Evaluating the Job Satisfaction of Nurses Working in Pediatric Clinics in Terms of Eleven Dimensions and the Influencing Factors

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Abstract

AIM: This study aimed to evaluate the job satisfaction of nurses working in pediatric clinics in terms of 11 dimensions and the influencing factors.

METHOD: The sample of this descriptive study was composed of 92 nurses who were responsible for patient care in two public hospitals located in Antalya city. The data were collected using the Personal Information Form and Healthcare Environment Survey. The study was conducted between December 2018 and January 2019.

RESULTS: The scale scores of the nurses were found to be moderate (4.20±0.86). Although the nurses obtained the highest mean score for the patient care subscale (5.09±1.04), they obtained the lowest mean score for the distributive justice subscale (2.53±1.42). Job satisfaction was higher in nurses who were aged 31–40 years and were continuously working during day shift than in nurses who were aged 41 years and older and working in the night shift (p<0.05).

CONCLUSION: The job satisfaction of nurses working in pediatric clinics was moderate and affected by many factors. Although the most perceived subscale of job satisfaction by nurses was patient care, the lowest perceived subscale was distributive justice. These results are important for guiding about job satisfaction enhancement practices for nurses working in pediatric clinics.

Keywords: Descriptive study, job satisfaction, nurse, pediatrics

Introduction

Job satisfaction is one of the most studied subjects to evaluate the behaviors and attitudes of nurses toward the institution (Ayamolowo, 2013; McGlynn et al., 2012; Roney & Acri, 2018; Tİlev & Beydağ, 2014). It is significant to evaluate the level of job satisfaction to provide professionalization in nursing, enhance the quality of care, and decrease the intention to leave the job (Adwan, 2014; Hsu et al., 2015; Kantek & Kaya, 2017; McGlynn et al., 2012; Risman et al., 2016; Roberts-Turner et al., 2014). Nursing managers need to improve job satisfaction, minimize the intention of leaving the job, and enhance the quality of care by creating a healthy working environment (Adwan, 2014; Kantek & Kaya, 2017; Nelson et al., 2015; Risman et al., 2016). It is stated in the literature that nurses with high job satisfaction have better physical and mental health (Roberts-Turner et al., 2014; Tİlev & Beydağ, 2014). Job satisfaction of nurses, patient satisfaction, and quality of care are positively correlated in a statistically significant manner (Ayamolowo, 2013; Kaya & Boz, 2019; Risman et al., 2016). In addition, nurses with high job satisfaction can learn more easily and communicate better with their colleagues and therefore experience less conflicts (Roberts-Turner et al., 2014). In 2014, the Health Care Development Institute of the World Health Organization expanded the Triple Aim (enhancing patient experience, improving population health, and reducing costs) to the Quadruple Aim by adding goodness of caregivers. The institute states that healthier and happier employees will have a higher commitment to their organization, thus resulting in higher patient satisfaction and quality of care (Bodenheimer & Sinsky, 2014).

Studies on job satisfaction have been conducted with many nurses working in different fields including pediatrics (Adwan, 2014; Hsu et al., 2015; Torun...
Çavuşoğlu, 2018). Being a sensitive and specific area that gives care to children and their families (Gallegos & Sortedahl, 2015; Roney & Acri, 2018), pediatric nursing is very different from adult nursing. The primary aim of a pediatric nurse is to provide continuity of care along with the family of the child through the family-centered care approach. Therefore, the most important roles of a pediatric nurse include ensuring the involvement of the family in the care of the child and supporting the family’s strengths (Kaya et al., 2017). However, national and international studies examining the job satisfaction of nurses have not been conducted by using a nursing-specific measurement tool (Akman et al., 2016; Güdücü-Tüfekci et al., 2015; Kantek & Kaya, 2017; Tilev & Beydağ, 2014).

It is a known fact that job satisfaction affects nursing practices (Adwan, 2014; Roberts-Turner et al., 2014). Therefore, it is important to examine job satisfaction in pediatric nurses from different dimensions and the associated factors for the projects planned in the field. In the literature, most of the studies evaluating the job satisfaction of pediatric nurses have revealed that pediatric nurses have a low or moderate job satisfaction (Akman et al., 2016; Güdücü-Tüfekci et al., 2015; Meyer et al., 2015; Torun & Çağuşoğlu, 2018). It is important to conduct job-related studies in specific work fields of nurses for the purpose of developing field-specific strategies. Therefore, this study was conducted to evaluate the job satisfaction of nurses working in pediatric clinics in terms of 11 dimensions as well as the influencing factors.

Research Questions
In this study, answers were sought to the following questions:
1. What are the levels of job satisfaction of nurses working in pediatric clinics?
2. What are the factors influencing the job satisfaction of nurses working in pediatric clinics?

Method

Study Design
This is a descriptive study.

Sample
The population of this study consisted of 198 nurses working in pediatric clinics, who were responsible directly for patient care in these clinics. The researchers asked at least 40% of 198 nurses from two public hospitals to participate in the study because this rate is defined as an adequate response rate to represent the population (Kramer et al., 2009). The sample of the study consisted of 92 (46.5%) nurses who had the power to represent the universe at the level of 0.05 error, 95% confidence interval, and 0.5 effect size according to the power analysis.

Data Collection
The study was conducted in two public hospitals in Antalya, Akdeniz University Hospital and University of Health Sciences Antalya Training and Research Hospital between December 2018 and January 2019. The researchers collected the data in the meeting room or nurse room during the working hours of the nurses by using the face-to-face interview method without interfering with their workflow in the mentioned pediatric clinics. It took about 10 minutes to fill the data collection tools.

Instruments
The data were collected using the Personal Information Form and the Healthcare Environment Survey (HES). The Personal Information Form was prepared by the researchers on literature review (Kaya, 2013; Torun & Çağuşoğlu, 2018). The form consists of nine questions about age, sex, marital status, status of having children, education, clinic, total work experience, and position and work experience in the clinic. The HES was developed in 2001 to assess the job satisfaction of nurses and was revised in 2015 (Nelson et al., 2015). The Cronbach’s alpha values of the original HES and its dimensions were between 0.75 and 0.97. The HES includes 57 items. All items are scored from 1 (strongly disagree) to 7 (strongly agree) using a 7-point Likert scale. The HES is a very comprehensive measurement tool designed to evaluate the job satisfaction of nurses. The scale deals with the job satisfaction of nurses in 11 dimensions, namely relationship with coworkers, relationship with doctors, workload, autonomy, distributive justice, patient care, relationship with ward manager, professional growth, executive leadership, scheduling, and resources. The survey was found to be reliable and valid in America, Jamaica, and Scotland (Anderson-Johnson & Nelson, 2012; Nelson & Cavanagh, 2018; Nelson et al., 2015; Nichols & Nelson, 2019). Gözüm et al. (2020) adapted the survey into Turkish and found the survey as valid and reliable. The Cronbach’s alpha values of the HES and
its dimensions were between 0.83 and 0.96. In this study, the Cronbach’s alpha value of the survey and its dimensions was determined as 0.89-0.91.

**Statistical Analysis**
The Statistical Package for Social Sciences version 23.0 software (IBM Corp.; Armonk, NY, USA) was used for data analysis. Normal distribution of data was evaluated by using the Kolmogorov–Smirnov test. Whereas number and percentage distribution were used to evaluate demographic data, mean and standard deviation were used for continuous data. The independent samples t test, Kruskal–Wallis test, and one-way analysis were used for intergroup comparisons. Statistical significance was accepted as p<0.05.

**Ethical Considerations**
To conduct the study, approval was obtained from the Akdeniz University Clinical Trials Ethics Committee. Institutional permissions were obtained from the related hospitals. This study was performed according to the Helsinki Declaration. The nurses who voluntarily participated in the study were verbally informed about the purpose of the study and that their participation was based on voluntary basis and the personal information and confidentiality of the participants would be kept confidential. Verbal and written consents were obtained from the nurses who participated in the study. Permission was obtained from the authors, who developed the survey and conducted its Turkish validity and reliability, for its use in the study.

**Results**
It was found that 95.7% of the participants were females and 4.3% were males. The mean age of the participants was 30.00±6.13 years. 64.1% of them were married and 63.0% had children. 71.5% had a bachelor’s degree. 59.8% of the participants had a nursing experience in pediatric clinic for ≥5 years. 84.8% were clinical nurses. 79.4% nurses worked in shift (Table 1).

It was determined that the mean scores of the nurses were 4.20±0.86 for the overall HES, 4.78±1.17 for relationship with coworkers, 4.21±1.17 for relationship with doctors, 4.38±1.26 for workload, 4.10±1.41 for autonomy, 2.53±1.42 for distributive justice, 5.09±1.04 for patient care, 4.55±1.48 for relationship with ward manager, 4.07±1.47 for professional

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| Table 1  | Characteristics of the Nurses (n=92) |
|----------|-------------------------------------|
| Characteristic | n | % |
| Age (years) | | |
| ≤30 | 45 | 48.9 |
| 31–40 | 40 | 43.5 |
| ≥41 | 7 | 7.6 |
| Average age 30.0±6.13 years | | |
| Sex | | |
| Female | 88 | 95.7 |
| Male | 4 | 4.3 |
| Marital status | | |
| Married | 59 | 64.1 |
| Single | 33 | 35.9 |
| Having children | | |
| Yes | 58 | 63.0 |
| No | 34 | 37.0 |
| Education level | | |
| Vocational college | 4 | 4.4 |
| Bachelor’s degree | 72 | 78.3 |
| Master’s degree | 16 | 17.3 |
| Professional characteristics | n | % |
| Clinic | | |
| General child clinic | 25 | 27.2 |
| Pediatric hematology oncology clinic | 28 | 30.4 |
| Neonatal intensive care unit | 20 | 21.7 |
| Pediatric intensive care unit | 19 | 20.7 |
| Nursing experience in pediatric clinic (years) | | |
| ≤5 | 45 | 59.8 |
| 6–10 | 26 | 28.2 |
| ≥11 | 21 | 12.0 |
| Working position | | |
| Ward manager | 14 | 15.2 |
| Clinical nurse | 78 | 84.8 |
| Working time | | |
| Continuous day shift | 19 | 20.6 |
| Shift | 73 | 79.4 |
growth, 3.97±1.09 for executive leadership, 4.26±1.45 for scheduling, and 3.85±1.38 for resources (Figure 1).

Table 2 shows the mean scores of the HES and its subscales according to the characteristics of the nurses. It was found that the total score of job satisfaction was statistically significantly higher in nurses aged≥41 years and older than that in under the age of 40 (KW=4.661, p=0.003). The mean scores of workload (KW=2.131, p=0.004), autonomy (KW=9.092,
| Subdimensions                                      | Clinic                                      | Nursing experience in pediatric clinic | Working position | Working time |
|---------------------------------------------------|---------------------------------------------|----------------------------------------|------------------|--------------|
|                                                    | General child clinic                         | Pediatric hematology oncology clinic    | Neonatal intensive care unit | Pediatric intensive care unit | ≤5 | 6–10 | ≥11 | Ward manager | Clinical nurse | Continuous day shift | Shift |
| HES total score                                   | 4.16±0.92                                  | 4.40±0.91                              | 4.04±0.69        | 4.13±0.89      | 4.23±0.96    | 4.10±0.68    | 4.29±0.82    | 4.37±0.57    | 4.17±0.90    | 4.65±0.66    | 4.09±0.88    |        |
| p=0.524***                                        | p=0.783***                                 | p=0.426*                               |                  |               |               |               |               |               |               |               |               |         |
| Relationship with coworkers                      | 4.73±1.07                                  | 5.11±1.20                              | 4.46±1.08        | 4.68±1.31      | 4.71±1.28    | 4.71±0.99    | 5.29±0.93    | 5.11±0.13    | 4.72±1.19    | 5.17±1.06    | 4.67±1.18    |        |
| p=0.274                                           | p=0.303***                                 | p=0.254*                               |                  |               |               |               |               |               |               |               |               |         |
| Relationship with doctors                        | 4.05±1.25                                  | 4.39±1.21                              | 4.16±0.88        | 4.23±1.31      | 4.13±1.26    | 4.39±0.87    | 4.20±1.38    | 4.20±0.94    | 4.22±1.21    | 4.61±0.97    | 4.11±1.20    |        |
| p=0.770***                                        | p=0.647*                                  | p=0.964*                               |                  |               |               |               |               |               |               |               |               |         |
| Workload                                          | 4.27±1.32                                  | 4.51±1.32                              | 4.35±1.03        | 4.35±1.15      | 4.42±1.15    | 4.23±1.32    | 4.52±1.68    | 4.95±0.83    | 4.27±1.30    | 5.21±0.91    | 4.16±1.25    |        |
| p=0.914***                                        | p=0.766***                                 | p=0.016*                               |                  |               |               |               |               |               |               |               |               |         |
| Autonomy                                          | 3.93±1.47                                  | 4.43±1.46                              | 3.95±1.23        | 3.99±1.48      | 4.16±1.55    | 3.94±1.24    | 4.16±1.14    | 4.38±0.89    | 4.05±1.49    | 4.62±0.91    | 3.96±1.49    |        |
| p=0.535***                                        | p=0.807***                                 | p=0.046*                               |                  |               |               |               |               |               |               |               |               |         |
| Distributive justice                              | 2.69±1.39                                  | 2.57±1.55                              | 2.57±1.17        | 2.60±1.60      | 2.77±1.56    | 2.08±1.08    | 2.44±1.27    | 2.62±1.00    | 2.52±1.49    | 2.78±1.32    | 2.48±1.46    |        |
| p=0.785***                                        | p=0.122***                                 | p=0.825*                               |                  |               |               |               |               |               |               |               |               |         |
| Patient care                                      | 5.11±0.87                                  | 5.14±1.12                              | 5.03±1.23        | 5.03±1.00      | 4.97±1.04    | 5.09±1.01    | 5.64±1.06    | 5.16±0.89    | 5.07±1.07    | 5.52±1.02    | 4.97±1.03    |        |
| p=0.978***                                        | p=0.157***                                 | p=0.047*                               |                  |               |               |               |               |               |               |               |               |         |
| Relationship with ward manager                    | 4.44±1.68                                  | 5.01±1.52                              | 4.21±1.03        | 4.37±1.48      | 4.60±1.57    | 4.60±1.36    | 4.20±1.36    | 4.66±0.96    | 4.53±1.56    | 5.14±0.99    | 4.40±1.55    |        |
| p=0.238***                                        | p=0.709***                                 | p=0.770*                               |                  |               |               |               |               |               |               |               |               |         |
| Professional growth                               | 3.72±1.67                                  | 4.44±1.32                              | 4.03±1.38        | 4.05±1.35      | 4.10±1.59    | 3.93±1.32    | 4.25±0.97    | 4.36±0.65    | 4.02±1.54    | 4.75±0.86    | 3.90±1.52    |        |
| p=0.353***                                        | p=0.808***                                 | p=0.001*                               |                  |               |               |               |               |               |               |               |               |         |
| Executive leadership                              | 4.04±1.05                                  | 3.92±1.17                              | 3.81±1.03        | 4.05±1.15      | 4.08±1.20    | 3.78±0.83    | 3.77±1.04    | 4.04±0.72    | 3.94±1.15    | 4.05±0.69    | 3.93±1.17    |        |
| p=0.883***                                        | p=0.437***                                 | p=0.770*                               |                  |               |               |               |               |               |               |               |               |         |
| Scheduling                                        | 4.40±1.23                                  | 4.61±1.42                              | 3.78±1.73        | 4.09±1.37      | 4.46±1.44    | 3.93±1.47    | 4.05±1.35    | 4.52±0.78    | 4.22±1.54    | 4.88±4.10    | 4.10±1.53    |        |
| p=0.228***                                        | p=0.267***                                 | p=0.008*                               |                  |               |               |               |               |               |               |               |               |         |
| Resources                                         | 3.71±1.41                                  | 3.88±1.56                              | 4.02±1.31        | 3.81±1.39      | 3.95±1.45    | 3.74±1.19    | 3.61±1.52    | 3.88±1.29    | 3.84±1.41    | 4.16±1.48    | 3.77±1.35    |        |
| p=0.902***                                        | p=0.688***                                 | p=0.923*                               |                  |               |               |               |               |               |               |               |               |         |

Note: X: Mean, SD: Standard deviation, *Independent sample t test, ***One-way analysis of variance.
p=0.001), distributive justice (KW=10.714, p=0.001), relationship with ward manager (KW=2.932, p=0.017), and professional growth (KW=5.416, p=0.017) were statistically significantly higher in those aged≥41 years. The mean scores of executive leaderships (KW=5.123, p=0.049) and scheduling (KW=1.495, p=0.003) were higher in those younger than 30 years. The mean scores of autonomies (t=1.382, p=0.027) and executive leadership (t=1.834, p=0.042) were statistically significantly higher in married nurses. The mean scores of autonomy (t=1.859, p=0.027), distributive justice (t=2.020, p=0.002), executive leadership (t=1.979, p=0.015), and scheduling (t=0.778, p=0.039) were statistically significantly higher in nurses with children.

The mean scores of the HES subdimensions were examined, and it was determined that the highest score was obtained for the subscale of patient care. Job satisfaction, which significantly affects the happy, successful, and productive individuals, is quite effective in nursing care practices (Adwan, 2014; Roberts-Turner et al., 2014). The age group to which pediatric nurses provide care ranges from birth to the end of puberty. Furthermore, children have different biological, psychological, and social characteristics. Therefore, pediatric nurses work with a very different group of care needs. In this case, the children’s illness perception and acceptance vary. As a result, pediatrics is a sensitive and specific field that takes care of children and their families (Gallegos & Sortedahl, 2015; Roney & Acri, 2018). The concepts of nurse satisfaction and patient satisfaction are related (Kaya & Boz, 2018). It is believed that a patient’s high satisfaction with patient care will be reflected on care practices. Therefore, it is pleasing that the job satisfaction of pediatric nurses working in the field of patient care is high.

The lowest mean score was observed in the dimension of distributive justice. The nursing is a profession with excessive responsibilities and very high workload (Laschinger, 2012; McGlynn et al., 2012).
Roberts-Turner et al. (2014) concluded that distributive justice positively affected the job satisfaction of pediatric nurses. There is no legal reward system for nurses working in public institutions in Turkey. This study was conducted in two public hospitals. This result may have been associated with the fact that public hospitals have no reward system, and the wages of nurses are lower than those of physicians. Many studies on job satisfaction of nurses revealed that wage and rewarding had a negative effect on job satisfaction (Torun & Çavuşoğlu, 2018). In this case, it is expected for nurses to have the lowest mean score in distributive justice.

There was a statistically significant difference in the HES total score of the nurses in terms of age groups (Table 2). Tilev and Beydağ (2014) found that age did not affect the job satisfaction of nurses. In a study conducted with 235 pediatric nurses, it was determined that age was not an effective factor in job satisfaction in Turkey (Torun & Çavuşoğlu, 2018). In this study, it was determined that although the nurses aged 41 years and older had the highest score in overall job satisfaction, the lowest mean score was observed in nurses aged between 31 and 40 years. As one gets older, his/her ability to cope with the difficulties in the profession increases. Experience also brings dignity. These might have been the reason for the results of this study.

Shift work was an effective factor on the total mean score of the scale (Table 3). Torun and Çavuşoğlu (2018) found that the job satisfaction of pediatric nurses working only in the day shift was higher than that of others. In contrast, Gündüz-Tüfekci et al. (2015) determined that shift work did not affect the job satisfaction of pediatric nurses. There are different results in the literature. The job satisfaction of nurses continuously working in the day shift was higher than that of those working in the night shift. Shift work affects the social life of nurses and leads to a decrease in their job satisfaction (Laschinger, 2012; McGlynn et al., 2012). Also, only fewer nurses can work in the night shift in pediatric clinics in Turkey. Therefore, the number of patients to whom the nurse provides care during the night shift is higher than that during the day shift. We thought that intensive workload may also reduce the job satisfaction of nurses working in the night shift.

It was found that the workload satisfaction score of the nurses aged 41 years and over, working in the position of ward manager and continuously in the day shift, was statistically significantly higher than that of others. It is known that the job satisfaction of nurses working in the night shift is lower than that of those continuously working in the day shift (Kantek & Kaya, 2017). It can be said that nurses older than 40 years are accepted as experienced in hospitals in which this study was conducted, and they are mostly employed in the day shift. In addition, this result might have been associated with the increase in problem-solving skills of experienced nurses over 40.

In this study, it was determined that the nurses who were married, had children, aged 41 years and over, and were working in the position of ward manager had the highest score from the autonomy dimension. Torun and Çavuşoğlu (2018) found that the job satisfaction of pediatric nurses who stated that they used autonomy in their unit was higher than that of others. Roberts-Turner et al. (2014) reported that autonomy had a positive effect on job satisfaction in pediatric nurses. Autonomy means that the nurse takes decision on his/her own even under difficult conditions in clinical practice and assumes the responsibilities of the decision (Fahrendwald et al., 2005; Pang et al., 2009). Autonomy in nursing is a concept that should be considered. The most important reason for this is that decision-making restrictions in nursing practices affect nursing care outcomes in clinics (Akay, 2008). Autonomy is an important indicator of occupational competence, and as competence increases, the field of occupational autonomy expands (Barazzetti et al., 2007). Pediatric nurses are expected to be good in the field of autonomy when necessary to guide the decision-making family on behalf of the child (Esen & Karakoc, 2016). Ward managers are in the leading position in clinical practice. It is therefore pleasing that managers have high scores of autonomy. This result is satisfactory for professional development to guide other nurses about gaining autonomy. Being a ward manager in the clinic requires to have a say. Similarly, getting married and having children are accepted values in Turkish society. Higher autonomy scores of married and having children were thought to be related to this view.

In this study, the nurses working continuously in the day shift and in the position of ward manager had the highest score for the dimension of patient care. In the study conducted by Risman et al. (2016) with 753 nurses, a statistically significant positive
correlation was found between the quality of patient care and the job satisfaction of nurses. Nursing managers are expected to lead the nurses they work with in good presentation of patient care. In addition, the duties of the nursing managers include following new scientific developments, implementing innovations in nursing care, and creating change in line with them (Kaya & Kantek, 2016). For these reasons, high scores of ward manager for the dimension of patient care in the study are important to guide the nurses they work with.

This study revealed that nurses under 30 years had the highest mean score for the dimension of relationship with ward manager. It is known that new nurses have higher job satisfaction and lower burnout than those working for more than 10 years (Torun & Çavuşoğlu, 2018). This result might have been associated with the fact that nurses have high excitement and expectations during the first years of the profession.

The mean score of professional development was found to be the highest in nurses who were continuously working in the day shift, in the position of ward manager, and aged under 30 years. Professionalization in nursing significantly affects an individual’s professional behavior and success (Hsu et al., 2015; McGlynn et al., 2012). Therefore, young nurses obtained the highest score for the dimension of professional development, which was a pleasing result on behalf of the profession.

**Conclusion and Recommendations**

National and international literature review has shown that the HES was not studied previously in the sample of pediatric nursing. In this study, the survey was used in the nurses working in pediatric clinics for the first time, which also constitutes another original value of the study. In this study, a comprehensive tool was used for nurses to identify the level of job satisfaction of nurses working in pediatric clinics and determine the influencing factors. As a result of this study, it was found that the job satisfaction of nurses was moderate and was affected by several factors such as age, marital status, having a child, working position, and continuous day/night shift work. The nurses had the highest job satisfaction in the dimension of patient care and the lowest job satisfaction in the dimension of distributive justice. It is the responsibility of the hospital managers to seek solutions to the circumstances that lead to these results. It is recommended to plan qualitative studies in this field to reveal situations that cause job dissatisfaction. Experimental studies are needed to increase the job satisfaction of pediatric nurses. It is thought that the qualitative studies will provide important data for future experimental projects. In the Kaya and Boz’s (2019) model development study, the responsibilities in increasing the job satisfaction of nurses and achieving quality nursing care were stated. It may be recommended to plan experimental studies within the scope of this model to increase job satisfaction. Based on the data obtained, it will be possible to make and implement the plan to increase the job satisfaction of nurses.

**Ethics Committee Approval:** This study was approved by Ethics committee of Akdeniz Universit, (Approval No: 626).

**Informed Consent:** Written informed consent was obtained from the participants who agreed to take part in the study.

**Peer-review:** Externally peer-reviewed.

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