

# Comparative Study of Nurse Managers' Job Dissatisfaction in Public Hospitals and Health Clinics in Malaysia

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## Abstract

**Background:** Nurse Managers in public hospitals and health clinics in Malaysia have added responsibilities as an administrative role and this work load place further pressure and affect the nurse managers' job dissatisfaction. Incentives and concerted efforts have brought about better working environment for the nurse managers. The objective is to assess the improvement of the situation of job dissatisfaction among the nurse managers; exemplify the causes of job stress, and identify the skills required for the future training of nurses.

**Method:** In 2002 questionnaires were mailed out to 998 nurse managers working in public sector which is then compared to 2014 extrapolated data sampling of 262 nurse manager respondents from Penang. Nurse Managers were asked to give their perceived job dissatisfaction working as a nurse manager in terms of factors and level of stress encountered. Data were then analysed between these two groups of respondents to determine if situation has improved and to identify the contributing factors of stress and problems encountered.

**Results:** Though only 7.7% of the nurse managers in 2002 were job dissatisfied, 64.4% of them reported being overworked and 19.7% of them had frequent job stressed. The predictors for dissatisfaction among public sector nurse managers were stress, overworked and having a poor interpersonal relation with supervisors. Findings of 2014 however an increased level of job dissatisfaction to 14.1%; 61.1% complained of overworked and 7.3% subjected to frequent stress. Overworked and work stress were factors associated with job dissatisfaction among public healthcare nurse managers. The respondents in both the survey felt that too many responsibilities and the lack of managerial skills are the contributors to job dissatisfaction.

**Conclusion:** Reforms in nursing practice and mitigation of work stress are needed. Comprehensive formal management training for nurse managers is needed to better prepare nurses to the demands of their job.

**Keywords:** Nurse manager; Job dissatisfaction; Stress; Public hospitals; Health clinics

## Background

In 2014, hospitals admission and out-patients attendance of public healthcare facilities were 2,110,628 and 52,732,825 respectively [1]. These figures reflect the huge demand made by the health clients onto the public health facilities and public health care personnel, i.e. the nurse managers. Question arises not only with regards to the sufficiency of the manpower strength but whether the nurse managers have the capability, skills and readiness to face the demands of the new millennia.

The nurse managers, being faced with multiple demands, are now being challenged to acquire more skills and qualifications, i.e. obtain education on administrative and leadership skills, communicate effectively in other functional areas, manage resources of nurses, plan hospital and health clinic strategies, and cope well in a competitive health care environment [2].

Teamwork is crucial for nurse managers to be skilful in guiding and facilitating the team members. Nurse managers need to be

effective team leaders to coach, facilitate, handle disciplinary problems, conduct team reviews and individual performance, train and communicate effectively [3,4]. Many newer studies support French et al. [5] proposal of nine sub-scales of workplace problems that might impact on nursing profession. These problems are: in conflict with physicians, inadequate preparation, problems with peers, problems with supervisor, discrimination, workload, and uncertainty concerning treatment, dealing with death and dying patients as well as dealing with patients and their families.

Van Bogaert [6] found that emotional exhaustion is a predictor of job dissatisfaction and nurse turnover intentions. Cortese et al. [7] added that supportive management, emotional charge and job demand, and work-family conflict are also directly associated with job dissatisfaction. Furthermore, intra-group department type of conflict had a significant correlation with the nurse managers' perception of professionalism [8]. Cortese et al. [7] suggest better support from nurse managers, have specific organisation work models, ad hoc family-friendly policies and individual counselling programmes for nurses to ensure nurse managers' job satisfaction. Over-burdening and overwhelming responsibilities can have negative consequences and impact on the quality of nursing care and the overall health care services [9]. Buonocore and Russo [10] study supports Duffield et al. [9]. O'Brien-

Pallas et al. [11] and Van Bogaert et al. [6] assert that higher levels of role ambiguity and role conflict are associated with higher turnover rates and lead to mental health deterioration and worsen job satisfaction, as well as increase the likelihood of medical error.

To promote nurse retention, a supportive practice setting in which role responsibilities are understood by all members of the caregiver team should be in place [11]. Wang et al. [12] found that age and job position are related to occupational commitment and job dissatisfaction. The experienced nurses gained enable an efficient work process, thus reducing job dissatisfaction. Older nurses would be committed to stay if the Human Resource Department provides support and fair supervisors, and the hospital values the nurses' contribution and cares about their wellbeing [13]. Brinkert [14] suggested conflict coaching, i.e. providing supervisor conflict coaching competency and enhanced conflict communication competencies for nurse managers and supervisees, to reduce conflict problems at work. It will be effective if supported by a positive conflict culture and integrated with other conflict intervention processes.

In brief, nurses' positive work engagement will lead them to be dedicated to their job, which in turn leads to higher levels of personal initiative that are contagious, decreased hospital mortality rates and significantly higher financial profitability of organisations [15]. These literature reviews gave rise to a conceptual framework with three main independent variables; i.e. socio-demographic factors (such as age, place of work, type of department, state hospital, duration working with the Ministry of Health, and duration of nurse manager experience); job demand variables (workload, interpersonal skills and conflict, supportive management, and organisation of work); and level of competency (skills from training/education, skills from experience, criteria selection of nurse managers, and proportion of time allocated for work). These three independent variables affect the level of job dissatisfaction, via level of overworked and level of job stress. The conceptual framework is as in Figure 1.

## Objective

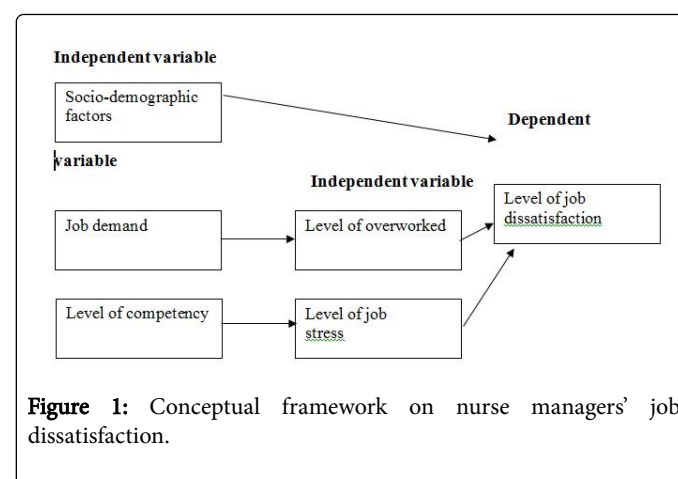
Emerging trends in health care services today have created increasing expectations and responsibilities of nurse managers to lead across the health care continuum. The healthcare services have created increasing expectations and responsibilities of the nurse to run pivotal roles in hospital as well as in health clinic. They are the health educators, counsellors, care coordinators, managers, researchers, as well as client advocates. There is a need for studies on nurse managers' perceptions of their new roles, the challenges they face and their job dissatisfaction.

This study explores the problems, extent of job dissatisfaction and stress level of nurse managers in Malaysia. Concerted efforts have been made to make the post of the nurse managers more attractive by increasing the training, mentor-mantee initiatives, increments and promotion opportunities. Has the situation improved over the years? Thus there is a need to assess the level of perceived job dissatisfaction among the present nurse managers. Furthermore, the study identify the skills that a nurse manager needs for this progressive career, factors that influence their job well-being, and to be a guide for promotion selection of future candidates. The study provides the Nurse Division and Ministry of Health (MOH) Malaysia with guide on what is lacking or promising, so that the nursing curriculum can be revamped appropriately and better guide for selection of higher calibre candidates of nurse managers.

## Methods

This is a comparative study of a survey conducted in 2002 among nurse managers working in public hospitals and health clinics in Malaysia and a survey in 2014 among nurse managers in Penang, a state in Malaysia. The survey instrument designed by the researchers comprised two parts. Part one consists of the socio-demographic background of respondents. Part two questioned respondents' perceptions of their satisfaction as a nurse manager, work burden, problems experienced and skills required to improve their working situations.

Convenient sampling method was chosen to obtained nurse managers employed as respondents for this study. Questionnaires were mailed to respondents and data collection was terminated six weeks after the final mailing. Statistical significant level of  $p < 0.05$  and the confidence intervals (CI) 95% were used. The data spread is of normal distribution. Descriptive statistics were employed to study the socio-demography of nurse managers, their location of workplace and job dissatisfaction, as well as their perception against every factor. Simple logistic regression and multiple logistic regression analysis were utilised to determine the association of the various factors and job dissatisfaction and to identify the significant factors.



**Figure 1:** Conceptual framework on nurse managers' job dissatisfaction.

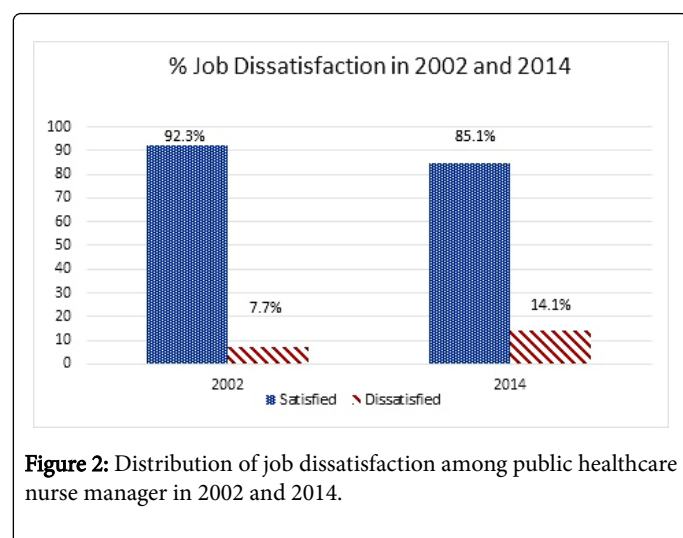
## Results

The total population of Malaysian nurse managers in both government hospitals and health clinics in 2002 was 998 and this study managed to obtain 52.7% response rate from 571 respondents (80.5% feedbacks were from public hospitals and 19.5% from the health clinics). The nurse managers' socio demographic result is in Table 1. The mean age of nurse managers was 49 years. Majority of the respondents were working in hospital ward (62.2%) followed by 13.8% from the primary health clinics, 9.8% district health office, 7.2% intensive ward, 6.3% clinics within hospitals and the least from the State Health Department (2.3%). Looking into the work description, 69.4% worked in wards, 13.8% were working in clinics (primary health clinics and hospital clinics) and 16.8% doing mainly administrative work in the State Health Department. Thus the majority are from the medical division (75.5%) with 24.3% from the public health division. A total of 46.1% of the respondents were from non-state hospitals, 29.6% were from state hospitals and 24.3% from the public health.

Survey conducted in 2014 among the 262 nurse managers of Penang, response rate of 97.7%, from a total of 268 nurse managers

revealed a younger mean age of 45 years. Ward nurse managers made up 42.9% of the respondents, 16.4% primary health clinics, 1.5% district health clinics, 13% intensive wards, 3.1% from the state health department and 21.4% clinics in hospitals. A total of 54.6% worked in wards, 34.4% in clinics and 8.8% mainly administrative work. Majority of the respondents are from hospitals (83.6%) with the rest from the health clinics. This time around the majority 45% are from the state hospitals, 39.9% from non-state hospital and 15.3% from the health clinics.

Nurse managers of 2002 have served in the Ministry of Health a mean age of 27 years with an average of service of 8 years as nurse managers. Whereas in 2014 the nurse managers have worked with a duration of service of 21 years and 4 years as nurse managers. What was interesting was that 7.7% of the respondents in 2002 were job dissatisfied working as nurse manager compared to 14.1% respondents in 2014 (Figure 2).



**Figure 2:** Distribution of job dissatisfaction among public healthcare nurse manager in 2002 and 2014.

Socio-demographic characteristic	2002		2014	
	n	%	n	%
Age	571	49+3 a	262	45+7a
Place of work	571	100	256	97.7
Ward	355	62.2	111	42.9
Clinic	79	13.8	43	16.4
District Health Office	56	9.8	4	1.5
Intensive Ward	41	7.2	34	13
State Health Department	13	2.3	8	3.1
Hospital Department	36	6.3	56	21.4
Work description	571	100	256	97.7
Ward	396	69.4	143	54.6
Clinic	79	13.8	90	34.4
Administrative	96	16.8	23	8.8
Division	571	100	262	100

Hospital	432	75.7	219	83.6
Health	139	24.3	43	16.4
Centre	571	100	262	100
State hospital	169	29.6	118	45
Non-state hospital	263	46.1	104	39.7
Health department	139	24.3	40	15.3
Duration with MOH (year)	571	27+4 a	262	21+6 a
Duration as nurse manager (year)	571	8+	258	4+3 a
Job satisfaction	571	100	260	99.2
Job satisfied	527	92.3	223	85.1
Job dissatisfied	44	7.7	37	14.1
Overworked	571	100	259	98.9
Yes	368	64.4	160	61.1
No	203	35.6	99	37.8
Stress exposure	571	100	262	100
Sometimes	469	82.1	245	92.7
Always	102	17.9	19	7.3
Relationship with doctors	497	87	261	99.6
Good	441	77.2	234	89.3
Weak	56	9.8	27	10.3
Relationship with supervisors	500	87.6	262	100
Good	443	77.6	240	91.6
Weak	57	12.4	22	8.4
Relationship with colleagues	502	87.9	262	100
Good	482	84.4	253	96.6
Weak	20	3.5	9	3.4
Relationship with subordinates	502	57.9	262	100
Good	477	83.5	251	95.8
Weak	25	4.4	11	4.2
Relationship with patients	496	86.9	262	100
Good	472	82.7	250	95.4
Weak	24	4.2	12	4.6
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**Table 1:** Socio-demographic characteristic of the respondent.

The age of the nurse managers do not have any significant relationship to job dissatisfaction. However, where the nurse managers work do, and this is only significant with 2014 data. Nurses working in 2014 in the clinics (OR 0.61) appeared to have the lowest job

dissatisfaction compared to those in administrative office and ward work (OR 2.83). Those in the non-state hospitals were nine times more job dissatisfied whereas those in the state hospitals are less job dissatisfied (OR 0.78). Similarly the duration of work has no significance on job dissatisfaction, either for the category of more than 25 years of service duration with the MOH (OR 1.8 in 2002 and OR 0.79 in 2014 job dissatisfied) or more than five years (OR 1.4 times in 2002 and OR 1.0 in 2014 job dissatisfied).

Furthermore, nurse managers who had reported of being overworked were 8.3 times more job dissatisfied in 2002 as well as in 2014. This finding correlates with the feeling of being subjected to incidence of stress frequency. With a significant p-value of <0.001,

those who perceived always subjected to stress were 13.5 times more job dissatisfied in 2002 as compared to the nurse managers in 2014 who are 8.8 times more job dissatisfied.

In addition, it helps having a good job inter-relation with doctors, supervisor and colleagues in 2002. Those with weak or having an interpersonal job conflict relationship were having job dissatisfaction of 2.7 times more with doctors, 5.6 times more with supervisors and 4.5 times more with colleagues. However, there was no significant relationship between nurse managers' job dissatisfaction and having a weak job interpersonal relationship towards subordinates and patients in 2002. Similarly in 2014, job dissatisfaction has no significant with any interpersonal relationships (Table 2).

Factor	Crude OR	(95% CI OR)		x2 (df)	p value	Crude OR	(95% CI OR)		x2 (df)	p value
Age										
>45	0.664	0.268	1.648	0.71(1)	0.377	1.619	0.798	3.283	0.18(1)	0.182
<45	1					1				
Work description				4.28(2)	0.118				12.70(2)	0.002
Ward	3.006	0.904	9.988			2.838	0.63	12.788	1.84(1)	0.174
Clinic	2.548	0.616	10.535			0.618	0.112	3.408	0.30(1)	0.58
Administrative	1					1				
Centre				2.10(2)	0.349				8.76(2)	0.012
State hospital	1.831	0.766	4.381			6.118	0.785	47.698	2.98(1)	0.084
Non-state hospital	1.275	0.543	2.992			9.512	1.232	73.465	4.66(1)	0.031
Health department	1					1				
Duration with MOH										
<25	1.897	0.994	3.622	3.55(1)	0.052	1.654	0.799	3.422	1.77(1)	0.175
>25	1					1				
Duration as nurse manager										
>5	1.429	0.705	2.895	1.02(1)	0.322	2.054	1.008	4.182	3.96(1)	0.047
<5	1					1				
Overworked										
Yes	8.359	2.555	27.35	21.63(1)	0	8.381	2.496	28.144	19.23(1)	0.001
No	1					1				
Stress exposure										
Always	13.542	6.851	26.766	60.59(1)	0	8.807	3.287	23.594	17.40(1)	0
Sometimes	1					1				
Doctor interpersonal relationship										
Weak	2.721	1.106	6.696	4.07(1)	0.029	2.493	0.966	6.431	3.20(1)	0.059
Good	1					1				
Supervisors interpersonal relationship										
Weak	5.646	2.513	12.685	14.93(1)	0	2.684	0.969	7.437	3.19(1)	0.058

Good	1					1				
Colleagues interpersonal relationship										
Weak	4.57	1.422	14.684	5.01(1)	0.011	1.34	0.163	11.033	0.08(1)	0.786
Good	1					1				
Subordinates interpersonal relationship										
Weak	2.365	0.665	8.418	1.47(1)	0.184	1.536	0.313	7.532	0.25(1)	0.597
Good	1					1				
Patients interpersonal relationship										
Weak	1.625	0.362	7.303	0.35(1)	0.526	1.359	0.282	6.553	0.13(1)	0.703
Good	1					1				

**Table 2:** Factors associated with job dissatisfaction.

Using multiple logistic regression models adjusting for covariates, the study found that the significant factors contributing towards job dissatisfaction in 2002 were overwork, always confronted with frequency of stress and weak interpersonal relationship with supervisor. The odds of those who perceived they were overworked were 5.4 times more job dissatisfied. Whereas the odds of those reported that they always face stress in the course of work were 4.6 times higher job dissatisfied. The OR increased to 12.8 if they are subjected to both overworked and stress. Only those with weak interpersonal relation with their supervisor were 1.5 times more odds of job dissatisfied than their counterpart who enjoyed better job relation.

5.9 times and 5.6 times more job dissatisfied respectively. The OR is raised to 6.3 if they are subjected to both overworked and stress. Interpersonal relationship seems not important among the 2014 respondents. Their role whether they are involved in ward work, clinic work or administrative work is significant. Nurse Managers doing the clinical have a protective OR 0.4 towards job dissatisfaction whereas their colleagues working in the ward is 1.6 times more odds of job dissatisfied. Being overworked in the ward subjected the nurse managers to 8 times more odds of job dissatisfaction. Overworked in the clinic reported a mere OR 1.6. Job dissatisfaction magnified with stress induced for those in the ward (OR 11.1) (Table 3).

We find similar findings with nurse managers in 2014. The odds of those who perceived they were overworked and always stressed were

2002		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
								Lower	Upper
	Overworked	1.689	0.777	4.723	1	0.03	5.416	1.18	24.856
	Stress always	1.536	0.454	11.442	1	0.001	4.647	1.908	11.319
	Weak supervisor relationship	1.597	0.463	11.907	1	0.001	4.938	1.994	12.233
	Overworked*stress	2.552	0.343	55.274	1	0	12.833	6.549	25.148
	Constant	-7.982	1.708	21.836	1	0	0.01		
2014		B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
								Lower	Upper
	Work description			4.622	2	0.099			
	Ward work	0.517	0.841	0.378	1	0.539	1.677	0.323	8.715
	Clinic work	-0.831	0.939	0.783	1	0.376	0.436	0.069	2.743
	Administrative	1							
	Overworked	1.79	0.638	7.859	1	0.005	5.987	1.713	20.921
	Stress always	1.732	0.533	10.569	1	0.001	5.654	1.99	16.067



Work description*overwork				21.107	2	0			
	Ward work	2.087	0.512	16.625	1	0	8.06	2.956	21.978
	Clinic work	0.49	0.693	0.5	1	0.479	1.633	0.42	6.351
	Administrative	1							
Work description*stress				18.259	2	0			
	Ward work	2.411	0.564	18.259	1	0	11.143	3.688	33.669
	Clinic work	-19.198	23205.4	0	1	0.999	0	0	
	Administrative	1							
Overworked*stress		1.855	0.56	10.972	1	0.001	6.395	2.133	19.17
Constant		-3.53	0.926	14.526	1	0	0.029		

**Table 3:** Factor associated job dissatisfaction 2002 and 2014 using multiple logistic regressions.

In summary, overwork and stress are factors of job dissatisfaction with stress a major contributor. Comparing the findings of 2002 and 2014, the job dissatisfaction among nurse managers in public healthcare seems to be worsening. Nurse Managers in 2002 were 7.7% job dissatisfied but this figure doubled to 14.1% in 2014 (t-value 8.64, p=0.03).

The problems faced by nurse managers in public hospitals and health clinics were derived from the qualitative part of the questionnaire. The problems stated produced two main themes, i.e. 'problem within the scope of nurse managers' job' which include factors such as high workload, high responsibilities, need for additional skills and trainings, too many paperworks, and late notifications of assignment deadlines and 'problem from shouldering extra responsibilities' includes unreasonable expectations from the top administrators, clerical work, attending meetings, and involvement in 'Quality Assurance Programmes' were quoted.

Nurse managers complained of overwhelming clinical and administrative tasks of nurse managers, dissatisfied with the selection of candidates for promotion and over the lack of appreciation and even interpersonal problems. Respondents said they find it difficult in them to carry out their duties in terms of being assertive, as it is not a trait that is looked upon positively in Malaysian culture (the degree to which an individual are assertive, confrontational, and aggressive in their relationship with others). Respondents were aware on what is needed to improve managerial skill and the importance of leadership skill. Emphasis is on competency in technical and interpersonal knowledge and skills, such as nursing and management knowledge, aptitude of a leader, good communicator, discipline and information technology knowledge. Many believed they have what it takes to be a good nurse manager; i.e. having communication, supervision and public relation skills through formal and informal learning or peer teaching.

## Discussion

Nurse managers are generally job satisfied working with the Ministry of Health, Malaysia. Although they have a lot of administrative works, they are relatively able to cope with the workload. Overworked, frequency of stress and relation with supervisor are factors that influence job dissatisfaction. The most

obvious means of reducing the workload of nurse managers is to ensure staffing were adequate, with enough administrative staff to reduce the paperwork burden [16].

Harassment in terms of dumping of work from doctors, supervisors, managers and colleagues causes distress and absenteeism amongst nurses [17,18]. Improved leadership or management styles would reduce inter-professional and intra-professional conflicts. Interestingly, the skills needed by a competent nurse manager were also skills that opened the opportunities for nursing promotions, such as readiness to work, willingness to learn and interpersonal skills [5].

This digital age emphasises Information Technology (IT) knowledge. The complains from nurse managers of increasing generation of nursing and management reports are consistent with the results by Gallivan et al. [19] that there is a need for IT skills.

More interestingly, nurses have difficulty asserting themselves as managers due to masculinity problem. One of the respondents specifically stated her needs to 'learn to be more authoritative'. Based on Hofstede cultural dimensions, Malaysia's Power Distance and masculinity score is high [20,21]. Men are expected to be tough, assertive, and a provider. Yet, low masculinity scores do not reverse the gender roles, thus women working outside home tend to have separate professions from men [22]. Furthermore, according to the social role model approach [23], gender roles are internalised very early in life through socialisation processes, and they both shape personality traits and trait-relevant behaviour. The Ministry of Health, Malaysia has to improve the self-efficacy of nurse managers to enable them to carry out their duties well.

## Conclusion

There is a need to have a more detailed study on the masculinity culture existing in Malaysia and particularly in nursing. If the culture is prevalent, care has to be taken by the Ministry of Health, Malaysia to assist nurse managers to by way of increasing the nurse managers' self-efficacy in management.

Even though job dissatisfaction among nurse managers is low, MOH has to take note of the nurse managers' workload, stress level, relation with supervisors and their lack formal managerial skills. MOH should include these necessary skills in the formal nursing modules.

The outcome of this study could guide the Nurse Colleges and Human Resource Department, Ministry of Health, Malaysia on how to revamp the nurse training of nurse managers and have better guide of selecting higher calibre candidates for the post of nurse managers.

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