurses (65.07 ± 14.24) though the difference is not statistically significant. It shows further that labour ward nurses were more satisfied with their working relationships with their senior colleagues (81.60 ± 20.62) compared to hemodialysis nurses (74.21 ± 20.50) and this difference is statistically significant. This table further shows that of the six domains assessed for satisfaction, the satisfaction on pays and opportunities at work is the only domain with mean score in the unsatisfactory range (i.e., less than 60) among the two groups of participants, meaning that although the participants overall were satisfied with the work, they were doing both groups were unsatisfied with their pay and opportunities they had at working places.

The types of patient managed do not appear to significantly influence the level of satisfaction of nurses. Even though the overall mean score of labour ward nurses regarding satisfaction based on patient managed is higher (74.51 ± 14.96) than the mean score among renal participants (71.21 ± 14.70), the difference is not statistically

significant and the mean score of 71.21 among renal nurses showed satisfaction with the renal patients being managed.

Multivariate analysis showed that neither sex, tribe, marital status, age groups, possession or non-possession of nursing degree , religion , whether fully or part-time employment nor state of residence influenced significantly the level of satisfaction with job of the participants however nurses who practiced in private hospitals were more likely to be satisfied with their job compared with nurses that worked in public institutions and the difference is statistically significant and the mean score of 71.21 among the significant ($X2 = 3.950$, p value = 0.047) see figure 1, moreover proportion of nurses satisfied with their work in this study was higher among those working in private institution (94.1%) than those working in state-owned institutions (81.5%) than those working in Federal health institutions (68.3%) ($X2 = 5.768$, p value = 0.016). Junior nursing staff in this study had higher proportion (89%) that was satisfied with their jobs than the proportion (70%) among senior nursing staff although difference though marked was not significant ($X2 = 5.129$, p = 0.075).
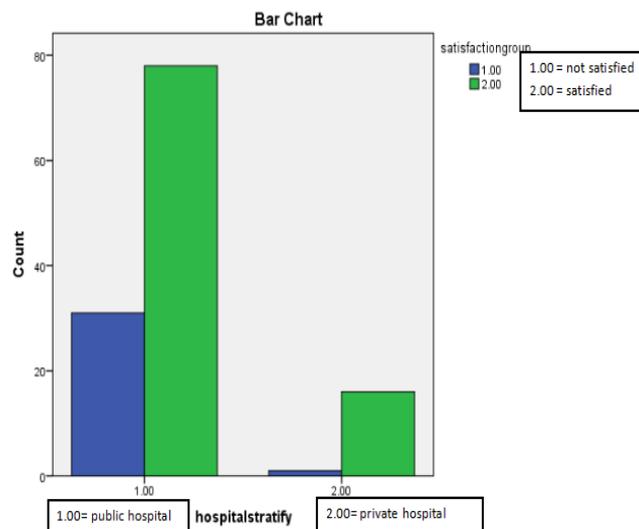

Figure 1. Satisfaction Level Based on Participants' Hospital Type

Table 1. Comparative Level of Satisfaction Among Participants

Item	Renal Nurses No (%)	Labour Ward Nurses No (%)	X2 (p-value)
Unsatisfied category	20 (30.3)	16 (25)	X2 = 0.533 (0.465)
Satisfied Category	46 (69.7)	48 (75)	

Table 2. Mean Job Satisfaction Score among Participants

Item	Renal Nurse	Labour Nurse	T-TEST Value	P-Value
Overall Score	65.07 ± 14.24	67.95 ± 13.39	1.81	0.240
Job /Working Conditions	68.24 ± 21.84	69.31 ± 22.06	0.28	0.782
Senior Colleagues	74.21 ± 20.50	81.60 ± 20.62	2.05	0.043
Co-workers	79.09 ± 21.05	83.91 ± 21.74	1.28	0.202
Patients Managed	71.21 ± 14.70	74.51 ± 14.96	1.27	0.201
Pay/Opportunities	51.01 ± 21.94	49.84 ± 19.49	0.32	0.749
Unit of Work	59.76 ± 10.72	61.25 ± 11.98	0.75	0.455

Labor ward nurses were more significantly satisfied with outcome of patient management than renal nurses

TABLE 10: EFFECT OF TYPE OF PATIENT MANAGED ON JOB SATISFACTION

ITEM	RENAL NURSES NO (%)	LABOR WARD NURSES NO (%)	X2 (p-value)
Q24: SATISFIED WITH CONNECTING WITH MY PATIENTS (STRONGLY AGREE RESPONSE)	32 (48.5)	41 (64.1)	X2 = 6.892 (0.142)
Q26: SATISFIED WITH OUTCOME OF MY PATIENTS (Partly disagree response)	18 (27.3)	5 (7.8)	X2 = 14.313 (0.006)**
Q28: I HAVE JOY WHEN I SIGHT MY PATIENTS (Strongly agree response)	29 (43.9)	37 (84.1)	X2 = 3.857 (0.426)

Discussion of Job Satisfaction Study Findings

The mean age of nurses was 38.77 ± 9.176years. This is higher than findings in Czech Republic (38.63 +11.53)), Italy (36.19 + 9.49), Singapore (36.73 +11.91), but lower than figures in Poland (44.58 + 8.14)), Portugal (41.14 + 8.11)), Slovakia (39.33+9.64) and Korea (43.48 +9.88) (Jarosova et al, 2013). This finding is also in agreement with findings in a study done by Wiegers et al on-job satisfaction of maternity care providers in the Netherlands in which the mean age was 37.3+2.13 (Arıkan, 2007).

Comparing the mean ages of the participants, there was no significant difference in the mean age of renal nurses compared to labour ward nurses though the labour ward nurses were more (53.1%) in the 3rd&4th decade than renal nurses (50%). This is against the findings in the study done by Jarosova et al on-job Satisfaction and Subjective Well-Being among Midwives in which the mean age of labour ward nurses were more than other clinical nursing staffs (Jarosova et al, 2013).

Majority of the nurses were from Yoruba ethnic extraction, while one fifth was of Igbo extraction. Three out of four labour ward nurses in this study was Yoruba compared to three out of five among the renal nurses. This is a reflection of the study location occupied predominantly by the Yoruba speaking people of the south western Nigeria (Osunstate.gov.ng, Retrieved 26 August 2017).

Understandably, all participants possessed tertiary level of education. This is in agreement with findings by Hayes in a study titled job satisfaction, stress and burnout in haemodialysis nurses in which 58% had a postgraduate nursing qualification and 73% had a specialist renal nursing qualification (Hayes, 2015). This is also in consistent with studies done by Bonner, Douglas and Hayes on haemodialysis work environment contributors to job satisfaction and stress in which only registered (completed the required education preparation typically a 3-year Bachelor degree) and enrolled nurses (completed a one-to-two-year training course, works under the supervision of a registered nurse) were invited to participate in the quantitative phase (Bonner, 2015).

Furthermore, the distribution of nurses in this study shows that a renal nurse has a higher likelihood of working in either private hospital or state-owned hospital compared to labour ward midwife working in private or state-owned institution. This is corroborated in a study done by Jarosova et al in which significant differences were found between the type of workplace and overall job satisfaction. Midwives who worked in delivery rooms reported lower job satisfaction

in these domains than midwives who worked in other clinical settings (Jarosova et al, 2013).

The overall satisfaction proportion among renal nurses was high (72.1%). This shows a high level of satisfaction with their job. Study done by Hayes et al corroborated this finding that nurses reported that the job itself was rewarding largely due to the duties performed that were satisfying, and gave a sense of achievement. They described the positive feeling which revolved around being technically proficient, having autonomy in making practice decisions and overall feelings of success (Bonner, 2015). Moreover, further study done by Hayes and Bonner showed that important factors of job satisfaction for HD nurses were the quality of relationships with co-workers, the ability to provide quality care for patients, the relationship between the nurse and patient and no night duty (Hayes, 2010).

Comparing the job satisfaction of renal nurses to that of labour ward nurses, this study showed a greater percentage of both renal and labour ward nurses were satisfied. However, labour ward nurses were more satisfied with their job than renal nurses. Wiegers et al corroborated this finding in which maternity care assistants show higher levels of job satisfaction than the other care providers (Wiegers et al, 2018). Hayes B in a separate study stated that 180 midwives described midwifery as "the most fulfilling job ever" and valued being able to normalize midwifery care, they rated it as one of the top reasons for staying in midwifery (Adegoke, 2015). Versaevel, in 2011 indicated that 94% of midwives surveyed cited they felt privileged to attend births. Midwives feel passionate in their job and the care they provide to the childbearing woman and her family and take a great deal of pride in taking part in their transition to parenthood (Versaevel, 2011).

This study further shows that the type of patient managed do not influence the level of satisfaction of nurses. There was a high level of job satisfaction with the patients managed both the labour ward nurses and renal nurses. Study by Bonner, Douglas and Hayes explains that ability to provide holistic, respectful, patient centred care along with a level of empathy was highlighted as the qualities required providing good care to patients receiving hemodialysis. The ability to provide "good" care was spoken about in relation to both job satisfaction and the work environment. This theme encompassed having time to assess patients, complete care plans and being able to spend time with patients experiencing personal difficulties. When the ability to care was compromised by excessive workloads, care became task oriented with nurses unable to meet the psychological needs of the patients and job satisfaction was compromised (Bonner, 2015).

Future Research

Determine stress level among nurses working in emergency outlets of the hospital like renal nurses, labor ward nurses, children emergency nurses, adult emergency nurses.

Justification and Conclusion

The increasing incidence of CKD meant more rental units are needed to care for the teeming patients thus the corresponding need for more renal nurses to be employed. It is assumed that job satisfaction be directly proportional to productivity. When the peculiar patients seen by renal nurses in terms of long contact time in terms of months or years and the prevailing morale of the patients who do dialysis to keep alive not to return to health, there is the need to see if this adversely affect job satisfaction of these nurses compared to nurses perhaps in unit like labour ward where contact time is limited to less than four weeks and outcome of care more often than not is positive. Although research works assessing job satisfaction and level of stress among nurses abound, there are very few studies assessing job satisfaction among renal nurses and certainly scanty if any among the renal nurses in Nigeria. This study findings are expected to find out if there is indeed any difference between renal nurses in Nigerian setting where the proportion of CKD patients that have access to renal transplant is low compared to climes when more patients have the opportunity to renal transplant with better outlook. No study has ever explored if there existed any association between level of quality of life of patients managed by a health worker and the job satisfaction of the health worker.

In conclusion, Renal and labor ward nurses are generally satisfied with the work they do.

Labor ward nurses are more satisfied significantly in working with senior colleagues

and in outcome of their patient management than renal nurses.

Both renal and labor ward nurses were unsatisfied with pay and opportunities they had at working places.

Recommendation

Health systems to be strengthened to make for improved outcome among hemodialysis patients which indirectly will improve job satisfaction among hemodialysis patients.

Peculiar incentives to boost the morale, reduce stress level & that can improve working relationship in hemodialysis units need to be introduced to improve job satisfaction of renal nurses.

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