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**Belongingness, Work Engagement, Stress and Job Satisfaction in a Healthcare Setting**

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Megan Josling

Submitted in partial fulfilment of the requirements of the BA (Hons) in Psychology at  
Dublin Business School, School of Arts, Dublin.

Supervisor: Dr. John Hyland

Programme Leader: Dr R. Reid

March 2015

Department of Psychology

Dublin Business School

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## Acknowledgements

I would like to express my gratitude to my supervisor Dr. John Hyland for his inspiration, continual support and guidance throughout the duration of this study. In addition I would like to extend my gratitude to Margaret Walsh, Dr. Rosie Reid and Dr. Patricia Frazer for their dedication and support during our project classes.

This study would not have been possible without the [REDACTED] Healthcare Group who granted me access to their employees to obtain my required sample. I would also like to thank the employees who took the time out of their busy working days to participate in this study.

Furthermore, I would like to thank my family and friends for their patience, encouragement and continual support throughout this year.

## Abstract

Research has indicated that belonging, employee engagement and stress play an integral role in perceived job satisfaction. Belonging, engagement and stress were explored as potential predictors of job satisfaction in an Irish geriatric healthcare organisation. Seventy nine nursing home employees completed four psychological measures including: Utrecht Work Engagement Questionnaire; Psychological Sense of Organisational Membership Questionnaire; Occupational Stress Index; Job Satisfaction Survey. Findings indicated that belongingness, stress and work engagement are predictors of job satisfaction in an Irish healthcare setting. Significant unique contribution was made by belonging and stress but not engagement. There was no interaction effect between gender and belonging on job satisfaction; no difference in scores on belongingness, stress, work engagement and job satisfaction between healthcare and support staff; and lastly, no relationship between employee length of service and job satisfaction. Findings highlight the important role of stress, belonging and, to an extent engagement, in relation to job satisfaction.

## Introduction

The 2011 Irish Census indicated that over 56,000 nurses and 42,000 care assistants were employed in both public and private healthcare sectors (Department of Health, 2012). General support staff in the healthcare sector included about 10,000 workers, with total healthcare professionals being estimated at around 104,000 individuals (Central Statistics Office, 2012). With the healthcare industry playing an integral role in society, it is important that those employed in the sector are physically and psychologically supported by both the government and their respective employers. The HSE (2013, *para.1*) reports to provide healthcare staff with occupational health support networks and aims to promote the wellbeing of those in their employment. The Health Information and Quality Authority (HIQA) are the inspecting and governing body for the provision of ethical and humane service in the Irish healthcare sector. HIQA aims to ensure healthcare providers and employees adhere to national healthcare and social care practices. With the expectation of optimal levels of care from healthcare staff, it is important that their own physical and emotional wellbeing are seen to as best as possible in order to provide such a service.

Job satisfaction has been shown to have a relationship with both psychological wellbeing (Ramirez, Graham, Richards, Gregory, & Cull, 1996; Piko, 2006; Wright, & Bonett, 2007) and physical wellbeing (Dua, 1994; Hoogendoorn, Bongers, De Vet, Ariens, Van Mechelen, & Bouter, 2002). A meta-analytic study by Faragher, Cass, & Cooper, (2005) indicated that job satisfaction has significant implications for psychological well being and relates to levels of employee burnout, depression and anxiety. With this in mind it was an aim of this study to investigate whether belongingness, stress and work engagement are predictors of job satisfaction in the care of the elderly sector of the healthcare environment in Ireland.

The importance of job satisfaction being the implications it has with regard to employee psychological health and wellbeing.

### *Job Satisfaction*

Job Satisfaction is considered to be the attitudes, whether positive or negative, a person holds with regard to their current employment (Ajayi, & Abimbola, 2013). Sousa-Poza & Sousa-Poza (2000) highlight that there are two potential ways of looking at job satisfaction. From a bottom-up perspective, the work environment of the employee and the degree to which their psychological and physiological needs are met influences their levels of satisfaction. Alternatively from a top-down perspective, the intrinsic motivation and disposition of the individual plays a key role in determining their level of satisfaction. A bottom-up perspective is utilised for this study as the primary aim is to ascertain whether stress, belonging and engagement are predictors of job satisfaction. Stress, belonging and engagement levels being influenced by the psychosocial workplace environment the employee finds themselves in.

Workplace satisfaction has major implications with regards to staff turnover, absenteeism, burnout and productive performance (Singh & Dubey, 2011), as well as individual wellbeing (Faragher, Cass, & Cooper, 2005). While this study aims to investigate whether belongingness, employee engagement and perceived occupational stress are predictors of job satisfaction in a healthcare setting, it is important to briefly discuss the relationship between job satisfaction and employee work related behaviour, mainly that of staff turnover, subjective burnout and employee absenteeism.

### *Job satisfaction and burnout.*

Job satisfaction has been statistically shown to be predicative of burnout (Kalliath, & Morris, 2002), with a study by Piko (2006) on Hungarian care staff indicating that job dissatisfaction was significantly linked to burnout, especially emotional exhaustion which in turn was related to employee health. Burnout is defined as emotional exhaustion (depletion of psychological and emotional energy reserves), negative attitude and affect of one's work and clients, and lastly a negative self-evaluation tendency (Maslach, & Jackson, 1981). Thus, burnout does not just concern the individual employee and their well being but can also have major implications for the healthcare workplace as a whole. Burnout has been described as being the antithesis of engagement in existing literature (e.g. Leiter & Maslach, 2005; González-Romá, Schaufeli, Bakker & Lloret, 2006; Schaufeli & Bakker, 2003), and adds strength to the rationale of including engagement as a principle potential predictor of job satisfaction in the present study.

### *Job satisfaction and absenteeism.*

Absenteeism is defined as, “unscheduled disruption of the work process due to days lost as a result of sickness or any other cause not excused through statutory entitlements or company approval” (IBEC, 2011, p.8). Absenteeism does not only have implications for the economy but it also places extra pressure (i.e. stress) on employees who have to compensate for the absence of their colleagues. Cohen & Golan (2007) found that absenteeism was strongly predicted by job satisfaction in an employee sample from long term healthcare facilities. Thus it is suggested that in order to decrease absenteeism, healthcare organisations need to focus on establishing what the predictors of job satisfaction are and implementing a strategy to foster a highly satisfied environment for their employees to benefit the healthcare industry, clients and the employees themselves.

Hendrix, Gibson & Spencer (1994) found that there are gender differences in stress, exhaustion, depression and absenteeism scores. They found that in females, the rate of absenteeism due to wellbeing factors placed them under increased strain and stress to catch up with their designated work once they returned. These findings provide evidence that stress can lead to absenteeism and, to a degree, absenteeism can lead to stress. Perceived occupational stress is included in this study as a target variable as there appears to be a stress-satisfaction-absenteeism relationship (I.e. that stress is an antecedent of job satisfaction which may lead to absenteeism, while stress appears to also have a direct relationship with absenteeism).

According to Kass, Vodanovich & Callender (2001) length of service appears to be correlated with both satisfaction and absenteeism in the workplace. A possible explanation for this relationship could be that the longer an individual is in a given position, the more habituated they become to their working routine leading to a decrease in stimulation which may influence their level of satisfaction and in turn rate of voluntary absenteeism. The present study will thus also investigate whether there is a relationship between length of service and job satisfaction in a sample of Irish healthcare/support workers.

#### *Job satisfaction and turnover.*

Although a certain level of staff turnover is beneficial for a company with an introduction of new skills, ideas and different perspectives, a high level can have negative effects in the workplace (Riggio, 2013). Nurse's and healthcare assistants (HCA's) intentions to leave are significantly related to their levels of job satisfaction (Ramoo, Abdullah, & Piaw 2013). Cohen-Mansfield (1997) report that aiming to reduce high levels of turnover in Care Facilities is especially important, not just for the organisation but also for the quality of care of the residents. This centres mostly on the idea that a high level of turnover



can increase patient disorientation with the continual introduction of new staff as well as the severing of the psychosocial bonds that they have established with their initial caregivers. This suggests that not only is it important for the employee to be satisfied with their workplace but that their satisfaction and intended turnover can have implications for those in care, as well as for their colleagues (Vahey, Aiken, Sloane, Clarke & Vargas, 2004; O'Brien-Pallas, *et al*, 2006; Mesrirow, Klopp & Olson, 1998).

Personally identifying with an organisation can contribute to some degree to overall individual satisfaction and influence turnover intention (Van Dick *et al*, 2004). Belongingness and engagement are central variables in this study as it has been suggested that creating a psychosocial workplace environment that encourages a sense of belonging and identification can foster an increase in job satisfaction and thus decrease intended staff turnover. Identification is suggested to encompass the tendency for individuals to conform to organisational norms as well as integration with individual self concept. It could be argued that this identification could be viewed as a facet of work engagement.

Thus far it has been established that the study of job satisfaction is important due to its relationship with employee wellbeing, employee burnout, absenteeism and staff turnover. It is now important to look at the possible predictors of job satisfaction. In an Irish study, Curtis (2007) found low to moderate of job satisfaction levels in a nursing sample with variables such as professional status, interaction and autonomy significantly relating to increases in job satisfaction while task requirements, policies and remuneration did not. More general findings have suggested that job satisfaction is significantly related to perceived stress (Zangaro & Soeken 2007), co-workers, promotional opportunities, superiors, and compensation (Nicholas, Howard & Jules, 2006).

Taking these factors into account, this study aims to look at employee engagement, stress and belongingness as predictors of job satisfaction in both healthcare and support staff in a long term Nursing Home facility in Ireland. These variables were selected as they have been significantly linked with job satisfaction in past research.

### *Employee Engagement*

Kahn (1992) highlighted that if a person is psychologically present, i.e. that they are attentive, connected, integrated and focussed in the workplace, then they are able to perform their job role at an optimal level as well as directing own personal skill and competency growth. The idea of employee immersion in their work has led to a large body of research over the last decade in the direction of employee engagement (e.g. Moura, Orgambidez-Ramos & Goncalves, 2014; Macey & Schneider, 2008; Alarcon & Lyons, 2011; Saks, 2006; Torrente, Salanova & Llorens, 2013; Schaufeli, Bakker & Salanova, 2006; Bakker, Schaufeli, Leiter & Taris, 2008).

Employee engagement can be defined as workplace motivation characterised by vigour, dedication and absorption (Moura, Orgambidez-Ramos & Goncalves, 2014). Macey & Schneider (2008) propose that engagement can either be a psychological state i.e. positive affect, high job enthusiasm and involvement, integration of organisational identity with individual identity, pride in the workplace; or behavioural actions of engagement including: organisational citizenship behaviours, pro-activity in the workplace as well as showing initiative and dedication to tasks and objectives. Their critical evaluation of engagement research and measurement did indicate that there is still a gap in the literature regarding a unitary view of what engagement constitutes. There was also concern with regard to the established measures of engagement, with a query existing whether or not the measures are reliable and valid. They do however indicate that two measures are excluded from this

concern, including the Utrecht Work Engagement Scale (Schaufeli, Salanova, González-Romá, & Bakker, 2002; Schaufeli & Bakker, 2003) which was utilised in this study.

Although questions exist regarding engagement as a distinct construct, argument has been made that work engagement was shown to be a distinct and separate from both job involvement and organisational commitment by Hallberg & Schaufeli (2006). Although all three constructs are associated with positive attitudes and affect experienced towards the workplace, job involvement is characterised by preoccupation and concern for the job (Kanungo, 1982) and organisational commitment pertaining to identification and integration of the organisational goals and values, a motivation to remain with the organisation and a willingness to exert effort to ensure the success of the organisation (Steers, 1977). With a study by Scrima, Lorito, Parry & Falgares (2014) providing evidence of the separateness of the constructs in that work engagement mediates job involvement and organisational commitment.

Further studies have examined the direct and indirect relationship between work engagement and job satisfaction (e.g. Giallonardo, Wong & Iwasiw, 2010; Alarcon & Edwards, 2011; Saks, 2006). In addition, a cross sectional study by Moura, Orgambidez-Ramos & Goncalves (2014) found that role conflict and work engagement significantly predicted job satisfaction. More specifically they found that stress and engagement were negatively correlated. This suggests that when unrealistic demands are expected from an employee, there is a chance they may experience a decrease in engagement with a domino effect likely to occur on the positive relationship between engagement and satisfaction. They further suggest that this mediating role comes from the depletion of physical and psychological reserves when faced with excessive stressors leading to a decrease in absorption and dedication. As this study implies there is a stress-engagement-satisfaction relationship, stress was thus included as a central variable in this study.

### *Occupational Stress*

Singh & Dubey (2011) define stress as ‘a physiological and psychological reaction to relatively excess demands made on a person’ (p.43). In their study they propose that job satisfaction is a useful outcome measure of stress in the workplace as it can be linked to negative affect induced by stressors employees may encounter. Their research adds to the above mentioned stress-engagement-satisfaction relationship by providing evidence that stress can also have an effect on performance (i.e. stress-engagement-satisfaction-performance relationship).

In a study with a sample of nursing professionals, Happell, Dwyer, Reid-Searl, Burke, Capercione & Gaskin (2013) identified that potential stressors included high workloads, unavailability of doctors, unsupportive management, human resource issues, interpersonal issues, patients’ relatives, shift work, handover procedures, no common area for nurses, not progressing at work and patient mental health. These findings are similar to that of Lapane & Hughes (2007), whose study also identified the main source of stress for HCA’s include poor pay, understaffing, and excessive workload. No research has identified the main sources of stress for nursing home support staff as of yet.

Work related stress research is important as perceived stress has implications not just for the individual and their well being but also for those in their care and the organisation as a whole. Findings by VonDras, Flittner, Malcore & Pouliot (2009) indicate that perceived psychological stress has a significant negative relationship with job satisfaction and the experience of stress affected decision making on ethical issues such a taking short cuts in patient care to complete all work related tasks. They also found if the service was made available, there was significant interest in training on how to cope with stress. As frustration, stress and being overwhelmed are the main source of ‘care short-cuts’ it is important for healthcare organisations to provide coping training and supervisor support (McGilton, Hall,

Wodchis & Petroz, 2007) for their staff to ensure optimal levels of satisfaction and wellbeing so that they can provide the best care that's within their power to provide (VonDras, Flittner, Malcore & Pouliot, 2009).

Research has indicated that an effort-reward imbalance (ERI) can lead to job dissatisfaction and increased turnover intentions (Dill, Morgan, & Marshall, 2013), with dissatisfaction also being linked to employee burnout (Piko, 2006). Van Vegchel, De Jonge, Meijer & Hamers (2001) reports significant findings that ERI in a healthcare setting can have negative effects on both the physical and psychological wellbeing of employees. While in a nursing sample Bakker, Killmer, Siegrist & Schaufeli (2000) found that nurses who exerted high effort to meet organisational goals of exemplary care, but received low levels of rewards, had higher burnout scores (especially exhaustion and depersonalisation). From this research of ERI and previously mentioned stress research it can be argued that in order to maintain the wellbeing and satisfaction of employees, which has further effects at patient and organisational levels, healthcare employers have a responsibility to establish an equitable effort-reward system as well as providing support systems for those in their employment.

A trend in occupational stress management research has been focused on individual interventions of stress management. However, in a review study by Giga, Noblet, Faragher & Cooper (2003) they found that the most effective means of reducing stress in the workplace is via an organisational level of intervention. This suggests that although looking after individual employee wellbeing is dramatically important for an organisation, group level stress management tends to be more beneficial in the long run. It may be that when interventions are performed at group level, it fosters a sense of social support. Social support being an important factor influencing work related outcomes.

### *Belongingness*

In general, a sense of social support has been shown to have a significant correlation with work related outcomes including: burnout, job satisfaction and employee performance (Baruch-Feldman, Brondolo, Ben-Dayana, & Schwartz, 2002). Similar findings were reported by Mark & Smith (2012), where high satisfaction in the workplace was related to social support, job control and personal factors such as coping strategies and attribution styles in a university employee sample. It could be argued a sense of belonging can be fostered through support from peers and supervisors.

Baumeister & Leary (1995) reviewed belonging literature and came to the conclusion that belonging is a strong innate desire to connect with others. Their review suggests that people make social bonds with very limited encouragement (influenced by proximity and similarity) with quality rather than quantity being important when it comes to relatedness and belonging. It should be noted that belonging plays a role in human emotion, wellbeing and cognition (effects of thinking about interpersonal relationships). They pose the theory that if the belongingness hypothesis is correct, that a substantial amount of human behaviour will be influenced by its motivational driving forces.

According to Cockshaw & Shochet (2010) workplace belongingness can be defined as the extent to which a person feels included, supported and at one with their psychosocial workplace environment. Their study indicates workplace belongingness is related to emotional wellbeing (depression, anxiety, stress). It should be noted that depressive symptoms can influence the level of belongingness an individual experiences, but on the whole the suggestion stands that the workplace, as a social environment, plays a significant part in the subjective wellbeing of employees. A relation between work engagement and belonging can also be argued. For example, Van Dick et al, (2004) proposed that organisational identification (tendency to conform to norms and integrating organisational

values with subjective self concept) is linked with job satisfaction and influences turnover intention. Thus they suggest fostering identification and belonging in an organisation could have positive effects on job satisfaction and decrease turnover intentions.

Social cohesion and friendship was identified by Maslow (1967, 1970, as cited by Riggio, 2013) as a third level motivational force in his five stage hierarchy of needs theory. Belonging is a part of social cohesion, as it pertains to the degree to which an individual feels integrated into their psychosocial workplace environment and their work group. Concepts of group functioning and group dynamics become significant in this respect. However, it is not an aim of this study to determine how a group functions, but rather how the degree to which individuals perceive themselves as belonging in their workplace environment is related to their job satisfaction.

Support for a relationship between a sense of belonging and satisfaction has been reported by Winter-Collins & McDaniel (2000) in a sample of graduate nurses. They found that belonging was significantly related to total satisfaction, interaction opportunities and their co-workers. It should be noted that they were least satisfied with opportunities for individual and career advancement. This suggests, although social inclusion is important for wellbeing, is not a unitary factor influencing satisfaction. It is thus of interest to this study to identify whether belonging predicts job satisfaction in a sample of Nursing Home employees.

### *The Current Study*

Job satisfaction is an important predictor of performance, turnover intention and absenteeism, as well as employee health and wellbeing. For this reason it is important to establish what the predictors of job satisfaction are in a long term care nursing home setting where the main occupational function is to provide a service of care and support for those

who are vulnerable or unable to care for themselves, while maintaining an occupationally healthy and supportive environment for all staff.

Although most of the above mentioned findings mainly come from samples consisting of nurses, this quantitative questionnaire study aims to fill a gap in the existing healthcare job satisfaction research in an Irish setting by investigating whether belongingness, work engagement and occupational stress predicted levels of job satisfaction in both healthcare and support staff nursing home workers. These variables are included as previous research has indicated that they play an important role in the development and maintenance of subjective job satisfaction.

#### *Hypothesis 1*

It is predicted that belongingness, work engagement and occupational stress predict job satisfaction.

#### *Hypothesis 2*

It is predicted that there is an interaction between belongingness and gender in job satisfaction.

#### *Hypothesis 3*

It is predicted that belongingness, work engagement, job satisfaction and occupational stress will differ depending on type of position a person holds within a company

#### *Hypothesis 4*

It is predicted that length of service in a company will be related to job satisfaction



## Methodology

### *Participants*

The sample comprised of 79 employees from two separate care units of a private nursing home healthcare organisation. The mean age of the sample was 33.41 years, ranging from 19 to 61 years old ( $SD = 11.48$ ). 18 male (21% of overall sample) and 61 female (79% of overall sample) participants took part in the study. The participants were from both healthcare (nurses, HCA's, nursing management;  $N = 55$ ) and support positions (catering, housekeeping, HR, maintenance;  $N = 22$ ) (2 of unknown positions). Length of service ranged from 2.5 to 96 months ( $M = 25.58$ ;  $SD = 20.43$ )

An opportunistic convenient sampling method was used (non-probabilistic sampling). Thus, not all employees had equal opportunity to take part in the study i.e. those not on duty, sick, on holidays or missed in the process.

### *Design*

A quantitative correlational design was employed for this study. Key variables included workplace belongingness, job stress, workplace engagement, job satisfaction, age, gender, position in company and length of service. The variables altered in respect to being either the IV/PV or DV/CV depending on the research question under investigation. The design was cross sectional for Hypothesis 2 and 3 as comparison were made between independent groups for both these hypotheses.

### *Hypothesis 1.*

Predictor variables included workplace belongingness scores, work engagement scores and occupational stress scores. The criterion variable was job satisfaction scores.

*Hypothesis 2.*

Independent variables included sex and workplace belongingness scores with the dependent variable being job satisfaction scores.

*Hypothesis 3.*

The independent variable was position type (nursing vs. non-nursing) and dependent variables included workplace belongingness scores, work engagement scores, occupational stress scores and job satisfaction scores. The overarching term for the four dependent variables for the purpose of this hypothesis was 'Subjective Workplace Evaluations'.

*Hypothesis 4.*

The predictor variable was length of service (months) while the criterion variable was job satisfaction scores.

*Materials**Demographic questionnaire.*

Demographic questions pertained to sex, age, position type and length of service. For the age and length of service questions participants were required to respond with figures, producing scale level data. The age value was in years and although length of service was in years and months, the researcher converted this to monthly values for later data analysis. Sex and position type required participants to select one of two categories, male or female for sex and either healthcare (nurses, HCA's, nursing management) or support (household, catering, HR, maintenance) for position type. These categories were used for intergroup comparisons (H<sub>1</sub> 2 & H<sub>1</sub> 3)

*Utrecht work engagement questionnaire.*

Utrecht Work Engagement Questionnaire (Schaufeli & Bakker, 2003) consists of 17 items measuring participants self reported level of work engagement. It has three subscales including vigour (6 items e.g. 'At my work, I feel bursting with energy'), absorption (5 items e.g. 'Time flies when I'm working') and dedication (6 items e.g. 'I find the work that I do full of meaning and purpose'). Participants are required to indicate on a 7 point likert scale how often each statement applies to them with 0 – 'never' through to 6 – 'daily'. The possible range of scores, if all questions are answered is between 0 and 102, with higher scores indicating employee engagement.

As engagement is defined as being on the opposite spectrum of burnout; it could be assumed that the closer a participant scores to 0 on this measure the more likely it is that they may be experiencing burnout. Schaufeli & Bakker (2003) report a series of validity studies which indicated a strong negative relationship between burnout and engagement. Stability over time for this measure was reported at  $r_1=.63/.72$  across overall scoring in two samples. Internal consistency of the measure is good with Chronbach alpha coefficient ranging between .88 and .95.

*Psychological sense of organisational membership scale.*

Psychological Sense of Organisational Membership (PSOM) is Cockshaw & Sochet's (2010) adaptation of Psychological Sense of School Membership (PSSM) by Goodenow (1993). The PSSM is an 18 item measure of belonging for adolescents in secondary education. The reliability of this measure is good with an alpha score of .88. Participants are required to indicate on a 5 point likert scale how true each statement is for them with 1 – 'not true at all' through to 6 – 'completely true'. The possible range of scores, if all questions are answered is between 18 and 90, with higher scores indicating a sense of belonging. Reverse

scoring is required for questions 3, 6, 9,12, and 16. Cockshaw & Sochet (2010) adapted this measure by substituting work related concepts for school related ones e.g. ‘I feel like a real part of this school’ vs. ‘I feel like a real part of this organisation’ or ‘Teachers at my school respect me’ vs. ‘The managers/supervisors here respect me’. Internal consistency was reported at .94 (Cockshaw, Shochet & Obst, 2014).

#### *Occupational Stress Index (OSI).*

The original OSI by Strivastava & Singh (1981) has 50 items. It has internal consistency of .935 by split halves method and a Chronbach alpha coefficient of .90. However, this study utilised a shortened 15 item version of the OSI adapted by Singh & Dubey (2011) which has three subscales including work overload ( $\alpha = .684$ ) e.g. ‘*I have to do a lot of work in this job*’, work ambiguity ( $\alpha = .554$ ) e.g. ‘*The available information relating to my job role and its outcomes are vague and insufficient*’, and work related conflict ( $\alpha = .696$ ) e.g. ‘*My different managers often give contradictory instructions regarding my work*’. Participants are required to indicate on a 5 point likert scale much they agreed with each statement with 1 – ‘strongly disagree’ through to 6 – ‘strongly agree’. High scores on this measure indicate high levels of perceived work related stress. The possible range of scores is between 15 and 90. Negative scoring is required on items 5, 6 and 12.

#### *Job Satisfaction Survey (JSS).*

The JSS (Spector, 1994) consists of 36 items with nine subscales present in the measure. Participants indicate on a 6 point likert scale how much each statement applies to them with 1- ‘strongly disagree’ through to 6 – ‘strongly agree’. The possible range of scores lies between 36 and 216. High scores on this measure indicate job satisfaction.

Each of the 9 subscales consists of 4 items, the subscales include: Pay ( $\alpha = .75$ ) e.g. *'I feel I am being paid a fair amount for the work I do'*, Promotion ( $\alpha = .73$ ) e.g. *'There is really too little chance for promotion on my job'*, Supervision ( $\alpha = .82$ ) e.g. *'My supervisor is quite competent in doing his/her job'*, Fringe Benefits ( $\alpha = .73$ ) e.g. *'I am not satisfied with the benefits I receive'*, Contingent rewards ( $\alpha = .76$ ) e.g. *'When I do a good job, I receive the recognition for it that I should receive'*, Operating conditions ( $\alpha = .62$ ) e.g. *'Many of our rules and procedures make doing a good job difficult'*, Co-workers ( $\alpha = .60$ ) e.g. *'I like the people I work with'*, Nature of work ( $\alpha = .78$ ) e.g. *'I sometimes feel my job is meaningless'* and Communication ( $\alpha = .71$ ) e.g. *'Communications seem good within this organization'*. Internal consistency of the overall measure is  $\alpha = .91$ . Negative scoring is required on items 2, 4, 6, 8, 10, 12, 14, 16, 18, 19, 21, 23, 24, 26, 29, 31, 32, 34, 36.

### *Procedure*

After the organisations' ethical committee had met and granted access to the sample, the researcher administered the set of questionnaires (Appendix A-G) to each staff member who voluntarily chose to participate. Employees were verbally asked to take part in a study of the predictors of job satisfaction in a healthcare setting. In the cover letter (Appendix A) it was indicated that the variables that were being measured included belongingness, stress, employee engagement and job satisfaction. None of the actual measures, bar the demographic questionnaire, had the titles provided. The titles of the measures were provided; along with a description of each variable, on the participant debrief set (Appendix G).

As the study required the participation of employees who were involved in a regular working day, the researcher gave out the questionnaire sets during the morning (11 a.m.) and collected them later in the evening (4 p.m.). This was done to not place any pressure on the participant to complete it straight away, while also allowing them to perform their normal

daily duties. Participants were given an envelope to put their completed questionnaire set into after completion to ensure the maintenance of their privacy. This also allowed the participants to hand in the questionnaire sets to reception if they chose which the researcher later collected. Data was collected over a period of 7-14 non consecutive days.

## Results

### *Descriptive Statistics*

Descriptive statistics of demographic data is represented in Table 1. Most of the participants came from Nursing Home 1 (N = 59), were female (N = 61) and part of the Healthcare team (N = 55) within the overall organisation. Mean age of the sample was 33.41 years (SD = 11.79) and mean length of service of the sample was 25.4 months (SD = 20.22). Note, five participant's data were excluded from further analysis as they failed to complete at least 90% of the questions from the 90 item questionnaire set.

Table 1.  
*Demographics*

<b>Variable</b>	<b>N</b>	<b>%</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>Minimum</b>	<b>Maximum</b>
<b>Workplace</b>						
NH 1	59	74.7				
NH 2	20	25.3				
<b>Gender</b>						
Male	18	22.8				
Female	61	77.2				
<b>Job Type</b>						
Healthcare	55	69.6				
Support	22	27.8				
<b>Age</b>	76		33.41	11.79	19	61
<b>Length of service</b>	75		25.40	20.22	2.50	96.00

The means, standard deviations, minimum and maximum as well as the internal reliability scores for the four psychological measures (Belonging, Engagement, Stress and Job Satisfaction) are displayed in Table 2.

Table 2.  
*Descriptive Statistics of Psychological Measures Job Satisfaction, Belongingness, Employee Engagement and Occupational Stress*

<b>Variable</b>	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>SD</b>	<b><math>\alpha</math></b>
Job Satisfaction	79	71.00	196.00	134.57	23.65	.80
Belonging	79	30.00	90.00	69.41	12.76	.90
Engagement	79	31.00	101.00	73.68	14.72	.81
Stress	79	15.00	63.00	41.70	9.32	.78

Table 3 shows the inter-correlations, means and standard deviations of the nine Job Satisfaction Scale subscales (Pay, Promotion, Supervision, Fringe Benefits, Contingent rewards, Operating Conditions, Co-workers, Nature of Work and Communication). Figure 1 graphically represents the means reported by this sample across the nine subscales while Figure 2 represents the current sample's mean scores of the nine subscales against scores reported by Spector (1994, 2011) of US and Non-Us samples. Noteworthy is the difference in the current sample's scores on pay, fringe benefits and communication against the accumulated US and non-US data.

Total score for job satisfaction ranges between 36 and 216. Spector (1994, 2011) logically but arbitrarily proposed scores between 36 - 108 suggest dissatisfaction, 108 - 144 suggests ambivalence and 144 - 216 suggest satisfaction. Overall job satisfaction mean calculated for this sample was 134.57 (SD = 23.65) falling under ambivalence. When looking at the job satisfaction subscales, scores can range between 4 and 24 with scores between 4 - 12 suggesting dissatisfaction, between 12 - 16 ambivalence and 16 - 24 suggesting satisfaction. Taking this into account with regards to scores of this study; pay and fringe benefit scores suggest dissatisfaction; promotion, contingent rewards and operating conditions scores suggests ambivalence; supervision, co-workers, nature of work and communication scores suggest satisfaction.



Table 3.  
*Job Satisfaction subscales inter-correlations and descriptive statistics*

	Pay	Promotion	Supervision	Fringe Benefits	Contingent Rewards	Operating Conditions	Co-workers	Nature of Work	Communication	Mean	Std. Deviation
Pay										10.25	4.72
Promotion	.49**									12.39	4.09
Supervision										18.56	4.73
Fringe Benefits	.49**	.43**	.26*							11.66	4.21
Contingent Rewards	.39**	.34**	.58**	.39**						13.53	4.49
Operating Conditions				.32**	.36**					14.29	3.35
Co-workers			.54**		.50**					18.22	3.53
Nature of Work	.30**	.29**	.32**		.38**	.32**	.41**			19.15	4.33
Communication			.47**		.36**		.59**	.36**		16.52	4.48

Note: N=79; \*Correlations statistically significant ( $p < .05$ ), \*\*Correlations statistically significant ( $p < .001$ )

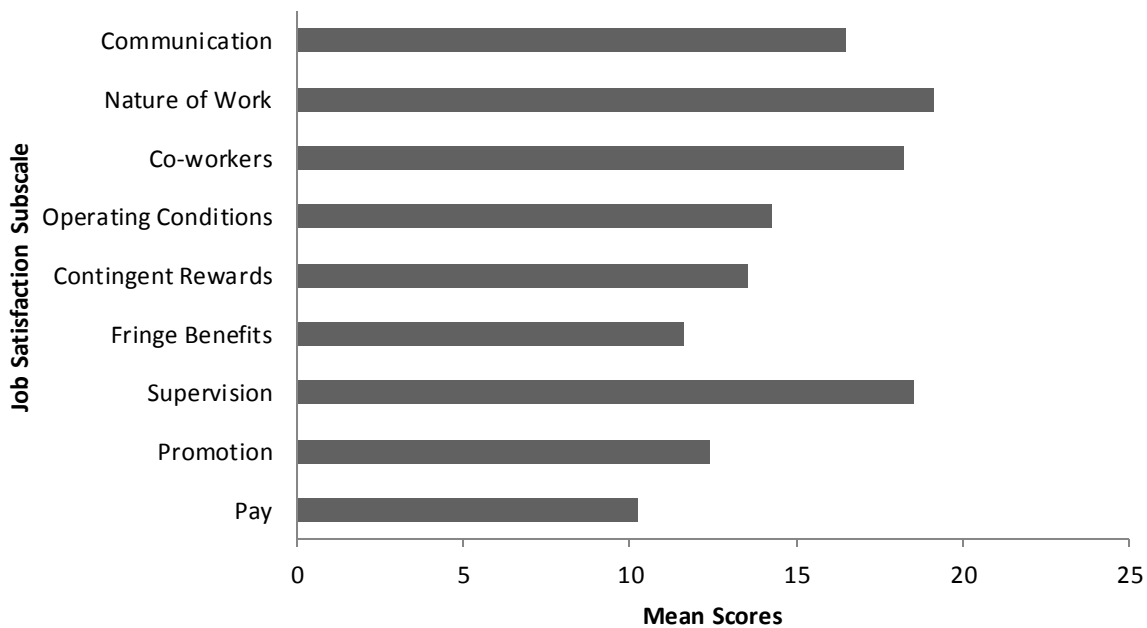


Figure 1. Bar Chart Graphically Representing Mean Scores on Job Satisfaction Subscales for the Current Sample.

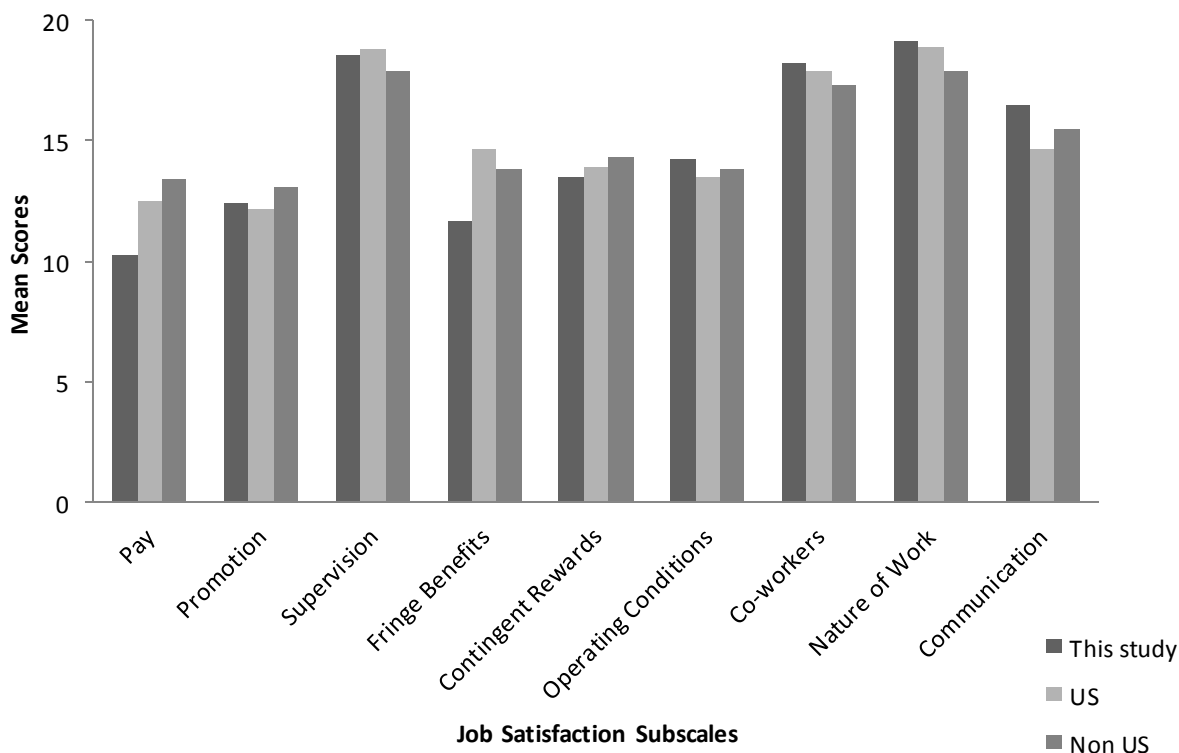


Figure 2. Bar Chart Graphically Representing Mean Scores of Job Satisfaction Subscales of the Current Study against Accumulated US data and Non-US data retrieved from Spector (1994, 2011).

Table 4 shows the inter-correlations, means and standard deviations of the three employee Utrecht Work Engagement Survey subscales (Vigour, Absorption and Dedication). Total score for employee engagement ranges between 0 and 102. Taking scores between 0 - 34 to suggest disengagement, 34 - 68 suggesting intermediate engagement and 68 - 102 suggesting engagement, the sample appears to be high in engagement (M = 73.68, SD = 14.72). When looking at the employee engagement subscales, scores can range from 0 to 36 for vigour and dedication (0 - 12 as disengagement, 12 - 24 intermediate engagement, 24 - 36 high engagement) and 0 to 30 for absorption (0 - 10 as disengagement, 10 - 20 intermediate engagement, 20 - 30 high engagement). Taking this into account with regards to scores of this study all subscales suggests high engagement (vigour M = 25.16, SD = 5.72; dedication M = 24.13, SD = 5.47; absorption M = 24.39, SD = 6.10).

Table 4.

*Engagement Subscales' Inter-Correlations and Descriptive Statistics*

	Vigour	Dedication	Absorption	Mean	Std. Deviation
Vigour				25.16	5.72
Dedication	.62**			24.13	5.47
Absorption	.61**	.53**		24.39	6.10

Note: N= 79. \*\*Correlation is significant at the 0.01 level

Table 5 shows the inter-correlations, means and standard deviations of the three Occupational Stress Inventory subscales (Ambiguity, Conflict and Job Overload). Figure 3 graphically represents the means reported by this sample across the 3 subscales. Job overload appears to attribute slightly more stress followed by workplace conflict and then work related ambiguity. Total score for occupational stress ranges between 15 and 90. Taking scores between 15 - 40 to suggest low stress, 40 - 65 suggesting moderate stress and 65 - 90 suggesting high stress, the sample appears to be under moderate stress (M = 41.70, SD = 9.32). When looking at the occupational stress subscales, scores can range from 5 to 25 with

scores between 5 - 11.67 suggesting low stress, between 11.67 - 18.34 moderate stress and 18.34 - 25 suggesting high stress. Taking this into account with regards to scores of this study ambiguity (M = 10.90, SD = 3.76) is a low source of stress while conflict (M = 13.87, SD = 3.38) and job overload (M = 16.92, SD = 4.11) are moderate sources of stress.

Table 5.

*Occupational Stress Subscales' Inter-Correlations and Descriptive Statistics*

	Ambiguity	Conflict	Overload	Mean	Std. Deviation
Ambiguity				10.90	3.76
Conflict	.61**			13.87	3.38
Overload	.49**	.50**		16.92	4.11

Note: N= 79. \*\*Correlation is significant at the 0.01 level

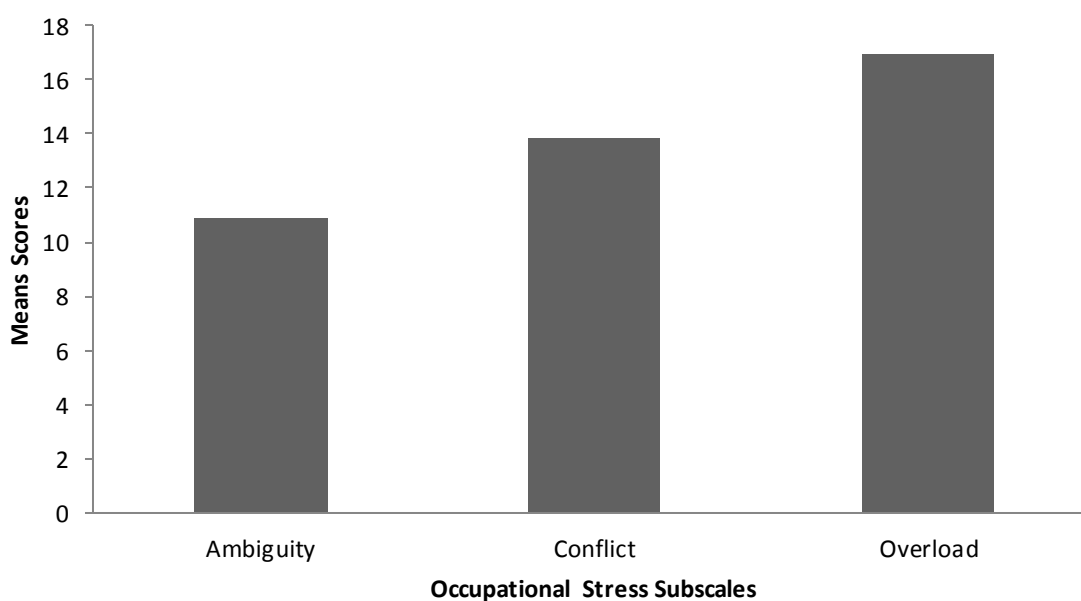


Figure 3. Bar Chart Representing Occupational Stress Subscales for the Current Sample

Belongingness, as measured by the Psychological Sense of Organisational Membership Scale, has a potential score range between 18 and 90. Taking scores between 18 - 42 to suggest low sense of belonging, 43 - 66 suggesting moderate sense of belonging and 66 - 90 suggesting high sense of belonging, the sample appears to experience a high sense of belonging (M = 69.41, SD = 12.76). Note. Belonging scores violated two normal distribution

assumptions in the present study. However, it was decided that the statistical techniques utilised in the analyses were robust enough to deal with this issue.

### *Inferential Statistics*

#### *Hypothesis 1.*

A multiple regression was performed utilizing job satisfaction as the criterion variable and belongingness, occupational stress and engagement as predictors in order to determine if job satisfaction scores could be predicted as a function of workplace related belongingness, stress and engagement scores. Note, two (belonging and stress) out of the three predictors were loaded on the same dimension and thus the data violated collinearity diagnostic assumption.

The results of the regression indicated that the three predictors explained 47% of the variance ( $R^2 = .47$ ,  $F(3,75) = 23.66$ ,  $p < .001$ ). Thus, a combination of belongingness, occupational stress and employee engagement significantly predicts job satisfaction. More specifically, it was found that occupational stress ( $\beta = -.27$ ,  $p = .005$ , 95% CI = -1.16 - -.22) and belongingness ( $\beta = .46$ ,  $p < .001$ , 95% CI = .48 - 1.23) made significant unique contribution to the variance in job satisfaction while, although trending towards significance, employee engagement did not ( $\beta = .15$ ,  $p = .116$ , 95% CI = -.06 - .52). See Table 6.

Table 6.  
*Summary of Multiple Linear Regression Analysis for Employee Job Satisfaction Scores (N=79)*

<b>Variable</b>	<b>B</b>	<b>SE(B)</b>	<b><math>\beta</math></b>	<b><i>t</i></b>	<b>Sig. (<i>p</i>)</b>	<b>sr<sup>2</sup></b>
Belonging	.86	.19	.46	4.57	<.001	.15
Engagement	.23	.15	.15	1.59	.116	.02
Stress	-.69	.24	-.27	-2.93	.005	.06

Note.  $R^2 = .47$

For every increase of 1 in belonging scores, it can predict a change in score of .86 in job satisfaction, while every increase of 1 in stress scores it can predict a change in score of

-.69 in job satisfaction. The corresponding proportion of variance in job satisfaction scores uniquely predictable from belongingness scores was obtained by squaring the value of the part correlation of belonging with job satisfaction to yield  $sr^2$  belonging = .15 i.e. belongingness uniquely explained 15% of the variance in job satisfaction scores. Stress explained an additional 6% of variance within job satisfaction scores ( $sr^2=.06$ ).

*Hypothesis 2.*

A 2x2 between groups ANOVA was used to evaluate whether there is an interaction between belongingness and gender in job satisfaction. Job satisfaction scores were subjected to a 2 (male vs. female) x 2 (low belonging vs. high belonging) two-way analysis of variance. Descriptive statistics are presented in Table 7.

Note, belongingness scores were scale level data which was converted to ordinal level data via median split to produce two belongingness groups. Those falling below the median (median = 72) were classified as the ‘low belongingness’ group and those falling above the media were classified as the ‘high belongingness’ group.

Table 7.  
*Descriptive Statistics of Job Satisfaction by Gender and Belongingness Groups*

	<b>Belongingness Groups</b>					
	<b>Low Belonging</b>			<b>High Belonging</b>		
	<b>Mean</b>	<b>SD</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>N</b>
<b>Gender</b>						
Male	123.00	25.78	12	140.50	25.67	6
Female	121.04	14.39	28	149.18	20.50	33

Summaries of the 2x2 ANOVA results are illustrated in Table 7. No significant interaction effect was found with regard to the role of gender and belongingness on job satisfaction ( $F(1,75) = .91, p = .344$ ).

Table 7.  
ANOVA Summary for Job Satisfaction by Gender and Belongingness Groups

Source	df	MS	F	Sig. (p)	$\eta_p^2$
Gender	1,75	142.79	.36	.550	.01
Belonging	1,75	6593.21	16.68	<.001	.18
GxB	1,75	358.65	.91	.344	.01

The main effect of gender indicated that neither men ( $M = 128.83$ ,  $SD = 26.38$ ) nor women ( $M = 136.26$ ,  $SD = 22.74$ ) scored significantly different on job satisfaction, ( $F(1,75) = .36$ ,  $p < .550$ ). However, the main effect of belongingness indicated that there was statistically significant differences in job satisfaction scores between the low belongingness group ( $M = 121.63$ ,  $SD = 18.21$ ) and the high belongingness group ( $M = 147.85$ ,  $SD = 21.23$ ), ( $F(1,75) = 16.68$ ,  $p < .001$ ) with a small effect size (.18). See Figure 4.

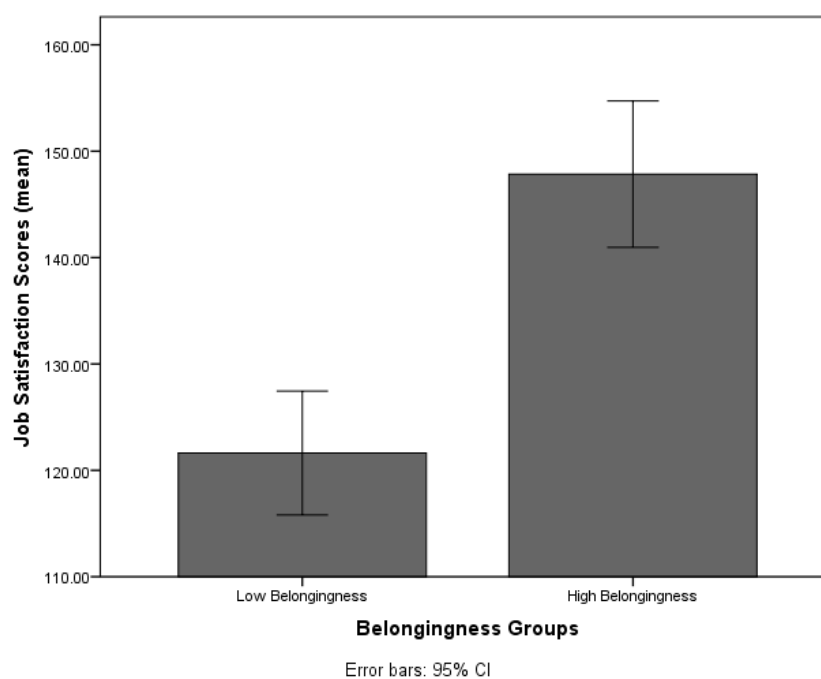


Figure 4. Bar Chart Showing Differences in Job Satisfaction Scores between Low and High Belongingness groups

*Hypothesis 3.*

It was predicted that belongingness, work engagement, job satisfaction and occupational stress will differ depending on type of position a person holds within a company. Position type consisted of two independent groups namely healthcare and support staff. A multivariate analysis of variance (MANOVA) was conducted on the dependent variables of belongingness, work engagement, job satisfaction and occupational stress across the healthcare and support staff groups. For the purpose of this study the overarching term constituting belongingness, work engagement, job satisfaction and occupational stress is 'subjective workplace evaluations'. Descriptive statistics for each of the dependent variables according to the two independent groups are summarised in Table 8.

Table 8.

*Descriptive Statistics of Stress, Engagement, Belonging and Job Satisfaction Scores For Healthcare and Support Staff*

	<b>Job type</b>	<b>Mean</b>	<b>Std. Deviation</b>	<b>N</b>
Stress	Healthcare	42.76	8.33	55
	Support	38.32	10.80	22
Engagement	Healthcare	73.82	13.93	55
	Support	71.82	16.42	22
Belonging	Healthcare	68.64	12.22	55
	Support	72.36	13.57	22
Job Satisfaction	Healthcare	133.96	22.53	55
	Support	137.23	27.11	22

Findings indicate there was no statistically significant differences on subjective workplace evaluations between healthcare and support staff ( $F(4,72) = 1.39, p = .247$ ). Univariate results demonstrated non-significant effects for all of the dependent variables (Bonferroni adjustment of  $p < .0125$ ). These results are summarized in Table 9.



Table 9.  
*Between Subjects Effects on Stress, Engagement, Belonging and Job Satisfaction Scores for Healthcare and Support Staff*

Source	DV	df	MS	F	Sig.(p)
Job Type	Stress	1,75	310.55	3.78	.056
	Engagement	1,75	62.86	.29	.591
	Belonging	1,75	218.31	1.37	.245
	Job Satisfaction	1,75	167.38	.29	.590

*Hypothesis 4.*

A Pearson's correlation was conducted to explore whether length of service (in months) ( $M = 25.4$ ,  $SD = 20.22$ ) within the healthcare organisation was related to job satisfaction ( $M = 134.57$ ,  $SD = 23.65$ ). This analysis was found to be statistically insignificant ( $r(73) = -.22$ ,  $p = .064$ ), indicating there is no statistically significant relationship between length of service and job satisfaction scores.

*Other findings.*

Moura, Orgambidez-Ramos & Goncalves (2014) found that stress and engagement were negatively correlated. The present study found a similar, although not statistically significant, trend ( $r(79) = -.12$ ,  $p = .298$ ). This is also far less applicable for men ( $r(18) = .07$ ,  $p = .783$ ) than women ( $r(61) = -.19$ ,  $p = .150$ ) in the present study.

## Discussion

### *Aims*

This quantitative questionnaire study aimed to fill a gap in the existing Irish healthcare job satisfaction research by investigating whether belongingness, work engagement and occupational stress predicted levels of job satisfaction within the private geriatric healthcare sector. This study also attempted to address a limitation mentioned in Cockshaw & Shochet's (2010) study on whether or not there is an interaction effect between gender and belongingness on a target variable, which in the present study was job satisfaction. Further inquiry was made on whether or not scores on belongingness, work engagement, stress and job satisfaction scales differ across different occupational roles (healthcare vs. support staff) as well as whether there was a relationship between length of service and job satisfaction.

### *Findings*

Overall findings indicated that nursing home employees are generally ambivalent with regard to job satisfaction. They are mostly satisfied with supervision, co-workers nature of work, and communication, less so with promotion, contingent rewards and operating conditions and dissatisfied with pay and fringe benefits.

### *Hypothesis 1.*

Keeping in mind that belonging and stress were loaded on the same dimension and violated collinearity checks in the regression analysis, it was found that together, belongingness, engagement and perceived occupational stress significantly predict changes in experienced job satisfaction. However, individual results showed that only belonging and stress made significant unique contributions to job satisfaction. A positive change in

belonging scores predicted a significant positive change in satisfaction levels (i.e. towards satisfaction) in nursing home employees. Whereas with regards to stress, an increase in stress scores predicted a significant change in job satisfaction levels (i.e. towards dissatisfaction). Employee engagement had no significant individual predictive effects on job satisfaction scores in the current sample although it could be argued that results are trending towards significance.

Belonging and social support had been identified as being significantly related to job satisfaction in previously mentioned studies (Baruch-Feldman, Brondolo, Ben-Dayana, & Schwartz, 2002; Mark & Smith, 2012; Winter-Collins & McDaniel, 2000). The present study provides additional support for this in establishing that changes in belongingness significantly predict changes in job satisfaction. Addressing these findings in light of Baumeister & Leary's (1995) belongingness hypothesis, it could be argued that the strong innate desire for humans to connect with one another acts as a motivational driving force within the workplace. Belongingness, as a contributing factor to experienced job satisfaction, highlights the importance of social connection in a healthcare-workplace setting. This viewpoint is also supported by Maslow's (1967, 1970, as cited by Riggio, 2013) hierarchy of needs theory. As his theory would suggest that the need to belong needs to be satisfied before an individual can continue on to confidence and achievement in work related tasks.

Organisational stress research has established that there is a relationship between perceived stress and job satisfaction (VonDras, Flittner, Malcore & Pouliot, 2009; Singh & Dubey, 2011; Bakker, Killmer, Siegrist & Schaufeli, 2000). The present study adds support to this previous research. Effort-reward imbalance can be used to explain why increases in stress predict a decrease in job satisfaction as found in this study (Bakker, Killmer, Siegrist & Schaufeli, 2000). It can be argued that when a staff member is faced with significant stress, without equitable rewards (as indicated by this study there was high to moderate

dissatisfaction with regard to level of pay and fringe benefits as well as promotion, contingent rewards and operating conditions), their general job related satisfaction decreases.

The lack of significant predictive results between engagement and job satisfaction, while controlling for belonging and stress, was unusual as previous research has highlighted a significant relationship between the two constructs (Giallonardo, Wong & Iwasiw, 2010; Alarcon & Edwards, 2011; Saks, 2006). More specifically, in Moura, Orgambidez-Ramos & Goncalves's (2014) study, a predictive relationship was suggested between work engagement and job satisfaction, however, findings from the present study does not support this.

It is unclear why engagement did not have any unique contribution in the regression model. A tentative reason for the lack of significance in this study could be that job satisfaction can be conceptualised as a component of engagement (Riggio, 2013). If this is the case, then the argument can be made that engagement goes beyond job satisfaction. This view is supported Christian, Garza, & Slaughter (2011) who proposed that as a construct engagement relates more to the level of work related activation rather than the attitudinal feeling of satisfaction by the work. Thus, job satisfaction is an attitude description relating to the characteristics of a job while engagement is descriptive of experiences consequential of the work i.e. the states of vigour, absorption, and dedication.

### *Hypothesis 2.*

There was no interaction effect between gender and belonging on scores of job satisfaction, although it was found that there was statistically significant difference between the low and high belongingness groups on job satisfaction scores. In other words, belongingness' effect on job satisfaction does not depend on gender. Although these findings do not stand alone and provide support for the second hypothesis, it does add additional support to the first hypothesis. When considering both the findings of the regression and the

ANOVA analysis it can be said that an increase in belonging leads to an increase in job satisfaction and this is supported by the further findings that the low belonging group had lower job satisfaction scores compared to the higher belonging group. This hypothesis developed out of a limitation from Cockshaw & Shochet's (2010) work. However, their question for future research was whether an interaction effect exists between gender and belonging on wellbeing. The transformation of this research question to relate to job satisfaction thus does not answer their proposed research question and thus still stands as a researchable hypothesis.

#### *Hypothesis 3.*

It was found that belongingness, work engagement, occupational stress and job satisfaction did not differ between the healthcare and support staff groups. This suggests that although the occupational roles of the different groups are different in terms of their job roles and responsibilities, that perceptions, experiences and attitudinal evaluations of their psychosocial workplace experiences are similar. No comparison studies between healthcare and support workers have been conducted prior to this research on belonging, engagement, perceived stress and job satisfaction. The fact that these two work groups do not differ significantly on the target variables suggests that organisational research regarding the antecedents of job satisfaction in the healthcare setting may be generalised to all occupational groups. Further research using alternative target predictor variables, as well as a replication of the current studies' findings, is suggested to provide further support for this implication.

#### *Hypothesis 4.*

Lastly, length of service was not significantly related to job satisfaction. These findings are inconsistent with that of Kass, Vodanovich & Callender (2001) who found that

there was a significant correlation between length of service and job satisfaction. However, it should be noted that their study did include boredom as a moderating variable for this relationship. In light of their research, the present findings suggest that habituation as a result of length of service does not relate to job satisfaction in nursing home staff. A possible reason for this, in light of Kass, Vodanovich & Callender's (2001) work, could be that as it is a service centred on care of individuals who have diagnoses of age related neurocognitive disorders and general age related decline, that the day to day working routine of most staff may be notably variable. However, boredom was not measured in the present study and thus this is a guarded explanation. Also, the average reported length of service was relatively low (just over 2 years) and job related boredom may not yet be present. Further investigation is required to establish if this explanation is viable.

#### *Potential Weaknesses of the Study*

As this study utilised a quantitative questionnaire based design it is impossible to determine a cause-effect relationship between the target variables. Also, the study was based on self report data and thus participants may have intentionally or unintentionally failed to report their true feelings. One issue that was raised to the researcher was that the language used in the scales was difficult to understand, especially in the case of the Spector's (1994) Job Satisfaction Survey. Future research in the area with a similar sample would benefit from utilising a different instrument. Alternatives include the Minnesota Satisfaction Questionnaire (MSQ) by Weiss, Dawis, & England (1967) which comes in two forms (100 item and 20 item versions) and assesses global satisfaction (intrinsic and extrinsic sources) with 20 subscales. Alternatively the Job Descriptive Index (JDI) developed by Smith, Kendall, and Hulin (1969) which has been popular with researchers due to its brevity compared to the MSQ and is comprised of five facets (Work, Pay, Promotion Opportunities, Supervision, Co-workers).

The JDI has undergone three updates, the most recent being from 2008 (Bowling, Hendricks & Wagner, 2008) and thus has merit as a rigorous and up to date measure.

Furthermore, there was a low level of control over participants completing the questionnaire on an individual level. As the questionnaire sets were left with participants to complete over the course of their working day and collected at a later allocated time, it is not possible to assume that a collaborative attempt was not made by participants. The downside of this being that social desirability and group think may have altered the responses that were provided.

A final limitation of this study is that it's based on a small sample size. Only 84 participants returned their questionnaire sets out of the possible 200 that were handed out. Out of the 84 only 79 participants' data was used as 5 participants failed to complete 90% of the questionnaire sets and thus were disqualified from the study as their responses would have lead to a decrease in the reliability of the measures. In order to increase the generalisability of these findings it is suggested that future research obtain a larger sample size and include more than one healthcare organisation from both private and public sectors.

### *Strengths of the Study*

Although the above mentioned limitations exist with regard to the present study, it also has significant strengths. This study added to existing knowledge of the predictors of job satisfaction. Results indicated that perceived stress, a sense of belongingness and engagement predicts job satisfaction, with unique contribution by both belongingness and stress in nursing home healthcare and support workers. The inclusion of support staff as a target population provided a more comprehensive account of the proposed antecedents of job satisfaction, and thus provides some support for generalising across a nursing home staff population than focussing solely on either nurses or HCA's.

It was expected that female participants will make up the majority of the sample as it's historically a female dominated field. The Central Statistics Office (2011) reported findings that only 1 in 6 men occupy a job in caring, leisure or other services. Even though men were underrepresented in this study if viewed from a general country wide perspective, it could be argued that they are representative of the subset of men working in the healthcare and support worker field. In short, more men completed the study than had initially been anticipated.

### *Future Research*

The findings from the present study suggest persons employed in nursing homes are under a moderate level of stress. There were no statistically significant differences between healthcare and support staff scores on perceived stress, highlighting that support staff are under similar stress as their healthcare counterparts. Support staff are significantly underrepresented in current research. Their roles are as important as healthcare staff in the running of any nursing home or healthcare facility. Thus it would be beneficial for future research to identify the stressors of both healthcare and support staff in order to bridge this gap in healthcare organisational research. Comparison of main stressors will give greater insight into potential problem areas that can be addressed to produce an optimal working environment.

Future enquiry will also benefit from investigating the intrapersonal characteristics and dispositional styles (top-down perspective) contributing to experienced job satisfaction of those in nursing home employment. With this in mind, future research should intend to add to existing literature by establishing a link between the stress-belonging-satisfaction predictive model identified in this study, as well as any other intrapersonal and dispositional



characteristics that may be identified in further research, with work related outcomes such as absenteeism, turnover and burnout.

There may be merit in using an alternative measure in future studies along the line of the current research e.g. the Q12 instrument. The Q12 is a standardised composite measure by Gallup Inc. (Harter, Schmidt, Killham, & Agrawal, 2009) (Cronbach's alpha of 0.91) which measures issues managers can act upon to influence attitudinal outcomes such as satisfaction, loyalty, pride and intent to stay with the company. It comprises of an initial general satisfaction item and 12 other items explaining why people are satisfied and why employees become engaged in their workplace. Within the 12 items there are also questions relating to belongingness (e.g. 'I have a best friend at work'; 'My supervisor, or someone at work, seems to care about me as a person') which can influence communication and trust. This instrument covers three of the core variables of the present study, namely job satisfaction, belonging and engagement.

### *Implications*

In general, the results of this study implies that healthcare organisations will benefit from fostering a sense of belonging within their workforce while concurrently attempting to identify and reduce stressors as much as possible to promote higher levels of job satisfaction. Role overload and conflict in the workplace were established as moderate sources of stress for nursing home employees. Decreasing role pressures placed on individuals either through additional staffing or through equal sharing of responsibilities may decrease overload. Conflict can be reduced by training unit managers in conflict mediation skills as well as establishing effective and trusting communication routes to promote understanding and support (Gilton, Hall, Wodchis & Petroz, 2007). When considering the results from the job satisfaction facets, it is suggested that healthcare organisations can increase job satisfaction in

their employees by openly evaluating ways to increase satisfaction with regard to pay and fringe benefits, as well as promotion, contingent rewards and operating conditions.

### *Conclusion*

This study provides evidence that together, belongingness, engagement and perceived stress predict changes in experienced job satisfaction. More specifically, the increase in subjective feelings of belonging and the decrease in perceived occupational stress predict increases in experienced job satisfaction. Healthcare and support workers report similar levels of belongingness, stress, engagement and job satisfaction, indicating that in the context of nursing home work, staff experiences their workplace environment similarly no matter what position they hold. This study encourages healthcare organisations to consider strategies to reduce stress and increase a sense of belonging in the workplace, while also considering ways to openly address sources of dissatisfaction. Future research will benefit from identifying the stressors of both healthcare and support staff, adding to existing literature regarding the intrapersonal variables that may play a part in self evaluative job satisfaction and lastly, to link these findings to work related outcomes such as absenteeism, burnout and turnover.

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## Appendices

### *Appendix A – Letter to Participant*

#### **Dear Participant,**

My name is Megan Josling. I am a final year BA (Hons) Psychology student in Dublin Business School. This research study is part of my required coursework to complete my degree. The findings of this study will be presented to my college examination board to base my module grade on. Also, as part of our coursework evaluation the findings will be presented at a college based poster symposium. A copy of my thesis will be provided to the [REDACTED].

The main purpose of this study is to determine if a relationship exists between belongingness, work engagement, job satisfaction and perceived stress. Other questions I will explore include gender and job type differences among these variables and the importance of these variables in driving workplace related behaviour.

In this study you will be asked to complete five short questionnaires. Your responses to these questionnaires will not be released to anyone and will be kept completely anonymous. Your name will not be written on any of the questionnaires and all data obtained will be stored on a password protected computer. When the data is analysed it will be done across the whole sample i.e. no individual's data will be analysed separately from the groups'. When the results are reported no information that could be used to infer your identity will be reported. This study abides by the PSI ethical code.

**Your participation is voluntary, thus at any time you have the right to withdraw from this study as well as having the right to skip any questions in the questionnaires which you do not feel like answering. Your refusal to participate in this study will not result in any penalty or loss of benefits to which you are entitled to. However, after you have completed and submitted the questionnaire you should understand that you are consenting to participate in the study. Once the questionnaires are bundled it would be unethical to allow any participant access to the questionnaires and to see other participants' data in order to find their own.**

Please take your time to answer the questions. There are no right or wrong responses. Your participation in this study is greatly appreciated. If you have any questions please do not hesitate to ask them. If you have any further queries my email is xxxxx@mydbs.ie. My supervisor, Dr. John Hyland can be contacted at xxxxx@dbs.ie

Thank you for choosing to take part in my research study.

Megan Josling

*Appendix B – Demographic Questionnaire***Demographic Questionnaire**

Please choose appropriate answer

1. Gender:                              Male                              Female

2. Age:    \_\_\_\_\_

3. Job Type: (Please tick appropriate)

**Nursing**  
Includes :  
Nurses, Carers, Nursing Managers of all levels etc.

**Non - Nursing**  
Includes :  
Household, Catering, Administrative etc.

4. Length Of Service:              \_\_\_\_\_ years              \_\_\_\_\_ months

*Appendix C – Occupational Stress Index adapted version of Srivastava & Singh's (1981) OSI  
by Singh & Dubey (2011).*

*Instructions*

This questionnaire is meant for psychological investigation. The questionnaire consists of a number of statements employees sometimes say or feel about various components of their jobs. You are required to use the following five point scale to indicate the extent to which you agree with each statement to describe your own job and the experiences or feelings about your job.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>strongly disagree</b>	<b>disagree somewhat</b>	<b>neither agree nor disagree</b>	<b>agree somewhat</b>	<b>strongly agree</b>

**Please answer all the questions**

1. I have to do a lot of work in this job \_\_\_\_\_
2. The available information relating to my job role and its outcomes are vague and insufficient. \_\_\_\_\_
3. My different managers often give contradictory instructions regarding my work \_\_\_\_\_
4. Owing to excessive workload, I have to manage with insufficient number of employees or resources. \_\_\_\_\_
5. The objectives of my work role are quite clear and adequately planned. \_\_\_\_\_
6. Officials do not interfere with my jurisdiction and working method. \_\_\_\_\_
7. I have to dispose of my work hurriedly owing to excessive workload. \_\_\_\_\_
8. I am unable to perform my duties smoothly owing to uncertainty and ambiguity of the scope of my jurisdiction and authority. \_\_\_\_\_

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>strongly disagree</b>	<b>disagree somewhat</b>	<b>neither agree nor disagree</b>	<b>agree somewhat</b>	<b>strongly agree</b>

9. I am not provided with clear instruction and sufficient facilities regarding new assignments entrusted to me. \_\_\_\_\_
10. Being busy with official work, I am not able to devote sufficient time to my domestic and personal problems. \_\_\_\_\_
11. It is not clear what type of work and behaviour my higher authorities and colleagues expect of me. \_\_\_\_\_
12. Employees attach due importance to the official instructions and formal working procedures. \_\_\_\_\_
13. I have to do such work that ought to be done by others. \_\_\_\_\_
14. It becomes difficult to implement all of a sudden new dealing procedures and policies in place of those already in practice. \_\_\_\_\_
15. I am unable to carry out my assignments to my satisfaction on account of excessive load of work and lack of time. \_\_\_\_\_

*Appendix D - Utrecht Work Engagement Survey (UWES) by Schaufeli & Bakker (2003)*

*The following 17 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you never had this feeling, write '0' in the space after the statement. If you have had this feeling, indicate how often you feel it by choosing the number (from 1 to 6) that best describes how frequently you feel that way.*

Never	Almost Never	Rarely	Sometimes	Often	Very often	Always
<b>0</b> Never	<b>1</b> A few times a year or less	<b>2</b> Once a month or less	<b>3</b> A few times a month	<b>4</b> Once a week	<b>5</b> A few times a week	<b>6</b> Everyday
1.	At my work, I feel bursting with energy.					_____
2.	I find the work that I do full of meaning and purpose.					_____
3.	Time flies when I'm working.					_____
4.	At my job, I feel strong and vigorous.					_____
5.	I am enthusiastic about my job.					_____
6.	When I am working, I forget everything else around me.					_____
7.	My job inspires me.					_____
8.	When I get up in the morning, I feel like going to work.					_____
9.	I feel happy when I am working intensely.					_____
10.	I am proud of the work that I do.					_____
11.	I am immersed in my work.					_____
12.	I can continue working for very long periods of time.					_____
13.	To me, my job is challenging.					_____
14.	I get carried away when I'm working.					_____
15.	At my job, I'm very resilient, mentally.					_____
16.	It is difficult to detach myself from my job					_____
17.	At my work I always persevere, even when things do not go well					_____



*Appendix E - Psychological Sense of Organisational Membership, Cockshaw & Sochet's (2010) adaptation of Psychological Sense of School Membership by Goodenow (1993).*

Circle the answer for each statement that is most true for you.

		Not at all true 1	2	3	4	Completely True 5
1	I feel like a real part of this organisation.	1	2	3	4	5
2	People here notice when I am good at something.	1	2	3	4	5
3	It's hard for people like me to be accepted here.	1	2	3	4	5
4	Other people in this organisation take my opinions seriously.	1	2	3	4	5
5	Most managers/supervisors in this organisation are interested in me.	1	2	3	4	5
6	Sometimes I don't feel as if I belong here.	1	2	3	4	5
7	There's at least one supervisor/ manager in this organisation that I can talk to if I have a problem.	1	2	3	4	5
8	People in this organisation are friendly to me.	1	2	3	4	5
9	Managers/supervisors here are not interested in people like me.	1	2	3	4	5
10	I am included in lots of activities at this organisation.	1	2	3	4	5
11	I am treated with as much respect as other employees.	1	2	3	4	5
12	I feel very different from most other employees here.	1	2	3	4	5
13	I can really be myself in this organisation.	1	2	3	4	5
14	The managers/supervisors here respect me.	1	2	3	4	5
15	People here know I can do good work.	1	2	3	4	5
16	I wish I were in a different organisation.	1	2	3	4	5
17	I feel proud to belong to this organisation.	1	2	3	4	5
18	Other employees here like me the way I am.	1	2	3	4	5

*Appendix F - Job Satisfaction Survey, Spector (1994).*

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PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.		Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
1	I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
2	There is really too little chance for promotion on my job.	1	2	3	4	5	6
3	My supervisor is quite competent in doing his/her job.	1	2	3	4	5	6
4	I am not satisfied with the benefits I receive.	1	2	3	4	5	6
5	When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6
6	Many of our rules and procedures make doing a good job difficult.	1	2	3	4	5	6
7	I like the people I work with.	1	2	3	4	5	6
8	I sometimes feel my job is meaningless.	1	2	3	4	5	6
9	Communications seem good within this organization.	1	2	3	4	5	6
10	Raises are too few and far between.	1	2	3	4	5	6
11	Those who do well on the job stand a fair chance of being promoted.	1	2	3	4	5	6
12	My supervisor is unfair to me.	1	2	3	4	5	6
13	The benefits we receive are as good as most other organizations offer.	1	2	3	4	5	6
14	I do not feel that the work I do is appreciated.	1	2	3	4	5	6
15	My efforts to do a good job are seldom blocked by red tape.	1	2	3	4	5	6
16	I find I have to work harder at my job because of the incompetence of people I work with.	1	2	3	4	5	6
17	I like doing the things I do at work.	1	2	3	4	5	6
18	The goals of this organization are not clear to me.	1	2	3	4	5	6

	PLEASE CIRCLE THE ONE NUMBER FOR EACH QUESTION THAT COMES CLOSEST TO REFLECTING YOUR OPINION ABOUT IT.	Disagree very much	Disagree moderately	Disagree slightly	Agree slightly	Agree moderately	Agree very much
19	I feel unappreciated by the organization when I think about what they pay me.	1	2	3	4	5	6
20	People get ahead as fast here as they do in other places.	1	2	3	4	5	6
21	My supervisor shows too little interest in the feelings of subordinates.	1	2	3	4	5	6
22	The benefit package we have is equitable.	1	2	3	4	5	6
23	There are few rewards for those who work here.	1	2	3	4	5	6
24	I have too much to do at work.	1	2	3	4	5	6
25	I enjoy my coworkers.	1	2	3	4	5	6
26	I often feel that I do not know what is going on with the organization.	1	2	3	4	5	6
27	I feel a sense of pride in doing my job.	1	2	3	4	5	6
28	I feel satisfied with my chances for salary increases.	1	2	3	4	5	6
29	There are benefits we do not have which we should have.	1	2	3	4	5	6
30	I like my supervisor.	1	2	3	4	5	6
31	I have too much paperwork.	1	2	3	4	5	6
32	I don't feel my efforts are rewarded the way they should be.	1	2	3	4	5	6
33	I am satisfied with my chances for promotion.	1	2	3	4	5	6
34	There is too much bickering and fighting at work.	1	2	3	4	5	6
35	My job is enjoyable.	1	2	3	4	5	6
36	Work assignments are not fully explained.	1	2	3	4	5	6

## *Appendix G – Debrief Sheet*

The title of this thesis is:

*“Belongingness, Work Engagement, Stress and Job Satisfaction in a Healthcare Setting”*

The main purpose of this study is to determine if belongingness, work engagement and occupational stress predict job satisfaction. Previous research has shown that these variables are related to job satisfaction, but no unitary study has combined them into one research question. Other aims include: investigating whether there is an interaction effect between belongingness and gender on job satisfaction; whether there is a difference of perceived belongingness, engagement, stress and job satisfaction between nursing and non-nursing staff; and lastly whether there is a relationship between length of service and level of job satisfaction.

The study required participants to fill in one demographic questionnaire as well as four psychological measures including:

- *Occupational Stress Index*

Stress is the physiological and psychological reaction to relatively excess demands made on a person (Sighn & Dubey, 2010).

- *Utrecht Work Engagement Survey*

Work engagement according to Moura, Orgambidez-Ramos & Goncalves (2014) pertains to workplace motivation and includes characteristics such as vigour, dedication and absorption which help employees deal with workplace stress.

- *Psychological Sense of Organisational Membership Scale*

Workplace belongingness is the extent to which a person feels included, supported and at one with their psychosocial workplace environment (Cockshaw & Shochet, 2010).

- *Job Satisfaction Survey – Cohen (1996)*

Job satisfaction has been defined as the multitude of attitudes a person may hold with regard to their employment (Ajayi & Abimbola, 2013).

These measures were given in the questionnaire set in the same order as depicted above.

Singh & Dubey (2011) suggest workplace satisfaction has major implications with regards to staff turnover, absenteeism and productive performance. Thus it is important to identify which factors are related to job satisfaction and apply these findings in such a way to reach optimal levels of job satisfaction in the workplace.

If you have any other questions please do not hesitate to email me at xxxx@mydbs.ie. Again, the help line for The Samaritans is: (01) 116 123

Thank you for taking the time to participate in this study. Megan Josling.