

ความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล สภาพการทำงาน การเสริมสร้างพลังอำนาจด้านจิตใจ
กับความพึงพอใจในงานของพยาบาลวิชาชีพ ฮานอย ประเทศเวียดนาม

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จุฬาลงกรณ์มหาวิทยาลัย

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ลิขสิทธิ์ของจุฬาลงกรณ์มหาวิทยาลัย

RELATIONSHIPS BETWEEN PERSONAL FACTORS, CONDITIONS
OF WORK, PSYCHOLOGICAL EMPOWERMENT, AND JOB SATISFACTION OF
PROFESSIONAL
NURSES, HANOI, VIETNAM

Miss Thi Thanh Huong Nguyen



A Thesis Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Nursing Science Program in Nursing Science
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Thesis Title	RELATIONSHIPS BETWEEN PERSONAL FACTORS, CONDITIONS OF WORK, PSYCHOLOGICAL EMPOWERMENT, AND JOB SATISFACTION OF PROFESSIONAL NURSES, HANOI, VIETNAM
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ทิ ทาน เหียง เหวียน : ความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล สภาพการทำงาน การเสริมสร้างพลังอำนาจด้านจิตใจ กับความพึงพอใจในงานของพยาบาลวิชาชีพ ฮานอย ประเทศเวียดนาม (RELATIONSHIPS BETWEEN PERSONAL FACTORS, CONDITIONS OF WORK, PSYCHOLOGICAL EMPOWERMENT, AND JOB SATISFACTION OF PROFESSIONAL NURSES, HANOI, VIETNAM) อ.ที่ปรึกษาวิทยานิพนธ์หลัก: รศ. ดร.กัญญา ประจุศิลป์, 101 หน้า.

การวิจัยเชิงพรรณนาค้างนี้มีวัตถุประสงค์เพื่อศึกษาความพึงพอใจในงานของพยาบาลวิชาชีพ และศึกษาความสัมพันธ์ระหว่างปัจจัยส่วนบุคคล สภาพการทำงาน การเสริมสร้างพลังอำนาจด้านจิตใจ กับความพึงพอใจในงานของพยาบาลวิชาชีพ ฮานอย ประเทศเวียดนาม กลุ่มตัวอย่างคือ พยาบาลวิชาชีพ จำนวน 365 คน เครื่องมือที่ใช้ในการวิจัย คือ แบบบันทึกข้อมูลส่วนบุคคล แบบสอบถามสภาพการทำงาน แบบสอบถามการเสริมสร้างพลังอำนาจด้านจิตใจ และแบบสอบถามความพึงพอใจในงาน ซึ่งผ่านการตรวจสอบความตรงตามเนื้อหา และหาค่าความเที่ยงโดยสูตรสัมประสิทธิ์แอลฟาของครอนบาคได้ เท่ากับ .89, .88 และ .97 ตามลำดับ วิเคราะห์ข้อมูลใช้การหาค่าร้อยละ ค่าเฉลี่ย ส่วนเบี่ยงเบนมาตรฐาน ค่าสัมประสิทธิ์สหสัมพันธ์เพียร์สันและ Chi-square test

ผลการวิจัยสรุปได้ดังนี้

1. ความพึงพอใจในงานของพยาบาลวิชาชีพ อยู่ในระดับปานกลาง (Mean = 3.12, SD = .29)
2. ปัจจัยส่วนบุคคล ได้แก่ ระดับการศึกษา และประสบการณ์การทำงาน ไม่มีความสัมพันธ์กับความพึงพอใจในงานอย่างมีนัยสำคัญทางสถิติที่ระดับ .05 แผนกที่ทำงานมีความสัมพันธ์กับความพึงพอใจในงานอย่างมีนัยสำคัญทางสถิติที่ระดับ .05
3. สภาพการทำงาน การเสริมสร้างพลังอำนาจด้านจิตใจ มีความสัมพันธ์ทางบวกกับความพึงพอใจในงานอย่างมีนัยสำคัญทางสถิติที่ระดับ .05 ($r = .42$ และ $.28$ ตามลำดับ)

สาขาวิชา พยาบาลศาสตร์

ปีการศึกษา 2558

ลายมือชื่อนิติต

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THI THANH HUONG NGUYEN: RELATIONSHIPS BETWEEN PERSONAL FACTORS, CONDITIONS OF WORK, PSYCHOLOGICAL EMPOWERMENT, AND JOB SATISFACTION OF PROFESSIONAL NURSES, HANOI, VIETNAM. ADVISOR: ASSOC. PROF. GUNYADAR PRACHUSILPA, Ph.D., 101 pp.

This descriptive study were to examine the job satisfaction of professional nurses, and to examine relationships between personal factors, conditions of work, psychological empowerment, and job satisfaction of professional nurses, Hanoi, Vietnam. Subjects were 365 nurses of Bach Mai Hospital, Viet Duc Hospital, and E Hanoi Hospital. The data were collected by using questionnaires: personal factors, conditions of work, psychological empowerment, and job satisfaction of professional nurses. Content validity was established by a panel of experts. Reliability of instruments by Cronbach alpha coefficient were .89, .88, and .97. The data were analyzed by using percentage, mean, standard deviation, Pearson's product moment correlation coefficient and Chi-square test.

The major findings were as follows:

1. Job satisfaction of professional nurses were at the moderate level (Mean = 3.12, SD = .29)
2. Personal factors including education level, and work experience were not significantly correlated with job satisfaction at .05 level. However, working unit was significantly correlated with job satisfaction at .05 level.
3. There were positively significant relationship between conditions of work, psychological empowerment and job satisfaction of professional nurses at .05 ($r = .42$ and $.28$ respectively).

Field of Study: Nursing Science

Student's Signature

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Advisor's Signature

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CHAPTER I

INTRODUCTION

Background and Significance of the study

In Vietnam, a shortage of nurses is an important problem of the health care systems. According to General Statistics Organization (GSO) of Vietnam, the nursing workforce in Vietnam is estimated around 100,353 persons in 2012, so the ratio appropriate 113 nurses per 100,000 people, and also Vietnam reflected ratios well below the national average of 343 per 100,000 people (GSO, 2012). The ratio of doctors / nurses including nurses, midwives, and technicians is only 1:1.8; while as recommended of WHO, the rate of needed is 1:4 (WHO, 2011). The majority of nurses work at three levels of hospitals in Vietnam: tertiary level, secondary level, and primary level. Nurses contribute 38.2% of structure's healthcare system (GSO, 2012). Therefore, nurse is an important part of health care provider. With the rapid economic reforms in Vietnam in recent years, nurses are also leaving their profession and working in different fields which drive the shortage of nursing forces more serious. The problem is becoming worse every year. As a results of a recent study, Vietnamese nurses have low socio economic status, and the high positions of hospital usually held by the medical doctors such as the director of hospital, head of the ward, they also decide mainly in the curing and caring of patients (Duong, 2003). Tran (2010) mentioned the professional nurses often have the habit of depending on medical doctors in working such as decision making, problem solving in the caring progress for patient. In addition, the nurses had achieved a low degree of education (Tran, 2010). The most of them have certificate of under diploma degree of nursing education and caring out the basic nursing techniques and specialist techniques in the health facilities, and subordinate for doctor (Duong, 2003).

Hanoi, the capital of Vietnam, is the place which most of the biggest hospitals are located in. Hanoi is the biggest political, cultural and economic center in Northeast part of Viet Nam. It is also a gateway to exchange the information in many

ways. Hanoi health care services have been known as a representative of advance health care center. Because of the advance in health care services; the most severe cases from the over north of Vietnam are transferred to Hanoi. Thus, it demands a better nursing care service in Hanoi than anywhere else. Almost hospitals in Hanoi are public hospitals which contribute about 90% of hospital (GSO, 2012). In 2012, there are 33 public hospitals with 8,146 nurses contribute 45.2% of structure's medical staff (GSO, 2012). Seventeen of them are the national general hospitals (tertiary health care level) which are under the jurisdiction of the MoH. Six hospitals are provincial general hospitals (secondary health care level) under the jurisdiction of the Hanoi Department of Health. The other ones are district health centers, commune health stations and village health workers (primary health care level) (GSO, 2012). Most of the big hospitals in Hanoi are tertiary care where the more diseases and complicated patients are referred. These hospitals serve not only various kinds of patients in the capital, but also other patients who often come from the North areas in Vietnam (Nguyen & Nguyen, 2006). Additionally, tertiary hospitals are also known as the leading role in providing health care services. They are the important line because the three hospitals are responsible examination and treatment of people in the capital and people live nearby that patients often come from the North areas of Vietnam. Currently, there have been some studies conducting on job satisfaction among professional nurses in Hanoi. The percentage of nurses were satisfaction with job is under 50% (Le & Le, 2009; Tran, 2005). The reasons that nurses have low satisfied with job were low salary, less opportunity for growth, bad nurse-patient relationship and working conditions, working environment, educational level, workload, health equipment insufficiency, and psychological tension (Le & Le, 2009). Therefore, 60% nurses did not desire their child to learn nursing professional (Tran, 2005). In addition, special findings were found that 8.2% nurses intended to move to private health facilities and 5.1% nurses intended to turnover in next five years (Le & Le, 2009).

Nurses are the backbone of health care system. Nurses are one of the most important part in healthcare organizations (Chang & Chang, 2007). The patients are directly received nursing care from nurses (Huber, 2006). Therefore, nurses have important roles for the activities of the hospitals (Chang & Chang, 2007). The better

of nursing services, the more improve in nursing outcome and nursing job satisfaction also is an important indicator of well-being of an organization (WHO, 2006). A high level of job satisfaction reduces staff turnover and higher productivity (Gazioglu & Tansel, 2002). Nurses' job satisfaction is an area that has received the attention of healthcare managers and researchers because of its effects on individual nurse as well as the organization. Many studies have indicated that when job satisfaction decreases the turnover rate increases and intention to leave a job increases (Aiken, Clarke, & Sloane, 2002). Furthermore, the results of researches show that when the employees are satisfied with job, they have better attitudes at work and contributed success of the enterprises (Shimizu et al., 2005), as well as they commit to the career more (Lu, Lin, Wu, Hsieh, & Chang, 2002). In addition, job satisfaction has an impact on high quality of patient care, patient safety, and outcomes (Aiken et al., 2002). Adequate nursing staff is critical to the delivery of quality patient care (Goodin, 2003; Norbu, 2010). Nurses' job satisfaction has long been recognized as a crucial indicator of hospital due to its related positively to job performance, nurse retention, patient satisfaction, and quality of care (Shader, Broome, Broome, West, & Nash, 2001; Tumulty, 1992), and related negatively to job stress, burnout, absenteeism, and turnover (Lu, While, & BARRIBALL, 2005; Parsons, 1998; Shader et al., 2001; Shields & Ward, 2001). In conclusion, nurse job satisfaction has crucial implications for nurses, patients, hospitals, and the profession, therefore this concept still is the cutting edge variable for deposit hard effort in improving level of satisfaction among nurses which may contribute to better outcomes of nursing service.

Currently, nursing shortage and nursing turnover are the most important problem for health care system all around the world in both developed and developing countries (Miracle & Miracle, 2004; Moyle, Skinner, Rowe, & Gork, 2003). Furthermore, it has been known qualified nurses have had a major effect on care delivery within a unit, so that nursing shortage and turnover reduces the effectiveness of patient care (Hassmiller & Cozine, 2006). Turnover of nursing personnel not only effects on the nursing work, but also impacts on the organization. High vacancy rates have an effect on the hospital cost, resulting from recruiting and rewarding the leaving ones, hiring temporary agency nurses, and supervising new nurses (Alexander, Lichtenstein, Ho, & Ullman, 1998). Atencio et al. (2003) mentioned that the cost of

replacement is approximately two times the nurse's annual salary. The estimated cost of replacing a specialty nurse in the United States is \$64,000 (Strachota, Normandin, O'Brien, Clary, & Krukow, 2003). Furthermore, it has been known qualified nurses have had a major effect on care delivery within a unit, so that nursing shortage and turnover reduces the effectiveness of patient care (Goodin, 2003; Hassmiller & Cozine, 2006). Similarly, Vietnam faces a critical shortage of nurses because of retirement of nurses currently practicing nursing, the large numbers of nurses leaving the nursing profession, and the failure of new candidates to enter a nursing career (Le & Le, 2009; Tran, 2005). Therefore, increasing nurse staffing levels at hospitals may reduce the currently alarming nurse turnover rates due to job dissatisfaction, a major precursor of job resignation (Le & Le, 2009; Tran, 2005). In general, turnover was known as major one of the factors leading to organizational shortage. Thus, increasing nurses' job satisfaction can prevent turnover and maintain nursing staff.

Personal factors have also been found to influence nurses' job satisfaction such as work experience (Kuokkanen, Leino-Kilpi, & Katajisto, 2003). Shaver and Lacey (2003) also found that nurses who work in inpatient units has lower levels of satisfaction than those who work in other setting. Shader et al. (2001) presented factors that influence job satisfaction and anticipated turnover among nurses in 12 units in an academic medical center. The researchers found that aged less than 51 and job satisfaction are predictors of the anticipated turnover. Additionally, personal factors such as working unit, level of education, and working experience are correlated to job satisfaction in Vietnam (Duong, 2003; Le & Le, 2009; Tran, 2010; Truong, Cao, Nguyen, & Ngo, 2009). As the results of Tran's study, nurses with high education level were less satisfied than the others with low education level (Tran, 2005). According to year of working experience, nurses with working experience more than 10 years were less satisfied than the others (Duong, 2003). In addition, nurses working at ICU, surgery and medical unit having satisfaction were lower than other wards (Truong et al., 2009). In summary, these studies address that the relationships between personal factors (education level, working experience, working unit), and job satisfaction among Vietnamese nurses.

Kuokkanen et al. (2003) confirmed that nurse empowerment is correlated strongly with job satisfaction. Conditions of work explains, when the organization provides opportunity and power through resources, information and support, nurses are more effective and ultimately satisfied at the workplace (Laschinger, 1996). Furthermore, nursing conditions of work is a key component with nurse job satisfaction and affects the quality of patient care, patient satisfaction, retention rates, and work performance. Empowerment will be provide the nurses with adequate resources, strong leadership, a positive work environment, and adequate staffing has a direct effect on empowerment and job satisfaction (Manojlovich & Laschinger, 2007; Walson, 2012). Workplace satisfaction and satisfaction with administration are the best predictors of a nurses' intent to stay. If this is not provided to the nursing staffs by administrators, the organization and patient outcomes will be negatively affected. According to Kanter (1993) and Spreitzer (1995), empowerment was highly related with organizational effectiveness. Many studies indicated that psychological empowerment can increase their job satisfaction and improve patient care (Keller, 1994; Laschinger, Finegan, Shamian, & Wilk, 2001). Ideally, health care administrators and managers are in the position to enhance access to work empowerment and nurses' perceptions to empowerment. Therefore, understanding how organizations create structural empowering, psychological empowerment to bring about positive nurse outcomes is significant.

In Vietnam had not in deep researches on nurse job satisfaction; almost studies had identified level of nurse's job satisfaction (Le & Doan, 2008; Le & Le, 2009). Currently, there is not any study which conducted about the relationships between personal factors, conditions of work, psychological empowerment and job satisfaction. Therefore, the researcher would like to know about this issue in Vietnam. Recently, there are many researches which conducted on nurses' job satisfaction and related factors in western countries and some Asian countries. Theoretically, satisfaction is individual's perceptions determined by the interactions among physical, psychological and situational factors. Therefore, the differences in terms of psychological and, especially social aspects between Vietnamese and those from other countries might require a further investigation specified with this population.

Research questions

1. What are levels of job satisfaction, conditions of work, and psychological empowerment of professional nurses, Hanoi, Vietnam?
2. How are those any relationships between personal factors, conditions of work, psychological empowerment, and job satisfaction of professional nurses, Hanoi, Vietnam?

Objectives of the study

1. To examine job satisfaction of professional nurses, Hanoi, Vietnam.
2. To examine relationships between personal factors, conditions of work, psychological empowerment, and job satisfaction of professional nurses, Hanoi, Vietnam.

Rational and hypotheses

In this study the researcher selected concept of job satisfaction from Stamps and Piedmore (1986). Job satisfaction relates to the level of positive feeling of RNs about their current job (Stamps & Piedmonte, 1986). Stamps and Piedmonte (1986) defined job satisfaction as the difference between an individual's needs and the extent to which the job fulfills those needs, expected outcomes are determined by a person comparing his or her work and rewards to those of others doing a similar job. It can be measured from six components: payment, autonomy, task requirements, organizational policies, professional status, and interaction.

Personal factor identified by Nedd (2006) will be used to provide information regarding factors which may influence nurse perceptions of job satisfaction. The investigator hypothesizes that selected personal factors including: working experience, education level, working unit are able to relate the nurse job satisfaction (Nedd, 2006). Working experience refers to the number of year that nurses have been in hospital setting and working as full-time nurse. Most studies concluded that work

experience is a determinant factor on job satisfaction. Nurses have more years' experience in nursing expressed higher satisfaction than the less experienced nurses (Hu & Liu, 2004; Umayma, Nuhad, & Myrna, 2003). Nurse with more years of experience have less stress in their job than newer nurse and perceive work related problems, and professional nurses worked their jobs in the long time, they could understand and adapt to working environment better than others, so that nurses with more working experience have higher satisfied than others (Hu & Liu, 2004). Education level refers to the highest education that nurse completed in nursing education system as under diploma, diploma, bachelor, and post bachelor. University graduate nurses reported more dissatisfaction with the quality of supervision with respect to treatment they receive from their superiors. They feel more educated and knowledgeable, yet they are treated and compensated at almost the same level as diploma graduates (Hu & Liu, 2004; Parsons, Simmons, Penn, & Furlough, 2003; Umayma et al., 2003). Therefore, nurses with higher education level have less satisfied with job than the others with lower education level. Working unit refers to place that nurses have been assigned to accomplish specific tasks such as ICU, medical, surgical, specific units. When nurses working at differences unit will be adapt with differences in patient characteristics, differences in working characteristics, so that nurse will have the differences in level of job satisfaction (Hilde, Oivind, & Olav, 2013). As some reports in Vietnam, nurses work in ICU have more stressful than others because they must face with workload, the most diseases and complicated patients but the salary and other benefits are almost the same with other units (Duong, 2003; Truong et al., 2009).

Conditions of work are the creating and sustaining a work environment. It proceeds from the ability to access and mobilize information, support, resources, and opportunities from one's position in the organization (Laschinger, 1996). Based on Kanter's theory of structural empowerment, Laschinger developed the term of conditions of work in organizations including access to information, opportunity for growth, support and resources can promote employee empowerment resulting in positive organizational outcomes such as job satisfaction and reduced job burnout. Some researches recommended nurse leaders need to be aware of the factors to promote nurse empowerment that enhances role effectiveness, supports quality patient

care, and the achievement of organizational outcomes (Sellgren, Ekvall, & Tomson, 2008). According to Kanter (1993), employees require knowledge and information to carry out their jobs, including information related to role expectations, working strategies and evaluation methods. In the currently study, the importance of access to organizational information specifically to objectives that were created by the institution. According to Kanter (1993), employees must have support such as the guidance and feedback received from their peers and colleagues to be empowered in their jobs. Support can come in the form of performance feedback, collaborative relationships, and shared problem solving. As suggested by Kanter (1993) access to resources, whether monetary, material, acquire supplies, equipment or human in nature, are needed for employees to complete a job, thereby increasing a sense of conditions of work effectiveness. Nurses who have access to the resources needed to seamlessly accomplish their work and whose positions provide them with flexibility, visibility, and a sense of relevance to their department will likely be satisfied in their academic careers (Salazar, 2000). As suggested by Kanter (1993) access to opportunity is defined as the chance to increase knowledge, skills, and mobility the expectation of positive future prospects. Opportunity refers to employees' expectations and hopes for future development and growth such as job promotions, ongoing expansion, and increased job skills and rewards (Kanter, 1993; Laimek, 2014). Nurses hope the opportunities available to them for development and movement within the organization; they clearly outlined wishes for future training and suggestions for advancement in their professional role. So that if they have autonomy, growth, a sense of challenge and the chance to learn and grow, they will more satisfied with job (Laschinger & Finegan, 2005). Empowerment is needed for employees to be successful and effective within the organization. Kanter (1993) noted that employee work behaviors were a result of workplace conditions and situations and not from personal characteristics. Workplace satisfaction and satisfaction with administration are the best predictors of a nurses' intent to stay (Sordiff, 2004). If this is not provided to the nursing staff by administrators, the organization and patient outcomes will be negatively affected. This theory is appropriate for this study because it focuses on conditions of work and empowerment.

Psychological empowerment as defined by Spreitzer (1995) is a motivational construct exhibited through four dimensions: meaning, competence, self-determination, and impact. According to Spreitzer (1995), psychological empowerment refers to a number of psychological states individuals must experience to gain a sense of control within their work environment. Psychological empowerment has been associated with job satisfaction and reduced job stress (Chung & Kowalski, 2012; Leggat, Bartram, Casimir, & Stanton, 2010). Spreitzer (1995) defines psychological empowerment as a motivational construct and refers to how people experience their work, specifically focusing on personal beliefs related to their role within an organization. The psychological perspective of empowerment includes four dimensions: meaning, competence, self-determination, and impact specific to the work environment. According to Spreitzer (1995) meaning refers to how the needs of an individual's work role fit with their personal beliefs, values and behaviors. The job satisfaction of the nurses in hospitals will be increased when they feel very proud of and happy with their work and believe that their work environment enabled them to perform their jobs in meaningful ways (Saif & Saleh, 2013). According to Spreitzer (1995) competence relates to an individual's belief in their capability to perform job activities with skill. If hospital staff believe that they have adequate skills to accomplish their daily tasks they will be more satisfied (Saif & Saleh, 2013). As suggested by Spreitzer (1995) self-determination refers to one's feeling of choice related to initiating decisions and regulating work behaviors. To have a sense of control within the work environment employees must feel that they have the choice and freedom to make decisions and regulate work behaviors. As suggested by Spreitzer (1995) impact comes from the sense of influence one perceives to have within the work environment for operating outcomes. A sense of impact was perceived as professional roles and responsibilities. Impact was perceived when nurses dealt with conflict and how they felt they influenced the outcomes of these troubling incidents. Hospital employees believe that they have some influence on what occurs in their hospitals and that they have an impact on the activities surrounding them indicating relatively high job satisfaction (Saif & Saleh, 2013).

For these reasons above, the researcher selects job satisfaction as dependent variable; personal factors and conditions of work, psychological as independent variables in this study.

Hypotheses

1. Working experience will be related to job satisfaction of professional nurses, Hanoi, Vietnam.
2. Education level will be related to job satisfaction of professional nurses, Hanoi, Vietnam.
3. Working unit will be related to job satisfaction of professional nurses, Hanoi, Vietnam.
4. Conditions of work will show a positive relationship to job satisfaction of professional nurses, Hanoi, Vietnam.
5. Psychological empowerment will show a positive relationship to job satisfaction of professional nurses, Hanoi, Vietnam.

Scope of the study

1. Population and sample: the research population is professional nurses who work in the Bach Mai Hospitals, the E hospital, and the Viet Duc hospital, Vietnam. The sample size of this study includes 365 professional nurses working in three hospitals, Hanoi, Vietnam.
2. Variables: the researcher selects job satisfaction as dependent variable; personal factors, conditions of work, and psychological empowerment as independent variables.
3. Research setting: Bach Mai Hospitals, the E Hanoi hospital, and the Viet Duc hospital, Hanoi, Vietnam.

Operational definitions

1. Job Satisfaction is referred to the nurses' perception of positive feeling or attitude towards the overall aspects of job in Hanoi, Vietnam. Job satisfaction can be measured with the use of the Index of Work Satisfaction tool (Stamps & Piedmonte, 1986). This tool contains six components:

1.1 Payment is referred to how a nurse feels about her or his salary and fringe benefits received from the work done.

1.2 Autonomy is referred to the way that a nurse feels about sufficient input, authority, freedom of decision making, and either permitted or required in daily work activities

1.3 Task requirements is referred refer to the way that a nurse derive tasks or activities that must be done as a regular part of the job (including the level of work/paperwork).

1.4 Organizational policies is referred to the way that a nurse derive the organizational policies and procedures put forward by the hospital and nursing administration; including strictness, opportunity, rights to plan policy.

1.5 Interaction is referred to the way that a nurse derive opportunities and requirements presented for both formal and informal social and professional contact during working hours.

1.6 Professional status is referred to the way that a nurse feels about being recognized as an important component in a hospital, and whether she or he is proud to be a nurse in various perspectives.

2. Personal factors including working experience, education level, and working unit of professional nurses in Hanoi, Vietnam. The questionnaire will measure working experience, education level, and working unit by requesting that the participants fill in the answers.

2.1 Working experience is referred to the number of year that nurses have been in hospital setting and working as full-time nurse.

2.2 Education level is referred to the highest education that nurse completed in nursing education system as under diploma, diploma, bachelor, and post bachelor.

2.3 Working unit is referred place that nurses have been assigned to accomplish specific tasks such as medical, surgical, and specific units.

3. Conditions of work are the perception of professional nurses about receiving a working environment (Laschinger, 1996). It proceeds from the ability of professional nurses to access and mobilize information, support, resources, and opportunities from power of head nurse in Hanoi, Vietnam. Conditions of work levels can be measured with the use of the conditions of work effectiveness questionnaire II instrument (Laschinger et al., 2001). The instrument contains four subscales that measure perceived access of information, support, resources, and opportunity.

3.1 Access to support is referred to the professional nurses can be access to the guidance, feedback, and direction provided supervisors, peers, and subordinates such as performance feedback, collaborative relationships, and shared problem solving.

3.2 Access to information is referred to the professional nurses can be access the data, technical knowledge, and expertise which professional nurses needed for job performance such as information related to role expectations, working strategies, and evaluation methods.

3.3 Access to resources is referred to the ability of professional nurses to obtain needed supplies, materials, money, and personnel to meet established organizational goals.

3.4 Access to opportunity is referred to professional nurses have the growth, mobility, and the chance to build upon knowledge such as job promotions, ongoing expansion, and increasing job skills and rewards.

4. Psychological empowerment is perspective of the professional nurses about receiving power to feel empowered to act and experience in current job. The psychologically empowered state was considered to be a cognitive state characterized by a sense of perceived control, perceptions of competence, and internalization of the

goals and objectives of the organization. Psychological empowerment levels can be measured with the use of the psychological empowerment scale (Spreitzer, 1995). The instrument contains four subscales that meaning, self-determination, competence, and impact.

4.1 Meaning is referred to the degree which professional nurses received from their work and feel that it is important to them such as personal beliefs, values, and behaviors.

4.2 Competence is referred to professional nurses' ability to do work well including knowledge, technical capabilities, and no external causes will prevent them from attaining the required level of performance.

4.3 Self-determination is referred to the degree which made professional feel free to choose how to do their work such as the choice, freedom to make decisions, and regulate work behaviors.

4.4 Impact is referred to the degree which made professional nurses influence their surroundings, and their work units. Moreover, nurses need organizations listen to their ideas such as heavy workloads, conflict issues, lack of materials, unqualified nursing staff, and a lack of collaboration.

5. Professional nurse is referred to full time nurse who are directly taking care of patients and currently working, Hanoi, Vietnam.

Expected benefits of the study

1. In term of nursing administration, nurse managers, and nurse leaders can use the results of the research as basic information to enhance job satisfaction of professional nurses.

2. Knowledge from this study can be used by policy makers and nursing administrators to set up activities to promote and provide conditions of work effectiveness, psychological empowerment to professional nurses.

3. The results of this study can be used as guideline for further research to investigate other variables that may effects job satisfaction among professional nurses.



CHAPTER II

LITERATURE REVIEW

This study aims to examine the levels of conditions of work, psychological empowerment, and job satisfaction, and to identify the relationships personal factors, conditions of work, and psychological empowerment, and job satisfaction. This part will review the literature that provides background for this proposed which followed contents:

1. Situation of health care system in Hanoi, Vietnam
2. Educational preparation for nurse in Vietnam
 - 2.1 Under diploma of nursing education
 - 2.2 Diploma of nursing education
 - 2.3 Bachelor of nursing education
 - 2.4 Post bachelor of nursing education
3. Head nurse's roles and professional nurse's roles
 - 3.1 Head nurse's roles
 - 3.2 Professional nurse's roles
4. Overview of job satisfaction
 - 4.1 Definitions, concepts and theories of job satisfaction
 - 4.1.1 Definitions, concepts of job satisfaction
 - 4.1.2 Theories of job satisfaction
 - 4.2 Measurements of job satisfaction
 - 4.2.1 Job Satisfaction Survey (JSS)
 - 4.2.2 The Job Descriptive Index (JDI)
 - 4.2.3 Index of Work satisfaction (IWS)
5. Job satisfaction in nursing
6. Factors relating to job satisfaction
 - 6.1 Demographic factor
 - 6.1.1 Working experience
 - 6.1.2 Education level

6.1.3 Working unit

6.2 Conditions of work

6.2.1 Definitions of conditions of work

6.2.2 Theory of conditions of work

6.2.3 Measurement of conditions of work

6.2.4 Relationship of conditions of work and job satisfaction

6.3 Psychological empowerment

6.3.1 Definitions of psychological empowerment

6.3.2 Theory of psychological empowerment

6.3.3 Measurement of psychological empowerment

6.3.4 Relationship of psychological empowerment and job satisfaction

7. Related researches

1. Situation of health care system in Hanoi, Vietnam

Currently, the the public health care services plays the leading role in healthcare system in Vietnam. The health care system in Vietnam is organized in three levels. The tertiary is the main national authority in the health sector which formulates and executes health policy and programmers in the country. At secondary level are 63 provincial health bureaus which follow MoH policies butane in fact organic parts of the provincial local governments under the Provincial People's Committees. The primary level or basic health network includes district health centers, commune health stations and village health workers. In 2012, there are 1012 general hospitals, total hospital beds are 164,900, and nursing staffs are 73,500 working in different level of health care system in Vietnam (GSO, 2012). In the north of Vietnam, the reports of Vietnamese Nurses Association (VNA) 2009 showed the total of professional nurses were 30,000, which only met one third of the demands for nursing services. Hanoi, the capital of Vietnam, is the place which most of the biggest hospitals are located in. Hanoi is the biggest political, cultural and economic center in Northeast part of Viet Nam. It is also a gateway to exchange the information in many ways. Hanoi health care services have been known as a representative of advance health care center. Because of the advance in health care services; the most severe

cases from the over north of Vietnam are transferred to Hanoi. Thus, it demands a better nursing care service in Hanoi than anywhere else. Almost hospitals in Hanoi are public hospitals which contribute about 90% of hospital (GSO, 2012). In 2012, there are 33 public hospitals with 8,146 nurses contribute 45.2% of structure's medical staff (GSO, 2012). Seventeen of them are the national general hospitals (tertiary health care level) which are under the jurisdiction of the MoH. Six hospitals are provincial general hospitals (secondary health care level) under the jurisdiction of the Hanoi Department of Health. The other ones are district health centers, commune health stations and village health workers (primary health care level) (GSO, 2012). Most of the big hospitals in Hanoi are tertiary care where the more diseases and complicated patients are referred. These hospitals serve not only various kinds of patients in the capital, but also other patients who often come from the North areas in Vietnam (Nguyen & Nguyen, 2006).

This study was conducted in three public hospitals in Hanoi. These hospitals are the E Hanoi hospital, the Bach Mai hospital and the Viet Duc hospital. They are at the tertiary care level in health care system, and are quite similar about organizational structure and policies, but differently about total number of staffs, and number of the beds. They were managed under the Ministry of Health. There are about 20-24 functional department in each hospital. Total professional nurses have about 4,150 employees. Total of the beds have about over 3000. Among three hospitals, one is the biggest medical hospital, one is the biggest surgical hospital and another is the greatest general hospital in the North of Vietnam. The Bach Mai hospital has 1,200 beds with 24 units and 1,800 staffs. The E hospital has nearly 700 beds with 22 units and 850 staffs. The Viet Duc hospital has 1,000 beds with 28 units and 1,500 staffs. The average nurse to patient ratio in three hospitals is approximately from 1:3 to 1:4. Therefore, caring procedures are followed the standards of the Vietnam Ministry of Health. It could be said that the quality of staffs as well as the quality of health care services among those three hospitals are almost equal. Additionally, three hospitals are also known as the leading role in providing health care services. They are the important line because the three hospitals are responsible examination and treatment of people in the capital and people live nearby that patients often come from the North areas of Vietnam.

Nurses in hospitals in Hanoi must to cope with many different emotions and behaviors of both patients and their families, while quality of care always requires high. Add more, the nurses are not only take care the patients, but also supervise to students for their clinical practice.

2. Educational preparation for nurses in Vietnam

At present, there are four levels of educational curriculum for nurses in Vietnam including: under diploma of nursing education, diploma of nursing education, bachelor of nursing education, and post bachelor of nursing education.

2.1 Under diploma of nursing education

Under diploma of nursing education was opened in 1968 in secondary nursing school by MOH. The students have to finish and get the certificate from high school. They will able to take the exams to enter the secondary nursing schools. The Ministry of Health approved only two years for this program. At the present, most of hospital nurses graduate from this level.

2.2 Diploma of nursing education

In 1975, diploma of nursing educational program was established. There are two ways to enroll in this program including: full-time and part-time studying. The students, who have graduated from high school, must pass an entrance exam, and they will have to study full-time with this program. The students who had certificate from secondary nursing schools can enroll is to study part-time after passing an entrance exam. The students need three years (full-time studying) or one year (part-time studying) to complete this program.

2.3 Bachelor of nursing education

In 1985, the Ministry of Health with the Ministry of Educational Training have allowed to open educational program of bachelor' nursing. There are two ways to enroll in this program including: full-time and part-time studying. The students, who have graduated from high school, must pass an entrance exam, and they will have to study full-time with this program. The students who had certificate from secondary nursing schools or get the certificate from diploma can enroll is to study

part-time after passing an entrance exam. The students need four years (full-time studying) or two year and a half or one year and a half depend on their past certificate (part-time studying) to complete this program.

2.4 Post bachelor of nursing education

In 2010, the Ministry of Health with the Ministry of Educational Training has allowed opening educational program of post bachelor of nursing education. Firstly, the students, who want to enroll this program, they must get certificate from bachelor degree of nursing education and they must pass an entrance exam. They have to study full-time with this program during two years. Alternatively, this educational program will recruit from professional nurses who have at least two years of experience after they have bachelor degree

Conclusion, healthcare system in Vietnam is performed by four levels of professional nurses. At each level, the role of nurse is differences. However, the real situation in Vietnam is almost professional nurses have the same job.

3. Head nurse's roles and professional nurse's roles

3.1 Head nurse's roles

Ministry of Health (MoH, 2005) has decided responsibilities for head nurse as follow

3.1.1 To organization of patient centered care.

3.1.2 To manage of clinical examination and hygiene, aseptic sterilization department.

3.1.3 To supervisor the healthcare providers in ward such as nurses, midwives, and nursing assistants.

3.1.4 To plan and assigning work to healthcare providers in ward such as nurses, midwives, and nursing assistants.

3.1.5 To train nurses, midwives, nursing assistants, and participates in nursing care activities.

3.1.6 To make plan for buying medical instruments and consumable supplies or requirements repair broken instruments. Regularly check the use, maintenance and asset management, materials.

In conclusion, the roles of head nurses are planning and management all activity of nurses, midwives, and nurse assistants in the wards.

3.2 Professional nurse's roles

Ministry of Health (2011) divided professional nurses into 3 levels toward knowledge and responsibilities. The specific knowledge and responsibilities for each level of nursing as follow:

3.1.1 Level 1 Professional nurses had achieved the certificate under diploma. The particular responsibilities are as follows:

- 1) Directly take care for patients in accordance with professional regulations and provisions of health facilities.
- 2) To perform basic nursing techniques.
- 3) To monitor and record the daily happenings of the patients.
- 4) To perform primary emergency care of serious illness or accident.
- 5) To receive and discharge patients; implementation of the regulations when the patient died under the doctor's medical orders and assigned by supervisor nurse.
- 6) To prepare completely, correctly and timely instruments, medicines, medical records for the medical examination and treatment of emergency patients.
- 7) To preserve drugs, medical instruments, machinery, and equipment; and timely detection of failure to repair requests.
- 8) Implementing health education, urging, reminding the patient, and patient family hygiene.

9) Implement programming care for maternal and child health, family planning, vaccination; and sanitation to prevent disease.

10) To participate to practice for basic nursing technical for students.

11) To implement the ordinances about medical ethics, and professional regulations, the technical process of health sector and other provisions of law relating to the field of nursing.

In this level, knowledge required that nursing staff have to know the process of basic nursing techniques, routine care and disease prevention and hygiene; regulation on rational drugs use and safety; responsibilities and duties of health officials in the field of nursing; patient classification systems and law to protect people's health and the regimes and policies of the state and of the health sector to the service object.

3.2.2 Level 2: Professional nurse had achieved the diploma degree. The particular responsibilities are as follows:

1) To plan and directly implementation comprehensive patient care in accordance with professional regulations.

2) To perform basic nursing techniques and some complex nursing techniques under doctor' order and assigned of the supervisor nurse.

3) Monitoring and recording the daily happenings of the patients, especially those seriously ill and emergency cases; detecting and promptly reporting unusual for the patient's treating to physician and supervisor nurse to solve problem.

4) To perform primary emergency care of serious illness or accident.

5) To reception of patients to medical examination, admission, discharge, and para-medical examination; implementation of the regulations when the patient died under the doctor's medical orders and assigned by supervisor nurse.

6) To prepare instruments, medicines, medical records for the medical examination and treatment of emergency patients.

7) To preserve drugs, medical instruments, machinery, and equipment; timely detection of failure to repair requests.

8) To implement health education, urging, reminding the patient, patient family hygiene and no noise.

9) To implement programming care for maternal and child health, family planning, vaccination; and sanitation to prevent disease.

10) To participate in the guidelines to practice of basic nursing technical, and participate in research of nursing sciences related to take care clients.

11) To implement the ordinances about medical ethics, and professional regulations, the technical process of health sector and other provisions of law relating to the nursing field.

In this level, knowledge required add more that nursing staff have to know knowledge of primary health care and sanitation, disease prevention and the basic technical nursing, some technical and specialist nursing care for the disease process.

3.2.3 Level 3: Professional nurse had achieved the bachelor degree. The particular responsibilities are as follows:

1) To plan nursing care and coordinating with physicians in the implementation plan for comprehensive patient care in accordance with professional regulations.

2) To implement monitoring of nursing staff in the implementation follow the physician' orders and the implementation of comprehensive patient care.

3) To perform proficiently the basic nursing techniques and complex nursing techniques of the specialty field.

4) To receive of patients to medical examination, admission, discharge, and para-medical examination; implementation of the regulations when the patient died under the doctor's medical orders and assigned by supervisor nurse.

5) To prepare complete, correct and timely means, instruments, medicines, medical records for the medical examination and treatment of emergency patients.

6) To preserve drugs, medical instruments, machinery, and equipments; timely detection of failure to repair requests. Individuals have to responsible for certain medications and asset which is assigned to management.

7) To implement healthcare education, urging, reminding the patient, patient family hygiene and no noise.

8) To implement programming care for maternal and child health, family planning, vaccination; and sanitation to prevent disease.

9) To plan and organize the completely preparation, correctly and timely equipment, facilities, and medicines, medical records for the medical examination, emergency treatment and patient care.

10) To organize the work of counseling, healthcare education, hygiene and disease prevention.

11) To participate guidance of nursing techniques to nursing students, nurses in the lower levels; and participate in the scientific research in the nursing field.

In conclusion, each nurse of each level has differences responsibility depend on their knowledge. The nurses with higher level have more responsibility than the lower level ones.

4. Overview of job satisfaction

This section, the researcher will review the definitions, concepts, theories of job satisfaction. In addition, the researcher will show the problem in nursing that related to job satisfaction.

4.1 Definitions, concepts and theories of job satisfaction

There is a huge research is going on in the organizations around the world to understand and thereby control the elements of employees' satisfaction. Up to date, there are many concepts and theories which mentioned about job satisfaction.

4.1.1 Definitions, concepts of job satisfaction

The definition of job satisfaction varies from person to person. Job satisfaction is considered as an evaluation that the employee makes of the job and the environment surrounding the job (Locke, 1969) . It is also defined as the feelings an employee has about the job in general (Smith, Kendall, & Hulin, 1975). Generally, job satisfaction can be defined as the difference between the amount of rewards workers receive and the amount they believe they should receive (Robbins, 2000). Lu, While, and Barriball (2005) mentioned the traditional model of job satisfaction focuses on all the feelings about job of an individual. However, what makes a job satisfying or dissatisfying does not depend only on the nature of the job, but also on the expectations that individuals have of what their job should provide (Lu et al., 2005). Stamps and Piedmonte (1986) defined job satisfaction as the difference between an individual's needs and the extent to which the job fulfills those needs, expected outcomes are determined by a person comparing his or her work and rewards to those of others doing a similar job.

4.1.2 Theories of job satisfaction

1) Maslow's Needs Hierarchy Theory: Maslow (1954) arranged human needs along a five level hierarchy from physiological needs, safety and security, belonging, esteem to self-actualization. In Maslow's pyramid, needs at the lower levels must be fulfilled before those rise to a higher level. According to Maslow's theory, some researchers have approached on job satisfaction from the perspective of need fulfillment. However, overtime, Maslow's theory has diminished in value. In the current trend, the approach of job satisfaction focuses on cognitive process rather than on basic needs in the studies.

2) Herzberg's Two Factor Theory: Herzberg, (1959) proposed the Motivation Hygiene theory which postulates that job satisfaction and/or is dissatisfaction is the function of two need systems. There are two different categories

of needs, which are intrinsic (motivators) and extrinsic (hygiene) factors. Intrinsic factors are related to the job itself, and positively influence job satisfaction, including advancement, growth and development, responsibility for work, challenging, recognition, and advancement. In the other hand, extrinsic factors are closely related to the environment and conditions of the work and seem to be associated with job dissatisfaction, including supervision, company policy and administration, working condition and interpersonal relation.

3) Goal setting theory: Locke (1968) asserted that intentions can be a major source of motivation and satisfaction. Some specific goals (intentions) lead to increased performance, for example, difficult goals (when accepted) lead to higher performance than easy goals and that feedback triggers higher performance than no feedback. Likewise, 'specific hard' goals produce a higher level of output than 'generalized' goals of 'do your best'. Furthermore, people will do better when they get feedback on how well they are progressing toward their goals as feedback identifies discrepancies between what have they done and what they want to do. All those studies, which tested goal-setting theory, demonstrate that challenging goals with feedback, work as motivating forces. The goal-setting theory is the most researched theory of employee motivation. Goal theory suggests that difficult goals demand focus on problems, increase sense of goal importance, and encourage persistence to achieve the goals.

In this study, the researcher will select the concept of job satisfaction from Stamps and Piedmote (1986) because this concept was developed from nursing field and it was already used in many research of nurses' job satisfaction.

4.2 Measurements of job satisfaction

4.2.1 Job Satisfaction Survey: Spector (1997) developed the Job Satisfaction Survey to measure employee attitudes about the job and aspects of job from 9 separate facets of the job satisfaction: 1) pay, 2) promotional opportunities, 3) fringe benefits, 4) contingent reward, 5) supervision, 6) coworker, 7) nature of work, 8) communication, and 9) operating procedures. It consisted of 36 items and ranged on a 6-point Likert scale from 1-dissagree strongly to 6-agree strongly. It has some of the items written in negatives direction. This questionnaire was reported coefficient

alphas ranging .60-.91 for the overall measure. The higher mean score is the higher level of job satisfaction. Level of job satisfaction is low when the mean score is less than 3.00, moderate when the mean score is 3.00 - 4.00, high when the mean score is greater than 4.00.

4.2.2 The Job Descriptive Index (JDI): Smith et al (1969) develop the Job Descriptive Index to measure satisfaction through 5 aspects of a job, the work itself, pay, promotion, supervision and co-workers. Respondents were asked to indicate whether a word or phrase describing a particular aspect of their job is applicable by answering a N (Not True) or Y (True) or (Unsure) beside the description. Scores for each job aspect were obtained by summing the assigned weight for each item across all items covering the particular aspect. The weights for the responses were: "True" = 3, "Not True" = 0, "Unsure" = 1

4.2.3 Index of Work satisfaction (IWS): Stamp and Piermote (1997) developed the Index of Work satisfaction questionnaire to measure the relative importance of various components of job satisfaction. It contained six components: 1) professional status, 2) task requirements, 3) pay, 4) interaction, 5) organizational policies, and 6) autonomy. This scale was developed based on the combination of Maslow's theory and Herzberg's theory. It consisted of 44 items and ranged on a 5-point Likert scale. Previous studies have reported the Cronbach coefficient alpha in the range of .82-.91 for the overall scale.

In conclusion, The JWS was developed to measure of employees' job satisfaction to nursing service so JWS was provided overall picture about job satisfaction of nurse. JWS measured using both the positive and the negative ways. So that, JWS tool was selected in this study.

5. Job satisfaction in nursing

In health care field, job satisfaction is a complex phenomenon. Many factors contribute to nursing satisfaction, both positive and negative. According to Garon, and Ringl (2004) indicated factor variables that influence job satisfaction of hospital-based RNs. These factors are: 1) working conditions including workload and staffing;

2) working environment: empowerment, autonomy, shared governance, and control over practice; 3) salary, benefits and educational support; 4) stress; 5) leadership issues; 6) role conflict and confusion; 7) professional recognition; 8) nurse-physician communication and collaboration; 9) hours, shift work and scheduling; and 10) peer group and sense of belonging. Blegen (2001) meta-analyzed factors related to nurses' job satisfaction on 48 studies. The results of the study indicated that 13 factors were most strongly associated with job satisfaction. These were stress, commitment, communication (with supervisor and peers), autonomy (and locus of control), recognition, reutilization, and fairness. Researchers noticed that job satisfaction is a complex concept and it cannot be affected by one factor, but must be a combination of many factors. A study of Lephalala, Ehlers, and Oosthuizen (2008) determined factors influencing nurses' job satisfaction in selected private hospitals in England. The results indicated no satisfaction with salaries. In contrast, nurses were reported satisfied with the other extrinsic factors including organization and administration policies, supervision and interpersonal relations. Nurses identified factors influencing job satisfaction including lack of promotions, lack of opportunity for advancement, being in death-end jobs, and lack of involvement in decision-and policy-making activities.

Job satisfaction among nurses was not high, mostly under 50% (Aiken et al., 2002). In Vietnam, the results of researches show the number of nurses satisfy with job are not high from 43.49% to 47.5% (Le & Doan, 2008; Tran, 2009; Le & Le, 2009; Tran, 2005). The reasons of low satisfaction were low salary, work load, low society position, lack of materials, labor safety, high occupational risk, not be properly admitted, high occupational stress (Le & Doan, 2008; Tran, 2009). In addition, some studies have showed nurses have been facing with many stressors in the work and having mental disorder, unhappy with work (Tran et al., 2005; Nguyen & Nguyen, 2006, Nguyen, 2007). Several organizations have conducted studies to investigate factor related job satisfaction in their organizations, for instance: a study in Hanoi medical hospital; results reveal that nurses working in Hanoi Hospital have moderate level of satisfaction on administrative policy, administrative management of head nurse, the efficacy of job operation, and relationship of colleagues, but have low satisfied on personal welfare and job achievement (Marjolein, Pham, Le, & Tim,

2003). Duong (2003) has conducted a study in Can Tho general hospital to determine level of nurse' job satisfaction. The study showed the level of job satisfaction was at moderate satisfied level. The nurses were reported that very satisfied with recognition and praise, achievement, and responsibilities. The results indicated differences in mean scores of job satisfaction in different salary, working experience, departments, and marital status.

Hayhurst and colleagues (2005) reported that supervisor support, autonomy, work pressure, and peer cohesion are factors related to the retention of. Similarly, Eisenberger, Stinglhamber, Vandenberghe, Sucharski, and Rhoades (2002) found that perceived supervisor support is a negative relationship with employee turnover. Researchers frequently report that empowerment and commitment are factors correlated with job satisfaction (Laschinger, Finegan, & Shamian, 2001; Laschinger et al., 2001). In a recent descriptive study, Kuokkanen and colleagues (2003) studied levels of professional activity, job satisfaction, and commitment to the job in critical care, long-term care, and public health nurses. The researchers found that professional activity, job satisfaction, and commitment to the job are strongly correlated with nurses' empowerment. They also found age, working experience, temporary personnel, job strain, and career consciousness are characteristics of nurses willing to change their jobs or fields. The outcomes of job satisfaction are important to the nursing shortage because job satisfaction leads to job retention (Kuokkanen et al., 2003). In addition, a content analysis by McNeese-Smith (1999) confirmed the relationship between job satisfaction and job retention. The researcher concluded that health care administrators should consider organizational and individual factors that influence the feelings of nurses (McNeese-Smith, 1999). The hospital practice environment can strongly affect registered nurses' job satisfaction and patient outcomes. Strong nurse leadership is positively correlated with registered nurse job satisfaction and access to empowerment structures. Conditions of work is important for nurse job satisfaction (Manojlovich & Laschinger, 2007).

Registered nurse turnover can be very costly for an organization due to training, hiring, and maintaining employees. Turnover is particularly important in today's health care industry where there continues to be a nursing shortage (Nedd,

2006). A key role for managers is to strategize and take the lead in designing systemic retention processes to prepare for the day to day responsibility of retaining employees. The intent to stay is the perception of the “estimated likelihood of continued membership in an organization” (Nedd, 2006).

Empirical evidences support that differing organizations and units have very different work environment and that the Conditions of work has a direct influence on job satisfaction. Organizational characteristics had been found to have the greatest impact on job satisfaction (Baernholdt & Mark, 2009; Kovner, Brewer, Wu, Cheng, & Suzuki, 2006). There are amenable to analysis characteristic of hospital at different levels that characterized by size, range of clinical service, urban/rural, and teaching/non-teaching (Adams & Bond, 2000), and technological complexity (Baernholdt & Mark, 2009). Likewise, Ma and colleagues (2003) found that job satisfaction varied significantly based upon hospital-bed-size, and geographic area factors (larger urban, small urban, rural). While hospital level variables are influential, the units (wards) probably remain the most significant unit of analysis when quantifying determinants of nurses’ feelings about their job. Furthermore, wards within the same hospital have been shown to vary on organizational characteristics. Similarly, Ingersoll and team (2002) identified that job satisfaction varies according to location of employment, specialty area and nursing role. Unit types are varying by distinct patient care goals, clinical tasks, role expectation, norm, multidisciplinary team relations, social milieu (Adams & Bond, 1997; Leatt & Schneck, 1984). Unit types within hospital could divide as medical-surgical, pediatrics, maternal-newborn, critical care, operating room, outpatient department, and emergency department. Although most investigators either disregard or control for unit types, a number of researchers have increasingly examined these relationships. Literatures demonstrated that unit types differ in job satisfaction and nurse burnout (Cameron, Horsburgh, & Armstrong-Stassen, 1994). Registered nurses in pediatric units were most satisfied, whereas those in surgical services and emergency department were least satisfied (Boyle et al., 2006). Moreover, some study group care setting into three categories – intensive care, no intensive care, and administration, and showed that nurse job satisfaction varied on these categories (Ma, Samuels, & Alexander, 2003).

A number of international studies have identified that relationships exist between some socio-demographic variables such as age, gender, years of experience, years in current job, specialty area, marital status, education qualifications, geographical location and job satisfaction (Aiken, Clarke, & Sloane, 2002; Al-Hussami, 2008; Li & Lambert, 2008; Shader, Broome, Broome, West, & Nash, 2001; Shields & Ward, 2001; Wade et al., 2008). More recently a meta-analysis investigating nurses' job satisfaction was performed (Zangaro & Soeken, 2007). It was reported nurses with more years of experience have higher education levels and became authorities in specialty areas. These nurses also tended to have more autonomy and opportunities in the work areas. The results of one research in Australia found the covariates age, years of experience and years in current job were all moderately to highly positively correlated with job satisfaction (Cameron, Debra, 2012).

In conclusion, nurse job satisfaction has crucial implications for nurses, patients, hospitals, and the profession. Therefore this concept still is the variable for deposit hard effort in improving level of satisfaction among nurses which may contribute to better outcomes of nursing services. Many factors are associated with a nurse's job satisfaction, such as supervisor support, autonomy, work pressure, professional level, years of experience, shortage of staff, salary, levels of education. Thus, the present study examined the association of education level, working experience, working unit, conditions of work, and psychological empowerment (independent variables) with job satisfaction (dependent variables) among nurses, Hanoi, Vietnam.

6. Factors relating to job satisfaction

It is stated that discussing about job satisfaction changes is easier effecting to performing process. Professional nurses should be encouraged to increase job satisfaction. Thus, it is helpful for head nurses. They really understand which factors related to job satisfaction of professional nurses. In this part, the researcher will present about factors that relating to job satisfaction, such as personal factors, conditions of work, and psychological empowerment.

6.1 Personal factors

6.1.1 Working experience: work experience refers to the number of year that nurses have been in hospital setting and working as full-time nurse. Most studies concluded that work experience is a determinant factor on job satisfaction. Nurse with more years of experience have less stress in their job than newer nurse and perceive work related problems differently (Parmelee, Laszlo, Taylor, 2009). Clearly, professional nurses worked their jobs in the long time, they could understand and adapt to working environment better than others. Nurses have more years' experience in nursing expressed higher satisfaction than the less experienced nurses (Hu &Liu, 2004; Umayma, Nuhad, Myrna, 2003).

6.1.2 Education level: refers to the highest education that nurse completed in nursing education system as under diploma, diploma, bachelor, and post bachelor. University graduate nurses reported more dissatisfaction with the quality of supervision with respect to treatment they receive from their superiors. They feel more educated and knowledgeable, yet they are treated and compensated at almost the same level as diploma graduates (Parsons, et. al, 2003; Hu &Liu, 2004, Umayma, Nuhad, Myrna, 2003).

6.1.3 Working unit: refers to place that nurses have been assigned to accomplish specific tasks such as medical, surgical, ICU, pediatric, OPD, and specific units. When nurses work in differences unit will be adapt with differences in patient characteristics, differences in working characteristics, so that nurse will have the differences in level of job satisfaction (Hilde, Oivind, Olav, 2013).

6.2 Conditions of work

6.2.1 Definitions of conditions of work

Conditions of work are defined as a practice or set of practices offering access to information, resources and support opportunities for development and growth (Gantz, 2010). Conditions of work can be described as the structures (e.g., policies, councils, and processes) within an organization that empower nurses to practice in a professional and autonomous manner to achieve the highest degree of clinical excellence and professional fulfillment (ANCC Magnet Recognition Program, 2009). Laschinger (1996) defined conditions of work as the empowerment which

employees' perceptions at work including information, resources, support, and opportunity.

6.2.2 Theory of conditions of work

Kanter's Theory of structural empowerment (1993) has been widely used as the framework for nursing research. Based on this theory, Laschinger (1999) developed theory about conditions of work which applied to healthcare. Chandler (1986) was one of the first researchers to apply Kanter's theory with nursing research, and developed the conditions of work effectiveness questionnaire (CWEQ) to study nurses' perceptions of power. Kanter's theory offers a framework for creating meaningful and professional work environments for nurses (Laschinger & Finegan, 2005a). Kanter's theory maintains that when employees have perceptions of empowerment, the organization benefits from the attitudes of the employees, and organizational effectiveness is improved (Laschinger et al., 2001). Laschinger used the theory of structural empowerment to explain concepts related to negative workplace attitudes and behaviors, such as turnover. Work environment structures and perceived employee access to power and opportunity structures is related to employee attitudes and behaviors in an organization. Laschinger believed that employees display attitudes based on the presence of perceived power and opportunities. Laschinger described four conditions of work including: support, information, resources and opportunity (Laschinger, 1996).

Access to support refers to the guidance, feedback, and direction provided supervisors, peers, and subordinates which can all be very beneficial to employees

Access to information refers to the data, technical knowledge, and expertise needed for job performance. Information can give the employees a sense of purpose and meaning, and enhances their ability to make decisions that contribute to the organizations goals.

Access to resources refers to the ability to obtain needed supplies, materials, money and personnel to meet established organizational goals. By providing resources the manager is allowing the nurse to access materials, supplies, time, and equipment to accomplish organizational goals

Access to opportunity refers to the growth, mobility and the chance to build upon knowledge base. Kanter expressed great concern to supply employees with opportunities for growth, professional development, and the chance to increase skills and goals.

Laschinger (1999) believed that access to conditions of work is a major contributor to the employees' ability to complete work. Laschinger (1999) argued that employees' ability to access and interact with conditions of work effectiveness has an impact on attitudes, and behaviors and employee personality dispositions (Laschinger & Wong 1999). Employees with access to conditions of work effectiveness are able to achieve organizational goals which make employee commitment to the organization, feelings of autonomy, and self-efficacy. Consequently, Laschinger believed the employees are more productive and effective in achieving the goals of the organization (Laschinger & Wong 1999).

Kanter (1993) states that: "Power is the ability to get things done". Furthermore, she states that power in an organization is developed from structural conditions, not from personal characteristics or from socialization effects. The employees who are empowered are allowed to have control over their work conditions. Access to these structures results in increased feelings of autonomy, higher levels of self-efficacy, higher levels of job satisfaction, and increased organizational commitment. Laschinger's theory of conditions of work helped shape the conceptual framework of this study.

Since 1999, concept of conditions of work has been used in numerous research studies, theses, and dissertations. Laschinger's concepts of support, information, support, resources and opportunity are key variables in many studies of nurse empowerment (Haugh & Laschinger, 1996; Laschinger & Finegan, 2005; Laschinger & Wong, 1999) and job satisfaction (Laschinger, Finegan, & Shamian, 2001; Laschinger, Finegan, Shamian, & Wilk, 2001; Manojlovich & Laschinger, 2002). Most of the studies examined conditions of work in nursing organizations (Laschinger, Sabiston, Finegan, & Shamian, 2001). The researchers found many themes that nurse reflect feelings of powerlessness from both of managers and organizations. The nurses do not receive recognition for their efforts, support,

resources, and information required to achieve their goal. Thus, they feel dissatisfied with their work lives. Employees' lack of access to power and opportunity structures often results in a sense of powerlessness and relates to negative behaviors, such as job dissatisfaction and poor organizational commitment.

In summary, conditions of work are the descending delegation of responsibility in an organization to give employees an increased decision-making capability. The structure of empowerment emphasizes a work environment that results in the effectiveness of employees when they can access to support, information, support, resources, and opportunity.

6.2.3 Measurement of conditions of work

Laschinger et al. (2001) developed the conditions for work effectiveness questionnaire-II (CWEQ-II) is based on Kanter's theory to measure conditions of work. This questionnaire has 12 items including 4 subscales: access to information (3 items), access to resources (3 items), access to support (3 items), and access to opportunity (3 items). The instrument uses a five-point Likert-type scale which is "very confidence, high confidence, moderate confidence, a little confidence and no confidence". For this study the alpha coefficient was 0.89.

6.2.4 Relationship of conditions of work and job satisfaction

In nursing care settings, researchers have examined empowerment among both nurses and patients. Hajbaghery and Salsali (2005) conducted a study involving 44 nurses in Iran and proposed a grounded theory about experiences, perceptions, and strategies affecting empowerment. Three main categories emerged from their collected data: (1) personal empowerment, (2) collective empowerment, and (3) the culture and structure of the organization. In a more recent study, Patrick and Laschinger (2006) examined the relationship between empowerment and perceived organizational support and the effect of both components on the role satisfaction of middle level nurse managers. The researchers found that a significant predictor of middle level nurse managers' role satisfaction is a combination of empowerment and perceived organizational support. The study's findings demonstrate that middle level nurse managers feel empowered when they perceive

organizational support. Thus, Patrick and Laschinger (2006) concluded that work conditions that provide empowerment impact employees' feelings of support and a sense of accomplishment at work. As indicated in the review of literature cited above, providing empowerment is clearly a wise strategy for organizations to develop job satisfaction, work effectiveness, goal achievements, and organizational commitment among employees.

In summary, conditions of work are the descending delegation of responsibility in an organization to give employees an increased job satisfaction. The conditions of work emphasize a work environment that results in the effectiveness of employees when they can access to support, information, support, resources and opportunity.

6.3 Psychological empowerment

6.3.1 Definitions of psychological empowerment

Psychological empowerment is a concept that has been studied primarily in business and organizational management. The concept of psychological empowerment is gaining popularity in academia and nursing because the result of empowerment is maximized productivity and job satisfaction (Spreitzer, 1995).

Psychological empowerment is defined as a process through which individuals gain control (Peterson & Zimmerman, 2004; Rappaport, 1981; Zimmerman, 1995). Zimmerman (1995) asserts that psychological empowerment is comprised of the individual's interaction with their environment and intrapersonal perception of empowerment. Conger and Kanungo (1988) and Thomas and Velthouse (1990) define psychological empowerment as an intrapersonal sense of empowerment which occurs as a result of cognitive processes within the individual. They propose that workers shape their perceptions based on their interpretation of the organizational climate, i.e., constraining or empowering

Psychological empowerment is defined as intrinsic motivation used to increase employees' levels of authority (Giacalone et al., 2005). Psychological empowerment refers to a set of psychological states that are essential for individuals to feel a sense of control over their work as a result of being empowered by a

supervisor (Ambad and Bahron, 2012). Psychological empowerment is an individual's self-orientation about the work environment and the individual's relationship to that environment (Luna & Cullen, 1995). Spreitzer (1995) defined psychological empowerment as fundamental personal beliefs that employees have about their role in relation to the employing organization. The beliefs are organized into four dimensions: meaning, self-determination, competence, and impact.

6.3.2 Theory of psychological empowerment

Spreitzer's Psychological Empowerment Theory has been trivialized and misconstrued in popular culture. Spreitzer (1995) stated that the member of the organization must develop the four dimensions of psychological empowerment independently. The four dimensions of psychological empowerment are meaning, self-determination, competence, and impact. All four dimensions are necessary for psychological empowerment to occur. The four dimensions are defined in the psychological empowerment framework as:

Meaning: "the degree to which people care about their work and feel that it is important"

Competence: "ability to do work well...including knowledge, technical capabilities, and "no outside causes will prevent them from attaining the required level of performance".

Self-determination: "the degree to which people are free to choose how to do their work"

Impact: "the degree to which people can influence their surroundings and to which their work units and organizations listen to their ideas".

According to Spreitzer, individuals who are psychologically empowered believe that they do make a difference. They feel that their work has an important impact on others and that their contributions are taken seriously. In addition, workers perceive themselves as active participants in shaping organizational outcomes and they believe that they have a significant influence in the culture of the organization. These workers perceive a sense of personal control and feel empowered to act and experience less burnout.

6.3.3. Measurement of psychological empowerment

The psychological empowerment scale was developed by Spreitzer (1995) to assess psychological empowerment of individuals in a work context. The scale addresses the four dimensions of psychological empowerment: meaning, competence, self-determination, and impact. The four dimensions interact in a multiplicative manner, therefore, for psychological empowerment to be maximized all four dimensions must be present to a significant degree (Spreitzer, 1995). The scale contains 12 items scored on a seven-point scale: 1 = very strongly disagree, 2 = strongly disagree, 3 = disagree, 4 = neutral, 5 = agree, 6 = strongly agree, 7 = very strongly agree. The scoring range is 12-84. The mean of the total scale represents the level of psychological empowerment experienced at work. For this study, the instrument uses a five-point Likert-type scale which is “very confidence, high confidence, moderate confidence, a little confidence and no confidence”. The alpha coefficient was 0.88.

Based on literature review, psychological empowerment correlated with job satisfaction (Brancato, 2007; Sarmiento, 2004; Johnson, 2009). According to Brancato (2007) this indicates that of the faculty participating in this study, approximately one-quarter had lower psychological empowerment on this subscale which indicates they do not believe they have an influence on program-level decisions. Nursing faculty members' lower scores on the impact subscale are especially interesting. Therefore, they have low level of job satisfaction. Sarmiento (2004) and Johnson (2009) studied psychological empowerment in nursing faculty teaching in associate degree programs. Johnson (2009) examined how organizational culture influenced the empowerment of nursing faculty in associate degree programs. The results showed empowerment was significantly inversely related to all burnout dimensions, and significantly correlated with job satisfaction (Sarmiento, 2004).

7. Related researches

Laschinger et al. (2001) conducted this study in Ontario, Canada with sample size was 412 nurses working in urban tertiary care hospitals. The Conditions for Work Effectiveness Questionnaire (CWEQ-II) was modified to measure nurses' perceptions of access to opportunity, information, support, and resources. The results of the CWEQ-II suggested that nurses perceived the work environment to be moderately empowering ($M=11.04$). This finding was similar to what has been reported in other studies. The most empowering factor was opportunity ($M=2.98$); however, perceived access to information, support, and resources scored lower. Nurses were reported moderate levels of job satisfaction ($M=2.78$).

Nittaya (2002) conducted the study about relationships between structure empowerment, psychological empowerment, head nurse-staff nurse exchange, and job satisfaction of professional nurses, hospitals under the jurisdiction of the Ministry of Defense. This study conducted job satisfaction of 330 professional nurses who were selected by multi-stage sampling from hospitals under the jurisdiction of the Ministry of Defense. Instruments used in this study were Conditions of work effectiveness, psychological empowerment, Head Nurse-Staff Nurse Exchange, and Job Satisfaction Questionnaires. The result of the study show that job satisfaction of professional nurses was at middle level ($M = 3.44$). Conditions of work effectiveness, psychological empowerment, and head nurse-staff nurse exchange were significantly related to job satisfaction of professional nurses at .01 level.

Kuokkanen, Leino-Kilpi, and Katajisto (2003) conducted job satisfaction of 416 nurses from university hospital, community hospitals, and health centers. The results of this study confirmed that conditions of work effectiveness are correlated with job satisfaction.

Sarmiento (2004) studied psychological empowerment in nursing faculty teaching in associate degree programs. Sarmiento et al. (2004) used a descriptive correlational survey design to collect data from nurse educators working in community colleges across the province of Ontario. A total of 146 college educators were asked to participate in the. Work place empowerment was measured by the Conditions of Work Effectiveness Questionnaire (CWEQ) (Sarmiento et al.). The

results of the study indicated that nurse educators perceived moderate level of empowerment. The researchers concluded that although nurse educators are more empowered than professional nurses, it was surprising to learn the difference was not greater. The educators believed that they had more access to opportunity and the least access to resources.

Ning et al. (2009) conducted with 650 registered nurses in six hospitals in Harbin, China. The authors used the demographic data questionnaire, Conditions of Work Effectiveness Questionnaire-II (Ning, et al.), and the Minnesota Satisfaction Questionnaire (MSQ) (Ning, et al., 2009) for data collection. Ning et al. (2009) described the results for Conditions of work effectiveness as nurses perceived their work environment to be moderately empowering.

Stewart et al.'s (2010) study used a descriptive correlational design to compare the relationship of psychological and conditions of work. The final sample for analysis consisted of 72 NPs from Connecticut. The CWEQ-II measured conditions of work and the sample scored in the high level of empowerment. Stewart et al. (2010) used the PES to measure psychological empowerment. The participants scored the highest on meaning, which shows a strong personal connection to the job they do. Caring for patients contributes to the meaning of their work, and improves job satisfaction. Both psychological and conditions of work have been shown to improve job satisfaction and increase job effectiveness

Oranuch (2011) conducted the research about relationships between structural empowerment, role performance, and job satisfaction of 102 advanced practice nurses. The result of the study show that there was positively significant relationships between structural empowerment and job satisfaction as perceived by advanced practice nurses, at .05 level ($r=.720$, and $.538$ respectively) (Oranuch, 2011).

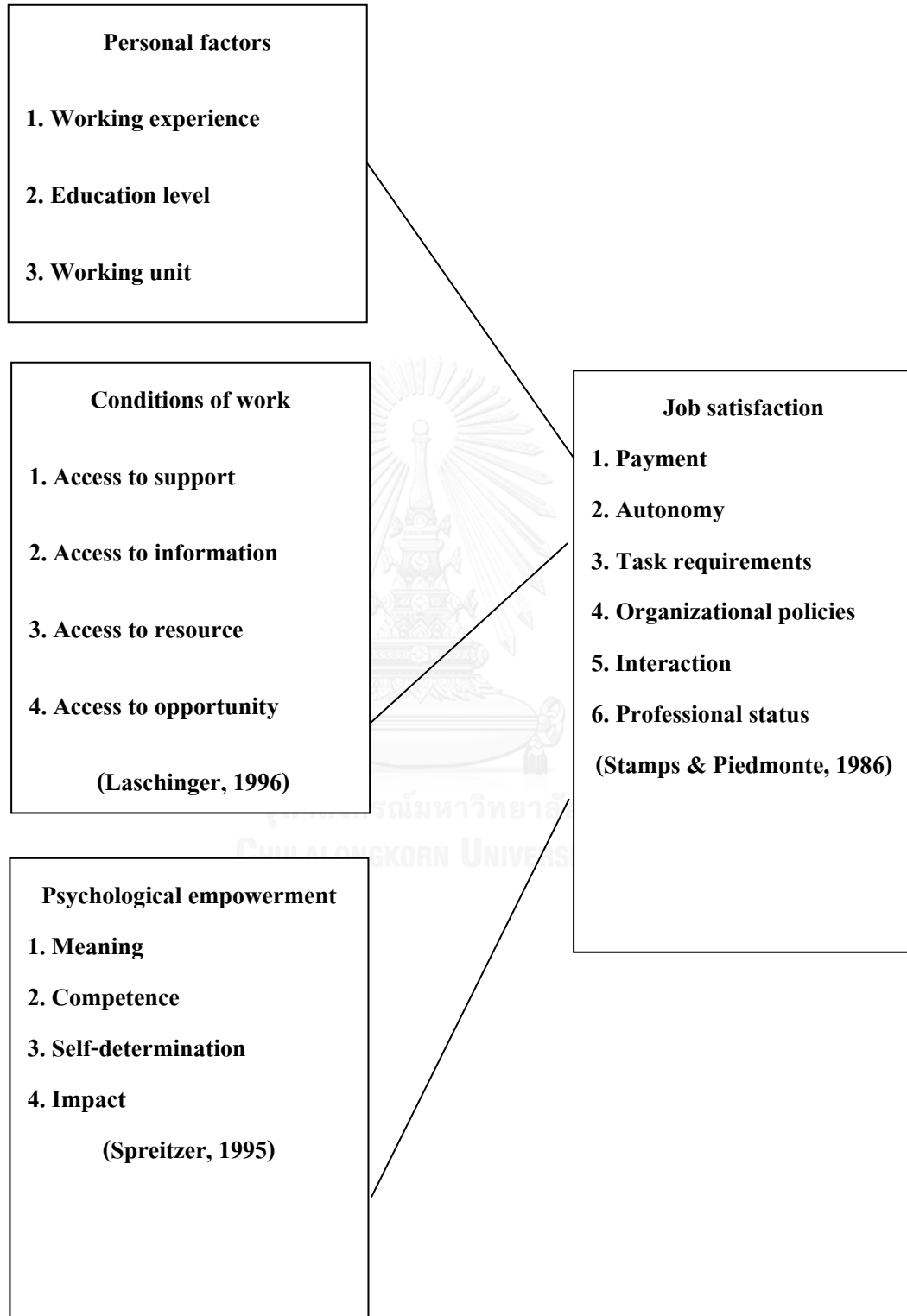
In conclusion, these studies suggested that conditions of work, psychological empowerment have an impact on the professional environment factors that lead to nursing job satisfaction. When a nurse was empowered at work and therapeutic to patients, the studies showed an increase in job satisfaction along with an increase in patient outcomes. The literature indicated that once nurses were empowered, they use the organizational and nursing unit domains more effectively and as a result had a

greater job satisfaction. The studies explained that nurse managers may increase job satisfaction by communicating positively with nurses, encouraging nurses innovation, and empowering nurses to do the job effectively.

In this study, the researcher would like to examine the relationships between the personal factors, conditions of work, psychological empowerment and job satisfaction of professional nurses, Hanoi, Vietnam. The relationships between these components are showed by conceptual framework as follows:



Conceptual framework



CHAPTER III

METHODOLOGY

The section of the study focused on the design of the research, setting, population and sample, research instruments, human rights, data collection, and data analysis methods. This study applied a cross-sectional descriptive correlational design. The purposes of the study were to examine the levels of conditions of work, psychological empowerment, and job satisfaction, and to identify the relationships personal factors, conditions of work, and psychological empowerment, and job satisfaction.

1. Research design

In this study, a cross-sectional descriptive correlation design was used to explore the relationship between personal factors including working experience, education level, working unit; conditions of work including access to support, information, resources, opportunity; psychological empowerment including meaning, competence, self-determination, impact, and job satisfaction of professional nurses, Hanoi, Vietnam.

2. Setting

This study was conducted in three hospitals in Hanoi, Vietnam including the Bach Mai hospital, E Hanoi hospital and the Viet Duc hospital. Among three hospitals, one is the biggest medical institution, one is the biggest surgical institution and another is the general hospital in the North of Vietnam. They are at the tertiary care level in health care system, and are quite similar about organizational structure and policies, but only differently about total number of staffs, and number of the beds. They were managed under the Ministry of Health. There are about 20-24 functional department in each hospital. Total professional nurses have about 4,150 employees. Total of the beds have about over 3000. The Bach Mai hospital has 1,200 beds with 24 units and 1,800 staffs. The E hospital has nearly 700 beds with 22 units and 850

staffs. The Viet Duc hospital has 1,000 beds with 28 units and 1,500 staffs. The average nurse to patient ratio in three hospitals is approximately from 1:3 to 1:4. Therefore, caring procedures are followed the standards of the Vietnam Ministry of Health. It could be said that the quality of staffs as well as the quality of health care services among those three hospitals are almost equal.

3. Population and sample

3.1 Population: The target population is 4150 professional nurses who work in three hospitals in Hanoi, who met the following inclusion criteria:

- 1) Professional nurses have worked in hospital for at least one year all included.
- 2) Excluded head nurses and the director nurse.

The professional nurses have worked in hospital for at least one year are chosen because the respondents were well-oriented to the organization, and passed the initial stress of working in a new environment. Nurses in management positions are excluded because there are differences in empowerment related to job satisfaction.

3.2 Sample size: Yamane (1973) provides a formula to calculate sample sizes with a 95 % confidence level and $e = .05$. The sample size was determined based on the formula as follows.

$$n = \frac{N}{1 + N (e)^2}$$

n = sample size

N = population size

e = level of precision

The values were set for formula: $N = 4150$, $e = 0.05 \Rightarrow n = 365$. So the sample size is 365 professional nurses.

Table 1 The details of population and sample of professional nurses of three hospitals in Hanoi

Hospital	Population of Professional nurses	Sample of Professional nurses
E Hospital	850	75
Medical unit	230	20
OPD	105	10
Surgical unit	198	15
ICU	210	20
Special unit	107	10
Bach Mai Hospital	1,800	165
Medical unit	505	46
OPD	385	31
ICU	260	22
Pediatric unit	370	31
Special unit	280	35
Viet Duc Hospital	1,500	125
OPD	372	30
Surgical unit	397	37
ICU	371	31
Special unit	360	27
Total	4,150	365

3.3 Sampling technique

This study was applied the multistage sampling technique to determine the participants following step.

1) The first step was applied the simple random sampling technique to determine the hospitals in this study. The researcher selected three tertiary hospitals from seventeen tertiary hospitals.

2) The second step was applied the stratified random sampling technique to determine units from the three tertiary hospitals.

3) The third step was applied the quota sampling technique to achieve appropriate sample representation at different units.

4) The fourth step, the participants were selected by using a simple random sampling technique. The name of professional nurses were established the lists which was ordered number on papers with each unit of each hospital. After that, one numerical label was written on a small piece of paper. The researcher put all of them in one box and mixed well. Finally, the researcher picked up the random one piece at the time, subject who assigned number was matched with the random number, this process continues until the desired sample size has been reached.

4. Research instruments

The research instruments were used in this study which consisted of a four-section, self-determination questionnaire: the personal factors questionnaire, the index of work satisfaction (JWS), the conditions of work effectiveness questionnaire-II (CWEQ-II), and the psychological empowerment scale (PES).

4.1 The personal factors questionnaire was constructed by the researcher. It was designed to obtain information regarding: working experience (how many year); education level was represented: under diploma, diploma, bachelor, post bachelor; working unit was explained as medical, surgery, ICU, OPD, pediatric, and specific unit.

4.2 The index of work satisfaction questionnaire

The index of work satisfaction was used to measure job satisfaction of professional nurses (Stamps & Piedmonte, 1986). The index of work satisfaction questionnaire has 44 items including 6 subscales: task requirements (6 items), interactions (10 items), organizational policies (7 items), autonomy (8 items), professional status (7 items), and payment (6 items)

The answers were indicated by applying Likert's 5 point-rating scale construction method which are strongly agree, agree, neutral, disagree, and strongly disagree. Strongly agree means you have a totally agreement in your belief in the satisfaction with job. Agree means you have a agreement in your belief in the satisfaction with job. Neutral means you are not sure about your belief in the satisfaction with job. Disagree means you have a disagreement in your belief in the satisfaction with job. Strongly disagree means you have a totally disagreement in your belief in the satisfaction with job.

The index of work satisfaction questionnaire includes both positively items and negatively items (Table 2).

Table 2 List of items for each component in the IWS

Component	Number of items	Negatively items	Positively items
Task requirements	6	1, 4, 6	2, 3, 5
Interactions	10	8, 10, 11, 12, 14, 15	7, 9, 13, 16
Organization policies	7	18, 21, 22	17, 19, 20, 23
Autonomy	8	24, 26, 27, 28, 29	25, 30, 31
Professional status	7	32, 36, 38	33, 34, 35, 37
Payment	6	40, 42, 44	39, 41, 43

A positively item was one which the respondents marked "strongly agree" when they were very satisfied. A negatively item was one which the respondents marked "strongly disagree" when they were very satisfied. Thus, the scoring of the answer was follow:

Positively items: disagree very much (1 point), disagree moderately (2 point), neutral (3 point), agree moderately (4 point), agree very much (5 point). Negatively items: disagree very much (5 point), disagree moderately (4 point), neutral (3 point), agree moderately (2 point), agree very much (1 point). The mean score will be represented the level of job satisfaction of professional nurses as follow:

4.50 - 5.00: job satisfaction of professional nurses is very high level

3.50 - 4.49: job satisfaction of professional nurses is high level

2.50 - 3.49: job satisfaction of professional nurses is moderate level

1.50 - 2.49: job satisfaction of professional nurses is low level

1.00 - 1.49: job satisfaction of professional nurses is very low level

4.3 Conditions of Work Effectiveness Questionnaire-II

The conditions of work effectiveness questionnaire-II (CWEQ-II) was used to measure nurses' perceptions of access to the conditions of work elements: access to opportunity, information, support, resources. The CWEQ-II consists of 12 items: access to opportunity (3 items), access to information (3 items), access to support (3 items), and access to resources (3 items).

The answers were indicated by applying Likert's 5 point-rating scale construction method which is "very confidence, high confidence, moderate confidence, a little confidence and no confidence". "Very confidence" means you totally receive conditions of work elements. "High confidence" means you have a high receive conditions of work elements. "Moderate confidence" means you have a moderate receive conditions of work elements. "A little confidence" means you have a slight receive conditions of work elements. "No confidence" means you do not have a receive conditions of work elements.

The scoring of the answer was follow: very confidence (5 point), high confidence (4 point), moderate confidence (3 point), a little confidence (2 point), no confidence (1 point). The mean score will be represented the level of receive conditions of work as follow:

4.50 - 5.00: receive power of conditions of work is very high level

3.50 - 4.49: receive power of conditions of work is high level

2.50 - 3.49: receive power of conditions of work is moderate level

1.50 - 2.49: receive power of conditions of work is low level

1.00 - 1.49: receive power of conditions of work is very low level

4.4 Psychological empowerment scale

The psychological empowerment scale was used to measure psychological empowerment (Spreitzer, 1995). The psychological empowerment scale has 12 items including 4 subscales: meaning (3 items), competence (3 items), self-determination (3 items), and impact (3 items).

The answers were indicated by applying Likert's 5 point-rating scales construction method which is "very confidence, high confidence, moderate confidence, a little confidence and no confidence". "Very confidence" means you totally receive psychological empowerment. "High confidence" means you have a high receive psychological empowerment. "Moderate confidence" means you have a moderate receive psychological empowerment. "A little confidence" means you have a slight receive psychological empowerment. "No confidence" means you do not have a receive psychological empowerment.

The scoring of the answer was follow: very confidence (5 point), high confidence (4 point), moderate confidence (3 point), a little confidence (2 point), no confidence (1 point). The mean score will be represented the level of receive psychological empowerment as follow:

4.50 - 5.00: receive psychological empowerment is very high level

3.50 - 4.49: receive psychological empowerment is high level

2.50 - 3.49: receive psychological empowerment is moderate level

1.50 - 2.49: receive psychological empowerment is low level

1.00 - 1.49: receive psychological empowerment is very low level

In order to have appropriate instruments in Vietnamese, questionnaire was translated from English to Vietnamese by Back – Translation technique (Cha, Kim & Erlen, 2007). Two persons who were influent in both English and Vietnamese translated the English original version into Vietnamese individually. The only one Vietnamese version of the instrument was then made by unifying the two translated versions with sound agreements from both translators. Afterward, the Vietnamese version was back translated to English by another translator. The original English version and the back translated version were compared in order to validate the accuracy of the translation process. The original English version and the back translated version had the most common and precise phrases.

5. Validity and reliability of the instruments

5.1 Validity

The content validity of the instruments was evaluated by three experts in administration. The first one is a Vietnamese nurse who completed master degree in administration field. The two last are Vietnamese professional nurses who are working in hospital. They evaluated the instruments in English and Vietnamese version. From their recommendations CVI = 1.0.

5.2 Reliability

The researcher examd the reliability of the questionnaire with 30 professional nurses in Bach Mai hospitals. The instruments were evaluated for their reliabilities using Cronbach's Alpha coefficient analysis. The reliabilities of the instruments were summarized in table 3.

Table 3 Reliabilities of the pilot study (n=30).

Variables	Instruments	Items	Cronbach's alpha
Job satisfaction			
Task requirement		6	.920
Interaction		10	.893
Organization policy		7	.911
Autonomy		8	.910
Professional status		7	.928
Payment		6	.964
Total	IWS	44	.97
Conditions of work			
Access to opportunity		3	.655
Access to support		3	.825
Access to information		3	.730
Access to resources		3	.834
Total	CWEQ-II	12	.892
Psychological empowerment			
Meaning		3	.910
Competency		3	.760
Self-determination		3	.716
Impact		3	.953
Total	PES	12	.887

6. Human rights

This study received documentary proof of ethical clearance from the Ethics Review Committee Board for Biomedical Research Human Research Subjects, Hanoi School of Public Health. The protection of human subjects in the current study was

ultimately concerned. The researcher explained the purpose of this study to the potential subjects eligible for the study and asked for their permission to participate in the study. An informed consent was used to ensure that the subjects voluntarily participated in this study. The subjects assured that all of the responses would be kept strictly confidential, and their identity will not be revealed. There were known risks in participation and the subject had the rights to agree or refuse to answer the questionnaire. They were assured that they have the rights to withdraw from this study anytime.

7. Data collection method

7.1 All data were collected by self-determination questionnaire after the approval from the Ethics Review Committee Board for Biomedical Research Human Research Subjects, Hanoi School of Public Health, and from the Bach Mai hospital, E hospital, and Viet Duc hospital, Hanoi, Vietnam.

7.2 The researcher visited nurses who met the eligibility criteria on morning meeting. Professional nurses were informed about the study, ethical issues, and data collection procedures and invited them to participate in the research. The nurses must administer their consent forms. After that, nurses answered the questions in the questionnaire by themselves. This questionnaire took nurses about twenty minutes to finish.

7.3 After having all necessary information, data collecting forms were checked for completeness and prepared for analysis.

8. Data analysis

The data collected used computer program and statistical significance was set at the level 0.05. The statistics was used for data analysis as follows:

8.1 Descriptive statistics including means, percentage, standard deviations, and frequency distribution were used to describe the demographic factors, levels of the job satisfaction score and nine subscales score; levels of the conditions of work

score and four subscales scores; levels of the psychological empowerment score and four subscales scores.

8.2 The Chi-square test was used to determine the relationships between working unit, education level; the Pearson correlation coefficients will be used to determine the relationships between working experience, conditions of work, psychological empowerment, and job satisfaction.



CHAPTER IV

RESULTS

This chapter presents findings from data analyses that describe professional nurses' personal factors, level of job satisfaction, conditions of work, and psychological empowerment. Demographic factors regarding conditions of work, and psychological empowerment influencing nurse's job satisfaction was studied by collecting data from 365 professional nurses in three hospital including E Hospital, Bach Mai hospital, and Viet Duc hospital from the 24th of August to the 3rd of October 2015. Finally, the findings related to research questions are presented with details in the tables as follows:

Part 1 Description of professional nurses' personal factors.

Part 2 Description of levels of job satisfaction, conditions of work, and psychological empowerment.

Part 3 Examination of relationships of personal factors, conditions of work, and psychological empowerment on job satisfaction.

Part 1 Description of professional nurses' personal factors.

Table 4 The frequency, percentage, mean, standard deviation, range, of personal factors of professional nurses, Hanoi, Vietnam (n=365)

Personal factors	Frequency	%	\bar{x}	SD	Range
Age (years)			32.16	7.198	21-55
< 30	151	41.4			
30-39	159	43.6			
40-49	40	10.9			
≥ 50	15	4.1			
Sex					
Male	51	14.0			
Female	314	86.0			
Marital status					
Single	69	18.9			
Married	286	78.4			
Separated/Divorced	10	2.7			
Income (Vietnam Dong)					
< 3,000,000	25	6.8			
3,000,000 – < 6,000,000	168	46.0			
6,000,000 - < 9,000,000	106	29.0			
≥ 9,000,000	66	18.1			
Education level					
Under diploma	203	55.6			
Diploma	38	10.4			
Bachelor	124	34.0			
Working experience (years)			9.06	6.985	1-35
≤ 5	146	40.0			
6-15	157	43.0			
16-25	48	13.2			
>25	14	3.8			

Table 4 (cont.)

Personal factors	Frequency	%	\bar{X}	SD	Range
Working unit					
Medical unit	66	18.1			
Surgical unit	52	14.2			
ICU	73	20.0			
OPD	71	19.5			
Pediatric unit	31	8.5			
Specific unit.	72	19.7			

The result of table 4 show that the age of nursing staffs ranged from 21 years to 55 years with an average of 32.16 years. The majority of the subjects were female (86%) and married (78.4%). Most of the subjects had a certificate from secondary nursing school (under diploma) (55.6%) and none of the subjects had post bachelor degree. A large number of the subjects had income of 3,000,000 – < 6,000,000 VND per month (46.0%). The nursing staffs had working experience in nursing profession of less than 5 years (40.0%), 6-15 years (43.0%), 16-25 years (13.2%), and over 25 years (3.8%).

Part 2 Description of levels of job satisfaction, conditions of work, and psychological empowerment.

Table 5 Mean, standard deviation and levels of job satisfaction (n=365)

Job satisfaction	\bar{X}	SD	Interpretation
Professional Status	3.59	0.50	High
Interaction	3.35	0.40	Moderate
Organizational Policies	3.16	0.43	Moderate
Autonomy	3.07	0.46	Moderate
Payment	2.71	0.47	Moderate
Task Requirements	2.52	0.39	Moderate
Total	3.12	0.29	Moderate

The results of table 5 also reveals that professional nurses had moderate level of job satisfaction ($\bar{X} = 3.12$, SD= .29). Professional nurses reported high satisfaction professional status ($\bar{X} = 3.59$, SD= .50). Staff nurses reported moderate satisfaction with task requirements ($\bar{X} = 2.52$, SD = .39), interaction ($\bar{X} = 3.35$, SD = .48), organizational policies ($\bar{X} = 3.16$, SD = .43), autonomy ($\bar{X} = 3.07$, SD = .46), payment ($\bar{X} = 2.71$, SD = .47).

Table 6 Mean, standard deviation and levels of conditions of work (n=365)

Conditions of work	\bar{X}	SD	Interpretation
Support	3.80	0.59	High
Opportunity	3.79	0.52	High
Resources	3.70	0.53	High
Information	3.66	0.62	High
Total	3.73	0.44	High

The results of table 6 shows that nursing professional had high level of receiving conditions of work ($\bar{X} = 3.73$, $SD = .44$). Professional nurses also reported high with the opportunity ($\bar{X} = 3.79$, $SD = .52$), support ($\bar{X} = 3.80$, $SD = .59$), information ($\bar{X} = 3.66$, $SD = .62$), resources ($\bar{X} = 3.70$, $SD = .53$).

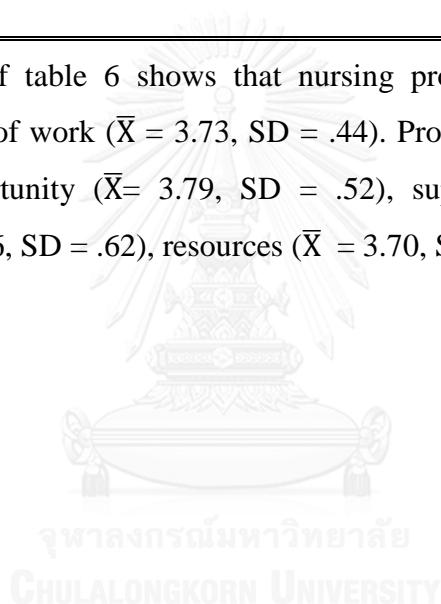


Table 7 Mean, standard deviation and levels of psychological empowerment (n=365)

Psychological empowerment	\bar{X}	SD	Interpretation
Competence	4.01	0.49	High
Meaning	3.81	0.52	High
Self-determinaion	3.57	0.63	High
Impact	2.98	0.75	Moderate
Total	3.59	0.39	High

The findings of table 7 show that nursing professional had high level of receiving psychological empowerment (\bar{X} = 3.59, SD = .39). Professional nurses also reported high with meaning (\bar{X} = 3.81, SD = .52), competence (\bar{X} = 4.01, SD = .49) and self-determinaion (\bar{X} = 3.57, SD = .63). Professional nurses also reported moderate with impact (\bar{X} = 2.98, SD = .75).

Part 3 Examination of relationships of personal factors, conditions of work, and psychological empowerment on job satisfaction.

The Chi-square test is used to identify the relationships between independent variables (working unit, education level) and one dependent variable (job satisfaction). Assumptions of Chi-square test were examined including sample observation should be independent, cell frequencies should be > 5 and total observed and expected frequencies are equal.

Table 8 Examination of relationships of education level and working unit on job satisfaction

	Chi-square	Df	Sig
Education level	115.063	5	.377
Working unit	348.074	4	.020*

Note: * $p < 0.05$

The results of table 8 showed that there was no significant relationship between education level and job satisfaction at significance 0.05. However, there was significant relationship between working unit and job satisfaction at significance 0.05

The Pearson correlation test is used to identify the relationships between independent variables (working experience, conditions of work effectiveness, and psychological empowerment) and one dependent variable (job satisfaction). Assumptions of Pearson correlation test were examined including: variables are normal distributed, correlation coefficient is linear.

1. Normal distribution: the results indicated that working experience, conditions of work, psychological empowerment and job satisfaction was a normal distribution.

2. Correlation coefficient is liner: linearity was presented by considering scatter plot between regression and residual. The result showed that the plotted values fall close to the straight line in the normal probability paper plot as expecting a normal distribution.

Table 9 Examination of relationships of conditions of work, psychological empowerment, and working experiences on job satisfaction

Variables	1	2	3	4
1. Working experience	1			
2. Conditions of work	.10	1		
3. Psychological empowerment	.92	.445*	1	
4. Job satisfaction	.83	.42*	.28*	1

Note: *p <0.05

The results of correlation coefficients are presented in table 9. The results showed that conditions of work and psychological empowerment effectiveness positively and significantly related to job satisfaction ($r = .42$, $r = .28$). By itself, conditions of work explained 17.64% of the variance in job satisfaction. Entering psychological empowerment explained another 7.84% of the variance. There is no significant relationship between working experience and job satisfaction at

significance .05. Additionally, there was significantly relationship between conditions of work and psychological empowerment ($r = .445$).



CHAPTER V

DISCUSSION

This study focused on examining the levels of conditions of work and psychological empowerment, and job satisfaction, and to identify the relationships personal factors, conditions of work, and psychological empowerment, and job satisfaction. In this chapter, the findings are discussed according to the research questions and hypotheses. In addition, the implications for nursing, recommendation for future research, and conclusion are presented in this chapter.

Summary of the study

This study aimed to determine the levels of conditions of work and psychological empowerment, and job satisfaction, and to identify the relationships personal factors, conditions of work, and psychological empowerment, and job satisfaction. The sample in this study was 365 professional nurses in three hospitals in Hanoi, Vietnam. The data were collected by using a self-administered questionnaire, including personal factors (age, gender, marital status, income, education level, working experience, and working unit), conditions of work, and psychological empowerment, and job satisfaction.

The findings of the study can be summarized as follow:

1. The age of nursing professional ranged from 21 years to 55 years with an average of 32.16 years. The majority of the subjects were female (86%) and married (78.4%). Most of the subjects had a certificate from secondary nursing school (under diploma) (55.6%) and none of the subjects had post bachelor degree. A large number of the subjects had income of 3,000,000 – < 6,000,000 VND per month (46.0%). The nursing staffs had working experience in nursing profession of less than 5 years (40.0%), 6-15 years (43.0%), 16-25 years (13.2%), and over 25 years (3.8%).

2. Professional nurses had moderate level of job satisfaction ($\bar{X} = 3.12$, $SD = .29$). Professional nurses reported high satisfaction professional status ($\bar{X} = 3.59$, $SD = .50$). Staff nurses reported moderate satisfaction with task requirements ($\bar{X} = 2.52$, $SD = 0.39$), interaction ($\bar{X} = 3.35$, $SD = 0.48$), organizational policies ($\bar{X} = 3.16$, $SD = .43$), autonomy ($\bar{X} = 3.07$, $SD = .46$), payment ($\bar{X} = 2.71$, $SD = .47$).

3. Nursing professional had high level of receiving conditions of work ($\bar{X} = 3.73$, $SD = .44$). Staff nurses also reported high with access to opportunity ($\bar{X} = 3.79$, $SD = .52$), support ($\bar{X} = 3.80$, $SD = .59$), information ($\bar{X} = 3.66$, $SD = .62$), resources ($\bar{X} = 3.70$, $SD = .53$). In addition, the level of receiving psychological empowerment is high too ($\bar{X} = 3.59$, $SD = 0.39$). Professional nurses also reported high with meaning ($\bar{X} = 3.81$, $SD = .52$), competence ($\bar{X} = 4.01$, $SD = .49$) and self-determination ($\bar{X} = 3.57$, $SD = .63$). Professional nurses also reported moderate with impact ($\bar{X} = 2.98$, $SD = 0.75$).

4. Conditions of work and psychological empowerment positively and significantly related to job satisfaction ($r = .42$, $r = .28$). By itself, conditions of work effectiveness explained 17.64% of the variance in job satisfaction. Entering psychological empowerment explained another 7.84% of the variance. Additionally, there was significantly relationship between conditions of work and psychological empowerment ($r = .445$). There is no significant relationship between education level, working experience and job satisfaction at significance .05. There is significant relationship between working unit and job satisfaction at significance .05.

Discussion

The findings of this study are discussed following the research questions and the hypotheses. At the beginning, the first question relating to levels of conditional of work, and psychological empowerment, and job satisfaction is discussed first, followed by the second question and the hypotheses relating to relationships between personal factors, conditions of work, psychological empowerment, and job satisfaction of professional nurses, Hanoi, Vietnam.

1. Levels of conditions of work, and psychological empowerment, and job satisfaction

1.1 Level of job satisfaction

The findings were that the job satisfaction of nurses in general was at a moderate level with mean score of 3.12 and a standard deviation of .29. This finding is similar to the results of some studies in other countries including Turkey (Golbasi, Kelleci, & Dogan, 2008), Greece (Christina & Konstantinos, 2009), Bhutan (Norbu, 2010; Pemo, 2004), and Thailand (Saifuddin, Hoangkraileert, & Sermsri, 2008). This result is also consistent with some studies in Vietnam that staff nurses were satisfied with their job (Tran et al., 2005; Le & Le, 2009). When considering each aspect of subscales, most of subscales were at a moderate level. Similar to Pemo (2004), professional nurses reported moderate satisfaction with task requirements, interaction, organizational policies, autonomy, and payment. These findings have supported the study of Nguyen (2001), which reported that the staff nurses felt satisfied with job. It have been explained that due to have good relationships with others, and to receive good support from supervisor, be encouraged to share experience view point and ideas with others. When considering in each item of questionnaire, most of items were at a moderate level. The lowest mean score was found on task requirement items. This result is similar to the results in study of Pemo (2004), and another study of Norbu (2010). Pemo (2004) explained that nurses may have felt task requirement are not equitable. Moreover, the staff nurses have to work in the holidays, and may be they have work more than 8 hours per day in the nightshift. The finding was reported that nurses had highest satisfaction with professional status. These indicated that staff nurses are content with their work and the people with whom they do. This is positive, given that the most advantageous health care provision depends on teamwork. Norbu (2010) explained nursing staff often work together as one family and help each other to complete their job.

1.2 Levels of receive conditions of work

The results of study indicate overall nurses in public hospitals reported high levels of receive conditions of work. The findings are not similar to those of Greco et al. and Laschinger (Greco et al., 2006; Laschinger, 2012) which indicated that nurses'

perceptions of conditions of work were moderate. The policies of three hospitals provide a possible explanation for high level score. These hospital are tertiary hospital so that they have all facilities are staffed with the necessary number of qualified staff and manager to provide services; all facilities have the necessary drugs, supplies and equipment (WHO, 2011). Above reasons have made the trend of staff nurses to perceive conditions of work at higher than actual.

The researchers suggested this could be related to the policy support for each hospital. Support from management policy allows professional nurses increasing empowerment. Administrators meeting with policy maker annually for performance appraisals and opportunities to discuss concerns may be an important source of support (Sarmiento et al., 2004).

1.3 Levels of psychological empowerment

The results of study indicate overall nurses in public hospitals reported high levels of receive conditional of work effectiveness from head nurse. These findings are consistent with those of the study of Kuokkanen et al. (2003) and Laschinger (2005) which showed that high levels of psychological empowerment for most nurses. Nurses' perception was highly recorded for psychological empowerment, which reflects that nurses have a considerable perception of their internal motives that allow them to successfully do what they want to do rather than getting them to do. This was apparent in their perception for meaning, indicated that there is a fit between nurses' values, believes and behaviors and their work goals.

2. Relationships between personal factors, conditions of work, psychological empowerment, and job satisfaction

The results indicated that there is no significant relationship between, education level, working experience and job satisfaction at significance .05. These results are similar to study of Carol et.al (2012), Adams and Bond (2000), however not similar with Parmelee et.al (2009), Hu & Liu (2004), Umayma et.al (2003), Parsons et.al (2003), and Hilde et.al (2013). Evidences have indicated predictors of nurses job satisfaction differed between hospitals (Weissman & Nathanson, 1985).

The setting of this study maybe can provide a possible explanation for these results. This study is conducted at tertiary hospitals. At this level of hospital system, nurses at each position have reality differences responsivity unlike the hospital at the other levels (MOH, 2011). The staff nurses who achieved the certificate degree can perform only basic nursing techniques and the other ones who achieved the higher degree can perform the advance techniques. They did not do the same activities. Moreover, the other results indicated that staff nurses are happy with their work and the people with whom they do. This is positive, given that the most advantageous health care provision depends on teamwork. Norbu (2010) explained nursing staff often work together as one family and help each other to complete their job. So that they can familiar with the job quickly, not depend on year of experience.

The results indicated that there is significant relationship between working unit, and job satisfaction at significance .05. When nurses working at differences unit will be adapt with differences in patient characteristics, differences in working characteristics, so that nurse will have the differences in level of job satisfaction (Hilde, Oivind, & Olav, 2013). Nurses' roles are within their work setting and its can effect on job satisfaction. Working units are significantly related to job satisfaction and intent to quit the nursing profession (Lu et al., 2007).

As expected, the results indicated that conditions of work effectiveness and psychological empowerment had a statistically significant and positive correlation with job satisfaction ($r = .42$, $r = .28$, $p < .05$). Laschinger (1999) stated that conditions of work are considered as one of factor influencing job satisfaction. Additionally, Spreitzer (1995) also confirm that psychological empowerment had positive correlation with job satisfaction. These findings were quite similar to those of the study of Nittaya (2002), Kuokkanen et al. (2003), Sarmiento (2004), Laschinger (2009), Stewart et al. (2010) and Oranuch (2011). As the results, the support and respect of leaders, supervisors, and the organization were particularly important to nurses at the patient care unit level. These research have not only reported the significant sources of nurses' job satisfaction but have also shown that job satisfaction is a key factor in nurses' organizational commitment, turnover intentions, burnout, and absenteeism (Aiken et al., 2008; Hayes et al., 2010; Lu et al., 2012).

Findings also showed that higher perceptions of autonomy, and control over one's work resulted in higher job satisfaction. Without empowerment, employees cannot respond, and cope positively with organizational challenges (Laschinger et al., 2004). Thus, to ensure job satisfaction among nurses, empowerment has a significant role to play (Anderson, 2000; Laschinger et al., 2004; Laschinger et al., 2003; Patrick & Laschinger, 2006; Sarmiento et al., 2004). In these studies, the commonality in study findings was that empowerment had direct effects on the job satisfaction of nurses.

Implications

Implications for nursing administrators and practice

These findings indicated that building good relationships and providing conditions of work and psychological empowerment to professional nurses are important roles of nursing administrators to increase greater job satisfaction of their staff. Therefore, the nursing administrator should understand how organizations create conditions of work and psychological empowerment to bring about positive nurse outcomes is significant.

Implications for nursing research

The results of this study provided the information about nurse job satisfaction. Additionally, the findings of this study could provide the evidence for future researches in this topic.

Implications for nursing education

Implications for education are that a training course about conditions of work, psychological empowerment for head nurses and professional nurses to help them understand and encourage themselves in the future.

Recommendation

Based on the results of this study, some recommendations need to be considered for the future study. The findings of the present study can encourage future researchers to conduct further research with the interventional design, or difference of

sample, or differences of setting. The most important recommendation would be to undertake a similar study using a large enough sample, such as including nurses working in urban hospitals. This allows for greater generalization of the results. The reserarch also would recommend that further research on this topic should be undertaken for 5 years or 10 years later. In addition, this research have implemented on nurse clinicians who work in urban hospitals. So that, the important recommendation also would be to take a similar study using another sample, such as including nurses working in rural health facilities, nurse educators. This study was only interested in effects of conditional of work, and psychological empowerment on job satisfaction in positive ways. However, in fact, there are many factors influencing job satisfaction, such as including autonomy, job stress, role conflict, leadership style, social support. Therefore, the important recommendation would be to conduct other studies which have additional factors that may affect job satisfaction. This reflects the growing importance of the topic.

Conclusion

The current findings of this study show professional nurses at public hospitals in Hanoi, Vietnam have moderate levels of job satisfaction, and have high level of receive conditions of work effectiveness and psychological empowerment. In addition, the findings indicated that conditions of work effectiveness and psychological empowerment play an antecedent role to job satisfaction of nurses. A side from the characteristics of nurses and the job, it is noted that physicians and managers are dominant over nurses and the authority and expertise of nurses for clinical decision-making is not recognized. This study was conducted on tertiary hospitals, and in one province. It is first study of these issues in Vietnam. This can be a limitation of this research. For this reason, it is recommended the study to be repeated with large sample groups, and also to be conducted using in-depth research on the same group.

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Republic of Liberia: WHO Press. 1



APPENDIX



จุฬาลงกรณ์มหาวิทยาลัย
CHULALONGKORN UNIVERSITY

APPENDIX A: HUMAN SUBJECTS APPROVAL





MINISTRY OF HEALTH
HANOI SCHOOL OF PUBLIC HEALTH

SOCIALIST REPUBLIC OF VIETNAM
Independence – Freedom – Happiness

No.: 264/2015/YTCC-HD3

Ha Noi, July 27, 2015

*Subject: Ethical Approval

DECISION

On Ethical approval for research involving human subject participation

THE CHAIR OF THE ETHICAL REVIEW BOARD FOR BIOMEDICAL RESEARCH
HANOI SCHOOL OF PUBLIC HEALTH

- Based on Decision No. 116/QĐ-YTCC by the Dean of Hanoi School of Public Health on Establishment of The Institutional Ethical Review Board of Hanoi School of Public Health; 02 February 2015 ;
- Based on decision No. 651/QĐ-YTCC by the Dean of Hanoi School of Public Health on the Issuing Regulation of the Institutional Ethical Review Board of Hanoi School of Public Health; 26 June 2016;
- After reviewing research ethics application No. **015-264/DD-YTCC**;

DECIDED

Article 1. Grant ethical approval for ethnographic study project:

- Project Title: **Relationships between demographic factors, conditions of work effectiveness, psychological empowerment and job satisfaction of professional nurses in public hospitals, Hanoi, Vietnam.**
- Principal Investigator: **Thi Thanh Huong Nguyen**- Master student, Nursing Faculty, Chulalongkorn University, Thailand.
- Supervisor: Assoc. Prof. Gunyadar Prachusilpa, R.N, PhD- Nursing Faculty, Chulalongkorn University, Thailand.
- Research site: Bach Mai, Viet Duc and E hospitals in Hanoi, VietNam.
- Project time: from 15/07/2015 to 31/12/2015
- Data collection time: from 30/07/2015 to 20/10/2015
- Review type: Expedited review

Article 2. This decision is effective from **30/07/2015** to **31/12/2015**

Article 3. Principal Investigator has to send progress report once each year and a final report upon the study completion to the Institutional Ethical Review Board of Hanoi School of Public Health (IRB of HSPH).

Article 4. Principle Investigator should notify (IRB of HSPH) immediately of any adverse effects arising from this study (e.g. unexpected adverse outcomes, unexpected community/subject risk factors or complaints, etc.). Active research projects are subject to random audit by the IRB of HSPH.

CHAIR OF INSTITUTIONAL ETHICAL REVIEW BOARD

(Signature and full name)

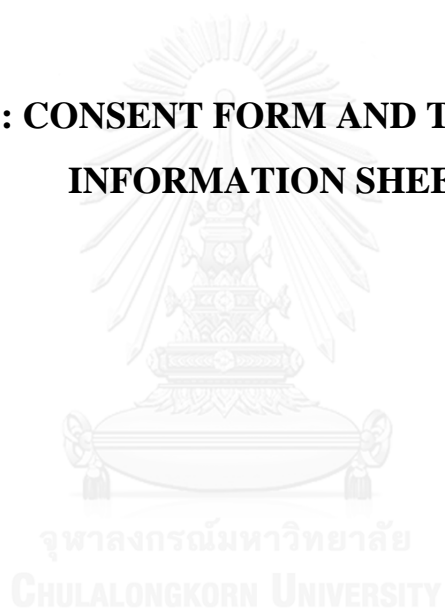
SECRETARY

(Signature and full name)

Ha Van Nhu

Nguyen Thi Minh Thanh

**APPENDIX B: CONSENT FORM AND THE PARTICIPANT
INFORMATION SHEET**



Informed Consent Form

Hospital.....

Date.....

Code number of participant.....

I who have signed here below agree to participate in this research project

Title “Relationship between personal factors, conditions of work, psychological empowerment, and job satisfaction of professional nurses, Hanoi, Vietnam”

Principle researcher’s name: Thi Thanh Huong Nguyen

Contact address: 71, 19/5 strest, Tran Te Xuong, Nam Dinh

Telephone: 66 917-241-058 or 84 917-833-658

I have been informed about rational and objectives of the project, what will be done upon me, risk/ham and benefit of this project. I clearly understand with satisfaction.

I willingly agree to participate in this project and consent the researcher to response to the questionnaires. I have the right to withdraw from this research project at any time as I wish. This withdraw will not have any negative impact upon me.

I have been guaranteed that the researcher will act upon me exactly the same as indicated in the information. Any of my personal information will be kept confidential. Results of the study will be reported as total picture. Any of personal information which could be able to identify me will not appear in the report.

If I am not treated as indicated in the information sheet, I can report to the Ethics Review Committee Board for Biomedical Research Human Research Subjects, Hanoi School of Public Heatth, 138 Giang Vo street, Da Dinh District, Hanoi. Phone: (84)4-6266-2386. Email ntmt1@hsph.edu.vn

Sign.....

Sign.....

Thi Thanh Huong Nguyen

Participant

Participant Information Sheet

Title “Relationship between personal factors, conditions of work, psychological empowerment, and job satisfaction of professional nurses, Hanoi, Vietnam”

Principle researcher’s name: Thi Thanh Huong Nguyen

Position: Lecturer of Administration and Research in Nursing Department

Office address: NamDinh University of Nursing, 257 Han Thuyen Street, NamDinh

Home address: 71, 19/5 street, Tran te Xuong, Nam Dinh

Phone: 66 917-241-058 or 84 917-833-658

E-mail: Huong.ndun@gmail.com

I am Thi Thanh Huong Nguyen, nursing student in master degree at Chulalongkorn University. I would like to cooperate as participant in my study.

1. The objective of the study are:

- To examine job satisfaction of professional nurses, Hanoi, Vietnam.
- To examine relationship between personal factors, conditions of work effectiveness, psychological empowerment, and job satisfaction of professional nurses, Hanoi, Vietnam.

2. The professional nurses in this study are professional nurses, both males and females who directly taking care patients. Number of participants needed is 365.

3. The researcher will go to the hospital, then introduce herself to subjects and ask for their cooperation in answering the questionnaires during their free time. When the subjects agree to participate, the researcher will explain the purpose of the study and give the opportunity for the subjects to ask questions. The participant will receive the information from the researcher about objectives of the study and the process of data collection. The total amount of time is about 20 minutes.

4. For benefits of the project, the researcher wants study in this topic with expectance of the results may lead to to enhance job satisfaction of professional nurse. Knowledge from this study can be used by policy makers and nursing administrators

to guide for policy makers to set up activities to promote and provide conditions of work effectiveness, psychological empowerment to professional nurses.

5. There will be no harm for the nurses in this study. Protect the right of the individuals who volunteered as subjects by having each sign a consent form, which includes an explanation of the purpose of the research, assurance of confidentiality, informs about the questionnaire destruction when finishing the study as well as the option to withdraw from this study at any time with no consequence at all.

6. Information related directly to you will be kept confidential. Results of the study will be reported as total picture. Any indirect information which could be able to identify you will not appear in the report

7. Participants will be received souvenir form the researcher.

8. If researcher does not perform upon participants as indicated in the information, the participants can report to the Ethics Review Committee Board for Biomedical Research Human Research Subjects, Hanoi School of Public Health, 138 Giang Vo street, Da Dinh District, Hanoi. Phone: (84)4-6266-2386. Email ntmt1@hsph.edu.vn

APPENDIX C: PERMISSION LETTERS OF THE INSTRUMENTS

11/10/2015

Gmail - FW: Fwd: to get the permission of IWS questionnaire



Thi Thanh Huong Nguyen <huong.ndun@gmail.com>

FW: Fwd: to get the permission of IWS questionnaire

Michelle O'Shepa <moshepa@marketstreetresearch.com>

20:09 Ngày 02 tháng 09 năm 2015

Tới: Thi Thanh Huong Nguyen <huong.ndun@gmail.com>

Hello,

I spoke with Dr. Stamps and she generously agreed to give you the questionnaire, free of charge. I have attached it.

Good luck,

Michelle

—

Michelle O'Shepa
Executive Assistant
Market Street Research
31 Trumbull Rd.
Northampton, MA 01060

tel 413.582.1200

fax 413.582.1206

moshepa@marketstreetresearch.com


Original message

From: "Thi Thanh Huong Nguyen" <huong.ndun@gmail.com>

To: moshepa@marketstreetresearch.com;

Dated: 9/2/2015 5:21:56 AM

[Ấn văn bản trích dẫn]

 **IWS-quest-ver6-0.zip**
56K

11/10/2015

Gmail - Re: Empowerment Questionnaire Request Form



Thi Thanh Huong Nguyen <huong.ndun@gmail.com>

Re: Empowerment Questionnaire Request Form

2 thu

Laschinger Research <instrhkl@uwo.ca>
Tới: Huong.ndun@gmail.com

23:59 Ngày 20 tháng 07 năm 2015

Dear Nguyen Thi Thanh Huong

Thank you for your interest in my work. Attached is the signed request form along with the CWEQ scale you have requested. Please note that the ORS and JAS scales are included in the CWEQ which has also been attached. If you have any further questions please do not hesitate to contact me.

Good luck with your study,

Heather

Dr. Heather K. Spence Laschinger, Distinguished University Professor

Arthur Labatt Family Chair in Health Human Resource Optimization
School of Nursing, University of Western Ontario
London, Ontario, Canada N6A 5C1
Tel: 519-661-2111 ext.86585 Fax: 519-661-3410
E-mail: hkl@uwo.ca

Gretchen Spreitzer <spreitze@umich.edu>

00:05 Ngày 01 tháng 06 năm 2015

Tới: Thi Thanh Huong Nguyen <huong.ndun@gmail.com>

Good day, I am excited to hear of your interest in the psychological empowerment instrument. You have my permission to use it in your interesting research. I am attaching information per your request:

<http://webuser.bus.umich.edu/spreitze/Pdfs/EmpowerInstrument.pdf>.

Best wishes and please share your findings so I can learn from you!

[Ấn văn bản trích dẫn]

--

Gretchen Spreitzer

<https://mail.google.com/mail/u/0/?ui=2&ik=0cf639184b&view=pt&search=inbox&th=14da2bbd2702460a&siml=14da2bbd2702460a&siml=14daae6ef6af1f92f...> 1/2

11/10/2015

Gmail - To get permission to use your instrument

Keith E. and Valerie J. Alessi Professor of Business Administration

Professor of Management and Organizations

Ross School of Business

Ann Arbor, MI 48109-1234

(734) 936.2835

<http://webuser.bus.umich.edu/spreitze/>

<http://positivebusinessconference.com>

APPENDIX D: RESEARCH INSTRUMENTS

Date.....Hospital.....Participant code.....

**Relationship between personal factors, conditions of work, psychological empowerment and job satisfaction of professional Vietnamese nurses,
Hanoi, Vietnam**

The purpose of this study was to examine the level of job satisfaction, the relationship between personal factors, conditions of work, psychological empowerment and job satisfaction of professional nurses, Hanoi, Vietnam. To obtain objective information, you do not need write your name in questionnaire, answering all of your information will be kept confidential and ensure we just use data for this study. Thank you very much.

Section 1: Personal factors

Please fill in the blank or mark (√) in the box for the most appropriate answer.

1. Age: years old
2. Gender 1. Male 2. Female
3. Marital status 1. Single 2. Married 3. Widow/separated
4. Income.....thousand Dong/month
5. Education level 1. Under diploma 2. Diploma 3. Bachelor 4. Post bachelor
6. Working experience..... years
7. Working unit

<input type="checkbox"/> 1. Medical Unit	<input type="checkbox"/> 2. Surgical unit	<input type="checkbox"/> 3. ICU
<input type="checkbox"/> 4. OPD	<input type="checkbox"/> 5. Pediatric unit	<input type="checkbox"/> 6. Specific unit.

Section 2: Job satisfaction

This questionnaire refers to know how satisfied you are with your current nursing job. Please mark (√) in the column where appropriate for you. It may be very difficult to fit your responses into the five categories; in that case selects the category that comes closest to your response to the statement. Please answer all questions.

Strongly agree (5) means you have a totally agreement in your belief in the satisfaction with job

Agree (4) means you have a agreement in your belief in the satisfaction with job

Neutral (3) means you are not sure about your belief in the satisfaction with job

Disagree (2) means you have a disagreement in your belief in the satisfaction with job

Strongly (1) disagree means you have a totally disagreement in your belief in the satisfaction with job.

No	Items	Satisfaction				
		5	4	3	2	1
	<p style="text-align: center;">Task Requirements (Tasks or activities that must be done as a regular part of the job)</p>					
1	I feel I could do a better job if I didn't have so much to do all the time					
2	I have plenty of time and opportunity to discuss patient care problems with other nursing service personnel.					
3	I would like to spend more time indirect patient care.					

No	Items	Satisfaction				
		5	4	3	2	1
4	I could deliver much better care if I had more time with each patient.					
5	I am satisfied with the types of activities that I do on my job.					
6	There is too much clerical and "paperwork" required of nursing personnel in this hospital					
	Interaction (Opportunities and requirements presented for both formal and informal social and professional contact during working hours)					
7	The nursing personnel on my service don't hesitate to pitch in and help one another when things get inrush.					
8	New employees are not quickly made to feel at home					
9	There is a good deal of team work and cooperation between various levels of nursing personnel on my service.					
10	The nursing personnel on my service are not as friendly and outgoing as I would like.					
11	There is a lot of "rank consciousness" on my unit; nursing personnel seldom mingle with others of lower ranks					

No	Items	Satisfaction				
		5	4	3	2	1
12	Physicians in general don't cooperate with the nursing staff on my unit.					
13	There is a lot of teamwork between nurses and doctors on my own unit.					
14	The physicians at this hospital look down too much on the nursing staff.					
15	I wish the physicians here would show more respect for the skill and knowledge of the nursing staff.					
16	Physicians at this hospital generally understand and appreciate what the nursing staff does					
	Organizational Policies (Management policies and procedures put forward by the hospital and nursing administration)					
17	There is ample opportunity for nursing staff to participate in the administrative decision making.					
18	Administrative decisions at this hospital interfere too much with patient care.					
19	I have all the voice in planning policies and procedures for this hospital and my unit that I want.					
20	The nursing administrators generally consult with the staff on daily problems and procedures.					

No	Items	Satisfaction				
		5	4	3	2	1
21	There is a great gap between the administration of this hospital and the daily problems of the nursing service.					
22	There are not enough opportunities for advancement of nursing personnel at this hospital.					
23	The nursing staff should be allowed to have more control over scheduling their own work shifts					
24	I feel that I am supervised more closely than I need to be, and more closely than I want to be.					
25	I feel I have sufficient in put into the program of care for each of my patients.					
26	I have too much responsibility and not enough authority.					
27	On my service, my supervisors make all the decisions. I have a little control over my own work.					
28	I am sometimes frustrated because all of my activities seem programmed for me.					
29	I am required to do things on my job that are against my better professional nursing judgment.					
30	I have the freedom in my work to make important decisions as I see fit, and can count on my supervisors to back me up					

No	Items	Satisfaction				
		5	4	3	2	1
31	A great deal of independence is permitted if not required of me					
	Professional Status (Overall importance or significance felt about your job both in your view and in the view of others)					
32	Nursing is not widely recognized as being an important profession.					
33	Most people appreciate the importance of nursing care to hospital patients.					
34	It makes me proud to talk to other people about what I do on my job.					
35	There is no doubt whatever in my mind that what I do on my job is really important.					
36	What I do on my job doesn't add up to anything really significant.					
37	If I had the decision to make all over again, I would still go into nursing.					
38	My particular job really doesn't require much skill or know how.					

No	Items	Satisfaction				
		5	4	3	2	1
	Payment (Dollar remuneration and fringe benefits received for work done)					
39	My present salary is satisfactory.					
40	Excluding me, it is my impression that a lot of nursing service personnel at this hospital is dissatisfied with their pay.					
41	Considering what is expected of nursing service personnel at this hospital, the pay widgets reasonable.					
42	The present rate of increase in pay for nursing service personnel at this hospital is not satisfactory.					
43	From what I hear from and about nursing service personnel at other hospitals, we at this hospital are being fairly paid					
44	An upgrading of pay schedules for nursing personnel is needed at this hospital					

Section 3: Conditions of work

The questionnaire is aimed to determine conditions of work in hospital as perceived by the professional nurses. Please read carefully, and determine most accurately represents your perception. Please mark (√) in the column where appropriate for you. It may be very difficult to fit your responses into the five categories. Please answer all questions.

Very confidence (5) means you totally receive conditions of work

High confidence (4) means you have a high receive conditions of work

Moderate confidence (3) means you have a moderate conditions of work

A little confidence (2) means you have a slight receive conditions of work

No confidence (1) means you do not have a receive conditions of work

No	Items	Receive conditions of work				
		5	4	3	2	1
	HOW MUCH OF EACH KIND OF OPPORTUNITY DO YOU RECEIVE IN YOUR PRESENT JOB?					
1	Challenging work.					
2	The chance to gain new skills and knowledge on the job.					
3	Tasks that use all of your own skills and knowledge.					
	HOW MUCH ACCESS TO SUPPORT DO YOU RECEIVE IN YOUR PRESENT JOB?					
4	Specific information about things you do well.					
5	Specific comments about things you could improve.					
6	Helpful hints or problem solving advice.					

No	Items	Receive conditions of work				
		5	4	3	2	1
	HOW MUCH ACCESS TO INFORMATION DO YOU RECEIVE IN YOUR JOB?					
7	The current state of the hospital.					
8	The values of top management					
9	The goals of top management.					
	HOW MUCH ACCESS TO RESOURCES DO YOU RECEIVE IN YOUR PRESENT JOB?					
10	Time available to do necessary paperwork					
11	Time available to accomplish job requirements.					
12	Acquiring temporary help when needed.					

Section 4: Psychological empowerment

The questionnaire is aimed to determined psychological empowerment in hospital as perceived by the professional nurses. Please read carefully, and determine most accurately represents your perception. Please mark (√) in the column where appropriate for you. In that case selects the category that comes closest to your response to the statement. Please answer all questions.

Very confidence (5) means you totally receive psychological empowerment

High confidence (4) means you have a high receive psychological empowerment

Moderate confidence (3) means you have a moderate receive psychological empowerment

A little confidence (2) means you have a slight receive psychological empowerment

No confidence (1) means you do not have a receive psychological empowerment

No	Items	Receive empowerment				
		5	4	3	2	1
	How is meaning of the job that you receive					
1	The work I do is very important to me					
2	My job activities are personally meaningful to me					
3	The work I do is meaningful to me					
	How is competence of the job that you receive					
4	I am confident about my ability to do my job					
5	I am self-assured about my capabilities to perform my work.					
6	I have mastered the skills necessary for my job					

No	Items	Receive empowerment				
		5	4	3	2	1
	How is self-determination of the job that you receive					
7	I have significant autonomy in determining how I do my job					
8	I can decide on my own how to go about doing job					
9	I have considerable opportunity for independence and freedom in how I do my job					
	How is impact of the job that you receive					
10	My impact on what happens in my department is large					
11	I have a great deal of control over what happens in my department					
12	I have significant influence over what happens in my department					

VITA

My name is Nguyen Thi Thanh Huong. I am studying master in Nursing Science program with specialty in Nursing Administration in Chulalongkorn University, Bangkok, Thailand. I was born in Namdinh province, Vietnam on January 13th, 1987. Before I study in Chulalongkorn University, I was studied Bachelor of Nursing in Namdinh University of Nursing.

After I graduated from Bachelor of Nursing, I have work as lecturer in Namdinh University from 2009 to present. I studied in Chulalongkorn University since 2013-2015.

My contact person are in email: huong.ndun@gmail.com

