



**UNIVERSITI PUTRA MALAYSIA**

***JOB SATISFACTION AMONG NURSES IN GENERAL HOSPITALS IN  
CHENGDE CITY, CHINA***

**LIU JING HUA**

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By

**LIU JING HUA**

**Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in  
Fulfilment of the Requirements for the Degree of Master of Science**

**December 2015**

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfilment of the requirement for the Degree of Master of Science

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By

**LIU JING HUA**

**December 2015**

**Chair : Muhammad Hanafiah Juni, MD, MPH**  
**Faculty : Medicine and Health Sciences**

**Introduction:** Hospitals in China continuously witnesses the challenge of nursing shortage. Job satisfaction is strongly related to the retention of skilled nurses. Although many studies regarding to nurses' job satisfaction have been reported in China, there is a paucity of publications on hospital's level impacting on nurses' job satisfaction.

**Objective:** The aim of this study were to determine nurses' job satisfaction in general hospitals and to compare nurses' job satisfaction between second and third level hospital in Chengde City, Hebei Province, China.

**Methods:** A cross-sectional study was conducted among 490 nurses in general hospitals. Data collection used a self-administered questionnaire. Job satisfaction was measured using Chinese Nurses Job Satisfaction Scale (CNJSS). Data were analyzed using IBM SPSS version 20.0. Descriptive statistics used Mean and Standard deviation. Comparison of overall job satisfaction score between two groups used t-test and one-way ANOVA for more than two groups. One-way MANOVA was conducted to compare the mean scores of job satisfaction sub-scales between second and third level hospital. The level of significance was set at  $\alpha = 0.05$ .

**Results:** The response rate was 91.4%. The mean (M)  $\pm$  standard deviation (SD) overall job satisfaction in general hospitals was  $2.86 \pm 0.31$ . Nurses rated co-worker ( $3.94 \pm 0.45$ ) as the most satisfied facet and work itself ( $2.11 \pm 0.47$ ) as the most dissatisfied facet among the eight job satisfaction sub-scales. In terms of the comparisons of overall job satisfaction in general hospitals, significant differences were found between gender ( $P < 0.001$ ), age group ( $P < 0.001$ ), educational background ( $P < 0.001$ ) and hospital's level ( $P < 0.001$ ). Nurses' overall job satisfaction in second-level hospital was significantly higher than those in third-level hospital ( $P < 0.001$ ). Further analyses on the comparisons of eight job satisfaction sub-scales between second and third level hospital showed that nurses in second-level hospital were more satisfied with co-worker ( $P < 0.001$ ), family-work balance ( $P < 0.001$ ) and praise/recognition ( $P < 0.001$ ), while less satisfied with pay than nurses in third-level hospital ( $P < 0.001$ ).

**Conclusion:** Nurses in Chengde City were most satisfied with co-worker and most dissatisfied with work itself. In second-level hospital, nurses were more satisfied with co-worker, family-work balance and praise/recognition, while less satisfied with pay than those in third-level hospital.

**Keywords:** China, Chinese Nurses Job Satisfaction Scales (CNJSS), job satisfaction, nurses, hospital.



Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia  
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**KEPUASAN KERJA DI KALANGAN JURURAWAT DI HOSPITAL BESAR DI  
BANDAR CHENGDE, CHINA**

Oleh

**LIU JING HUA**

**Disember 2015**

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**Pengenalan:** Kebelakangan ini, hospital di China mengalami masalah kekurangan tenaga kerja jururawat. Pengekalan jururawat mahir adalah faktor utama yang mempengaruhi kepuasan kerja dikalangan jururawat. Walaupun banyak kajian mengenai kepuasan kerja di kalangan jururawat telah dilaporkan di China, namun masih terdapat kekurangan penerbitan di peringkat hospital yang berkaitan kesan kepuasan kerja di kalangan jururawat.

**Matlamat:** Matlamat kajian ini adalah untuk mengkaji dan membandingkan kepuasan jururawat yang berkhidmat di hospital besar dengan hospital tahap kedua dan ketiga di bandaraya Chengde di Hebei, China.

**Kaedah:** Kajian keratan rentas dari segi soal selidik telah dijalankan di antara 490 orang jururawat yang berkhidmat di hospital besar. Kepuasan kerja dikalangan jururawat dinilai dengan menggunakan Skala Kepuasan Jururawat Cina terhadap Kerja (CNJSS). Kaedah data analisis yang digunakan adalah IBM SPSS versi 20.0. Statistik deskriptif dianalisis dengan menggunakan purata  $\pm$  sisihan piawai. Perbandingan kepuasan terhadap kerja secara keseluruhan antara dua kumpulan dianalisis dengan menggunakan ujian-t dan ANOVA sehalu untuk tujuan perbandingan lebih daripada dua kumpulan. MANOVA sehalu digunakan untuk membandingkan purata skala kepuasan jururawat terhadap perkerjaan di antara hospital tahap kedua dan ketiga. Kepentingan data ditetapkan pada tahap  $\alpha = 0.05$ .

**Keputusan:** Peratus maklum balas yang dicapai adalah sebanyak 91.4%. Kajian menunjukkan purata kepuasan kerja dikalangan jururawat di hospital besar ialah  $2.86 \pm 0.31$ . Di antara lapan sub-skala kepuasan terhadap kerja, jururawat menilaikan berkerja dengan rakan sekerja sebagai aspek yang paling berpuas hati ( $3.94 \pm 0.45$ ) dan aspek yang paling tidak berpuas hati adalah apabila kerja bersendirian ( $2.11 \pm 0.47$ ). Dari segi perbandingan antara kepuasan kerja dikalangan jururawat di hospital besar secara keseluruhannya ialah jantina ( $P < 0.001$ ), kumpulan umur ( $P < 0.001$ ), latar belakang tahap pendidikan ( $P < 0.001$ ) dan tahap hospital ( $P < 0.001$ ) telah menunjukkan perbezaan yang

signifikan. Selain daripada itu, jururawat yang berkhidmat di hospital tahap kedua lebih berpuas hati terhadap kerja mereka berbanding dengan mereka yang berkhidmat di hospital tahap ketiga ( $P < 0.001$ ). Kajian lanjut berkenaan dengan perbandingan antara lapan sub-skala kepuasan kerja dikalangan jururawat di antara hospital tahap kedua dan ketiga menunjukkan jururawat yang bekerja di hospital tahap kedua lebih berpuas hati apabila bekerja dengan rakan sekerja ( $P < 0.001$ ), mempunyai pengagihan keluarga dan kerja yang seimbang ( $P < 0.001$ ) dan menerima pujian dan penghargaan ( $P < 0.001$ ). Manakala, dari segi penerimaan gaji, jururawat yang berkhidmat di hospital tahap kedua kurang berpuas hati jika dibandingkan dengan mereka yang berkhidmat di hospital tahap ketiga ( $P < 0.001$ ).

**Kesimpulan:** Jururawat di Chengde City sangat berpuas hati dengan rakan sekerja dan paling tidak berpuas hati dengan kerjanya. Di hospital peringkat kedua, jururawat lebih berpuas hati dengan rakan sekerja, keseimbangan kerja - keluarga dan penghargaan / pengiktirafan, manakala kurang berpuas hati dengan gaji berbanding mereka yang berada di hospital peringkat ketiga.

**Kata kunci:** China, Skala Kepuasan Jururawat Cina terhadap Kerja (CNJSS), kepuasan terhadap kerja, jururawat, hospital.

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I certify that a Thesis Examination Committee has met on 18 December 2015 to conduct the final examination of Liu Jing Hua on her thesis entitled "Job Satisfaction among Nurses in General Hospitals in Chengde City, China" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded the Master of Science.

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## LIST OF ABBREVIATIONS

AGFI	Adjusted Goodness of Fit Index
ANOVA	Analysis of Variance
CFA	Confirmatory Factor Analysis
CNJSS	Chinese Nurse Job Satisfaction Scale
CNR	Chinese Ren Min Bi
GIF	Goodness of Fit Index
HHNJS	Home Healthcare Nurses' Job Satisfaction Scale
IBM	International Business Machine
ICU	Intensive Care Unit
JKEUPM	Ethics Committee for Research Involving Human Subjects of University Putra Malaysia
JSS	Job Satisfaction Scale
M	Mean
M±SD	Mean ± Standard Deviation
MANOVA	Multivariate Analysis of Variance
MD	Mean Difference
MMSS	McCloskey/ Mueller Satisfaction Scale
MSQ	Minnesota Satisfaction Questionnaire
NOSS	Nurses' Occupational Stress Scale
OCS	Organizational Commitment Scale
PIC	Professional Identification Scale
RN	Registered Nurse
SD	Standard Deviation
TV	Television
SPSS	Statistical Package for the Social Sciences
UPM	University Putra Malaysia
UK	United Kingdom
USA	United States America
WHO	World Health Organization
WTO	World Trade Organization

# CHAPTER 1

## INTRODUCTION

### 1.1 Research Background

#### 1.1.1 Chinese Healthcare Delivery System

Since the establishment of People's Republic of China in 1949, especially the ongoing economic reform and opening up in the past decades, China has witnessed remarkable development in health care system. The achievements such as basic health services covering urban and rural residents, reinforced disease prevention and control, expansion of health insurance coverage and rapid development of health technology have steadily improved the health status of Chinese people. To date, although the private ownership of health facilities and private clinical practices have been freed from strict governmental labor market controls, the public system still accounts for the dominant role in the health delivery system. According to Health Service Delivery Profile in 2012, the public system covers 90% of emergency and inpatient services, while the private sectors has increased its market share in outpatient care.

The government of China was organized along five administrative levels: national, provincial, city, county and community (in urban) or township (in rural). China has 32 provincial regions including 23 provinces, 5 autonomous regions and 4 direct-controlled municipalities. Each provincial region has many cities in prefecture-level, a city has several counties, and dozens of communities or townships are composed of a county. The public health network has been established along the same five administrative levels (see Figure 1) including institutions of diseases control and prevention, health education, infant and maternal care, health supervision and mental health, etc.

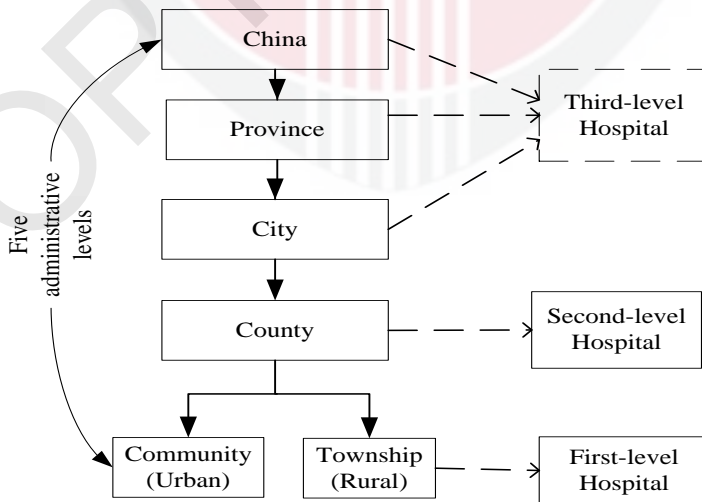


Figure 1. Government Administrative Levels and Hospital's Classification

Hospital as a kind of public health institution mainly provide general services including outpatient, inpatient, all sorts of physical examination and diagnosis. Government-owned hospitals are classified into three-levels. A first-level hospital, as the lowest level hospital, which locates in a certain community (in urban) or township (in rural), generally has no more than 100 beds, provides primary healthcare services to a certain community or township and shoulders the function of disease prevention and immunization, junior medical treatment, health education as well as family planning for a community or township. Both second-level hospital and third-level hospital were organized as general hospitals. A second-level hospital is county-level hospital which provides comprehensive health services for a county as well as shoulder the responsibility of technical support for community hospitals or township clinics. The number of beds in second-level hospital is between 101 and 500; Third-level hospital is general hospital which has more than 500 beds. It is responsible for comprehensive, high-quality, and specialized medical services to a city in prefecture-level, or provincial and national level as well as execute the task of medical education and scientific research.

### **1.1.2 Professional Rank and Education for Nurses**

“Health Technicians Title and Promotion Regulations” in 1979 regulated four levels of Technical Position for registered nurse (RN): junior RN, senior RN, associate professor nurse and professor nurse depending on nurse’s professional knowledge, working years, and the ability of clinical practice and health research. The higher levels of the technical position a nurse possesses the more proportion of salary and social welfare funds such as housing accumulation funds, work-related injury insurance, health insurance, and childbirth insurance she /he has.

At present, there are three levels of basic nursing education in Mainland China. They are diploma programmer, associate degree programmer, and bachelor degree or above programmer. Diploma programmer is provided by nursing vocational and technical schools. Students who are interested in nursing and have finished the courses of middle school can enroll in nursing-based technical school where students can get basic medicine knowledge and basic skills on nursing practice during three years of full time courses. Associate degree programmer is mainly delivered by colleges-based education of nursing where student can get symmetrical knowledge of medicine and grasp the advanced skills on nursing practice. Students who graduate from high school or students who finished their diploma programmer could enroll in these nursing colleges. Generally, colleges of nursing provide full time courses to students for three years. Bachelor degree and above programmers are provided by universities (H. Lu, While, & Barriball, 2007a). Students who graduated from high school with a high mark which is above the level given by the medical university or students who finished their associate degree could be recruited in medical university for their bachelor degree or above programmer. In the medical university, student could not only access to the symmetrical knowledge of medicine and advanced skills on nursing practice, but also they can enrich their abilities of scientific research in the nursing profession.

### **1.1.3 Unbalanced Health Care Distribution across Regions**

With devolution of health financing responsibility to local governments, the unbalanced social and economic development in different regions as well as financial constraints of local government have expanded the gap of medical condition between developed and developing regions, which result in unbalanced health care distribution across regions. Usually cities in eastern China such as Shanghai, Beijing, and Guangzhou are more developed than cities in western China. According to China Health Service Delivery Profile (2012), the unbalanced distribution of health care lies in three aspects of inequity among people including the unbalanced allocation of health workers, health service utilizations and health outcomes.

First, inequity is noticeable in unbalanced allocation of health workers. According to China Health Statistics Yearbook of 2012, in 2011, the ratio of professional health workers/1000 population in developed eastern region was 5.49 which was larger than that in developing regions. China Health Service Delivery Profile in 2012 showed that the ratio of beds/1000 people was 7.55 in Shanghai in 2011. This value was more than two times of the ratio in Guizhou Province which is an under-developed province located in western of China. Second, inequity is evident in health service utilizations. Again from China Health Service Delivery Profile in 2011, 35.83% of inpatient services had been utilized by 20% richest residents, while 20% poorest residents only utilized 10.9% of inpatient services in Heilongjiang Province. Third, inequity is also apparent in health outcomes of different regions. For example, the maternal mortality in Tibet (developing province) was about 150 times as much as in Jiangsu province (developed province) in 2011.

Given to the financial constraints in developing regions, the lack of qualified doctors and poorly equipped medical facilities cost patients more time and money yet provide proper quality health outcomes. Whereas, in developed regions such as Beijing, Shanghai and Guangzhou, the local governments invest more money on the contribution of highly qualified medical teams and advanced medical technologies and armamentarium (Chinese Statistical Association, 2012).

### **1.1.4 Nursing in China**

With the development of economic and society, Chinese government had made a series of changes in the nursing profession. On one hand, in the 1980s, the government of China had reaffirmed that nursing like medicine, as an independent profession, required well-qualified personnel with knowledge and skills. Professional status of nurses had been awarded a protected title by the National Ministry of Health (Li & Lambert, 2008). On the other hand, a significant change in healthcare system of China was that the traditional disease-centered nursing care model had been gradually replaced by the patient-centered holistic nursing care model.

To ensure the safety and effectiveness of nursing practice in the working area some regulatory mechanisms have been established in China. “Nurses’ Registration Ordinance”, which was published in 1993, providing a licensing examination and registration system to the nurses in the nursing care delivery system. Apart from that, China adopted “The Nurse Regulation” in 2008, which requires all nurses working in clinical departments be certified as registered nurses, and the registered nurses must provide “full, comprehensive, professional and holistic nursing care, including condition observation, treatment disposal, psychological care, guidance and other health care tasks” (Ministry of health of the People’s Republic of China, 2010). These developments have coincided with a growing recognition of the professional status of nurses. Thus, nurses in China must take the responsibilities of all the patients daily activities including caring and observing the disease, psychological assisting and physical activities such as eating, drinking and dressing which push higher stress, greater hazards and higher intensity to nurses.

In recent years, physician-patient relationship in China is becoming more and more tension (China Daily, 2010). The economic development and the improvement of people’s living standard had resulted in the increased patient’ anticipation for good treatment outcome from hospital and doctor. However, the current medical technology could not match the need of patient. Therefore, the patients would perform some extreme behaviors when the medication outcome could not match to the standard they had anticipated. News reported on TV or other media showed that incidence of nurses injure in hospitals is increasing dramatically. This tension relationship between patients and hospitals is drawing more and more broadly attention in the society for its negative effect on increasing hospital staffs’ work pressure and job burnout, and therefore, are more likely to accomplish job dissatisfaction and intention to seek employment in other fields (Cao et al., 2013).

World Health Organization (2006) reported the global issue of human resources shortages in health care system, especially nurses in developing countries. Developed countries open their labor market to recruit nurses from developing countries which alleviate the problem for undeveloped countries. China as a developing countries is also suffering from the serious challenges ongoing nursing shortage and high nurses’ turnover rate (Ministry of Health of the People’s Republic of China, 2008).

Evidences showed that the ratio of nurse to 1000 population (1.66/1000) in China was largely lower than global level of (4.06/1000) (Ministry of health of the People’s Republic of China., 2012). There are 53.7% of nurses in Beijing (Lu et al., 2007) and 40% of nurses in Shanghai (Liu et al., 2011) had intention to leave nursing. Failing in recruitment and retention skilled nurses are compounded by an increasing demand for health care due to advances in medical technology, longer life expectancy, and the subsequent number of people living with serious illness and chronic disease (Health Service Delivery Profile, 2012).

## **1.2 Nurses' Job Satisfaction**

Job satisfaction was defined as the degree to which the personal attitude positively influences a job or its components (Adams & Bond, 2000). However, the definition of job satisfaction differs between individuals because of its multifaceted and complex concept (Hayes et al., 2010). Individual's attitude towards job satisfaction depends not only on the job nature characteristics but also on the anticipation of individuals for what his/her job should provide (Lu et al., 2012).

Nurse's job satisfaction was conceived as the extent to which a nurse fulfill herself or himself in the nursing profession (Hayes, Bonner, & Pryor, 2010). Nurses' job satisfaction can be conceptualized as an independent variable affecting nurses' behaviors such as retention and turnover in hospitals, or as a dependent variable occurring as a result of personal characteristics and job related characteristics or as a response to organizational features in the work settings (Stamps, 1997).

Nurses' job satisfaction has been linked to positive patient outcomes (Adams & Bond, 2000; Aiken et al., 2002) as well as a greater perceived quality of healthcare (Murrells, Robinson, & Griffiths, 2008). When higher level of nurse's job satisfaction was experienced, there was an increase in morale and commitment, which make it less likely to turnover from nursing profession (Ellenbecker & Cushman, 2012; Sourdif, 2004).

A body of studies have founded that organizational and job related factors have an influence on job satisfaction among nurses. These factors include pay (Bjørk et al., 2007), autonomy (Larrabee et al., 2003), support (Kwak et al., 2010), supervision satisfaction (Fang, 2001), management and leadership (Coomber & Barriball, 2007), workload and work condition (Lu et al., 2012), interaction/social relationship (Ahmad & Oranye, 2010; Bjørk et al., 2007), educational and promotional opportunities (Best & Thurston, 2004; Kwak et al., 2010), staffing and scheduling (Kirschling, Colgan, & Andrews, 2011). Apart from the nature of the job, individual's characteristics also have an effect on the job satisfaction. The demographic characteristics such as age, gender, marital status, educational background, professional rank, and work experiences have been proved pointing to nurses' job satisfaction (Liu et al., 2012).

## **1.3 Problem Statement**

Ongoing nursing shortage has been raising a global concern, China is still struggling with the challenges of nursing shortage and high nurses' turnover rate (Liu et al., 2012; Lu et al., 2007; Wang, 2002) as well as unbalanced medical development between developing and developed city (Chinese Statistical Association, 2012). Nurse' job satisfaction was considered as a predictor of recruitment and retention of skilled nurses (Ellenbecker et al., 2008), also associated with quality of nursing care and professional performance (Zhang, Tao, Ellenbecker, & Liu, 2013).

Evidences that a moderate level of nurses' job satisfaction has become a worldwide concern (Aiken et al., 2012; Fang, 2001; Liu et al., 2012; Mrayyan, 2006; Zhang et al.,



2013; Zheng & Liu, 2010). In China, around half of nurses dissatisfied with their jobs (Wang, 2002; Liu et al., 2012; Zhang et al., 2014), and 40 % nurses in Shanghai (Liu et al., 2012) and 53.7% nurses in Beijing (Lu et al., 2007) had an intention to leave nursing profession had highlighted the need to identify the factors related to nurses' job satisfaction and exploration the current condition of job satisfaction among Chinese nurses.

However, in China, most of the surveys were conducted in developed cities, such as Beijing (Lu et al., 2007; Zheng & Liu, 2010), Shanghai (Liu et al., 2012; Zhang et al., 2013), Guangzhou (Liu et al., 2012) as well as other provincial capital cities (Tao, Zhang, Hu, & Zhang, 2012), while no study regarding to nurses' job satisfaction was conducted in Chengde City, which is a developing city. Furthermore, to date, there was no publication focusing on differences of nurses' job satisfaction across hospital's levels. Thus, by focusing on nurses who were working in general hospitals including second-level hospital and third-level hospital in developing city, the aims of this study was to determine nurses' job satisfaction in general hospitals and to compare nurses' job satisfaction between second-level hospital and third-level hospital in Chengde City, Hebei Province, China.

#### **1.4 Significance of the Study**

The significance of this research were as follows.

- i). Given to previous studies in China being conducted in developed cities otherwise in developing city, this survey would provide a baseline for nurses' job satisfaction in developing cities in China, as well as for further comparisons.
- ii). The comparisons of job satisfaction among nurses between second-level hospitals and third-level hospitals fill in filled in the gap that there was no publication focusing on differences of nurses' job satisfaction across hospital's levels.
- iii). If any, the finding of this study could be served as a reference for the healthcare organizations to carry out some effective interventions to improve the work conditions in the nursing workforce, which are beneficial to nurses, patients and even to health services system and society.

#### **1.5 Research Questions**

- i). Are there any significant differences between nurses' characteristics and hospitals' level in Chengde City, Hebei Province, China?
- ii). How much are the scores of nurses' overall job satisfaction and job satisfaction sub-scales in general hospitals?
- iii). Are there any significant differences in nurses' overall job satisfaction score for socio-demographics (genders, marital status, age groups and educational background) in general hospitals?

- iv). Are there any significant differences in nurses' overall job satisfaction score for job profiles (hospital' level, types of working units, working years in current employment and professional rank) in general hospitals?
- v). Are there any significant differences in the mean scores of eight job satisfaction sub-scales (administration, workload, co-worker, work itself, pay, professional opportunity, praise/recognition, and family-work balance) among nurses between second-level hospital and third-level hospital?

## 1.6 Objectives

### 1.6.1 General Objective

The general objective of this survey was to determine nurses' job satisfaction in general hospitals and to compare nurses' job satisfaction between second-level hospital and third level hospital in Chengde City, Hebei Province, China.

### 1.6.2 Specific Objectives

The specific objective of this study as follow:

- i). To compare respondents' characteristics between second-level hospital and third-level hospital.
- ii). To examine the mean scores of nurses' job satisfaction including overall job satisfaction and its eight job sub-scales in general hospitals.
- iii). To compare the mean score of overall job satisfaction with previous findings reported in China.
- iv). To compare nurses' overall job satisfaction score for socio-demographics (gender, marital status, age group and educational background), and job profiles (types of working unit, professional rank, working years in current employment and hospital's level).
- v). To compare the scores of eight job satisfaction sub-scales (administration, workload, co-worker, work itself, pay, professional opportunity, praise/recognition, and family-work balance) among respondents in second-level hospital and third-level hospital.

## 1.7 Hypotheses

The alternative hypotheses were as follows:

**H<sub>1</sub>**: There are significant differences in respondents' characteristics between second and third-level hospitals.

**H<sub>2</sub>**: There is significant difference in overall job satisfaction between this study and previous findings.

**H<sub>3</sub>:** There are one or more significant differences in overall job satisfaction score for gender, marital status, age groups or educational background.

**H<sub>4</sub>:** There are one or more significant differences in overall job satisfaction score for hospitals' level, types of working unit, professional rank, or working years in current employment.

**H<sub>5</sub>:** There are one or more significant differences in job satisfaction sub-scales between second-level and third-level hospital.

## 1.8 Thesis Outline

The structure of this study was organized as follows:

- **Chapter 1: Introduction**  
This chapter described the research background along nurses' job satisfaction and problem statement. Objectives and hypotheses of this study were illustrated base on the highlighted problem statement.
- **Chapter 2: Literature Review**  
This chapter summarized the worldwide condition of nursing shortage, high nurses' turnover rate nurses' job satisfaction, which composed a negative circle. In this chapter, some of instruments that were widely used to examine nurses' job satisfaction were also pointed out, and finally came to the conceptual framework.
- **Chapter 3: Methodology**  
This chapter introduced how this study was planned and organized, which included study location, sampling, operational variables, instruments, procedural of data collection and data analysis, as well as the ethical consideration.
- **Chapter 4: Results**  
This chapter was developed to answer the research questions and fulfill the objectives of this study. Tables or figures were used to make the results being reported clearly and precisely.
- **Chapter 5: Discussion**  
This chapter discussed whether the results of the study were consistent with the hypotheses which were presented in Chapter1. At the same time, the reasonability and acceptances of findings in this study were illustrated bases on the document papers.
- **Chapter 6: Conclusion and Recommendation**  
Conclusion and recommendations for further research as well as limitation were presented in this chapter.

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