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NURSING STAFF'S JOB SATISFACTION AT A PUBLIC GENERAL HOSPITAL IN CYPRUS

Management

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ABSTRACT

The aim of this study was to evaluate job satisfaction of the nursing staff working in a public General Hospital of Cyprus and to investigate the factors that influence and shape it. A cross-sectional quantitative study was conducted, including all nursing staff working in that General Hospital of Cyprus (n=150). Data collection was conducted through the KUHJSS and the analysis performed by methods of descriptive and inferential statistics. Data analyses revealed moderate to very high job satisfaction of nursing staff with the highest level of satisfaction being recorded in the field of motivation. The lowest satisfaction was recorded in the field of team spirit indicating moderate job satisfaction. The quality of the provided nursing care was positively correlated with leadership, motivation, work environment and sense of community and thereby it proved to be predictor variables of job satisfaction. Job posistion and working hours were related to the fields of leadership and sense of community respectivelly.

KEYWORDS

job satisfaction, nurses, KUHJSS.

Introduction

A large number of international studies have demonstrated that nurses' job satisfaction is an indirect indicator of the quality of nursing services. It has also been proved that reduced job satisfaction is strongly linked to poor quality of nursing services, ineffective care and negative patients' outcomes (Rafferty et al., 2003). The shortage of nurses observed worldwide and their tendency to abandon nursing jobs in public hospitals incriminate low job satisfaction as the cause of evil (Kingma, 2007; Stone et al. 2007). Worldwide, there is an evidence of a growing tendency of nursing staff to abandon nursing jobs in hospitals, indicating as the main reason for the low attractiveness of the profession, lack or limited job satisfaction (Grissom, 2009, Kalisch, Lee & Rochman, 2010; Rafferty et al., 2007; Stone et al., 2007;).

The factors affecting nurses' job satisfaction include work conditions, increased workload as well as colleagues' solidarity and opportunities for professional development (Ali Mohammad Mosadeghrad & Ferdosi, 2013; El-Jardali, Dimassi, Dumit, Jamal, & Mouro, 2009; Pillay, 2009, Gardulf et al., 2005; Vujicic, Zurn, Diallo, Adams, & Dal Poz, 2004;).

Workload has been related to the patient falls, injuries of nursing staff by sharp objects, errors in the documentation of care provided and burnout of nursing staff (Lang, Pfister, & Siemens, 2010). Workload is interdependent with understaffing, which is directly related to reduced effectiveness and quality of nursing services as well as increased rates of complications and patient deaths (Aiken et al., 2001; Aiken, Silber, & Sochalski, 2008; Friese, Lake, Sheward, Hunt, Hagen, Macleod, & Ball, 2005). The alternating, rotating nursing shifts has proven to be particularly burdensome for those who follow it, as it has been associated with many complications and worse health levels than those whose hours of sleep were stable on a daily basis (Learthart, 2000).
Leadership support is a key factor in job satisfaction (Coomber & Barriball, 2007), while cultivating cooperative relationships and support from colleagues favor professional satisfaction (Bartram, Joiner, & Stanton, 2004). Linked to leadership is also the concept of team spirit, which is another basic component of work satisfaction (Kalisch, Lee, & Rochman, 2010; Rafferty et al., 2007).

Last, job satisfaction is also related to work motivation. The relationship between organizational factors (perceived organizational support and job autonomy) and work outcomes (affective commitment, job satisfaction, and intent to quit) has been revealed (Galletta, Portoghese, Pili, Piazza, & Campagna, 2007).

Due to the great importance of this issue the present study aimed to assess the job satisfaction of the General Hospital of Nicosia's nursing staff and to investigate the factors that influence and shape it as well as the correlation of these factors with socio-demographic factors.

Methods and Materials

The present study is a cross-sectional quantitative one. The convinience sampling included nurses and nurse assistants working in the General Hospital of Nicosia (n=150). The questionnaire was administered personally by the principal investigator through liaison people in each hospital department. 170 questionaires were distributed (response rate = 88%). All participants were informed about the purpose of the study, anonymity and the voluntary participation. Additional clarifications in some cases were provided. The collection of data held from September to October 2015. During that period the completed questionnares were collected in enclosed envelopes on a weekly basis.

For the purpose of the study «Kuopio University Hospital Job Satisfaction Scale» (KUHJSS) was used. The scale was developed by Kvist et al (2012) and was been translated and validated to the Greek (Sapountzi-Krepia et al., 2016). The questionnaire consists of 27 items, which are Likert-type five-point grades. Additional 10 items concern socio-demographic characteristics of the participants. The 27 questions are grouped on four subscales: Leadership (questions: 1-7), Working environment (questions: 8-10, 14-16, 21-24), Motivational factors (questions: 17-20, 25-27) and Sense of community (Team spirit) (questions: 11-13). In Table 1 are shown the internal concistency Cronbach's alpha coefficients for each subscale and the total scale. At all subscales Cronbach's alpha coefficients were ranging from 0.66 to 0.90.

Table 1. The Cronbach's alpha coefficients for the subscales and the total scale.

Subcale	Cronbach's alpha coefficients
Leadeship	0.90
Working Environment	0.81
Motivational Factors	0.75
Team Spirit (Sense of Community)	0.66
Total Scale	0.91

The research protocol was approved by the University, Nursing Department. The permission for the distriburtion of the questionnaire was granded by the Committee for Medical Ethics and Deontology of the Cypriot Ministry of Health. The Hospital's administration was also informed and permission for the questionnaire administration was also obtained. All ethical rules of human research were kept.

Categorical variables were expressed in terms of absolute (n) and relative (%) frequencies and quantitative variables were expressed in terms of mean, standard deviation, median, minimum and maximum. The Kolmogorov-Smirnov test and normal plots were utilised to test the normality of the quantitative variable distribution. All quantitative variables were found to be normally distributed.

Student's t-test was used to detect potential relationships between quantitative and dichotomous variables and analysis of variance was used to detect possible relationships between quantitative variables and categorical variables with >2 categories. Pearson's correlation coefficient was used to detect potential relationships between two normally distributed quantitative variables.

The chi-squared (x^2) test was used to detect potential relationships between two categorical variables. The chi-squared (x^2) test for trend was used to detect potential relationships between categorical and ordinal variables.

If the dependent variable was quantitative and >2 independent variables were significant at the 0.2 ($p<0.2$) level in bivariate analysis, multivariate linear regression was applied, using the backward stepwise linear regression model. For multivariate linear regressions, coefficients' beta values, 95% confidence intervals and p values are presented.

If the dependent variable was dichotomous and >2 independent variables were significant at the 0.2 ($p<0.2$) level in bivariate analysis, multivariate logistic regression was applied, using the backward stepwise linear regression model. For multivariate logistic regressions, odds ratios, 95% confidence intervals and p values are presented.

Statistical analysis was performed with the Statistical Package for Social Sciences IBM SPSS Statistics Version 23. In all analyses a two-tailed significance level of 0.05 was established.

Results

The average age of employees was 33.95 years (SD: ±8.211), the average years of employement at the present unit was 5.96 years (SD: ±5.842) and the average years of employement was 10.16 years (SD: ±7.434). Nurses (n=117) predominated of the study population 78.5%, head nurses were 11.4% (n=17) and nurse assistants were 10.1% (n=15). One fifth of the study populations were working at the neurosurgical department and the rest was equally distributed to the other departments of the Hopsital. The quality of the provided nursing care was evaluated by the study population through a quality assessment scale from 1 to 10, with 1 being the worst and 10 being the best. The majority of the study population (n = 90) evaluated the quality of the provided nursing care as equal to 7 and 8 (Table 2).

Table 2. Demographic and professional characteristics of participants (n=150)

Variable	Frequency (n)	%
Age	79	53
<31	41	27.5
31-40	26	17.4
41-50	3	2
>50		
Gender		
Male	55	37.2
Female	93	62.8
Job Position		
Head nurses	17	11.4
Nurses	117	78.5
Nurse assistants	15	10.1
Working hours		
Morning hours	6	4.3
Working in shifts	132	95.7
Department		
Cardiology Dep.	20	13.33
Surgical Dep.	20	13.33
Vascular Surgical Dep	20	13.33
Internal Medicine Dep.	20	13.33
Orthopaedic Dep	20	13.33
Haematology Dep.	20	13.33
Neurosurgical Dep.	30	20.00
Total years of experience		
<2	3	2
2-5	51	34.5
6-10	40	27
11-20	34	23
>20	20	13.5
Years of experience in the current Department		
<2	30	20.1
2-5	55	36.9
6-10	46	30.9
11-20	12	8.1
>20	6	4
Employment type		
Permanent employment	78	52.7
Non-permanent / temporary employment	70	47.3
Rating of the quality of the provided nursing care		
3-4	3	2.00
5	8	5.30
6	22	14.70
7	47	31.30
8	43	28.70
9	16	10.70
10	11	7.30

Taking into account that values from 1.00 to 2.00 indicate low job satisfaction, values from 2.01 to 3.00 indicate moderate job satisfaction, values from 3.01 to 3.50 indicate high job satisfaction and values equal to 3.51 to 3.99 indicate very high job satisfaction and finally values from 4.00 to 5.00 indicate the highest job satisfaction from the values are shown in Table 3, which ranged ranged from 2.77 to 3.88, we conclude that the members of the nursing personnel of the study Hospital were moderately to very highly satisfied by their job.

Table 3: The scores of the subscales of the KUHJSS

Subscale	Mean Value	Standard Deviation	Median Value	Min-Max Value
Leadership	3.48	.88	3.43	1-5
Working Environment	3.12	.66	3.05	1-5
Motivation	3.67	.62	3.71	1-5
Sense of Community	2.85	.94	2,67	1-5

Table 4 presents the correlations between the four subscales of the KUHJSS and the demographic and professional characteristics of the study population. According to them there were statistically significant differences between each of the three subscales (leadership, working environment and motivation) with a great number of the participants' demographic and professional characteristics.

Table 4: Bivariate analyses correlations between the four subscales of the KUHJSS and the demographic and professional characteristics of the study population

	Correlation Coefficient	p-value	Correlation Coefficient	p-value	Correlation Coefficient	p-value	Correlation Coefficient	p-value
Subscales Chara-cteristics	**Leadership**		**Working Environment**		**Motivation**		**Sense of Community**	
Age	0.196	**0.017**†	0.012	0.888†	0.122	**0.138**†	0.179	**0.029**†
Gender	0.075	0.94*	0.279	0.781*	-0.821	0.409*	-1.156	0.250*
Job position	4.410	**0.014**‡	1.055	0.351‡	2.967	**0.055**‡	3.881	**0.023**‡

Working hours	5.124	**0.001***	-0.123	0.907*	1.247	0.265*	1.571	**0.175***
Department	8.793	**0.001‡**	4.225	**0.001‡**	1.516	**0.177‡**	1.485	**0.187‡**
Total years of experience	0.181	**0.027†**	-0.026	0.752†	0.060	0.468†	0.130	**0.114†**
Years of experience in the current Department	0.164	**0.045†**	0.072	0.386†	0.023	0.782†	0.069	0.402†
Employment type	2.524	**0.013***	0.217	0.828*	0.869	0.386*	1.408	**0.161***
Rating of the quality of the provided nursing care	3.522	**0.002**	5.904	**0.001**	8.169	**0.001**	2.50	**0.019**

* t test
† Pearson coefficient
‡ Analysis of Variance

Due to the statistically significant relationships (at the significance level p<0.20), which were found in bivariate analyses between the mentioned above subscales and the participants' demographic and professional characteristics, multivariate regression analysis was performed. The results derived from the regression analysis are presented in Table 5.

Table 5: Multiple Linear Regression Analysis with dependent variables the 4 factors of the scale

		Coefficient b	95% confidence intervals	P-value
Leadership	Job position	-0.334	-0.623 to -0.045	**0.024**
	Quality of the provided nursing care	0.189	0.089 to 0.288	**0.001**
Working Environment	Quality of the provided nursing care	0.209	0.137 to 0.281	**0.001**
Motivation	Quality of the provided nursing care	0.133	0.060 to 0.206	**0.001**
Sense of Community (Team Spirit)	Working hours	-0.905	-1.656 to -0.154	**0.019**
	Quality of the provided nursing care	0.152	0.037 to 0.268	**0.010**

The "job position" and the "quality of the provided nursing care" accounted for the 12% of the variance of the "Leadership" subscale. The "quality of the provided nursing care" accounted for the 18% of the variance of the "Working Environment" subscale and for the 8% of the variance of the "Motivation Leadership" subscale. "Working hours" and "Quality of the provided nursing care" accounted for the 9% of the variance of the "Sense of community (Team Spirit)" subscale.

Discussion

The results of the study suggested moderate to very high nursing staff's job satisfaction. The highest value of job satisfaction was recorded in the subscale "motivation", which reflects very high satisfaction. Job satisfaction due to "leadership" and "working environment" was high. The degree of satisfaction due to the "sense of community" was the lowest one, reflecting to moderate job satisfaction. The corresponding mean values in research by Kvist et al. (Galletta et al., 2007), was for "sense of community (team spirit)" 3.70, "motivation" 4.18, "leadership" 3.67 and "work environment" 3.04.

Participants' views on leadership are generaly positive. The highest satisfaction in relation to the leadership observed on information provided the headnurse, the interest shown for performance at work, equallity and fairness in staff management and genuine interest in the welfare of staff. The highest dissatisfaction in relation to the leadership observed in the oportunities provided by the headnurse for staff members' continuous professional development and in providing feedback on the development of their work.

The satisfaction observed related to the factor "working environment" was quite high. Factors that proved to displease more participants were the salaries compared with high job requirements, the lack of comfort condition in their nursing department and the luck of opportunities available to take independent decisions in their work. Corresponding studies reached similar conclusions (Decker, Harris-Kojetin, & Pietersen, 2005; Lambrou, Kontodimopoulos, & Niakas, 2010; Makris, Theodorou, & Middleton, 2011; Parsons, Simmons, Penn & Furlough, 2003).

Concerning the workload, has not proved to be such a major factor of dissatisfaction as in other studies (Aiken, Clarke, Silber, & Sloane, 2003; Cherry, Ashcraft, & Owen, 2007).

The highest satisfaction in motivation came from the job duties, which were challenging, from the appreciation expressed from patients, from the interesting nature of the work and the recognition given by the nurses for their work. The highest dissatisfaction with motivation was associated with the difficulty in combining work and personal life. The proportion of nurses showing a reluctance to continue to work in the hospital area in the future, and thus a drop-out index, reached 20.6%, and was less than 30% in a study conducted by Parsons et al. (2003

The subscale of sense of community in nursing departments had comparatively the best results, proving that the satisfaction of nursing staff in terms of teamwork, cooperation, communication and trust among nursing staff is high. It is thus confirmed that the quality of co-operation among nurses is an important variable of work satisfaction (Dougherty et al., 2006). In addition to collaborating with nurses themselves, collaboration with other health professionals is also important, and cooperation is also crucial to overall satisfaction (Chen & Johantgen, 2010; Zangaro & Soeken, 2007).

The work position and department have consistently proved in the 4 dimensions of professional satisfaction (leadership, motivation, work environment and sense of community) that they were related to the satisfaction of nurses and thus predictor variables of nursing staff's job satisfaction.

In relation to the field "sense of community" the correlations found are consistent with the research of Kalisch, Lee & Rochman (2010). However, in that study, dissatisfaction was higher among nurse assistants than nurses (P <0.001), which contradicts the results of this study.

On the contrary, gender and work experience in the current unit did not show any correlation with job satisfaction in any of the 4 subscales. This result contradicted Kvist et al.'s (2012) study, which showed that men were more satisfied with leadership than women. Gender has also been found to predict job satisfaction in relation to team spirit in Kalisch, Lee & Rochman (2010) research (P <0.001).

Last, the type of employment and work hours had positive correlation only with the motivation while age and overall work experience had a positive correlation with the work environment and motivation.

Conclusions

In conclusion, the job satisfaction of nurses in Cyprus is similar to interviewed nurses in many other countries and can therefore be concluded that the structures and framework defining the work conditions of nurses is similar in many parts of the world. The survey showed a moderate to very high level of job satisfaction for General Hospital's nursing personell, while some of the factors of dissatisfaction can be anticipated by a strong nursing management.

Further investigation of the phenomenon in other Cypriot hospitals in order to thoroughly investigate the causes of the nurses' work dissatisfaction, is imperative for nurse managers in order to take the apropriate measures. The assessment of job satisfaction levels is bound to lead to the proper functioning of healthcare establishments and to the improvement of health services provided.

References

1. Adams. A., Bond, S. (2003). Staffing in acute hospital ward: part 1. The relationship between number of nurses and ward organizational. Journal of Nurs Manag., 11(5), 287-292. doi: 10.1046/j.1365-2834.2003.00361.x

2. Aiken, L., Clarke, S., Silber, J.H., Sloane, D. (2003). Hospital nurse staffing, education, and patient mortality. LDI Issue Brief, 9(2), 1-4 PMID: 14621688
3. Aiken, L., Clarke, S., Sloane, D., Sochalski, J., Busse, R., Clarke, H., et al. (2001). Nurses' reports on hospital care in five countries. Health Aff. 20(3), 43–53. doi: 10.1377/hlthaff.20.3.43
4. Ali Mohammad Mosadeghrad, A.M., Ferdosi, M. (2013). Mater Sociomed., 25(2), 121–126. doi: 10.5455/msm.2013.25.121-126
5. Bartram, T., Joiner, T.A., Stanton, P. (2004). Factors affecting the job stress and job satisfaction of Australian nurses: implications for recruitment and retention. Contemp Nurse, 17(3), 293-304. PMID: 15551680
6. Chen, Y.M., Johantgen, M.E. (2010) Magnet Hospital attributes in European hospitals: a multilevel model of job satisfaction. Int J Nurs Stud., 47(8), 1001-12. doi: 10.1016/j.ijnurstu.2009.12.016
7. Cherry, B., Ashcraft, A., Owen, D. (2007). Perceptions of job satisfaction and the regulatory environment among nurse aides ans charge nurse in long-term care. Geriatric Nursing (New York, NY), 28(3), 183-192. doi: 10.1016/j.gerinurse.2007.01.015
8. Coomber, B., Barriball, K. (2007). Impact of job satisfaction components on intent to leave and turnover for hospital-based nurses: a review of research literature. Int J Nurs Stud.,44(2), 297-314. doi: 10.1016/j.ijnurstu.2006.02.004
9. Decker, F.H., Harris-Kojetin, L.D., & Bercovitz, A. (2009). Intrinsic job satisfaction, overall satisfaction, and intention to leave the job among nursing assistants in nursing homes. Gerontologist, 49 (5), 596–610. doi: 10.1093/geront/gnp051
10. Dougherty, M.B., Larson, E.L. (2010). The nurse-nurse collaboration scale. J Nurs Adm., 40(1), 17–25. doi: 10.1097/NNA.0b013e3181c47cd6
11. El-Jardali, F., Dimassi, H., Dumit, N., Jamal, D., Mouro, G. (2009). A national cross-sectional study on nurses' intent to leave and job satisfaction in Lebanon: implications for policy and practice. BMC Nurs., 12, 8(3). doi: 10.1186/1472-6955-8-3
12. Friese, C.R., Lake, E.T., Aiken, L.H., Silber, J.H., Sochalski, J. (2008). Hospital nurse practice environments and outcomes for surgical oncology patients. Health Serv Res., 43(4), 1145-63. doi: 10.1111/j.1475-6773.2007.00825.x.
13. Galletta, M., Portoghese, I., Pili, S., Piazza, M.F., Campagna, M. (2007). The effect of work motivation on a sample of nurses in an Italian healthcare setting. Work. 8, 54(2), 451-60. doi: 10.3233/WOR-162327
14. Gardulf, A., Söderström, I.L., Orton, M.L., Eriksson, L.E., Arnetz, B., Nordström, G. (2005). Why do nurses at a university hospital want to quit their jobs? J Nurs Manag, 13(4), 329-37. doi: 10.1111/j.1365-2934.2005.00537.x
15. Grissom, N. (2009). Model for consideration: retaining the experienced aging workforce in home care. Home Healthc Nurse., 27, 60-3. doi: 10.1097/01.NHH.0000343788.42218.69
16. Kalisch, B.J., Lee, H., Rochman, M. (2010). Nursing staff teamwork and job satisfaction. J Nurs Manag., 18(8), 938-47. doi: 10.1111/j.1365-2834.2010.01153.x.
17. Kingma, M. (2007). Nurses on the Move: A Global Overview. Health Serv Res., 42(3 Pt 2), 1281–1298. doi: 10.1111/j.1475-6773.2007.00711.x
18. Kovner, C., Brewer, C., Wu, Y.W., Cheng, Y., Suzuki, M. (2006). Factors associated with work satisfaction of registered nurses. J Nurs Scholarsh., 38(1), 71-9. PMID: 16579327
19. Kvist, T., Mantynen, R., Partanen, P., Turunen, H., Miettinen, M. & Vehvilainen-Julkunen, K. (2012). The job satisfaction of Finnish nursing staff: the development of a job satisfaction scale and survey results. Nurs Res Pract. 210509. doi:10.1155/2012/210509
20. Lambrou, P., Kontodimopoulos, N., Niakas, D. (2010). Motivation and job satisfaction among medical and nursing staff in a Cyprus public general hospital. Hum Resour Health. 8, 26, 1-9. doi: 10.1186/1478-4491-8-26
21. Lang, G.M., Pfister, E.A., Siemens, M.J. (2010). Nursing burnout: cross-sectional study at a large Army hospital. Mil Med., 175(6), 435-41. PMID: 20572477
22. Learthart, S. (2000). Health effects of internal rotation of shifts. Nurs Stand., 14, 34-36. Doi: 10.7748/ns2000.08.14.47.34.c2895
23. Makris, M., Theodorou, M., Middleton, N. (2011). Job satisfaction in the public general hospitals in Cyprus. Archives of Hellenic Medicine, 28(2), 234–244 (in greek)
24. Parsons, S.K., Simmons, W.P., Penn, K. & Furlough, M. (2003). Determinants of satisfaction and turnover among nursing assistants. The results of a statewide survey. J Gerontol Nurs., 29 (3), 51–58 PMID: 12683308
25. Pietersen, C. (2005). Job satisfaction of hospital nursing staff. SA Journal of Human Resource Management, 3 (2), 19-25.
26. Pillay, R. (2009). Work satisfaction of professional nurses in South Africa: a comparative analysis of the public and private sectors. Hum Resour Health, 20, 7:15. doi: 10.1186/1478-4491-7-15
27. Rafferty, A., Clarke, S.P., Coles, J., James, P., McKee, M., Aiken, L.H. (2007). Outcomes of variation in hospital nurse staffing in English hospitals: Cross-sectional analysis of survey data and discharge records. Int J. Nurs Stud, 44(2), 175-182. doi: 10.1016/j.ijnurstu.2006.08.003
28. Sapountzi-Krepia, D., Zyga, S., Prezerakos, P., Malliarou, M., Efstathiou, C., Christodoulou, K., Charalambous, G. (2016). Kuopio University Hospital Job Satisfaction Scale (KUHJSS): its validation in the Greek language, J Nurs Manage., 25(1), 13-21 doi: 10.1111/jonm.1241
29. Sheward, L., Hunt, J., Hagen, S., Macleod, M., Ball, J. (2005). The relationship between UK hospital nurse staffing and emotional exhaustion and job dissatisfaction. J Nurs Manag., 13(1), 51-60. doi:10.1111/j.1365-2834.2004.00460.x
30. Stone, P., Mooney-Kane, C., Larson, E., Pastor, D., Zwanziger, J., Dick, A. (2007). Nurse Working Conditions, Organizational Climate, and Intent to Leave in ICUs: An Instrumental Variable Approach. Health Serv Res., 42(3), 1085–1104. doi: 10.1111/j.1475-6773.2006.00651.x
31. Vujicic, M., Zurn, P., Diallo, K., Adams, O., Dal Poz, M. (2004). The role of wages in the migration of health care professionals from developing countries. Hum Resour Health, 2(3),1-14. doi: 10.1186/1478-4491-2-3
32. Zangaro, G.A., Soeken, K.L. (2007). A meta-analysis of studies of nurses' job satisfaction. Res Nurs Health, 30(4), 445–458. doi:10.1002/nur.20202