Original scientific article/Izvirni znanstveni članek

The importance of monitoring nurses' workplace satisfaction of nurses for the well-being of all employees in nursing

Pomen spremljanja zadovoljstva na delovnem mestu v skrbi za dobro počutje zaposlenih v zdravstveni negi

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ABSTRACT

Key words: nurses; well-being; satisfaction; work

Ključne besede: medicinske sestre; dobro počutje; zadovoljstvo; delo

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Professor Damijan Mumel, University of Maribor, Faculty of Economics and Business, Razlagova 14, 2000 Maribor, Slovenia **Introduction:** Work is an important constituent of an individual's life since the experience of work influences well-being and health. The well-being of employees is an important issue in the work environment. The aim was to examine the relationship between satisfaction in the workplace and the well-being of employees in nursing.

Methods: Quantitative research based on a cross-sectional study was used, with 640 employees in nursing from eight Slovenian hospitals participating in the study. A structured survey questionnaire was administered. The relationship between psychological well-being and workplace satisfaction was analysed with correlation and linear regression analysis.

Results: The workplace satisfaction ($\bar{x} = 3.69$, s = 1.13) and well-being ($\bar{x} = 161.27$, s = 55.19) of employees in nursing are at a middle level. With the correlation analysis we established that well-being statistically significantly correlates with workplace satisfaction (r = 0.611, p < 0.001). Workplace satisfaction explains 42 % of the total variability of well-being of employees in nursing. **Discussion and conclusion:** It is necessary for every health care organization to take care of its employees' workplace satisfaction and well-being. Health care organizations can be successful and achieve their organisational objectives if their employees are satisfied with their work and have a high level of well-being.

IZVLEČEK

Uvod: Delo je pomemben sestavni del življenja vsakega posameznika, saj je znano, da delovne izkušnje vplivajo na dobro počutje in zdravje. Dobro počutje zaposlenih je pomembna dimenzija v delovnem okolju. Namen raziskave je bil ugotoviti povezavo med zadovoljstvom na delovnem mestu in dobrim počutjem zaposlenih v zdravstveni negi.

Metode: Uporabljena je bila kvantitativna metodologija raziskovanja. Sodelovalo je 640 zaposlenih v zdravstveni negi iz osmih slovenskih bolnišnic. Uporabljen je bil strukturiran vprašalnik. Za ugotavljanje povezave med dobrim počutjem in zadovoljstvom na delovnem mestu sta bili uporabljeni korelacijska in linearna regresijska analiza.

Rezultati: Stopnja zadovoljstva na delovnem mestu ($\bar{x}=3,69,\ s=1,13$) in dobro počutje ($\bar{x}=161,27,\ s=55,19$) zaposlenih v zdravstveni negi sta na srednji ravni. S korelacijsko analizo smo ugotovili, da se dobro počutje z zadovoljstvom na delovnem mestu statistično pomembno povezuje ($r=0,611,\ p<0,001$). Z zadovoljstvom na delovnem mestu lahko pojasnimo 42 % celotne variabilnosti dobrega počutja zaposlenih v zdravstveni negi.

Diskusija in zaključek: Skrb za zadovoljstvo na delovnem mestu in dobro počutje zaposlenih je pomembna za vse zdravstvene organizacije. Zdravstvene organizacije so lahko uspešne in dosegajo svoje organizacijske cilje, če so njihovi zaposleni zadovoljni z delom in imajo visoko stopnjo dobrega počutja.

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Introduction

Work is an important aspect of people's lives. Nursing is a complex profession which requires interaction with different individuals, like physicians, nurses, professionals, patients and their families, in a high-stress environment (Tabak & Orit, 2007; Purcell, et al., 2011; Scheick, 2011). Nurses play a central role in the delivery of health care in all countries and are also the key providers of health promotion services. The primary goal of the World Health Organisation is the highest possible level of health for all people. Hospitals encounter a constantly changing environment and nurses therefore have to be very flexible in the work they are doing. Consequently, stress in the workplace easily affects nurses, their workplace satisfaction and performance (Garrosa, et al., 2011; Nabirye, et al., 2011). If they interfere with personal lives, work-related conflicts are associated with low workplace satisfaction, low well-being, burnout and depression (Franche, et al., 2006; Cortese, et al., 2010).

Workplace satisfaction refers to the emotional state of employees and shares some common aspects with well-being. Wright and Bonett (2007) established a relatively strong relationship between employees' well-being and workplace satisfaction. Every individual has their own views on the work with regard to its meaning and their personal development. Work offers many advantages for wellbeing, such as opportunities for social interaction and support, while it also provides an income (Henry, 2004). In nursing, workplace satisfaction is described as the degree of affective orientation towards the employment, which may be negative or positive (Utriainen & Kynga, 2009). It has been found that workplace satisfaction relates to the beliefs and emotions individuals have about their work (Lu, et al., 2005). Research in nursing about workplace satisfaction has mostly focused on the relationship between workplace satisfaction and organisational outcomes (Lynn & Redman, 2005) or factors of the work environment (Leung, et al., 2007; Li & Lambert, 2008). Although studies have shown different levels of nurses' workplace satisfaction, the factors of satisfaction are usually fairly similar and include working conditions, interpersonal relationships, salary, job security, responsibility, and work hours (Lu, et al., 2005; Zangaro & Soeken, 2007; Daehlen, 2008; Ellenbecker, et al., 2008). In addition, Cooper (2001) noted that different characteristics of the working environment are significantly associated with employee health and stress.

Well-being is an important basis of health. A few years ago, the World Health Organisation defined health as "a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity" (WHO, 2014). Further, the

corresponding literature identifies three categories of well-being: psychological well-being, physical wellbeing and social well-being (Grant, et al., 2007). Wellbeing is usually conceptualised as a combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudaimonic perspective) (Deci & Ryan, 2008). Broadly defined as happiness, life satisfaction, and self-growth, wellbeing represents one of the most important aspects of efficient psychological functioning. Indeed, research reveals that happy people experience several benefits ranging from physical health to better relationships and a high-level performance (Lyubomirsky, et al., 2005; Huppert, 2009). Huppert's review (2009) also claims that the consequences of well-being include better physical health, mediated possibly by brain activation patterns, neurochemical effects and genetic factors.

In nearly all areas including in nursing, most research has focused on determining the level of well-being of employees (Curtis, 2007) and establishing the factors that affect their well-being. A lot of research has identified the correlation between the well-being and job satisfaction of nurses (Bégat, et al., 2005; Sparks, et al., 2005; Nemcek & James, 2007; Nielsen, et al., 2009; Burke, et al., 2010; Gurkova, et al., 2014).

Aim and objectives

The aim of the study was to examine the relationship between workplace satisfaction and the well-being of employees in nursing.

The following hypothesis is proposed:

H1: The workplace satisfaction of employees in nursing is associated with their well-being.

Methods

The study was based on quantitative methodology. Data were collected in a cross-sectional survey of nursing employees in Slovenian hospitals through an anonymous, structured questionnaire.

Description of the research instrument

For the study, we used a questionnaire with 69 closed-type questions, including demographic data (gender, age, years of employment, years of employment in a leading position and level of education) and items for workplace satisfaction and well-being. For workplace satisfaction, we used 15 items prepared in cooperation with O.K. Consulting (a company for education and transformational management) and based on the theoretical background (Mihalič, 2008). Participants rated their attitudes on a six-point scale ranging from 1 (extremely satisfied) to 6 (extremely dissatisfied) to a series of issues including work conditions, co-workers

and job security. Responses were reverse-coded so that higher scores indicate greater job satisfaction. Cronbach's alpha for this part was 0.943. To measure well-being, we used Ryff's Scales of Psychological Well-being (Ryff & Keyes, 1995). The content validity, construct validity and reliability of Ryff's Scales of Psychological Well-being have previously been established (Musek, 2008; Avsec & Sočan, 2009). With this questionnaire we measured six dimensions of well-being (autonomy, positive relations with others, environmental mastery, personal growth, purpose of life, and self-acceptance). Participants selfassessed their well-being on a six-point scale ranging (1 - strongly disagree; 2 - disagree; 3 - partly disagree; 4 – partly agree; 5 – agree; 6 - strongly agree). We used seven items for each dimension. The sum of scores creates an overall image of well-being. Higher scores indicate more positive well-being. Cronbach's alpha for this part was 0.991. The questionnaires were tested in a pilot study (10 leaders and 40 employees) in another hospital. Those results are not included in the present study.

Description of the sample

The questionnaire was distributed to 1,100 nursing employees, i.e. 12 % of the 9,404 nursing employees in all departments of all Slovenian hospitals (Trdić, et al., 2010). We sent 85 questionnaires to middle-level and unit-level nurse leaders and 1,015 questionnaires to other nursing employees. Purposive sampling was used for nursing leaders. The maximum time for filling out the questionnaire was 20 days. Six hundred and forty questionnaires were correctly and completely filled out, giving a response rate of 56 %.

The study included 640 employees in nursing: 75 (12 %) were nurse leaders and 565 (88 %) were other employees in nursing. There were 87 (14 %) men and 553 (86 %) women, with 346 (54 %) employees coming from departments of surgery and 294 (46 %) employees from departments of internal medicine. Further, 153 (24 %) of participating employees in nursing were less than 30 years old, 410 (64 %) were aged between 30 and 50 years and 77 (12 %) of them were older than 50 years. On average, the leaders had spent 8.6 years (from 0.5 to 32 years) in the leading position.

Description of the research procedure and data analysis

The current study included 8 out of all 12 Slovenian hospitals that have departments of internal medicine

and surgery. We received written permission for the study from all participating hospitals as well as the National Medical Ethics Committee of the Republic of Slovenia (No. 157/09/13). Before the research, we informed the respondents in advance of the aim of the study and participation in the study was voluntary and anonymous. In the research, data for testing workplace satisfaction and well-being were collected. The survey took approximately 20 minutes to complete and the study was conducted in 2014 (from April to September).

For the statistical analysis, the Statistical Package for the Social Sciences version 20.0 (IBM; SPSS Inc., Chicago, IL, USA) was used. The differences between individual variables were analysed with the Mann-Whitney test, while Spearman's correlation coefficient was used to identify the relationship between the studied variables. Linear regression analysis was employed to determine the impact of workplace satisfaction (independent variable) on well-being (dependent variable). A *p*-value of < 0.05 was considered to be statistically significant.

Results

The average value of workplace satisfaction for the nursing leaders is 4.26 out of 6 (s = 0.82) and for the other employees in nursing it is $\bar{x} = 3.12$ out of 6 (s = 1.44). Well-being for the nursing leaders is \bar{x} = 168.10 out of 252 (s = 35.08) and for the other employees it is $\overline{x} = 160.48$ out of 252 (s = 57.03). Table 1 shows the differences between the leaders' and the other employees' self-assessments of satisfaction with the work environment, and all of the studied dimensions of well-being. We only found statistically significant differences in workplace satisfaction (Z = -6.460, p < 0.001) between the leaders' and the other employees' self-assessments. We did not find statistically significant differences in any dimensions of well-being between the leaders' and the other employees' self-assessments.

With Spearman's correlation analysis (Table 2) we found a strong positive correlation between the workplace satisfaction and well-being (r = 0.611, p < 0.001) of employees in nursing.

In order to establish the well-being of employees in nursing, a linear regression analysis was conducted. For the independent variable we used workplace satisfaction. With the linear regression analysis (Table 3) we can explain 42 % of the total variability of the well-being of employees in nursing with workplace satisfaction.

Table 1: Results of the Mann-Whitney test for well-being and workplace satisfaction
Tabela 1: Rezultati Mann-Whitneyevega testa dobrega počutja in zadovoljstva na delovnem mestu

Variables/Spremenljivke	x (L)	s (L)	X (E)	s (E)	Z	p
Workplace satisfaction	4.26	0.816	3.12	1.441	-6.460	< 0.001
WB - Autonomy	36.94	5.91	26.01	9.82	-0.463	0.644
WB - Positive relations with others	27.32	5.91	26.7	10.37	-0.496	0.620
WB - Environmental mastery	26.84	7.26	25.16	11.17	-0.770	0.441
WB - Personal growth	28.63	6.30	29.23	8.8	-0.792	0.428
WB - Purpose in life	28.13	6.38	28.06	9.06	-0.214	0.830
WB - Self-acceptance	18.22	6.13	25.34	9.61	-1.633	0.102
Well-being	168.10	35.08	160.48	57.03	-0.713	0.476

Legend/Legenda: WB – well-being/dobro počutje; L – nursing leaders/vodje zdravstvene nege; E – other employees in nursing/ostali zaposleni v zdravstveni negi; \bar{x} – average/povprečna vrednost; s – standard deviation/standardni odklon; Z – value of the Mann-Whitney test/vrednost Mann-Whitneyevega testa; p – statistically significant at 0.05 or less/ statistična značilnost pri 0,05 ali manj

Table 2: Results of Spearman's correlations for the studied variables of workplace satisfaction and well-being Tabela 2: Rezultati Spearmanovega korelacijskega koeficienta zadovoljstva na delovnem mestu in dobro počutje

	ws	A	PR	EM	PG	PL	SA	WB
WS	1	0.643**	0.618**	0.602**	0.530**	0.555**	0.649**	0.611**
p	/	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001
A	0.643**	1	0.913**	0.922**	0.847**	0.863**	0.953**	0.951**
p	< 0.001	1	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001
PR	0.643**	0.913**	1	0.915**	0.878**	0.879**	0.924**	0.954**
p	< 0.001	< 0.001	1	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001
EM	0.602**	0.922**	0.878**	1	0.888**	0.889**	0.926**	0.960**
p	< 0.001	< 0.001	< 0.001	/	< 0.001	< 0.001	< 0.001	< 0.001
PG	0.530**	0.847**	0.878**	0.602**	1	0.945**	0.843**	0.927**
p	< 0.001	< 0.001	< 0.001	< 0.001	1	< 0.001	< 0.001	< 0.001
PL	0.555**	0.863**	0.879**	0.889**	0.945**	1	0.871**	0.941**
p	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	/	< 0.001	< 0.001
SA	0.649**	0.953**	0.924**	0.926**	0.843**	0.871**	1	0.957**
p	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001		< 0.001
WB	0.611**	0.954**	0.951**	0.960**	0.927**	0.941**	0.957**	1
p	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	< 0.001	

Legend/Legenda: * Correlation is significant at the 0.05 level or less/statistična značilnost pri stopnji 0,05 ali manj; ** Correlation is significant at the 0.001 level or less/statistična značilnost pri stopnji 0,001 ali manj; WS – Workplace satisfaction/zadovoljstvo z delovnim mestom; WB – Well-being/dobro počutje; A – Autonomy/avtonomnost; PR – Positive relationships with others/pozitivni odnosi z drugimi; EM – Environmental mastery/obvladovanje okolja; PG – Personal growth/osebnostna rast; PL – Purpose in life/smisel življenja; SA – Self-acceptance/samosprejemanje

Table 3: Results of the linear regression analysis for psychological well-being Tabela 3: Rezultati linearne regresijske analize za dobro počutje

Independent Variables/ Neodvisne spremenljivke	R ²	В	Std. Error	β	t	P	
Workplace satisfaction	0.419	1.872	0.090	0.647	20.857	< 0.001	

Legend/Legenda: R^2 – coefficient of determination/determinacijski koeficient; B – unstandardized coefficient/nestandardizirani koeficient; B – standard error/standardna napaka; B – standardized regression coefficient/standardizirani regresijski koeficient; B – B – standardized regression coefficient/standardizirani regresijski koeficient; B – B – standardized regression coefficient/standardizirani regresijski koeficient; B – B – standardized regression coefficient/standardizirani regresijski koeficient; B – B – standardized regression coefficient/standardizirani regresijski koeficient; B – standardized regression coefficient/standardized regression coefficient/standardi

Discussion

Despite the plethora of research into well-being, studies focussing on nurses' well-being in hospitals in Slovenia are scarce. The results of the study indicate that the level of workplace satisfaction and well-being of employees in nursing are at a middle level. However, we also proved that the workplace satisfaction of the nursing leaders is statistically significantly higher than that of the other employees in nursing. A low- to middle-level of nurses' workplace satisfaction was also found in other studies (Mrayyan, 2006; Golbasi, et al., 2008; Li & Lambert, 2008; Lorber & Skela-Savič, 2012).

We also established that workplace satisfaction is highly positively correlated with the well-being of employees in nursing. Further, other researchers (Bégat, et al., 2005; Nielsen, et al., 2009; Burke, et al., 2010; Brunetto, et al., 2012; Jaafarpour & Khani, 2012; Gurkova, et al., 2014) have also noted the relationship between workplace satisfaction and well-being. In our research, we can explain 42 % of the total variability of well-being with workplace satisfaction. Nemcek and James (2007) state in their research that they could account for 29 % of the variance in nurses' satisfaction with self-nurturance and the workplace factors. We agree with Nemcek and James (2007) that a holistic approach incorporating both personal and workplace factors is required to promote the well-being and health of all employees in nursing. Both leaders and employees seek to satisfy their basic human needs in the workplace. On average, organisations with engaged employees retain their employees more successfully, satisfy the patients' needs more successfully and are more successful financially. Zangaro and Soeken (2007) noted that studies have documented an important relationship between well-being and the perception of a positive work environment by employees in nursing. According to research (Doest, et al., 2006; Nielsen et al., 2009; Hintsa, et al., 2010; Weberg, 2010; Munir et al. 2012; Bono & Ilies, 2012), we can conclude that the work environment affects various dimensions of employees' well-being.

The studied topic provides opportunities for further research, which could be conducted in all health care organisations in Slovenia. It is necessary to monitor changes in this area every few years. It would also be useful to determine the workplace satisfaction and well-being of all employees in nursing due to the importance of those variables for both the quality of nursing and patients' satisfaction.

Study Limitations

This study has some limitations. The research framework was based on theoretical findings on workplace satisfaction and well-being. Therefore, we only studied the influence of one predictor on wellbeing. It was composed of multiple-choice, closedended questions which limited the respondents to a list of answer choices they were allowed to consider. The researcher was not available during the research in the participating hospitals and, as a result, the respondents did not receive any help in case they did not understand the items, and no additional explanations were provided if needed. A sample of nurses from surgery and internal medicine departments in Slovenian hospitals participated in the study so we cannot generalise the results to all employees in health care institutions in Slovenia.

Conclusion

The implications of these findings are that leaders and managers in hospitals are an important part of the promotion of well-being and workplace satisfaction among employees since nurses play an important role in the satisfaction and safety of patients.

Some of the key challenges facing every organisation are maintaining the employees' workplace satisfaction, good interpersonal relationships, and increasing their motivation for providing quality services. Researchers and other people need to continue to explore how different work practices can help create more positive work environments and lead to healthy employee outcomes like workplace satisfaction, a higher level of well-being, physical safety and self-efficacy.

To create a competitive advantage in hospitals we have to improve the health status and well-being of all employees. The goal of all organisations is to make health and well-being part of the everyday work life and culture. The guidance has to focus on physical, social, financial, mental and emotional well-being.

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