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### RESEARCH ARTICLE

#### GREEK NURSE'S PROFESSIONAL VALUE OF ALTRUISM AND JOB SATISFACTION.

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#### Abstract

**Introduction-Aim:-** Nurses with high professional value of altruism are thought to be more satisfied and will be willing to deliver health care, they will not try to leave their job, they will not complain for limited human and other resources. The relative absence of research data from Greece, which relate nurses' levels of job satisfaction with their values and more specifically altruism in nursing care, has stimulated the need for this study. Our hypothesis was that there is a significant relationship between nurses' satisfaction and altruism.

**Material and Methods:-** The sample comprised of 305 registered nurses and nurses' assistants working in different clinical environments of General Hospitals of Central Greece. Participants were asked to answer questions about socio- demographic characteristics of the sample and fill in a questionnaire of the "Job-Communication-Satisfaction-Importance" (JCSI) questionnaire and the altruism scale of Ahmed and Jackson. The data analysis was realized with statistical methods of descriptive and inductive statistics. Multivariate linear regression models with enter method were performed. The analysis was made with the use of SPSS (version 21).

**Results:-**Our research has shown that Greek nurses score on altruism is at average level with no important differences between Registered nurses and nurses' assistants. Altruism was associated with satisfaction of information ( $r = 0.13$ ,  $p = 0.00$ , 95% CI = 0.04 to 0.19), information for achievements ( $r = 0.11$ ,  $p = 0.01$ , 95% CI = 0.02 to 0.15), information for policy ( $r = 0.07$ ,  $p = 0.04$ , 95% CI = 0.01 to 0.15), communication with the Director ( $r = 0.08$ ,  $p = 0.04$ , 95% CI = 0.01 to 0.15), and communication with other specialties ( $r = 0.07$ ,  $p = 0.01$ , 95% CI = 0.01 to 0.12).

**Conclusion:-**Altruistic behavior can help personnel in health organization to develop paths of communication, promote cooperation, and develop relationships with colleagues and service, informal communication and increase nurses' satisfaction.

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**Introduction:-**

Nursing is a caring profession in which nurses embody values of professional nursing. Core professional nursing values include human dignity, integrity, autonomy, altruism, and social justice. (Fahrenwald et al., 2005) Professional values of human resources is the most important tool for reaching the organizational targets in the field of developing high job satisfaction of nurses, cultivating their efficiency and resulting in job quality within the organization. As Singh (2009) pointed out highly satisfied employees are the most important assets of the organizations. Health managers need to create caring environments with high standards of professionalism in their effort to improve the nurses' job satisfaction in order to increase their organizational motivation and commitment. Therefore, having a study on the nurses' job satisfaction and its correlation with professional value of altruism is of special importance for Greek health organizations which in this economic era depend only on professional values of health providers than on any other resources.

Altruism is a dynamic force, the theory of which has practical applications in a range of varying and diverse circumstances. There is perhaps a presumption that altruism is a naturally occurring part of society's value system and for this reason it is frequently taken for granted (Gormley., 1996). Fung (Fung., 1988) describes altruism as caring for no obvious reward other than the belief that someone else will benefit or avoid harm. Altruism is introduced by AACN in 1998 as "a concern for the welfare and well-being of others" (AACN., 1998). Altruism represents an amalgamation of intrinsic and extrinsic factors which either permit or coerce individuals to take responsibility for or care for another and to sacrifice things dearly held. Caring and altruism involves self-sacrifice in its expression (Altun., 2002; White., 2002). Traditionally the caring professions have been characterised by a self professed altruism, that is, a selfless service on behalf of or for others (Thompson, Melia, & Boyd., 1994). When nurses 'care' in an altruistic sense it retains an essence of spontaneity in both the unplanned sense and also an intuitive feeling that it is the right thing to do (Gormley., 1996).

A patient's experience of altruistic caring, during a period of hospitalization, can often be the most enduring recollection of an episode of ill health (Gormley., 1996). The complex institutions that hospitals are today, with their specific social climates, give nurses less and less room for a personalized approach to clinical practise. The hospital institutions need to acknowledge that caring in itself is a valuable social resource and, in so doing, support the claim that nursing values should be incorporated into health care. (Wengström & Ekedahl., 2006). It is often assumed that the practice of nursing is altruistic in nature and that people are attracted to the profession because they wish to contribute to the care of the sick (Gormley, 1996). Job satisfaction has constantly been considered as a noticeable issue in the organizations (Roman., 2008). Ignoring the job satisfaction leads to serious consequences. Gradually, it results in the loss of sense of responsibility and the turnover. However, the nurses will deliver better services if they have a higher job satisfaction regarding mental and physical aspects (Nasrabadi, Forooshani, & Rafiee., 2016).

According to Nasrabadi et al (Nasrabadi, et al., 2016) the concept of job satisfaction is a single concept that could not be analyzed; therefore, different people might define it ambiguously. Their study revealed that job satisfaction is a single concept but could have various aspects with nurses mentioning their dissatisfaction with the nursing problems; however, nurses declared that they did not leave their job because of the positive feeling experienced as a result of helping the patients (Nasrabadi, et al., 2016). Consequently, this aspect of job satisfaction should highly be enhanced.

Nurses' relationships with health professionals are mainly communicative. Hence the need to develop effective communication skills in this relationship becomes more evident especially when it is known that the levels of interpersonal conflicts are a relevant precedent in the emergence and development of burnout syndrome (Lapeña-Moñux et al., 2015). Prevention involves improving communication skills and contributing to the increase of the levels of professional self-fulfilment and to reduce occupational stress (Lapeña-Moñux et al., 2015)

Although nurses' job satisfaction has been researched highly enough the relation between their professional value of altruism and its impact on job satisfaction is usually ignored especially in Greek healthcare environment. It is a common understanding that job satisfaction has a considerable importance in nursing. Discovering the way that job satisfaction relates with professional values may help nurse managers to increase their job satisfaction. Nurses with high professional values (morale, altruism) are thought to be more satisfied and will be willing to deliver health care, they will not try to leave their job, they will not complain for limited human and other resources. According to the research studies, nurses with higher job satisfaction have more efficiency and they do not like to leave their job (MacKusick., 2010). On the other hand, the improvement of job satisfaction could also improve quality of care

(Rebecca., 2011) therefore, the present paper intends to understand the Greek nurses' experiences in the field of job satisfaction and its relation with their professional value of altruism.

### **Aim:-**

The relative absence of research data from Greece, which relate nurses' levels of job satisfaction with their values and more specifically altruism in nursing care, has stimulated the need for this study. Our hypothesis was that there is a significant relationship between nurses satisfaction and altruism.

### **Methods:-**

#### **Sample:-**

A cross-sectional comparative study was conducted from April to May 2014. The sample comprised of 305 registered nurses and nurses' assistants working in different clinical environments of General Hospitals of Central Greece.

#### **Procedure:-**

The investigator informed RNs and Nurse's assistants in institutions and proceeded to describe the nature and purpose of the investigation, stating the ability to accept or to refuse to participate in research or even withdraw during the course of the study. In addition, another objective of this communication, which had an average duration of 20 minutes, was to create a safe and secure environment and a climate of trust. In the event that the employee agreed to take part in the study he/she could indicate a convenient meeting with the investigator to complete the questionnaire. During the meeting, the interviewer, giving questionnaires, provided a clear explanation for the entire process.

#### **Ethical Considerations:-**

This research study meets the fundamental ethical principles, which govern the conduct of psychological research. Specifically:

1. Complied with complete confidentiality in respect of information relating to their subjects and safeguarded the safety of the material.
2. Patented the anonymity of the test.
3. Results will be used solely for the purposes of this study and only by this research group.

#### **Questionnaires:-**

Data was collected using self-administered questionnaires. Demographic data included age, sex, marital status, type of nursing training and professional experience in years. Altruism was measured using the Greek version of the Altruism scale (Ahmed & Jackson, 1979). Job communication was assessed using the Greek version of the «Job - Communication - Satisfaction-Importance» questionnaire («JCSI») (Battey, 2010). The purpose of the JCSI Questionnaire is to determine the degree to which nursing personnel are satisfied or not with their job and with the communication and interpersonal relationships existing among peers, supervisors, administrators and others. It also provides information about the degree of importance the personnel attach to these factors, thus identifying and prioritizing areas needing attention. Those questionnaires have been presented elsewhere (Fotiadou et al., 2016)

#### **Job-Communication Satisfaction-Importance JCSI:-**

For the evaluation of the employment and communication satisfaction the questionnaire that was used was (Job-Communication Satisfaction-Importance (JCSI)), which was designed by Battey, 2010. The tool assesses communication in the field of nursing, the satisfaction that working can provide to caregivers and the importance of nursing. The responses of the tool can provide important information regarding whether healthcare personnel is properly trained in social skills in order to be able to communicate effectively with colleagues, superiors and patients. Additionally, it assesses the need for changes in the workplace and solves existing problems in order caregivers to work in a place that gives them satisfaction and care they provide to be highly effective and holistic. JCSI consists of 28 items in which participants are asked to note the degree of satisfaction and importance, regarding their workplace. The evaluation is performed according to the representativeness of the content of the proposals for the subject, based on a seven-class type scale Likert [(-1) - (-2) - (-3) - (0) - (+1) - (+2) - (+3)]. The questionnaire has been adapted to the Greek language and presents sufficient Construct validity and satisfactory internal consistency reliability and test-retest reliability (Gouva et al., in press).

**Altruism Scale:-** (Ahmed & Jackson, 1979)

The dimension of altruism was measured using an adapted questionnaire, which was based on the questionnaire of Ahmed and Jackson. The questionnaire consists of eight items where the respondent answers on a Likert scale 1 to 5 (Strongly disagree 1-5 absolutely agree) describing altruistic behavior (8 minimum- 40 maximum score). The total score is calculated by adding the scores of the responses to the seven questions, with higher values corresponding to higher levels of altruism. This questionnaire has been used in Greece and has adequate internal reliability ( $\alpha=0.79$ ).

**Data analysis:-**

Data were entered into SPSS version 21.0 for Windows (IBM Corp., Armonk, NY, USA) cleaned and screened for normality of distribution, presence of outliers, missing data, and analyzed. Descriptive statistics were used to present the demographic characteristics of the sample, as well as Altruism scale. Continuous data are reported as the mean  $\pm$  standard deviation (SD). Categorical data are represented as n (%), and were analyzed using Fisher's exact test. The Kolmogorov-Smirnov test was used to test the normality of the distribution of the continuous variables. Because continuous variables followed normal distribution parametric methods were used. Student's unpaired t-test was used where appropriate.

Multivariate linear regression models with enter method were performed to estimate the linear association between the predictors (i.e., age, gender, educational level, marital status, professional experience, altruism scale and nursing group) and job communication and satisfaction. Variables with  $p < 0.20$  in univariate analysis were included in multivariate modeling. Multivariate analysis was applied for the control of each potentially confounding of each statistically significant factor to the others. The predictive variables were identified in terms of coefficients beta and 95% confidence intervals. A 2-sided P value of less than .05 was considered statistically significant. All statistical analyses were performed using SPSS version 21.0.

**Results:-**

A total of 305 registered nurses (RN) and nursing assistants employed in three general hospitals in Central Greece participated in this study. Demographic characteristics of registered nurses and nursing assistants are presented in table 1. Age did not differ significantly between the two genders ( $t = -1.8$ ,  $df = 303$ ,  $p = 0.72$ ) and there was no significant difference on educational level between the two sexes ( $\chi^2 = 1.3$ ,  $p = 0.50$ ). Most of nurses were married (63.6%) with no significant differences between males and females ( $\chi^2 = 6.2$ ,  $p = 0.10$ ).

**Table 1:-** Demographic characteristics of registered nurses and nursing assistants (n=305).

Characteristic	Number	Percent
<b>Age (years)</b>		
Mean ( $\pm$ SD)	36.35 ( $\pm$ 7.28)	
Range	17-56	
<b>Gender</b>		
Male	56	18.4
Female	249	81.6
<b>Education level-level of training</b>		
Vocational training (2 years) (nursing assistants)	165	54.1
Higher technological and educational institute (registered nurses)	75	24.6
University (registered nurses)	65	21.3
<b>Professional Experience</b>		
0-5 years	66	21.6
6-10 years	75	24.6
11-15 years	82	26.9
15-20 years	29	9.5
>20 years	53	17.4
<b>Marital status</b>		
Single	86	28.2
Married or Couple	194	63.6
Divorced	22	7.2
Widowed	3	1.0

SD= standard deviation.

The mean level of satisfaction and level of importance are presented in table 2. In general, nurses are satisfied the most by the communication with a superior as well as they considered the most important factor the instruction by a superior. On the scale altruism mean score was  $24.40 \pm 3.19$  respectively but there was no significant difference between the two groups of nursing staff (ns).

Regarding the registered nurses, they are satisfied the most by the communication with a superior and both enjoyment of work and communication with a superior were found to most important factors contributing to their satisfaction. The relationship with superior was found as the most important factor for both job communication and satisfaction regarding the nursing assistants. Furthermore, there were statistical significant differences in various domains between RN and nursing assistants such as information with objectives, information for achievements, information for policy, formal communication, meaningful success, challenges working, enjoyment of work, using skills, provided experience, value of relationships with colleagues and service, informal communication, relationship with superior, instruction by a superior and communication with the director. That is in the aforementioned domains RN reported lower satisfaction compared to nursing assistants (Table 2). However, there were no significant differences between the two groups in terms of any level of importance (ns).

**Table 2:-** Descriptive indices between registered nurses and nursing assistants.

Characteristic (mean $\pm$ SD)	Total sample (n=305)		RN (n=140)		NA (n=165)		RN vs. NA
	Level of satisfaction	Level of importance	Level of satisfaction	Level of importance	Level of satisfaction	Level of importance	
Information	0.82(2.00)	1.94 (1.43)	0.59 (1.89)	1.92 (1.40)	1.02 (2.07)	1.96 (1.45)	ns
Information with objectives	1.01 (1.82)	2.01 (1.24)	0.63 (1.77)	1.90 (1.37)	1.34 (1.79)	2.10 (1.11)	<0.001
Information for achievements	1.10 (1.71)	1.80 (1.32)	0.76 (1.83)	1.64 (1.53)	1.39 (1.61)	1.93 (1.23)	<0.001
Information for policy	0.35 (2.10)	1.41 (4.52)	-0.09 (2.09)	1.31 (3.59)	0.73 (2.01)	1.49 (5.25)	<0.001
Formal Communication	1.42 (1.72)	2.39 (2.22)	1.07 (1.74)	2.18 (1.22)	1.73 (1.59)	2.55 (2.66)	<0.001
Meaningful success	1.06 (2.71)	1.96 (1.31)	0.64 (3.60)	1.83 (1.34)	1.42 (1.75)	2.08 (1.27)	<0.05
Challenges working	1.24 (1.63)	1.98 (1.22)	0.96 (1.60)	1.83 (1.18)	1.47 (1.58)	2.09 (1.19)	<0.01
<b>Enjoyment of work</b>	1.70 (1.55)	2.40 (1.11)	1.31 (1.68)	<b>2.34 (1.05)</b>	2.02 (1.42)	2.24 (1.08)	<0.001
Using skills	1.49 (1.55)	2.32 (1.21)	1.25 (1.48)	2.24 (1.07)	1.70 (1.54)	2.37 (1.13)	<0.05
Provided experience	1.20 (1.83)	2.32 (1.13)	0.89 (1.81)	2.34 (0.87)	1.47 (1.80)	2.29 (1.18)	<0.01
Relationship with colleagues	1.58 (1.52)	2.28 (1.24)	1.47 (1.59)	2.27 (1.11)	1.68 (1.56)	2.28 (1.15)	ns
Support from colleague	1.71 (1.44)	2.33 (1.12)	1.67 (1.34)	2.41 (0.80)	1.75 (1.47)	2.26 (1.30)	ns
Friendliness of colleagues	1.65 (1.51)	2.23 (1.10)	1.48 (1.57)	2.21 (1.080)	1.79 (1.42)	2.24 (1.08)	ns
Value of relationships with colleagues and service	1.56 (1.33)	1.79 (1.31)	1.39 (1.36)	1.72 (1.25)	1.70 (1.35)	1.85 (1.33)	<0.05
Informal communication	0.99 (2.42)	1.72 (1.42)	0.52 (1.86)	1.56 (1.59)	1.39 (2.80)	1.84 (2.81)	<0.001
<b>Relationship with superior</b>	1.78 (1.51)	2.37 (1.11)	1.54 (1.74)	2.24 (1.22)	<b>1.99 (1.30)</b>	<b>2.49 (0.87)</b>	<0.05
<b>Communication with a superior</b>	<b>1.85 (1.48)</b>	2.39 (0.99)	<b>1.69 (1.52)</b>	<b>2.34 (1.00)</b>	1.98 (1.39)	2.43 (0.93)	ns
Communication	1.75 (1.59)	2.34 (1.00)	1.56 (1.60)	2.26 (1.07)	1.90 (1.42)	2.40 (0.93)	ns

by a superior							
Recognition by a superior	1.58 (1.57)	2.32 (1.10)	1.42 (1.70)	2.30 (1.10)	1.72 (1.44)	2.32 (1.03)	ns
Understanding by a superior	1.61 (1.56)	2.30 (1.13)	1.47 (1.69)	2.25 (1.13)	1.73 (1.43)	2.35 (1.09)	ns
Instruction by a superior	1.66 (1.45)	<b>2.41 (0.91)</b>	1.45 (1.53)	2.32 (0.94)	1.84 (1.44)	2.48 (0.92)	<0.05
Communication with the Director	0.97 (2.00)	2.23 (1.00)	0.65 (1.96)	2.19 (1.03)	1.24 (2.09)	2.27 (1.08)	<0.05
Communication between departments	1.10 (1.60)	2.09 (1.00)	0.90 (1.62)	2.11 (1.03)	1.26 (1.62)	2.08 (1.02)	ns
Communication with other specialties	1.48 (1.58)	2.28 (0.91)	1.19 (1.51)	2.19 (1.03)	1.73 (1.51)	2.36 (0.91)	<0.01
Communication with volunteers	1.12 (1.44)	1.60 (1.32)	1.04 (1.42)	1.63 (1.25)	1.19 (1.45)	1.58 (1.35)	ns
Altruism Scale	24.40 (3.19)	-	24.72 (2.85)	-	24.12 (3.17)	-	ns

SD= standard deviation; RN= registered nurses; NA= nursing assistants.

Finally multivariate linear regression analysis was applied for the identification of the predictive factors that were independently associated with job satisfaction subscales (table 3). The results of multivariate linear regression revealed that age was significantly related to satisfaction with information ( $r = 0.05$ ,  $p = 0.04$ , 95% Confidence interval [CI] = 0.01 to 0.10), information for policy ( $r = 0.06$ ,  $p = 0.01$ , 95%CI = 0.01 to 0.11), challenges working ( $r = 0.04$ ,  $p = 0.02$ , 95%CI = 0.02 to 0.08) and communication with other specialties ( $r = 0.05$ ,  $p = 0.00$ , 95%CI = 0.01 to 0.08). Altruism was associated with satisfaction of information ( $r = 0.13$ ,  $p = 0.00$ , 95% CI = 0.04 to 0.19), information for achievements ( $r = 0.11$ ,  $p = 0.01$ , 95% CI = 0.02 to 0.15), information for policy ( $r = 0.07$ ,  $p = 0.04$ , 95%CI = 0.01 to 0.15), communication with the Director ( $r = 0.08$ ,  $p = 0.04$ , 95%CI = 0.01 to 0.15), and communication with other specialties ( $r = 0.07$ ,  $p = 0.01$ , 95%CI = 0.01 to 0.12). Professional experience was negatively correlated with satisfaction with relationship with superior ( $r = -0.26$ ,  $p = 0.00$ , 95% CI = -0.46 to -0.06), and communication with a superior ( $r = -0.23$ ,  $p = 0.01$ , 95% CI = -0.42 to -0.03) whereas it was positively related to satisfaction with communication between departments ( $r = 0.21$ ,  $p = 0.04$ , 95% CI = 0.43 to 0.77) and communication with other specialties ( $r = 0.30$ ,  $p = 0.00$ , 95% CI = 0.49 to 0.81).

**Table 3:-** Multivariate linear regression analysis for job communication, job satisfaction and altruism.

Variables	Coeff.	P	95% Confidence Interval	
			Lower bound	Higher bound
<b>Information</b>				
Age	0.05	<b>0.04</b>	0.01	0.10
Altruism Scale	0.13	<b>0.00</b>	0.04	0.19
<b>Information with objectives no statistical significance</b>				
<b>Information for achievements</b>				
Altruism Scale	0.11	<b>0.01</b>	0.02	1.15
<b>Information for policy</b>				
Age	0.06	<b>0.01</b>	0.01	0.11
Altruism Scale	0.07	<b>0.04</b>	0.01	0.15
<b>Formal Communication no statistical significance</b>				
<b>Meaningful success no statistical significance</b>				
<b>Challenges working</b>				
Age	0.04	<b>0.02</b>	0.02	0.08
<b>Enjoyment of work no statistical significance</b>				
<b>Using skills no statistical significance</b>				
<b>Provided experience no statistical significance</b>				
<b>Relationship with colleagues no statistical significance</b>				

<b>Support from colleagues no statistical significance</b>				
<b>Friendliness of colleagues no statistical significance</b>				
<b>Value of relationships with colleagues and service no statistical significance</b>				
<b>Informal communication no statistical significance</b>				
<b>Relationship with superior</b>				
Professional experience	-0.26	<b>0.00</b>	-0.46	-0.06
<b>Communication with a superior</b>				
Professional experience	-0.23	<b>0.01</b>	-0.42	-0.03
<b>Communication by a superior no statistical significance</b>				
<b>Recognition by a superior no statistical significance</b>				
<b>Understanding by a superior no statistical significance</b>				
<b>Instruction by a superior no statistical significance</b>				
<b>Communication with the Director</b>				
Altruism Scale	0.08	<b>0.04</b>	0.01	0.15
<b>Communication between departments</b>				
Professional experience	0.21	<b>0.04</b>	0.43	0.77
<b>Communication with other specialties</b>				
Age	0.05	<b>0.00</b>	0.01	0.08
Professional experience	0.30	<b>0.00</b>	0.49	0.81
Altruism Scale	0.07	<b>0.01</b>	0.01	0.12
<b>Communication with volunteers no statistical significance</b>				

### Discussion:-

Our research has shown that Greek nurses score on altruism is at average level with no important differences between Registered nurses and nurses' assistants. So we can conclude that Greek nurses perform their professional caring with an altruistic behavior. Work-related values are thought to reflect attitudes toward overcoming barriers for obtaining satisfaction from a profession (Altun., 2002). White (2006) also indicates that values can activate one's motivation for holding and remaining satisfied with a job and Tietjen and Myers (1998) stated that the most important way to keep employees satisfied is to recognize and respect their values and beliefs.

Altruism was found to correlate with satisfaction of information, information for achievements, and information for policy, communication with the Director and communication with other specialties coming to the conclusion that nurses with high altruistic behavior need information about their achievements and policies in order to be satisfied.

Altruistic behavior can help specific others in health organization by assisting them in their work, sharing knowledge, and guiding newcomers (Bateman & Organ., 1983; Smith et al., 1983) and it is particularly important in team-based organizations such as health organizations (Banks et al, 2014). Willingness of employees to be loyal to the organization and their fellow workers, by assisting them to finish team tasks can be fulfilled if communication among co-workers and among different health specialties. We can understand that health organizations benefit from employees' altruistic behavior in the way that interdependencies among health professionals are more easily managed, and fewer resources are required for the effective communication. There are also previous studies that correlate altruism with job satisfaction and organizational commitment (Bateman & Organ, 1983; Fahr et al, 1990; Iaffaldano & Muchinsky, 1985; Lui & Cohen, 2010; Organ & Ryan, 1995; Podsakoff et al, 2000; Puffer, 1987) and provide as explanation for these findings that employees with altruistic behavior create a pleasant work environment where all professional cooperate with each other and find ways paths of communication in order to exchange necessary information for fulfilling everyday caring activities (Cropanzano & Mitchell, 2005; Gong et al, 2010; Settoon et al, 1996). Hoegl & Gemuenden emphasized that altruistic behavior promotes quality of intra-team processes within better communication, coordination, balance of member contributions, mutual support, effort, and social cohesion (Hoegl & Gemuenden, 2001, Koster., 2014).

Greek nursing personnel was found to be satisfied by the communication with their superior. They also considered the instruction by a superior the most important factor. Regarding the registered nurses, they are satisfied the most

by the communication with a superior and both enjoyment of work and communication with a superior were found to be most important factors contributing to their satisfaction.

The relationship with superior was found as the most important factor for both job communication and satisfaction regarding the nursing assistants something that nurse manager should have in mind while creating open nursing caring environments that give opportunities and create paths for better communication. Furthermore, there were statistical significant correlations in various domains between RN and nursing assistants such as information with objectives, information for achievements, information for policy, formal communication, meaningful success, challenges working, enjoyment of work, using skills, provided experience, value of relationships with colleagues and service, informal communication, relationship with superior, instruction by a superior and communication with the director with RNs to score in satisfaction lower compared to nursing assistants. That might be attributed to the fact that RNs think all the above to be more important in the provision of care and that all those must exist in their everyday practice. Professional experience was negatively correlated with satisfaction with relationship with superior and communication with a superior whereas it was positively related to satisfaction with communication between departments and communication with other specialties.

### Conclusion:-

The findings of the current study conclude that an important factor that affects nurses' provision of healthcare is communication in the field of healthcare. Healthcare personnel must be able to communicate effectively with colleagues, superiors and patients and exchange all the necessary information they need in order to provide quality of care. Altruistic behavior can help personnel in health organization to develop paths of communication, promote cooperation, and develop relationships with colleagues and service, informal communication and increase nurses' satisfaction.

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