COMPARISON BETWEEN NURSES' PROFESSIONAL NEEDS AND THEIR PERCEPTIONS OF THEIR JOB

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ABSTRACT

Objective:

The aim of this study was to examine how nurses' professional needs were met in nursing practice.

Design:

A survey design was used in this study.

Setting:

Data were collected from one metropolitan public hospital, one rural public hospital, and from postgraduate students in diploma/certificate course at a university in Victoria.

Subjects:

Participants consisted of 346 registered nurses (RNs), who had completed either a three-year nursing diploma or a degree course, and were working in hospitals at the time of the study.

Main outcome measures:

Nurses' need to obtain professional rewards, challenges and support for their performance were compared with their perception of how their work environment actually reinforced those needs. In addition, desired nursing roles were compared with perceptions of actual roles carried out in practice.

Results:

The findings suggest there is a mismatch between nurses' professional needs and the intrinsic/extrinsic rewards they receive for their performance. There is also a mismatch between their desired nursing role and actual roles in practice. These mismatches are prominent in areas such as participation in policy decision-making, professional recognition and opportunity to earn a higher income.

Conclusion:

The findings suggest there is a mismatch between nurses' professional needs and their actual nursing practice. As these mismatches may negatively impact upon nurses' work behaviour, it is important to reduce the gap between professional needs and the experience of actual nursing practice.

INTRODUCTION

Nurses work within a unique context of practice, which determines the occupational characteristics of their practice. Many aspects can influence practice. This paper considers two influential aspects of occupational characteristics: nursing roles and environmental attributes. Examples of nursing roles are: provision of patient education and emotional support, and development of patient care-plans. With examples of environmental attributes being: a reward structure for nurses (eg career advancement opportunities, recognition, remuneration and autonomy/power provided to nurses) and the organisational policies in which nurses work (eg protocols and policies to follow).

This paper also examines how nurses' perceptions of their occupational characteristics could impact upon their work behaviour.

Much empirical research has suggested a link between unpleasant occupational characteristics and psychological strain of nurses such as burnout, job dissatisfaction (Laschinger and Havens 1996; Tummers et al 2001; Budge et al 2003) and turnover intention (Dolan et al 1992). However, these studies tend to conceptualise occupational characteristics as being responsible for various work behaviours of nurses, and assume nurses as passive agents who respond reactively to their roles and environment. Thus, how nurses perceive their occupational characteristics in the context of their professional needs, and how they respond to their work based on the relationship between their needs and their perception of the occupational characteristics have been largely overlooked (Takase et al 2005).

To provide a better understanding of nurses' work behaviour, we sought to examine and compare nurses' professional needs and their perceptions of their occupational characteristics. The person-environment fit theory, which is concerned with the relationship between personal and environmental factors and the employee's work behaviour, was adopted as the theoretical framework.

THEORETICAL FRAMEWORK

The person-environment fit refers to a perceived compatibility or correspondence between employees' occupational needs and the characteristics of the environment where their job occurs (Dawis and Lofquist 1984; Mitchell et al 2001). Thus, the person-environment fit theory shifts the focus of investigation from occupational characteristics to the *relationship* between employee's needs and his/her environment, and is concerned with how employees' perceived compatibility with their job affects their work behaviour.

Over the past two decades, many types of the person-environment fit theories have been developed to examine specific aspects of the relationship between the person and his/her environment. In reviewing these theories, Law et al (1996) classified the relationship into two concepts: the person-environment relationship and the person-occupation relationship.

In the context of nursing, the person-environment relationship refers to nurses' perceived compatibility between their work values and their perception of the environmental attributes. Work values are defined as desired outcomes employees like to or ought to be able to achieve through their work (Nord et al 1990). These work values include nurses' need for recognition, fair remuneration, respect, career opportunities, and autonomous practice. Thus, when nurses perceive their work values (ie professional needs) are met by what their organisation offers them, they will experience a person-environment fit.

While the person-environment relationship involves an interaction between nurses and the organisation, the person-occupation relationship concerns an association between nurses and their job. In the context of nursing, the latter involves a compatibility between nurses' desire (and expectation) to engage in particular roles and the actual opportunities they have in conducting such roles; and between nurses' knowledge and skills to conduct their roles and the actual abilities required to complete their job.

The outcomes of the person-environment-occupation fit are reflected in employees' work behaviour including improved occupational performance, greater job satisfaction and reduced intention to quit a job (Walsh and Holland 1992; Law et al 1996; Dawis 2000). These outcomes are achieved because employees' needs are satisfied by their environment and job, leading to a greater physiological and psychological wellbeing.

On the other hand, a misfit causes a burden such as frustration and dissatisfaction to employees and adversely influences their occupational behaviour (French and Kahn 1962). To avoid such a burden, employees attempt to maintain the person-environment-occupation relationship by adjusting their needs to their occupational characteristics or by attempting to modify their job and environment. The ultimate solution to avoiding this burden is to leave an organisation or the occupation itself and to look for a more compatible environment or job (French and Kahn 1962; Dawis and Lofquist 1984). Thus, the person-environment fit theory is important for examining how nurses' professional needs influence their evaluation of the occupational characteristics and how their evaluation influences their work behaviour.

While many aspects of the person-environment-occupation relationship can be investigated, the present study examines two relationships. The first relationship is between nurses' role conception, which is defined as the roles nurses desire (Corwin 1961), and their perception of the actual roles (the person-occupation relationship). The second relationship is between nurses' work values and their perception of the environmental attributes (the person-environment relationship).

METHODS

Sample and data collection procedures

The target population in this study were RNs, who had completed a three-year nursing diploma or degree course, and who were currently working in Australian health care institutions. Nurses working in midwifery, perioperative nursing, outpatient departments and aged care homes were, however, excluded from this study, because their specific roles and the characteristics of their working environment could be considered quite specialised.

The study sample comprised nurses who were working in a metropolitan public hospital and a rural public hospital in Victoria, Australia, at the time of the study. In addition, RNs who were completing a postgraduate diploma or certificate in a university in Victoria were also invited to participate in the study.

After ethics approval from the three participating institutions was granted, questionnaires were administered to a total of 943 nurses. For the hospital sample, questionnaires were distributed by nurse unit managers or charge nurses at the request of the researchers. Completed questionnaires were returned using a self-addressed reply-paid envelope. For the university sample, the researchers visited classrooms with the permission of subject coordinators and distributed the questionnaires to students. The students were given opportunities to complete the questionnaires either in the classroom or at home.

Instruments

A questionnaire, containing demographic questions, a modified nurses' role conception scale (Hojat et al 1999; Taunton and Otteman 1986) and a modified work value scale (Manhardt 1972), was administered. The latter two scales were modified in accordance with the study purpose and through a validation process using the following procedures. Before data collection, the content of each of the modified scales was examined by six nursing experts using the Index of Content Validity. The Index of Content Validity was designed to measure the level of agreement on relevance of each scale item to the study purposes (Waltz et al 1984). The questionnaire was then administered to 16 post-registration students in one university as a pilot study to further refine the questionnaire. Based on comments provided by pilot study participants, minor rewording of the questions was undertaken. The data findings of the pilot study were not included in the main study. The refined questionnaires were administered to the main study sample with the permission of the copyright holder of each original scale. A factor analysis was conducted to establish the construct validity of the scales. Chronbach's alpha was calculated to examine the internal consistency of the scales. A 6-point Likert scale was used to measure nurses' needs and their perception of actual roles and environmental attributes with larger scores indicating more positive responses.

Modified nurses' role conception scale

This scale was created from 10 selected items from the *Jefferson Survey of Attitudes Toward Physician-Nurse Inventory* (Hojat et al 1999) and the *Staff Nurse Role Conception Inventory* (Taunton 1986). Eight items measured nurses' desire to use their nursing skills such as patient education and decision-making on patient discharge and hospital policy. The other two items measured nurses' desire to delegate basic tasks, which included assisting with the patient's daily activities of living. This scale was also used to measure nurses'

perception of their actual nursing roles. Reliability of the overall scale was 0.62 for measuring nurses' desired roles and 0.73 for measuring the actual roles.

Modified work value scale

The original Work Value Scale was developed by Manhardt (1972), in the discipline of organisational psychology, to measure 25 dimensions of work values. In this study, 21 items were selected and modified in accordance with the study purpose and the scale validation process. This modified scale was used to measure nurses' work values and their perception of the environmental attributes. The scale consisted of three factors. The first factor included 13 items related to professional rewards such as reward with recognition and career advancement opportunities. The second factor consisted of four items concerned with professional challenges such as intellectual stimulation and use of knowledge. The third factor encompassed four items associated with organisational support such as job security and working for respectable superiors. Reliability of the scale measuring both nurses' work values and their perception of environmental attributes was 0.89.

Data analysis

A paired t-test was used to compare the scores reflecting nurses' needs with those reflecting nurses' perceptions of their actual roles and environmental attributes. Given the increased statistical power resulting from a large sample size and multiple comparisons, the likelihood of encountering a Type I error exists (Cohen et al 2003). Therefore, the significance level was set at $p<0.01$ (two-tailed). Cases with missing values were not included in the analysis.

RESULTS

A total of 346 questionnaires were returned, accounting for a 36.7% response rate. The majority of the respondents were female (92.7%), and the mean age of the respondents was 33.6. More than half of the participants (58.9%) were working over 35 hours per week. The majority of the respondents were working as clinical staff (90.4%) and the rest as managers, educators or research nurses. The practice areas of the participants were: medical/surgical care (27.8%); critical care including intensive care and emergency (27.8%); mental health (6.6%); cardiothoracic/cardiology (6.1%); paediatrics (5.8%); palliative care (5.5%); oncology (5.2%); and, other clinical areas including rehabilitation, gerontology, orthopaedics and day surgery.

At the time of the study, 45.5% of the participants were completing a postgraduate course, 19.9% had already completed a postgraduate course, and 30.9% were without a postgraduate qualification. Of the participants, 3.7% did not respond to the question regarding their educational qualification.

Figure 1. A comparison between nurses' role conception and their actual roles.

Note. The vertical axis represents the scores for nurses' role conception and their perceptions of their actual roles. The scores range from 1 = strongly disagree to 6 = strongly agree. The horizontal axis represents the summary statements of items used in the modified nurses' role conception scale.

Figure 2. A comparison between nurses' work values and the environmental attributes

Note. The vertical axis represents the scores for nurses' work values and their perceptions of environmental attributes. The scores range from 1 = strongly disagree to 6 = strongly agree. The horizontal axis represents the summary statements of items used in the modified work value scale.
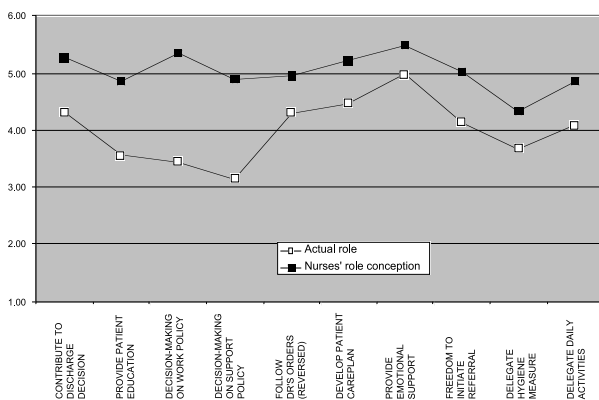

Figure 1 presents the comparison between nurses' role conception and their perception of their actual roles.

The mean score of the overall nurses' role conception was 5.03, which indicates nurses' strong desire to engage in their professional roles including decision-making and patient care. Compared with nurses' role conception, the mean score of their actual roles was moderately positive (*M*=4.01). The t-test showed that the difference between nurses' overall role conception and their perception of the actual roles was significant, $t(314)=21.33$, $p<0.01$. The first eight items on the left in figure 1 measure 'the use of nursing skills'. Nurses' desire to use their skills was high across all the items (*M*=5.13), while perceptions of their actual roles tend to fluctuate according to their roles (*M*=4.03).

In particular, nurses saw opportunities to participate in the decision-making on hospital policies as being restricted, resulting in large discrepancies between their desires and their actual roles. Figure 1 also shows that nurses had limited opportunities to provide patient education compared with their desire to do so. The result of analysis using a t-test suggests that nurses' desire to use their skills was not congruent with their practice, $t(320)=22.35$, $p<0.01$.

The next two items in figure 1 shows nurses' desire to delegate basic tasks and their actual task delegation practice. Nurses' desire to delegate patient hygiene care was relatively low, compared with their desire to delegate care for patients' daily activities. Nurses also perceived they delegated fewer tasks concerning hygiene care than those concerning care for patient daily activities. The mean score of nurses' role conception in this factor was 4.62, and that of actual practice was 3.89. The t-test shows that the difference between nurses' task delegation needs and actual practice was significant, $t(328)=8.26$, $p<0.01$.
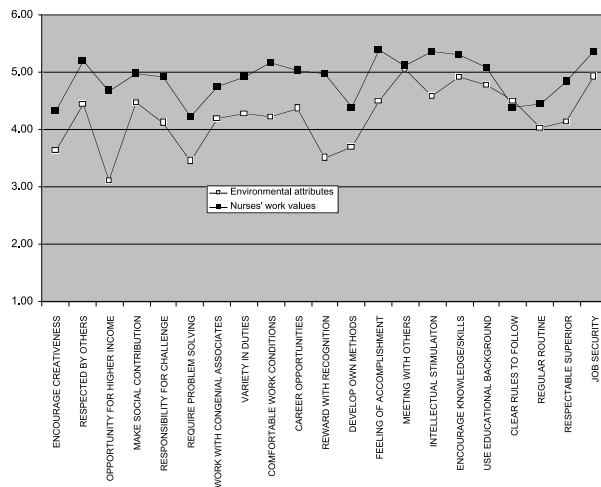
Figure 2 presents the comparison between nurses' work values and their perception of the environmental attributes.

Overall, nurses rated their work values (*M*=4.89) significantly higher than their perceptions of the environmental attributes (*M*=4.01), $t(313)=16.29$, $p<0.01$. The first 13 items from the left in figure 2 show the scores on 'professional rewards'. The figure shows that there were large discrepancies between nurses' needs and the actual rewards they received in terms of opportunity for higher income and reward with recognition.

Figure 2 also shows that nurses' needs to be creative and problem-solving were relatively low compared with their other needs. Apparently, nurses' low need for creativity and problem-solving contributed to smaller discrepancies with their perception of the environment, which was also perceived as providing low opportunities for creativity and problem-solving.

The t-test shows that nurses' needs for professional rewards were significantly higher compared with their perception of the environmental rewards, $t(322)=17.226$, $p<0.01$.

The next four items in figure 2 show the scores on 'professional challenges'. Although the result of the t-test shows that nurses' needs for professional challenges (*M*=5.21) and the actual challenges they had (*M*=4.83) were significantly different, $t(340)=9.36$, $p<0.01$, the difference was much smaller compared with that for professional rewards. In particular, nurses' need for meeting with others is met by their actual practice. Nurses also perceived that the current organisational climate encouraged skill utilisation and this met their needs.

Slightly different results were observed in the 'organisational support' factor represented by the last four items in figure 2. There was a smaller discrepancy between nurses' needs (M=4.75) and the actual support they perceived they received from their hospitals (M=4.39), t(337)=7.76, p<0.01, compared with the difference in the professional rewards factor. However, this moderate discrepancy emanated from nurses not wanting organisational rules and routines to follow. In particular, nurses' need for rules to follow was low, and this is the only factor where actual opportunity exceeded nurses' needs.

DISCUSSION

Overall, the findings show that nurses' professional needs are not met by their occupational characteristics. In particular, nurses reported that opportunities to participate in organisational decision-making, to have a higher income, and to receive professional recognition are limited and incongruent with their professional needs.

The person-environment fit theory maintains that the misfit will lead to employee job dissatisfaction and turnover (Walsh and Holland 1992; Law et al 1996; Dawis 2000). Previous studies have shown nurses' strong dissatisfaction with organisational policy (Finn 2001; Takase et al 2001) and pay (Takase et al 2001). In addition, lack of recognition was identified as a reason for nurses, who were out of the nursing workforce, not returning to nursing practice (Victorian Government Department of Human Services 2001).

The results of this study show that nurses saw themselves as being encouraged to utilise their skills and knowledge by their environment (eg organisation), thus experiencing a relative fit with their needs for professional challenge. On the other hand, they tended to see their need to use their skills as not being met by actual nursing practice, leading to person-occupation misfit. These seemingly contrasting results may occur because health care organisations encourage nurses to engage in continuous professional development by funding post-registration courses. At the same time, nurses' capacity to conduct their roles, such as patient education, may be reduced due to increased workload as a result of cost-containment coupled with the current nursing shortage (Buchanan and Considine 2002). In addition, nurses perceiving little opportunity to be involved in the decision-making process signified their experience of the person-occupational misfit. Having adequate knowledge and skills to care for patients and making decisions while being provided with inadequate opportunities to do so could be quite stressful for nurses. It is possible that their frustration eventually leads to job dissatisfaction with nursing and, therefore, to increased turnover.

Nurses utilise adjustment strategies to avoid the burden caused by the person-environment-occupation misfit. One of these strategies is to change their needs in accordance with their job characteristics. Research shows that the types of roles and rewards employees receive from their environment influence their needs and self-beliefs (Johnson 2001a, 2001b; Kirchmeyer 2002). For example, a lack of environmental rewards could reduce an employee's need to obtain such rewards. Alternatively, an employee's needs could be shifted to other aspects of environmental rewards that are more accessible to them (Johnson 2001a, 2001b).

These findings could be applied to interpret some of the present study findings. For instance, nurses rated their needs for being creative and problem-solving relatively low. Nurses also rated their environment low in terms of encouraging creativity and problem-solving. The findings by Johnson (2001a and 2001b) may, therefore, suggest a lack of opportunity for nurses to be creative and problem-solvers has lowered their need to engage in these activities. These studies may also suggest that limited opportunities to have professional recognition and fair remuneration would have shifted nurses' values to more accessible rewards such as 'job security' and 'meeting others'.

Changing one's needs may lead to a successful adjustment to an environment. However, if nurses do not actively seek creativity and problem-solving opportunities in their practice, quality of nursing care will not improve. It is important for nurse managers to encourage staff nurses to pursue problem-solving opportunities. In addition, it is necessary to facilitate nurses' adjustment to their environment by improving the environment in a way that encourages them to be creative and to have fewer rules imposed on them.

It is also important to reduce the misfit itself. For example, improving the salary package for nurses is one solution to filling the gap between nurses' needs for better pay and the actual reward system. This strategy also seems to be effective in reducing incongruence between nurses' need for recognition and the actual recognition they perceive they receive. This is because nurses view pay as the most important parameter of recognition (Cronin and Becherer 1999). Under current financial constraints, however, this strategy may not be possible.

An alternative approach to alleviate the recognition incongruence could be opening a feedback channel between nurses, patients and managers, as private verbal feedback and written acknowledgement from patients, co-workers and managers are important sources for nurses to obtain recognition for their performance (Cronin and Becherer 1999).

As for the misfit between nurses' needs for participating in policy decision-making and the actual opportunities available, it may be difficult for managers to increase each individual's opportunities at the organisational level. It could be more feasible to increase their participatory opportunities in ward level decision

making, which may have a more immediate impact on their practice.

Finally, it is important to maintain the relationships that are identified as congruent. This is because employees, occupation and organisations go through constant change and development, which may subsequently alter the relationship between nurses, their roles and the environment (Law et al 1996).

LIMITATIONS

A limitation of the study is attributable to the relative low reliability of the modified nurses' role conception scale that measures nurses' desired roles. Although the scale has been validated using the Index of Content Validity and factor analysis, the low internal consistency of the scale may reduce the accuracy of the study findings. Another limitation arises from the sample characteristics. A large proportion of the participants were represented by nurses with postgraduate qualifications and those undertaking postgraduate courses. Thus, the study sample may not reflect the characteristics of the nurse labour force in Australia, which could reduce the generalisability of the findings. On these grounds, the findings of this study should be interpreted cautiously.

CONCLUSION

This study examined the relationships between nurses' professional needs and their perceptions of occupational characteristics. The findings show that there was incongruence between nurses' needs and actual nursing practice.

While these results may provide explanations for why nurses are dissatisfied with their jobs and leaving the profession, more empirical research is necessary to investigate the effect of the person-environment-occupation fit on nurses' work behaviours including job performance, job satisfaction, organisational commitment, and turnover.

The results of future studies could provide nurse researchers and managers with ideas for possible interventions to enhance nursing practice and to improve the retention rates of nurses in the workforce.

The innovative aspect of the person-environment fit theory is that it allows nurse researchers to shift their focus from environmental factors or nurses' needs in isolation to the relationship between environmental factors and nurses' needs. Such an approach would enable a more mutual approach to be developed for nurses and their environment.

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