

## Job satisfaction among masters in nursing in Central and East Poland: a preliminary study

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A – Study Design, B – Data Collection, C – Statistical Analysis, D – Data Interpretation, E – Manuscript Preparation, F – Literature Search, G – Funds Collection

**Summary Background.** The number and qualifications of medical professionals are a significant element of quality of health care and may be used in its evaluation.

**Objectives.** The aim of the present work was to determine factors contributing to job satisfaction among master's-prepared nurses in Central and East Poland.

**Material and methods.** This cross-sectional study included 272 masters of nursing graduates employed at hospitals in Central and East Poland. The data were collected in 2013 using the Misener Nurse Practitioner Job Satisfaction Scale.

**Results.** Masters prepared nurses reported high levels of satisfaction concerning interactions with immediate superiors, interactions with other nurses, peer recognition, and social contacts with colleagues both during and after work. They reported a sense of accomplishment and feeling appreciated for their work. Nurses with a specialized role and a managerial position reported greater satisfaction. Low satisfaction ratings were attributed to limited opportunities for professional development, such as support for continuing education and involvement in nurse–patient research. Lowest satisfaction ratings were attributed to: retirement benefits; compensation for services performed outside of normal duties; monetary bonuses; and reward distribution.

**Conclusions.** Work-related interpersonal relationships and professional accomplishment contributed most to job satisfaction among advanced degree nurses. Compensation and limited professional development opportunities were primary sources of dissatisfaction. Nurses' high dissatisfaction was associated with career longevity.

**Key words:** job satisfaction, nurses, Misener Nurse Practitioner Job Satisfaction Scale.

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## Background

Professional satisfaction of Polish nurses has been studied by several researchers using various study tools, usually original questionnaires. A study covering 600 Polish nurses employed at occupational medicine centers showed that nurses in general are satisfied with their job; however, only 26% were fully satisfied. The lowest satisfaction level was connected with the prospects of professional promotion and salary [1]. Kunecka conducted a study among 1261 nurses employed at hospitals and found that nurses were satisfied with the relationships with their colleagues and immediate superiors. The main reason given for dissatisfaction was the low pay and lack of promotion possibilities [2]. According to another study, nurses' job satisfaction was also affected by the atmosphere on the hospital ward and the amenities available at the workplace [3].

Professional autonomy has been another area of research interest. It was reported that the level of nurses' awareness concerning professional autonomy was low, but the higher the level of education, the higher the awareness: 25% of respondents with secondary education and 56% of those with higher education gave positive answers to the question whether the job of a nurse is an autonomous one [4].

Nurses' professional satisfaction has been the subject of many studies of the nursing profession. Researchers have iden-

tified, for example, the factors that contribute to job satisfaction [5–7] and also the relationships between the leaving intention and job satisfaction [8, 9]. Factors affecting the satisfaction of nurses in Poland who have attained a master's degree in nursing may differ from those of nurses with a bachelor's degree or with secondary education attainment (i.e. graduates of Medical Secondary Schools and Post-secondary Vocational Medical Schools). Such variances may be attributed to differences in roles, responsibilities, tasks, educational backgrounds and expectations. There is a dearth of literature on professional job satisfaction among nurses in Poland what in particular implies the need to conduct studies among nurses with higher education, since they are the group with the highest intellectual capital.

## Objectives

The aim of the present work was to determine factors contributing to job satisfaction among master's-prepared nurses in Central and East Poland. The following study questions were formulated:

- What is the current level of job satisfaction among master's--prepared nurses in our selected population?
- What specific determinants contribute to nurses' job dissatisfaction or satisfaction?



## Material and methods

The cross-sectional study included 272 master's-prepared nurses employed at six hospitals within Lubelskie (two hospitals), Mazowieckie (one hospital) and Podlaskie (three hospitals) Voivodeships in Poland. The study was carried out in 2013 in the hospitals whose managers gave us consent to do so. The questionnaires were handed out to all the masters of nursing employed in each hospital. The response rate in the hospitals was: 50%, 69.2%, 70.8%, 74% and 100%, respectively.

The survey used was the Misener Nurse Practitioner Job Satisfaction Scale (MNPJSS) designed to evaluate nurses' job satisfaction level [10]. The MNPJSS was modified from the McCloskey/Mueller Satisfaction Scale. This scale has been used to measure nurses' job satisfaction [11, 12] and is based on concepts from Herzberg's dual factor theory of job satisfaction [13]. It contains 44 items assessed on a 6-point Likert scale, where respondents rate their satisfaction from very satisfied (6) to very dissatisfied (1). The total job satisfaction score ranges from 44 to 264, with scores tallied for each subscale. Permission to use the MNPJSS for this study was obtained from its co-author, Deanna Cox (D.L. Cox, personal communication, July 17, 2012). The tool was adapted by means of translation into Polish and back translation into English to verify the accuracy of the statements. The authors solved linguistic discrepancies through discussion with a bilingual expert. In the Polish version, Cronbach's alpha coefficient of internal consistence was 0.96.

This survey was supplemented with two open-ended questions, demographics, information on work experience, current nursing position, and the workplace. The two open-ended questions asked for further elaboration on the respondent's job satisfaction and job dissatisfaction, respectively. The responses to these two open-ended questions were extensively analyzed and presented in another paper as a companion piece to this study, the former with a focus on Abraham Maslow's motivational theory of psychology [14]. For the purposes of the current study, these free text responses were reviewed to support or refute the quantitative responses provided.

To be included in the study, participant nurses had to hold the degree of Master of Nursing. The questionnaires were distributed individually to participants by the Polish authors. The questionnaires were collected by the authors of the work at the agreed time. The respondents were asked about the recent level of professional satisfaction, taking into consideration the 44 items of work.

The study was approved by the University Ethics Committee – Resolution no. R-I-002/310/2013.

## Data Analysis

The data were analyzed with STATISTICA 13.0. Factor analysis was performed with the use of VARIMAX rotation, and six factors were determined from among 44 items. In each of the six sub-scales, the items correlated positively on the identified factors. Individual satisfaction factors were characterized with the arithmetic mean and standard deviation. Four items out of 44 were not included in the analysis, i.e.: "Time devoted to replying to messages (e.g. letters, e-mails)", "Time devoted to reviewing laboratory tests and other test results", "Diversity of patients (e.g. medical cases)" and "Flexibility in professional documentation". Those items were not included in the study because nurses in Poland rarely or never perform those kinds of activities. The next step was to analyze the sub-scales and calculate arithmetic means and standard deviations. One-way ANOVA and Student's *t*-test were used to analyze whether background variables were related to the respondents' job satisfaction. The level of statistical significance was set at  $p < 0.05$ .

## Results

### Respondent characteristics

All participants had a master's degree in nursing. The vast majority of participants were women (96.7%). Respondents up to 30 years old comprised the largest group among age bands surveyed (33.5%); nurses 51–65 years old comprised the smallest group (8.8%).

A quarter of the respondents had less than 5 years of professional experience; four in ten (39.7%) had been working as nurses from 5 to 20 years. One in four respondents had specialized nursing training which directly applied to their occupational tasks. The largest group was nurses working on surgery wards (47.4%). The vast majority (88.2%) of the nurses covered by the study worked as nurses whose only responsibility was patient care. The remainder (11.8%) were supervising nurses in nurse coordinator or senior management positions.

### Sources of professional satisfaction and dissatisfaction

The six sub-scales that measured the sources of professional satisfaction and dissatisfaction were labelled in our study as: (1) intra-practice partnership, cooperation, autonomy; (2) professional growth; (3) care; (4) benefits; (5) professional, social and community relationships; (6) support and administration (Table 1).

**Table 1. Mean values of particular elements of satisfaction in factor scale ( $n = 272$ )**

The names of the factors and items	M	SD
<b>Factor 1: Intrapractice partnership, autonomy, cooperation</b>		
Immediate supervisor	4.8	1.1
Interaction with other nurses	4.7	0.9
Recognition of your work from peers	4.0	1.1
Level of autonomy	3.8	1.2
Recognition for your work from superiors	3.7	1.3
Freedom to question decisions and practices	3.6	1.3
Process used in conflict resolution	3.6	1.2
Amount of consideration given to your personal needs	3.5	1.2
Consideration given to your opinion and suggestions	3.4	1.2
<b>Factor 2: Professional growth</b>		
Evaluation process and policy	3.7	1.1
Opportunity to develop and implement ideas	3.5	1.1

Table 1. Mean values of particular elements of satisfaction in factor scale ( <i>n</i> = 272)		
The names of the factors and items	M	SD
Opportunities to expand your scope of practice and time to seek advanced education	3.5	1.1
Opportunity for professional growth	3.3	1.4
Input into organizational policy	3.3	1.2
Opportunity to expand your scope of practice	3.3	1.2
Time off to serve on professional committees	3.0	1.3
Involvement in research	2.9	1.2
Support for continuing education (time and \$\$)	2.8	1.3
<b>Factor 3: Care</b>		
Ability to deliver quality care	3.8	1.1
Patient scheduling policies and practices	3.8	1.0
Percentage of time spent in direct patient care	3.7	1.2
Time allocation for seeing patient(s)	3.7	1.2
<b>Factor 4: Benefits</b>		
Vacation	3.2	1.4
Benefit package	3.0	1.4
Reward distribution	2.7	1.4
Monetary bonuses that are available in addition to your salary	2.3	1.3
Compensation for services performed outside of your normal duties	2.2	1.3
Retirement plan	2.1	1.2
<b>Factor 5: Professional, social and community relationships</b>		
Social contact at work	4.3	1.0
Social contact with your colleagues after work	4.2	1.2
Sense of accomplishment	4.0	1.2
Sense of value for what you do	4.0	1.2
Professional interaction with other disciplines	3.8	1.1
Acceptance and attitudes of physicians	3.6	1.5
Respect for your opinion	3.5	1.3
Status in the community	3.0	1.2
<b>Factor 6: Support, administration</b>		
Quality of auxiliary personnel	3.8	1.1
Amount of administrative support	3.5	1.2

M – mean; SD – standard deviation.

The sources of nurses' greatest satisfaction were the aspects of work connected with intrapractice partnership and cooperation: immediate supervisor (mean 4.8), interaction with other nurses (mean 4.7), and peer recognition of their work (mean 4.0). The highest satisfiers were: social contacts at work (mean 4.3), social contacts with colleagues after work (mean 4.2), sense of accomplishment (mean 4.0), and the sense of appreciation for what they did (mean 4.0).

Patient care conditions were moderate job satisfiers for the respondents. These included 'ability to deliver high-quality care' (mean 3.8), 'patient scheduling policies and practices' (mean 3.8), 'percentage of time spent in direct care' (mean 3.7) and 'time allocated for seeing patients' (mean 3.7). Administrative support was also considered moderately satisfying regarding 'quality of assistive personnel' (mean 3.8) and 'amount of administrative support' (mean 3.5).

The two aspects with lowest scores concerning professional growth were: involvement in research (mean 2.9) and support for continuing education (time and money) (mean 2.8). Possible benefits also received a low rating. Nurses were dissatisfied with reward distribution (mean 2.7), monetary bonuses available (in addition to salary) (mean 2.3), compensation for services performed outside the normal scope of duties (mean 2.2), and the pension scheme (mean 2.1).

### Job satisfaction, work experience, specialization, and designated positions

A one-way ANOVA showed that work experience was related to job satisfaction. Nurses' job satisfaction differed significantly depending on time of work experience for the factors 'benefits' ( $p < 0.001$ ) and 'intrapractice partnership, autonomy, cooperation' ( $p = 0.046$ ). The longer the respondent's work experience, the lower the job satisfaction concerning benefits (i.e. vacation, benefit package, rewards, monetary bonuses and compensation). The respondents' job satisfaction began to decrease soon after 5 years of work experience (Figure 1).

Professional job satisfaction that was related to intrapractice partnership, autonomy and cooperation also decreased with growing work experience (Figure 2).

Masters in nursing who were also specialized reported significantly higher ( $p = 0.048$ ) job satisfaction in relation to the factor 'professional growth' (mean 0.200), compared to master's-prepared nurses without specialization (mean -0.075). Specialized nurses also demonstrated significantly higher ( $p = 0.005$ ) values for the factor 'administrative support' (mean 0.277 compared to -0.111) and a lower ( $p = 0.045$ ) level for the factor 'benefits' (mean -0.210 compared to 0.068). Nurses working in managerial/supervisory positions were more satisfied on 'support and

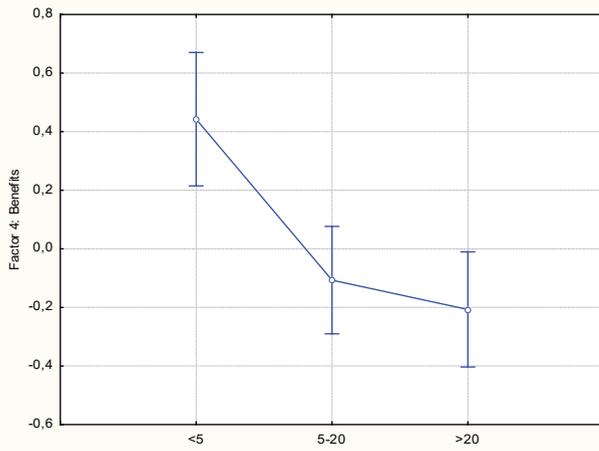


Figure 1. Benefits and work experience (in years)

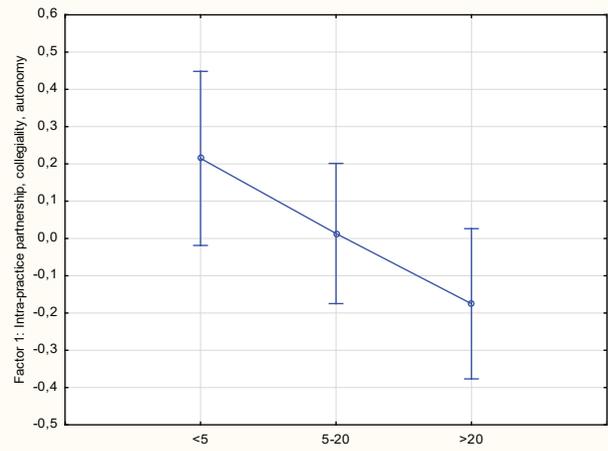


Figure 2. Intra-practice partnership, collegiality, autonomy and work experience (in years)

**Table 2. Factor scores and position at work and specialization (Student's t-test)**

Variable	Position at work			Specialization		
	Nurse (n = 240)	Coordinator (n = 32)	p-value	No (n = 202)	Yes (n = 70)	p-value
	M (SD)	M (SD)		M (SD)	M (SD)	
<b>Factor 1:</b> Intrapractice partnership, autonomy, cooperation	-0.0014 (1.0121)	0.0107 (0.9192)	0.9487	0.0234 (0.9556)	-0.0699 (1.1324)	0.5039
<b>Factor 2:</b> Professional growth	-0.0218 (1.0302)	0.1638 (0.7268)	0.3247	-0.0750 (1.0169)	0.2001 (0.9319)	0.0476
<b>Factor 3:</b> Care	0.0407 (0.9929)	-0.3049 (1.0160)	0.0662	-0.0548 (0.9562)	0.1601 (1.0999)	0.1211
<b>Factor 4:</b> Benefits	0.0397 (0.9764)	-0.2982 (1.1348)	0.0724	0.0684 (0.9832)	-0.2097 (1.0357)	0.0455
<b>Factor 5:</b> Professional, social and community relationships	0.0107 (0.9686)	-0.0806 (1.2252)	0.6281	-0.0180 (0.9117)	0.0502 (1.2355)	0.6251
<b>Factor 6:</b> Support, administration	-0.0924 (0.9102)	0.6930 (1.3388)	0.0000	-0.1115 (0.9117)	0.2767 (1.1631)	0.0045

M – mean; SD – standard deviation.

administration' ( $p < 0.001$ , mean 0.693 compared to -0.092 for respondents working in direct patient care only). No other statistically significant differences were found (Table 2).

### Discussion

To our knowledge, this is the first study in Poland on the sources of satisfaction and dissatisfaction among masters in nursing employed at health care institutions, based on the Misener Nurse Practice Job Satisfaction Survey (MNPJSS). Our research showed that nurses were satisfied first of all with professional relationships with their immediate superiors and other nurses, as well as with social contacts with colleagues at work and after work. They also rated highly the recognition of their work from superiors, the sense of accomplishment and the sense of value of what they do. These findings were corroborated by the free text response to the open-ended questions. The greatest sources of satisfaction among respondents were factors concerning interpersonal relationships at work [14]. The importance that nurses' work has for patients, and having good relationships with peers as well as recognition from superiors, have also been reported as key satisfiers in nursing by other researchers [2, 5].

In our quantitative study we found that nurses were least satisfied with the pension package, opportunities to receive

compensation for services provided outside the normal scope of duties, and monetary bonuses added to their basic pay. This was confirmed in the narrative responses to the open-ended question. The main reason for dissatisfaction was economics, namely the level of compensation and relaxation (time off duty), which may result in failure to fulfill certain physiological needs [14]. Polish nurses' dissatisfaction with remuneration has also been reported by other researchers [1, 2, 15]. Our research corroborates these opinions. It is also noteworthy that the participants rated involvement in research and support for continuing education as dissatisfying. In their answers to the open-ended question, they wrote: "There is no support from the employer with respect to continuing education, for example training leaves or subsidies" [14].

One important result of our research is that nurses' age was related to their opinions on such significant elements of work as intrapractice partnership and the quality of patient care. Nurses with work experience longer than 20 years were the least satisfied with these aspects of work. Nurses who were coordinating patient care were more satisfied with administrative help and assistive personnel support. Having a specialization, in turn, increased job satisfaction in two aspects, i.e. professional growth, as well as support and administration. Nurses with a specialization have the opportunity of an extended scope of practice, which allows them to receive greater administrative support.

Our study fills the gap in the literature concerning satisfaction among those who hold the Master of Nursing degree in Poland and contributes to the emerging body of knowledge on the subject. To date, scientific evidence that accounts for satisfaction and dissatisfaction among Polish nurses with master's degrees has been lacking.

## Conclusions

This study identified several sources of satisfaction and dissatisfaction expressed by masters in nursing in Poland. Nurses' job satisfaction related to their immediate supervisor; interactions with other nurses; social contacts at work and after work;

peer work recognition; and their own sense of professional accomplishment. Greater job satisfaction also related to a nursing specialization; a managerial position; and shorter employment longevity in the nursing workforce. Job dissatisfaction related to their retirement plan; position dependent recompense (i.e. compensation for services performed outside normal duties, monetary bonuses, reward distribution); and limited opportunities for professional development, such as support for continuing education and participation in nurse-patient research.

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