



Job Satisfaction of Nurses – Components of the Working Environment with Regard to Forms of Employment

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Abstract

Objective: The aim of the research was to compare the level of job satisfaction of nurses with two forms of employment: a civil law agreement (CA) and an employment agreement (EA).

Material and methods: The research was conducted in a group of 266 nurses (age: 45.4 ± 8.8) employed in hospital wards in lubelskie voivodship. The WDI questionnaire was used. The test results at the level of $p \leq 0.05$ were considered statistically significant.

Results: Significantly higher level of job satisfaction was indicated in the group of nurses employed under a civil law agreement ($\bar{X}_{CE} = 5.49$ point, $\bar{X}_{EA} = 4.68$ point). The level of job satisfaction significantly determined the age, remuneration and seniority of nurses ($p < 0.05$).

Conclusion: Job satisfaction depends on the conditions included in the agreement for the provision of medical services, as well as is related to peer relations, contacts with the supervisor and the amount of obtained remuneration.

Key words: nurse, job satisfaction, employment.

Introduction

The nurse profession is highly appreciated by the public. This also applies to the quantity and quality of medical services provided, which increases the social prestige of the profession [1]. The essence of the efficiency of health care institutions is the job satisfaction of employed medical personnel [2].

The work of the medical team requires participation of the individual in mutual interpersonal relations, which often contributes to the occurrence of negative emotional tensions. Working under time pressure, stress or workload contributes to lower satisfaction with one's performance [3]. Only the integrity and competence of the medical team, in which the atmosphere of mutual trust is noticed, confirms its proper cooperation and effectiveness in conducting healing process in the patient. These factors also increase the efficiency and quality of work on the organisational grounds, which increases the level of job satisfaction [4].

The hypothesis whether the form of employment significantly influences the level of job satisfaction of nurses working in hospital wards was verified.

Material and methods

Questionnaire

The research used the Work Description Inventory (WDI) by Oswald Neuberger and Mechthild Allerbeck in the Polish adaptation of A. Zalewska (2001).

The WDI standardized tool contains 83 questions characterizing the working environment using 7 components. Among them we distinguish: Colleagues, Superiors, Contents of work, Conditions, Organisation and Management, Development and Salary. The 4-step scale was used to describe individual components (1 - yes, 2 - rather yes, 3 - rather not, 4 - no). According to the key, some inverted scores were used in some of the questions. Each component describing individual spheres of work

ends with a question about the overall satisfaction with the given component. These questions are marked on a 7-step schematic scale of face symbols. Value 1 is assigned to a very dissatisfied face and rises to 7 (very happy face). The questionnaire ends with two questions regarding overall job satisfaction and life marked on the 7-point scale described [5].

The sheet was accompanied by an additional part of the technique – the importance of the components of the working environment, in which one should indicate the most important sphere from among the eight, having the greatest impact on the decision to start work. For this reason, a total of 80 points should be allocated to individual factors in order to underline their own preferences regarding the choice of place of work and its character [5].

Respondents

The research was conducted in a group of 266 nurses working in hospital wards in Poland. The average age of the respondents was 45.5 ± 8.8 years old. Among the nurses' average age, it was significantly lower in people working based on contracts (EA: 45.8 ± 8.8 ; CA: 44.2 ± 9.2 ; $Z=1.990$, $p=0.046$). The average length of seniority was 22.9 ± 10.4 . Significantly longer seniority noted in nurses employed under an employment agreement (EA: 23.3 ± 10.4 ; CA: 21.2 ± 10.7 ; $Z=2.201$, $p=0.028$) (Table 1).

The respondents were informed about the possibility of resigning from participation in the research at any stage. The research did not bear any risk.

Table 1. General characteristics of the researched group

Characteristic	n	%
Gender (n - 266) - female/male	266/0	100.0/0.0
Education (n - 266) - bachelor/master/PhD	154/80/32	57.9/30.1/12.0
Employment (n - 266) Employment agreement (EA)/contract agreement (CA)	217/49	81.6/18.4
Salary (n - 266) - up to 1600 PLN /1700–2500 PLN / 2600–3500 PLN /above 3500 PLN	25/140/ 76/25	9.4/52.6/ 28.6/9.4

Variable	\bar{x}	SD	Reference [min-max]	Me	Q ₁	Q ₃
Age (n - 266) [years]	45.5	8.8	23.0–62.0	48.0	41.0	51.0
Practice (n - 266) [years]	22.9	10.4	1.0–43.0	25.0	17.0	31.0

* – mean, SD – standard deviation, Me – median, Q₁ – lower quartile, Q₃ – upper quartile

Data collection

To ensure the representativeness of the sample, targeted selection was applied to the hospital facility. Individual inquiries were sent to hospitals about the employment structure of nurses in hospital wards. In order to ensure the assessment of job satisfaction of nurses, the nature of the work was considered only in hospital wards, which differs from the nature of the work of a nurse providing medical care in the field of specialist counselling.

Criterion for including the hospital in the research:

- entity entered in the Register of Entities performing therapeutic activity in Poland,
- employment of nurses in hospital wards based on an employment agreement and a civil law agreement in a given medical facility,
- consent of the director of the hospital facility to conduct the research.

Finally, 7 hospitals in the lubelskie voivodship (Poland) were included in the research.

The final result of the assignment of the researched group of nurses to two comparison groups involved the following criteria. **Selection criterion of group I (EA):** female gender, employment in a hospital ward, form of employment – employment agreement (n=217). **Selection criterion of group II (CE):** female gender, employment in a hospital ward, form of employment – civil law agreement (n=49).

Statistical analysis

In the structure of nurses' employment, a civil law agreement is a rarer preferred form of employment. The sample size was estimated with the Z test: H_0 hypothesis: $M_{i_1} = M_{i_2}$ assessing the average level of job satisfaction in the compared nurses groups and a test power of 0.9 was assumed. Assuming an error of $\alpha=0.05$, the representativeness of the sample included in the research was confirmed.

The basic descriptive statistics were used to present the data. Questions with a 7-point schematic scale were considered as a quasi-continuous variable. The distribution of measurable variables was evaluated using the Shapiro-Wilk test. The Pearson χ^2 test was used to analyse non-measurable variables. For the comparison of 2 independent groups, the Mann-Whitney U test was used. The analysis of the WDI 82 vs Age relationship was made using the post-hoc Tukey test, while the post-hoc NIR test was used in the WDI 82 vs Practice comparisons. The test results at the level of $p \leq 0.05$ were considered statistically significant. The statistical analyses were performed with STATISTICA 13.0.

Results

In each of the analysed components affecting the overall level of job satisfaction, there were statistically significant differences between the compared groups ($p \leq 0.05$). The largest difference in the average level of job satisfaction was noted in the aspect of remuneration. Nurses employed based on an employment agreement indicated an average level of satisfaction at the level of $\bar{X}_{EA} = 2,7 \pm 1,47$. On the other hand, nurses employed

based on the contract rated the level of job satisfaction in the aspect of the remuneration $\bar{X}_{CE}=4.9\pm 1.69$ almost twice as much. The exact data is contained in the table (Table 2).

Table 2. Difference in the average degree of satisfaction with individual job components, taking into account the form of employment

Overall satisfaction with:	CE		EA		p
	\bar{x}	SD	\bar{x}	SD	
Colleagues	6.0	1.02	5.7	1.02	0.049
Superiors	6.3	0.97	5.7	1.16	0.000
Contents	5.2	1.01	5.3	1.01	0.000
Conditions	5.8	1.14	4.9	1.12	0.000
Organisation and Management	5.1	1.29	4.0	1.40	0.000
Development	5.3	1.15	4.5	1.18	0.000
Salary	4.9	1.69	2.7	1.47	0.000

*EA - employment agreement; CE - contract employment; \bar{x} - mean;

SD - standard deviation; p - value

Based on the general question from the WDI questionnaire (no. 82), a significantly higher level of job satisfaction was confirmed in the group of nurses employed based on civil law agreements $\bar{X}_{CE}=5.49$ in comparison to nurses employed based on employment agreements ($\bar{X}_{EA}=4.68$) ($p<0.001$).

Analysing the level of satisfaction with the age of nurses, there were statistically significant differences between the compared groups (Age: group 1 vs 4, $p=0.032$). The older a nurse is, the lower overall job satisfaction is. The youngest nurses presented the highest average level of job satisfaction $\bar{X}=5.52$ points. With age, the level of satisfaction decreased and in the case of women over 50, the average level of job satisfaction was $\bar{X}=4.65$ points.

The youngest nurses experienced a subjective perceived level of satisfaction on the WDI 82 scale with higher values compared to women working for a longer period of time ($p<0.05$). The longer the nurse's seniority is, the overall job satisfaction proportionally decreases (Practice: group 1

vs 3, $p=0.006$, group 1 vs 4, $p=0.001$). Nurses with the shortest seniority showed a significantly higher average job satisfaction at the level of $\bar{X}=5.5$ points, compared to nurses working over 30 years ($\bar{X}=4.6$) (Table 3).

Table 3. Average level of nurse job satisfaction considering employment, age and practise

Overall satisfaction (WDI 82) vs:	\bar{x}				p
Form of employment	CE		EA		0.000
	5.49		4.68		
Age Years (number of group)	<30 (1)	31-40 (2)	41-50 (3)	>50 (4)	0.004
	5.52	5.05	4.71	4.65	
Seniority date Years (number of group)	<5 (1)	6-15 (2)	16-30 (3)	>30 (4)	0.010
	5.5	4.9	4.8	4.6	

*EA - employment agreement; CE - contract employment; \bar{x} - mean; p - value; Age: (1): until 30 years; (2): 31-40 years; (3): 41-50 years; (4): over 50 years; Seniority date: (1): until 5 years; (2): 6-15 years; (3): 16-30 years; 4: over 30 years

The areas impacting the choice of the workplace, which are significantly different in the compared groups in relation to the form of employment, involved friendships in the workplace ($p=0.032$), as well as the work nature ($p=0.027$). Interpersonal contacts with co-workers had a higher point value in the group of nurses working based on an employment agreement. The maximum number of points assigned to this sphere was $EA_{Max}=40$ and the average point value was $\bar{X}EA=12.42$. However, among contract nurses, this value was lower ($CE_{Max}=20$ points; $\bar{X}CE=9.80$). Average point values assigned to the component - performed work - in the compared groups were respectively: $\bar{X}EA=10.00$ and $\bar{X}CE=11.57$. Nurses working based on an employment agreement pointed out the highest validity of remuneration and guarantee of employment in the workplace, assigning to these factors the maximum value of points equal to $EA_{Max}=50$. In the group of contract nurses, the same situation is seen in the assessment of remuneration as a component determining the choice of the workplace - $CE_{Max}=50$. Both groups obtained an average point value above 15 ($\bar{X}EA=15.44$; $\bar{X}CE=15.65$). This indicates a significant

importance of this factor in the process of choosing a future workplace in the researched group. The provided workplace as a fourth factor largely shapes the decision to accept or reject a new workplace proposal. The average value of points assigned to this aspect in the group of nurses employed based on an employment agreement was $\bar{X}_{EA}=10.43$, while among contract nurses it was slightly higher ($\bar{X}_{CE}=10.80$). Remuneration and job security were factors independent of the form of employment, but equally often indicated in both groups as important factors in the decision-making process regarding the future occupation (Table 4).

Table 4. Differences in the assessment of the importance of work environment components, based on the point value, determining the comfort of the nurses' work, taking into account the form of employment

Domain	Employment		P
	EA* \bar{X} (min-max)	CA* \bar{X} (min-max)	
Colleagues	12.42 (0-40)	9.80 (0-20)	0.031
Superiors	9.44 (0-30)	8.22 (0-20)	0.184
Contents	10.00 (0-40)	11.57 (0-30)	0.027
Conditions	8.36 (0-20)	9.37 (0-30)	0.291
Organisation and Management	6.55 (0-20)	6.96 (0-20)	0.698
Development	7.53 (0-30)	7.63 (0-15)	0.647
Salary	15.44 (0-50)	15.65 (5-50)	0.516
Assured workplace	10.43 (0-50)	10.80 (0-30)	0.416

*EA – employment agreement; CE – contract employment; \bar{X} – mean;

Z – U Mann-Whitney test; p – value

Discussion

Popularization of flexible forms of employment in the world has been observed since the 1980s. The problem involves positive and negative consequences of their application, which determine the employment decisions made by employing organisations [6]. The employment agreement is further specified by the Labour Code in the scope of rights and obligations and provides the employee with employee benefits, i.e. paid leave. In the case of a civil law agreement, the employment relationship

between the hospital and the nurse is determined by parties signing an agreement. This is the most important element of this form of employment because the flexible nature of the agreement specified by the Civil Code and the lack of employee status in a person cooperating with the hospital does not provide a nurse with benefits that result from the previously mentioned employment agreement. In this case the system of remuneration, which differentiates the method of calculating the hourly rate, the remuneration for a patient (per capita) or other solutions, may be flexible. As a result, the remuneration of nurses employed based on a civil law agreement is often higher, which is a motivating factor [7].

The research aimed at comparing job satisfaction of nurses employed in hospital wards based on two different employee agreements. Among the researched group of nurses, only 18.4% were employed based on a civil law agreement. A similar frequency of this form of employment is observed in the research of D. Kunecka (2010) [8]. It is worth mentioning that the introduction of civil law agreements in Poland was met with many negative opinions. Significant changes resulting from the application of this form of profession were presented by the Polish Nursing Association on July 21, 2011 [9].

Components of the work environment that determine the satisfaction of nurses

Matthews and MacDonald-Rencz emphasise the need for a friendly environment in the workplace and the effective cooperation of medical teams [10]. The reward system and recognition among cooperating medical staff were direct and indirect factors shaping satisfaction in developing countries such as Iran. However, this dependency may not be generalised and sought for confirmation in developed countries such as Canada [11]. Poland, according to the *Human Development Index (HDI)*, is also in the group of highly developed countries (item 33, HDI= 0.865) [12].

Factors that increases job satisfaction often involves a friendly environment, contact with the supervisor and the importance of work and recognition among medical staff. The obtained results were compared with

the data of the American Society for Human Resources Management (SHRM). It was proven that the largest differences in the level of satisfaction concern non-financial benefits, career advancement opportunities, as well as a friendly environment at the workplace [13]. Other authors, on the other hand, emphasised high degree of satisfaction with friendships [14]. In the author's research, nurses rarely indicated interpersonal problems in a friendly environment and in relations with the supervisor.

The success of the medical team is a success of the entire organisation [15]. Most of nurses believed that they could always rely on co-workers (52.7%) and most often observe mutual agreement of opinions (mostly - 56.8%) [16].

In the author's research, 52.25% of the total indicated the scale of job satisfaction equal to 5 and 6, which is confirmed by the research of other authors [17]. Therefore, the empirical evidence brought to the literature by a series of researches confirms that the image of unsatisfied nursing staff with a strong sense of professional frustration is unjustified, but one may find the research confirming a very low level of satisfaction [18]. Furthermore, more than half of the nurses change the form of employment into a civil law agreement with an increase in overall job satisfaction in this group. It is worth mentioning that employment transformation to a contract was most often related to the financial aspect (90%), the secondary role was played by the nurse's autonomy while providing medical services (10%) [19]. A different degree of dissatisfaction with work may be found in the research conducted by other authors. These data indicate approximately 50% dissatisfaction among Polish nurses and slightly lower among the population of nurses living in the United States (41%), Scotland (38%), England (36%), Canada (33%) and Germany (17%) [20].

In determining job satisfaction, remuneration is important, the amount of which may generate the appearance of negative emotions and frustration [21]. The analyses available in the literature confirm the greatest importance of employment stability in the group of women working based on an employment agreement. However, in the group of nurses employed based on civil law agreements the remuneration and organisation

of the workplace were the largest determinants [22]. Comparing Polish and American nurses, it is confirmed that, in the group of Polish nurses, the factors that allow a higher level of satisfaction are: trust among doctors, co-financing the health education process conducted in a group of patients, the possibility of raising professional qualifications [23], and for 62.2% respondents – higher remuneration. American nurses are better paid, most do not need financial motivation. Communication with doctors and improving professional qualifications becomes more important for them [24]. Nurses show greater ability to distance themselves, which facilitates the process of treatment and saving the patient's life. Indeed, they show a lower sense of professional success and are less satisfied with their lives [25]. Contract nurses more often emphasised their satisfaction with professional development. The seniority and its importance in professional involvement are not without significance. In the group of nurses, the greatest dispersion of the results in the pursuit of professional advancement is observed among women working for 16 to 25 years, the index in this group is the lowest [26].

The highest satisfaction of nurses is most often noted in the aspect of a friendly environment ($\bar{X}=5.41$), a work content ($\bar{X}=5.45$) and the conditions present at the place of providing medical services ($\bar{X}=4.96$) [9]. The author's research confirms these relationships. The reports of Asferid A. et al. confirm almost equal percentage of satisfied (52.5%) and dissatisfied nurses (47.5%) with the general aspect of the work. The overall level of women's satisfaction showed a strong correlation with the recognition among colleagues ($r=0.59$), interpersonal relations with management, conditions in the work environment and with appreciation in increasing the satisfaction of nurses working in South Ethiopia. In the group of factors lowering job satisfaction, similarly as in the case of own research, medical personnel mentioned: lack of opportunities for career advancement and conducting vocational training, remuneration and other aspects of the work [27].

The average level of satisfaction with the nurses' life was $\bar{X}=4.92$ ($\bar{X}_{CA}=5.41$; $\bar{X}_{EA}=4.81$). According to the analysis of the degree of satis-

faction of Polish, professionally active nurses living in three provinces (Mazowieckie, Lubelskie and Kujawsko-Pomorskie voivodeships), nurses from Lublin were placed in the middle position of the ranking in terms of average satisfaction with life [28]. These results are not confirmed in the author's research; indeed, the tendency is reversed. The Kruskal-Wallis ANOVA at the level of $p=0.039$ rejects the hypothesis of independence, indicating a statistically significant difference. The subjectively determined higher degree of satisfaction became the domain of younger nurses, with the increase of the age the level of satisfaction with life decreased. A similar situation is observed in the analysis of the degree of satisfaction with the length of the nurse profession, which is confirmed by other authors [29]. In contrast, on the WDI scale used in this research, Lublin nurses showed satisfaction with life at the level of $X=4.92$ on average. Comparing the degree of satisfaction with the world literature, Korean nurses also rated it at the average level [30]. In the group of American nurses researched using the 7-point Likert scale, the value of life satisfaction was achieved at the average level of 4.56 ± 0.14 [31].

Managing of nurses' employment

Having verified the surveys carried out by PTP among the Member States of the European Federation of Nursing Societies in 2011, it was confirmed that the most common form of employment is an employment agreement. In a low percentage (0.01%), the Czech Republic, Luxemburg, Denmark and Germany practice contracting with nursing staff. In Hungary, Ireland, the percentage does not exceed several percent of the total nurses' population. It should be emphasised that the standards of nursing services are respected. These countries monitoring the working time ensure safety not only of a nurse or the employer, but above all a patient [9]. Monitoring working time is also the domain of Polish management of nurses employed based on civil law agreements [32]. The authors' research, illustrating the Lublin medical services market, also indicates the dominance of the employment agreement as a standard. Non-working employment is still one of the less frequently used forms of employment.

Motivating nursing staff by managers of medical facilities determines the intensive development of medical procedures, systems and technologies that, by improving the quality of services provided, build customer loyalty and the future of healthcare facilities. Numerous restrictions on the economic aspects of the functioning and financing of medical care change significantly the standard working day for nurses [33]. Introduced new flexible forms of employment are one of the possibilities of taking up work by people who, for some reasons, may not remain in full-time employment [34]. In the case of nurses, a contractual agreement may lead to professional activation, especially when job satisfaction in this employee group is significantly higher. Higher work efficiency is the result of job satisfaction.

However, each of the signed contractual agreements is based on individual rules and defines different working conditions, which is why the research of job satisfaction in the group of nurses employed based on a civil law agreement is an extraordinarily complex phenomenon. Differences in the contractual agreements signed in Poland and abroad involve factors that significantly determine the perception of civil law agreements, as well as determine the level of job satisfaction based on these agreements.

Conclusion

- The form of employment of nurses in health facilities differentiates the level of job satisfaction. A civil law – contractual agreement compared to a standard employee agreement is a more satisfactory form of employment.
- Interpersonal contacts at work significantly impact on the level of job satisfaction, so care should be taken to ensure mutual relations of employees and take corrective actions.
- Remuneration and a friendly environment are the two most important reasons for choosing a future job in the group of researched nurses.

Implications for Nursing Management:

- systematic assessment of the quality and accessibility of services provided and compliance with nursing care standards and procedures, implementation of activities that motivate nursing staff to improve the quality of work, improve working conditions and remuneration, and
- systematic training and specialised courses of nursing staff enabling personal development and improving professional qualifications, which increase the level of job satisfaction and the quality of services provided.

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