

Work Satisfaction in Nursing Staff: The Influence of Age, Marital Status, Gender and Education

Paraskevi Theofilou^{1,2*}

¹General Hospital of Thoracic Diseases SOTIRIA, Athens, Greece

²Hellenic Open University, School of Social Sciences, Patra, Greece

***Corresponding Author:** Paraskevi Theofilou, General Hospital of Thoracic Diseases SOTIRIA, Athens and Hellenic Open University, School of Social Sciences, Patra, Greece.

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Abstract

The aim of the present study was to investigate work satisfaction among nurses as well as the influence of age, marital status, gender and education. A hundred and fifty-two nurses (28 men and 124 women) participated in the survey. To collect the data, Job Satisfaction Survey (JSS) was used. There was no statistically significant effect of sociodemographics on the degree of work satisfaction ($p > 0.05$). A statistically significant tendency was observed in communication with the highest scores among roommates and singles ($p = 0.05$).

Keywords: Work Satisfaction; Nurses; Age; Marital Status; Gender and Education

Introduction

According to Weisman and Nathanson [1], the degree of work nurses' satisfaction was the most necessary reason for their satisfaction people using health services. It is a difficult case its measurement, because it is linked to economic and social criteria. An important factor is the economic one, which also leads to immigration. Studies that have been conducted show that in developed countries it is important criterion, when there are no other reasons for satisfaction. According to Kurakos, *et al.* [2] significant degree for nursing job satisfaction personnel is also determined by the support of the government, by its agency work and the employer's commitment to the employee.

In addition, effective communication between nurses and administrative staff contributes to their professional satisfaction nurses, as social relationships are created which define them roles and there is interaction. There is a risk that nurses may they feel at a disadvantage when there is no good communication fact that significantly affects their overall performance [3]. For this reason, team spirit, mutual understanding and support are important for conducting nursing work [4]. In addition, nursing staff need to feel supported by their colleagues and his superiors in current problems. The presence of her superiors nursing service, is a positive sign for job satisfaction [5]. Also, the existence of training seminars increases knowledge and the abilities of nurses and strengthens them for their professional work evolution [6].

It is worth noting that the satisfaction of the nursing staff has an impact in patient satisfaction [7] and better quality in services provided [8]. Li-Ping and Gilbert [9] state that the main influencing factors job satisfaction is the salary and the not so well-organized structures.

In addition, the limited education, but also the lack of skills is major problems. The absence of human resources and resources, supplies and appropriate maintenance equipment, especially in government agencies reduces the job satisfaction. The factors that contribute to its increase job satisfaction is professional motivation, development, existence opportunities for training and career options. It is worth emphasizing that in public hospitals in Greece the staffing at higher levels is achieved with time, since the duration of the stay in the position is the first criterion to develop individuals and not their formal qualifications [6].

Burnout, ambiguity, role conflict, and degree of organization in workplace affect the job satisfaction of the nurse personnel. In addition, the difficult working conditions such as for example the structure of the hospital, the specific lighting of the hospitals, the ventilation, h monotony create a negative work environment [10]. An important factor for high satisfaction is the prestige that confers the nursing status. However, a significant percentage of nursing personnel does not consider that this profession is governed by respect, prestige and recognition by society and the state, despite the value it has from the general public society [11]. The recognition and evaluation of nurses by their superiors must be fair and objective criteria. It is observed that by the nature of the profession there is emotional bonding of nurses with patients, as they consider themselves responsible for them. Meeting their needs on their part contributes to their work satisfaction [3]. Many times, patients show negative behavior towards nurses, as a result it creates them professional burnout [12].

According to Shoham., *et al.* [13], autonomy contributes positively to job satisfaction of the nurse. However, this profession is governed by low autonomy index, since the main influence is the doctors, as a result to have low job satisfaction for nurses. The reduced communication between the nurses and the lack of respect mainly from the medical staff displeases the nursing staff. Furthermore, the lack of staff, the non-rational staffing of certain departments, the absence infrastructure and the inability to organize work results in increased work for nursing staff. The heavy workload from them above factors, along with stress and weakness of team spirit from colleagues reduce the job satisfaction of the nurse personnel. The nursing profession and its role are thus entrenched, with resulting in burnout. Its quality is degraded of nursing care and this contributes to the psychology of nurses [6]. At the same time, the defined work schedule with the hours that work their inability to shape their shifts leads to the reduction of their overall satisfaction. This prevails for nurses who have circular hours and not for those working morning shifts [14]. It seems, therefore, to contribute negatively both physically and mentally in the psychological state the circular schedule. It is worth noting that social dimension, as it affects social and family life [10]. It is found that the situation becomes complicated, since this profession consists mainly of women who have to deal with their family obligations. This results in her feeling dissatisfaction, absences, but also change of profession when it exists possibility of transfer to administrative positions [3].

Aim of the Study

The aim of the present study is to investigate work satisfaction among nurses as well as the influence of age, marital status, gender and education.

Method

Questionnaire

In this research, to collect the data, the following tool was used: Job Satisfaction Survey (JSS), a tool that has been widely used to assess job satisfaction worldwide and was created in 1997 by Paul E. Spector, a professor in the Department of Psychology at the University of South Florida. Although it was developed for research in healthcare organizations, it has finally been used in other types of organizations that wish to measure the job satisfaction of their employees. This survey tool is freely available online for educational and research purposes at <http://paulspector.com/> in the English language. The tool translated into the Greek language of the present research comes from the translations into languages of other countries from the same web address together with the instructions for completing it, as well as

the instructions for evaluating its results. The Job Satisfaction Survey (JSS) questionnaire is structured on the basis of 36 work-related items and describes 9 work factors that may be factors of satisfaction or dissatisfaction for employees. Each of the 9 factors corresponds to 4 elements and a total score is calculated from all the elements. Assessment of job satisfaction is achieved through the use of a Likert scale, with six options per item ranging from “strongly disagree” to “strongly agree”. The items are written in both directions, with negative and positive wording, so that about half of the items must be reversed. The nine factors are salary, promotion, supervision/supervision, perks/benefits, contingent rewards (performance-based rewards), operating conditions (required rules and procedures), coworkers, nature of work, and communication. The internal consistency index ranges from 60 - 91 [15]. In addition to the aforementioned questionnaire, there were questions related to the socio-demographic and work characteristics of the sample, e.g. gender, age, educational level, years of service, etc.

Sample

This is a cross-sectional study. The population and sample of the research was the nursing staff of all levels of hospitals in the broader area of Athens, with at least one year of experience. This particular sample is a sample of convenience. Participants were selected based on the inclusion criteria for the study, which are as follows:

- The consent of the nursing staff.
- Age over eighteen years.
- Experience of at least one year.
- Ability to communicate in the Greek language.

All research participants were informed in writing and verbally and signed a consent form. The collection of the sample was preceded by written approval from the Scientific Committee of the Hospitals, following a relevant request of the researcher.

Data collection process

The data collection took place at the hospitals between May 2019 and June 2019, after the required permission was granted by the organization’s Scientific Council. The data collection was done after distributing the questionnaires placed in yellow opaque envelopes with the instruction to the participant that after completing it, he should enclose it, seal the envelope and deliver it to a specific delivery point, which was designated by the researcher. This method ensured the complete anonymity of the participants and the confidentiality of their answers. The research participants with consent were also assured of the availability of the results in case they requested it.

Statistical analysis

For the presentation of the results related to the responses of the patients to the questionnaires, who participated in the research, a frequency analysis was carried out. Additionally, the descriptives command was run to examine the averages. Quantitative variables are presented as mean (\pm standard deviation) while qualitative variables are presented as frequency (%). Also, a test of normality of the sample was performed using the Kolmogorov Smirnov test. Non-parametric and parametric tests (Mann-Whitney test/Independent samples t test, Kruskal Wallis test/One-Way anova) were performed in order to investigate possible associations between nursing staff satisfaction and socio-demographic and work factors. The tool used in this research showed good reliability (Cronbach α), ranging at 0.741. Statistical analysis was performed with the IBM SPSS Statistics 23 statistical program. A p value < 0.05 was considered to indicate statistical significance.

Results

A hundred and fifty-two nurses (28 men and 124 women) participated in the survey, with the majority of them being in the 45 - 54 age group (70 people, 46.1%). The majority were also married (114 people, 75%), 2.6% (4 people) widowed, 13.8% (21 people) single while 7.2% (11 people) were divorced. With regard to their educational level, 75 had a degree from HEI/TEI (higher education) (49.3%). Only 18 nurses held master’s/doctorate degrees (11.8%). Regarding the professional status, the majority (147 people, 96.7%) stated that they are permanent employees and only 5 nurses (3.3%) were contracted.

Table 1 shows all the work characteristics of the sample. In particular, as can be seen in the said table, the majority of nurses had 11 - 20 years of experience, belonged to the category of nurses, worked shifts, received 1000 - 1500 euros and were permanent employees.

		Frequency	Percent	Valid Percent	Cumulative Percent
Years of work	1-10 years	16	10,5	10,5	10,5
	11-20 years	59	38,8	38,8	49,3
	21-30 years	38	25,0	25,0	74,3
	31 years and above	39	25,7	25,7	100,0
	Total	152	100,0	100,0	
Position	Supervisor	9	5,9	5,9	5,9
	Department manager position	12	7,9	7,9	13,8
	Nurse	68	44,7	44,7	58,6
	Nurse’s assistant	63	41,4	41,4	100,0
	Total	152	100,0	100,0	
Hours	Morning work	38	25,0	25,0	25,0
	Shifts	114	75,0	75,0	100,0
	Total	152	100,0	100,0	
Monthly income	Up to 1000 euro	54	35,5	35,5	35,5
	1000-1500 euro	95	62,5	62,5	98,0
	1501-2000 euro	3	2,0	2,0	100,0
	Total	152	100,0	100,0	
Type of work	Permanent employee	147	96,7	96,7	96,7
	Contract holder	5	3,3	3,3	100,0
	Total	152	100,0	100,0	

Table 1: Work characteristics of the sample.

In the table 2 below, we see the descriptive elements of the questionnaire dimensions. In particular, the overall score reached an average of 107.2237. Supervision/supervision reached 16.6579 and nature of work at 15.4276.

Based on the results of the table 3, the majority of nurses (82 people, 53.9%) had a lack of satisfaction and only 6 people (3.9%) were satisfied.

In the table 4 below, the values of the Kolmogorov-Smirnov test regarding the normality of the sample are displayed. There was no normality in any of the dimensions ($p < 0.05$) other than the total score ($p > 0.05$).

	N	Minimum	Maximum	Mean	Std. Deviation
Total score	152	52,00	175,00	107,2237	21,24633
Salary	152	4,00	24,00	7,9276	3,79456
Promotion	152	4,00	23,00	9,8224	3,98856
Supervising	152	4,00	24,00	16,6579	5,49666
Benefits	152	4,00	19,00	8,6974	3,59919
Performance-based rewards	152	4,00	24,00	10,0000	4,43496
Operating conditions	152	4,00	21,00	12,8026	2,84486
Collaborators	152	4,00	23,00	14,5461	4,22048
Nature of work	152	4,00	24,00	15,4276	3,81978
Communication	152	4,00	22,00	11,3421	4,03971

Table 2: Descriptive data of questionnaire dimensions.

	Frequency	Percent	Valid Percent	Cumulative Percent
36-108 lack of satisfaction	82	53,9	53,9	53,9
108-144 of questionable rating	64	42,1	42,1	96,1
144 to 216 satisfaction	6	3,9	3,9	100,0
Total	152	100,0	100,0	

Table 3: Levels of satisfaction.

	Kolmogorov-Smirnov		
	Statistic	df	Sig.
Total score	,044	152	,200*
Salary	,161	152	,000
Promotion	,095	152	,002
Supervising	,143	152	,000
Benefits	,131	152	,000
Performance-based rewards	,109	152	,000
Operating conditions	,124	152	,000
Collaborators	,089	152	,005
Nature of work	,100	152	,001
Communication	,080	152	,019

Table 4: Sample normality.

As can be seen from the table 5 below, there were no statistically significant differences between age groups regarding satisfaction (total score) ($p < 0.05$).

As can be seen from the table 6 below, there were no statistically significant differences between age groups regarding satisfaction (dimensions) ($p < 0.05$).

Total score								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
25 - 34	7	111,4286	17,21295	6,50588	95,5092	127,3479	83,00	133,00
35 - 44	52	105,0192	21,10431	2,92664	99,1438	110,8947	58,00	147,00
45 - 54	70	107,2143	22,07096	2,63798	101,9517	112,4769	52,00	175,00
> 55	23	110,9565	20,62760	4,30115	102,0365	119,8766	71,00	151,00
Total	152	107,2237	21,24633	1,72331	103,8188	110,6286	52,00	175,00

ANOVA					
Total score					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	696,957	3	232,319	,510	,676
Within Groups	67465,437	148	455,848		
Total	68162,395	151			

Table 5: Differences between age groups regarding satisfaction (total score).

	Age	N	Mean Rank	Sig.
Salary	25-34	7	75,07	0,868
	35-44	52	73,15	
	45-54	70	79,68	
	> 55	23	74,83	
	Total	152		
Promotion	25-34	7	63,29	0,578
	35-44	52	72,22	
	45-54	70	78,51	
	> 55	23	84,09	
	Total	152		
Supervising	25-34	7	78,00	0,308
	35-44	52	73,91	
	45-54	70	73,07	
	> 55	23	92,33	
	Total	152		
Benefits	25-34	7	78,29	0,615
	35-44	52	76,71	
	45-54	70	79,72	
	> 55	23	65,67	
	Total	152		

Performance-basedrewards	25-34	7	110,86	0,114
	35-44	52	76,13	
	45-54	70	71,05	
	> 55	23	83,48	
	Total	152		
Operating conditions	25-34	7	80,93	0,849
	35-44	52	80,41	
	45-54	70	73,79	
	> 55	23	74,54	
	Total	152		
Collaborators	25-34	7	82,79	0,538
	35-44	52	72,96	
	45-54	70	74,73	
	> 55	23	87,98	
	Total	152		
Nature of work	25-34	7	75,43	0,583
	35-44	52	71,12	
	45-54	70	77,41	
	> 55	23	86,22	
	Total	152		
Communication	25-34	7	111,86	0,100
	35-44	52	68,90	
	45-54	70	77,74	
	> 55	23	79,15	
	Total	152		

Table 6: Differences between age groups regarding satisfaction (dimensions).

As can be seen in table 7, there were no statistically significant differences between marital status regarding satisfaction (total score) ($p < 0.05$).

Total score								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Married	114	106,3070	21,16983	1,98274	102,3789	110,2352	52,00	157,00
Unmarried	21	113,7619	23,69368	5,17038	102,9767	124,5471	77,00	175,00
Divorced	11	103,0909	15,44962	4,65824	92,7117	113,4701	84,00	122,00
Coexistence	2	110,5000	4,94975	3,50000	66,0283	154,9717	107,00	114,00
Vacancy	4	108,7500	29,82588	14,91294	61,2904	156,2096	83,00	151,00
Total	152	107,2237	21,24633	1,72331	103,8188	110,6286	52,00	175,00

ANOVA					
Total score					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1212,172	4	303,043	,665	,617
Within Groups	66950,223	147	455,444		
Total	68162,395	151			

Table 7: Differences between marital status regarding satisfaction (total score).

Based on the results of table 8, there were no statistically significant differences between marital status regarding satisfaction (dimensions) ($p < 0.05$). A statistically significant tendency was observed in communication with the highest scores among roommates and singles.

	Marital status	N	Mean Rank	Sig.
Salary	Married	114	74,42	0,687
	Single	21	87,45	
	Divorced	11	70,95	
	Roommate	2	95,50	
	Widowed	4	84,13	
	Total	152		
Promotion	Married	114	75,09	0,088
	Single	21	87,74	
	Divorced	11	52,59	
	Roommate	2	121,00	
	Widowed	4	101,13	
	Total	152		
Supervising	Married	114	79,51	0,615
	Single	21	70,02	
	Divorced	11	66,68	
	Roommate	2	46,75	
	Widowed	4	66,50	
	Total	152		
Benefits	Married	114	76,07	0,719
	Single	21	79,17	
	Divorced	11	81,64	
	Roommate	2	96,75	
	Widowed	4	50,38	
	Total	152		
Performance-basedrewards	Married	114	73,58	0,384
	Single	21	94,45	
	Divorced	11	72,09	
	Roommate	2	72,75	
	Widowed	4	79,50	
	Total	152		

Operating conditions	Married	114	76,85	0,599
	Single	21	67,86	
	Divorced	11	87,00	
	Roommate	2	109,00	
	Widowed	4	66,88	
	Total	152		
Collaborators	Married	114	75,54	0,851
	Single	21	83,05	
	Divorced	11	73,64	
	Roommate	2	54,50	
	Widowed	4	88,25	
	Total	152		
Nature of work	Married	114	74,81	0,629
	Single	21	81,00	
	Divorced	11	73,59	
	Roommate	2	77,50	
	Widowed	4	108,63	
	Total	152		
Communication	Married	114	71,85	0,050
	Single	21	101,95	
	Divorced	11	74,14	
	Roommate	2	103,25	
	Widowed	4	68,63	
	Total	152		

Table 8: Differences between marital status regarding satisfaction(dimensions).

As can be seen from table 9, there were no statistically significant differences between genders regarding satisfaction (total score) ($p < 0.05$).

	Gender	N	Mean	Std. Deviation	Std. Error Mean	Sig.
Total score	Male	28	107,1786	21,67274	4,09576	0,990
	Female	124	107,2339	21,23814	1,90724	

Table 9: Gender differences regarding satisfaction (total score).

As can be seen from table 10, there were no statistically significant differences between genders regarding satisfaction (dimensions) ($p < 0.05$).

As can be seen from table 11, there were no statistically significant differences between the different educational levels regarding satisfaction (total score) ($p < 0.05$).

	Gender	N	Mean Rank	Sum of Ranks	Sig.
Salary	Male	28	67,07	1878,00	0,205
	Female	124	78,63	9750,00	
	Total	152			
Promotion	Male	28	73,71	2064,00	0,709
	Female	124	77,13	9564,00	
	Total	152			
Supervising	Male	28	89,70	2511,50	0,078
	Female	124	73,52	9116,50	
	Total	152			
Benefits	Male	28	64,93	1818,00	0,122
	Female	124	79,11	9810,00	
	Total	152			
Performance-basedrewards	Male	28	81,75	2289,00	0,483
	Female	124	75,31	9339,00	
	Total	152			
Operating conditions	Male	28	84,45	2364,50	0,287
	Female	124	74,71	9263,50	
	Total	152			
Collaborators	Male	28	85,23	2386,50	0,244
	Female	124	74,53	9241,50	
	Total	152			
Nature of work	Male	28	72,21	2022,00	0,567
	Female	124	77,47	9606,00	
	Total	152			
Communication	Male	28	72,66	2034,50	0,608
	Female	124	77,37	9593,50	
	Total	152			

Table 10: Gender differences regarding satisfaction (dimensions).

Total score								
	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Technological institute	71	106,3521	21,17013	2,51243	101,3412	111,3630	52,00	157,00
University	4	106,2500	8,61684	4,30842	92,5387	119,9613	99,00	116,00
Two years ofstudy	59	106,1525	19,78140	2,57532	100,9975	111,3076	67,00	151,00
Master	18	114,3889	27,46364	6,47324	100,7315	128,0462	68,00	175,00
Total	152	107,2237	21,24633	1,72331	103,8188	110,6286	52,00	175,00

Total score					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1049,543	3	349,848	,771	,512
Within Groups	67112,852	148	453,465		
Total	68162,395	151			

Table 11: Differences between educational level regarding satisfaction (total score).

As can be seen from table 12, there were no statistically significant differences between the different educational levels regarding satisfaction (dimensions) ($p < 0.05$).

	Education level	N	Mean Rank	
Salary	Technological institute	71	78,82	0,095
	University	4	76,13	
	Two years ofstudy	59	67,67	
	Master	18	96,39	
	Total	152		
Promotion	Technological institute	71	75,28	0,168
	University	4	85,38	
	Two years ofstudy	59	71,11	
	Master	18	97,00	
	Total	152		
Supervising	Technological institute	71	78,13	0,921
	University	4	82,25	
	Two years ofstudy	59	73,47	
	Master	18	78,69	
	Total	152		
Benefits	Technological institute	71	75,96	0,922
	University	4	83,63	
	Two years ofstudy	59	74,95	
	Master	18	82,11	
	Total	152		
Performance-basedrewards	Technological institute	71	76,08	0,356
	University	4	78,50	
	Two years ofstudy	59	71,83	
	Master	18	93,03	
	Total	152		
Operating conditions	Technological institute	71	69,34	0,308
	University	4	84,25	
	Two years ofstudy	59	82,28	
	Master	18	84,08	
	Total	152		

Collaborators	Technological institute	71	72,88	0,535
	University	4	55,50	
	Two years of study	59	80,99	
	Master	18	80,72	
	Total	152		
Nature of work	Technological institute	71	68,90	0,217
	University	4	69,25	
	Two years of study	59	84,27	
	Master	18	82,61	
	Total	152		
Communication	Technological institute	71	81,98	0,382
	University	4	67,75	
	Two years of study	59	69,21	
	Master	18	80,72	
	Total	152		

Table 12: Differences between educational level regarding satisfaction (dimensions).

Discussion

The aim of the present study is to investigate work satisfaction among nurses as well as the influence of age, marital status, gender and education. It seems that there is no effect of sociodemographic variables on the level of satisfaction. A statistically significant tendency is observed in communication with the highest scores among roommates and singles.

Some of the above findings contradict or even agree with those of corresponding research studies. More specifically, Curtis [16] investigated the effect of biographical variables on job satisfaction of nurses in Dublin and there was a statistically significant difference across age groups. The level of job satisfaction was highest among nurses in the 36 to 45 and 46 to 55 age groups and lowest in the 18 to 25 and 26 to 35 age groups. Above the age of 55, however, satisfaction levels began to decline. Curtis's [16] findings showed no difference in job satisfaction between nurses who had worked at their workplace for less than or more than five years. Only 53 male nurses participated in the study, representing 8.7% of the total sample and this could have influenced the conclusions, although Penz., *et al.* [17] also reported that women are more satisfied than men in their current jobs. An assessment of job satisfaction, job performance and job stress in Ugandan nurses [18] found different levels of job satisfaction between age groups. Those in the 20 to 29 age group had higher levels of job satisfaction than those in the 30 to 39 or 40 to 49 age groups. The results also indicate that differences in satisfaction with level of education among nurses were significant and that differences in job satisfaction were related to nurses' experience. Those with less experience reported higher job satisfaction than those with more experience. Al-Dossary, *et al.* [19] studied 50 Saudi nurses and 167 non-Saudi nurses working in a teaching hospital in Saudi Arabia and found that most socio-demographic factors, namely age, gender and level of education, did not affect the degree of job satisfaction. However, the number of years of nursing experience was significant. Job satisfaction was positively related to pay, contingent rewards, coworkers, supervision, and job nature, while job promotion and working conditions had a moderate association with job satisfaction. The most satisfying factor for nurses was leadership style.

Regarding the limitations of the present research, it is noted that the results obtained from the said study can be further investigated in samples from other hospital contexts, private or even public, giving the possibility to control the variables under study, to compare the results, so that more general conclusions can be drawn. However, it should be noted that this study was conducted in only one hospital and therefore, because the sample is small, the results cannot be generalized.

Conclusion

Nurse satisfaction is a dynamic, multi-layered and complex concept, reflecting objective, subjective, macro-social and micro-individual, positive and negative influences that interact. We would say that it is a multidimensional structure consisting of broad areas - psychological and social functioning - that are affected both by working conditions and by the disease and/or treatment of their patients. The measurement of the satisfaction of the nursing staff with the health services and especially with the work environment of a hospital, in the last decades, is an important means for evaluating the quality of the specific services. In particular, capturing their point of view regarding the operation of the services provided, relations with colleagues, communication and the way of administration can, in combination with clinical studies, offer safe conclusions about the operation of different health organizations and levels of health care.

Of particular interest is the recording of nurses' satisfaction with the work environment that exists in public hospitals as it also reflects the effectiveness of the National Health System. Most studies on nursing staff usually describe the degree of satisfaction. Assessing the relative impact of public hospital work on satisfaction is essential for better planning and allocation of research, training and health care resources to further promote safe work for nurses. An integrated health care framework will be based on a single guiding principle: that the goal of addressing the physical, social and psychological aspects of chronic disease is directly linked to satisfaction with the working conditions of nursing staff.

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