

Job satisfaction of nurses and the determinants of organizational climate: insights from hospitals in Lubelskie Voivodeship

Satysfakcja z pracy zawodowej pielęgniarek a uwarunkowania klimatu organizacyjnego na przykładzie szpitali województwa lubelskiego

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STRESZCZENIE

SATYSFAKCJA Z PRACY ZAWODOWEJ PIELĘGNIAREK A UWARUNKOWANIA KLIMATU ORGANIZACYJNEGO NA PRZYKŁADZIE SZPITALI WOJEWÓDZTWA LUBELSKIEGO

Cel pracy. Ocena satysfakcji zawodowej pielęgniarek oraz badanie wzajemnych zależności między klasycznymi elementami klimatu organizacyjnego.

Materiał i metody. Badania przeprowadzono w roku 2022 wśród 300 pielęgniarek pracujących zawodowo w pięciu szpitalach województwa lubelskiego. Zastosowano metodę sondażu diagnostycznego z techniką ankietową, zorientowaną na wyniki wskazujące, iż kluczową rolę w procesie budowania „satysfakcji zawodowej” odgrywają zagadnienia opisujące obszar organizacyjny miejsca pracy. Narzędziem badawczym był Kwestionariusz Klimatu Organizacyjnego autorstwa L. Rosenstiela i R. Boegela, zaadaptowany w polskiej wersji autorstwa K. Durniat.

Wyniki. Większość respondentów deklaruje wysoki 121 (40.3%) lub stosunkowo wysoki 142 (47.3%) poziom zadowolenia z wykonywanego zawodu. Tylko 37 (12.4%) pielęgniarek konstatują dość niski poziom satysfakcji zawodowej. Wśród czynników, które zmniejszyły poziom satysfakcji z pracy znalazły się często wymieniane: relacje z osobami zarządzającymi, brak czasu na opiekę bezpośrednią pacjenta, oczekiwania pacjentów i ich rodzin, oraz niedostateczne wynagrodzenie.

Wnioski. Na poziom satysfakcji z pracy na szczeblu przeciętnym szczególnie wpływają czynniki klimatu organizacyjnego, dotyczące ogólnej organizacji funkcjonowania szpitala, oddziałujące na wsparcie (ze strony współpracowników i przełożonych) oraz organizacja pracy w formie adekwatnie przydzielanych zadań i obowiązków do zdolności i kompetencji pracowników.

Słowa kluczowe: satysfakcja z pracy, pielęgniarki, klimat organizacyjny, szpitale, województwo lubelskie

ABSTRACT

JOB SATISFACTION OF NURSES AND THE DETERMINANTS OF ORGANIZATIONAL CLIMATE: INSIGHTS FROM HOSPITALS IN LUBELSKIE VOIVODESHIP

Aim. Evaluation of nurses' job satisfaction and the interconnectedness of the influence of dimensions of organizational climate.

Material and methods. The study was conducted in 2022 among 300 nurses working in five hospitals in Lublin Voivodeship. Methodology focused on outcomes was employed, highlighting the significance of factors related to the organizational environment in shaping "job satisfaction". The research tool was the Organizational Climate Questionnaire by L. Rosenstiel and R. Boegel, adapted from the Polish version by K. Durniat.

Results. Most respondents report a high 121 (40.3%) or relatively high 142 (47.3%) level of satisfaction with their profession. Only 37 (12.4%) nurses reported a low level. Factors contributing to decreased satisfaction included negative relationships with management, diminished importance of organizational procedures implemented by supervisors, insufficient time for direct patient care, failure to meet patient and family expectations, and inadequate compensation.

Conclusions. Nurses' job satisfaction depended on the overall organizational climate in the hospital and its components: the overall image of the organization, employees' perceptions of their superiors' leadership style, and various aspects of the work organization process, ways of structuring, division of tasks and the degree of control over their implementation.

Key words: job satisfaction, nurses, organizational climate, hospitals, Lublin Voivodeship

INTRODUCTION

The nursing profession is highly esteemed due to its perceived social significance [1]. A nurse's overall satisfaction, both in life and at work, encompasses various aspects. Factors influencing job satisfaction encompass individual traits as well as elements within the work environment [2]. As work evolves from having merely instrumental value to having intrinsic value, the study of job satisfaction takes on a different significance [3]. Within medical institutions, job satisfaction reflects an individual's internal assessment of how their work contributes to the organization's goals [4]. It also encompasses emotional responses, such as pleasure or distress, stemming from the tasks and responsibilities associated with nursing in a hospital setting, which often involves continual availability, navigating organizational challenges, and ethical dilemmas [5].

Surveys on employee satisfaction offer valuable insights into organizational dynamics, highlighting areas of concern, conflict, and satisfaction within the workforce. Job satisfaction is intricately linked to both subjective perceptions and objective factors, including socioeconomic status and access to resources and culture. Various personal attributes of nurses, such as age, marital status, education level, religious beliefs, personality traits, self-esteem, and social circumstances, play a significant role in shaping their overall sense of life satisfaction and job contentment [6].

The literature delineates three categories of effects of job satisfaction [7]. Firstly, on the organizational front, higher employee productivity, reduced absenteeism and turnover rates, and diminished workplace conflicts are of great value. The second set of effects pertains to the employee, influencing overall work and life satisfaction, as well as contributing to improved physical and mental well-being. The third category encompasses societal implications, correlating with heightened creativity, enhanced utilization of human resources, and a lower prevalence of mental health disorders within the population. As part of its social policy implementation, the hospital, as a specific organizational entity, endeavors to recruit individuals characterized by elevated job satisfaction levels, who consequently contribute more effectively to the institution's success [7]. Factors such as institutional image, workplace atmosphere, job responsibilities, and position should all be considered influential factors in shaping job satisfaction [8].

In the context of a rapidly evolving work landscape, the organizational climate has emerged as a pivotal determinant of success for any institution, impacting both individual employees and entire teams by influencing their attitudes, interpersonal relationships, commitment levels, job satisfaction, and work performance [9]. Current definitions frame organizational climate as the perceived organizational situation, resulting from the process of interaction occurring between the employees and the organization [10]. Alternatively, it can be understood as the shared perceptions and evaluations of objective organizational factors and behaviors among employees, encapsulating the features of the organization's internal environment [11].

However, what holds the most significance for an individual's functioning within an organization is their subjective assessment of these factors and the organization as a whole [12]. The specific atmosphere within a particular hospital and the well-being of its employees and patients are contingent upon a multitude of factors, including the facility's developmental details, the sociodemographic and psychological characteristics of the staff, and the intricacies of their work and job satisfaction. Beyond individual factors, the behavior of employees within an organization is significantly shaped by external, objective factors, such as management style, technology, and the remuneration system [13].

The phenomenon of organizational climate has garnered scientific interest across disciplines such as management, sociology, and psychology, within the realms of social climate, job and life satisfaction, work environment atmosphere, psychological climate, organizational dynamics, and ethos [14]. Recognized as a crucial element within the healthcare system, organizational climate significantly influences the overall performance of healthcare facilities. Furthermore, it is conceptualized as encompassing the characteristics of an organization's entire internal environment, as perceived and evaluated by groups of employees. A properly managed organizational climate is anticipated to enhance job performance, commitment levels, job satisfaction, motivation, quality of care, and professionalism among employees [15].

In evaluating organizational climate, the predominant dimensions typically recognized include colleague relationships, leadership styles of superiors, aspects of work organization, information dissemination and communication, advocacy for employee interests, and provision of developmental opportunities (such as motivation, evaluations, and promotions) [7]. Previous research on the relationship between organizational climate and factors like mental health predictors or occupational burnout, both in Poland and globally, consistently underscores the interdependence of these phenomena. Notably, leadership styles, trust levels in the organization and superiors, support systems, rewards, and opportunities for employee advancement and development emerge as particularly influential climate indicators [9, 11].

Studying the organizational climate of hospitals holds significant value for both theoretical scientific understanding and practical insights into organizational behavior. It enables a multifaceted depiction of how employees perceive the organization and can serve as a crucial gauge of job satisfaction [6]. The investigation into the determinants of organizational climate among nurses working in hospitals within the Lublin Voivodeship remains unexplored territory [16]. Thus, the findings presented herein aim to address this gap in the literature. The aim of the study: evaluation of nurses' job satisfaction and the interconnectedness of the influence of dimensions of organizational climate. This study seeks to assess the level of professional satisfaction experienced by nurses within the work environments of five hospitals in the Lublin Voivodeship, while also examining the impact of the dimensions of organizational climate and the strength of interrelations between

the researched variables. Ultimately, the study endeavors to shed light on the degree of life satisfaction expressed by nurses and the extent to which selected dimensions of organizational climate influence job satisfaction.

MATERIALS AND METHODS

Participants and Study Design

In the second half of 2022, 300 people working as nurses (280 women and 20 men) in five hospitals in Lublin Province were surveyed. Hospitals were selected on the basis of positive responses from facility directors regarding their interest in conducting the survey and helping to organize it. Participants were selected on the basis of inclusion and exclusion criteria.

Inclusion criteria were length of service: more than one year, employment: in a hospital in wards other than the Emergency Department, ED, ICU, Emergency Room, OR (Operating Room), current registration in the Chambers of Nursing and holding a license to practice as a nurse.

Prior to the start of the study, all participants were informed of its objectives, methodology and the anonymous and confidential nature of the survey. Respondents gave informed consent by completing the questionnaire. The survey was group-based and consisted of written responses to questions/statements contained in selected questionnaires. A diagnostic survey method was used. The material was collected using a survey technique, and the questionnaire contained information about the study, its objectives, an invitation to participate, as well as socio-demographic data on age, gender, education profile and other indicators.

Study Questionnaire

The Polish Adaptation and Normalization of Organizational Climate Questionnaire by Rosenstiel and Boegel was employed to assess the organizational climate [11]. This standardized instrument comprises 55 items designed to efficiently and accurately measure various aspects of organizational climate, including management style, work organization, communication, cooperation, motivation, career development, and social support within their subscales [17]. The questionnaire authors conceptualized organizational climate as a collection of perceptions and evaluations shared by employees concerning both objective and subjective organizational factors and behaviors. Lower scores on each scale indicate a more negative perception of the hospital's climate as an organization. The questionnaire is recommended for diagnosing organizational climate and its components, as well as for exploring its relationship with other variables such as job satisfaction. The tool's reliability, as measured by Cronbach's alpha coefficient, ranges from 0.70 to 0.88 [11].

Additionally, a self-report questionnaire was administered to gather sociodemographic data, including sex, ethnicity, age, length of service, education, job position, marital status, religion, and other relevant factors.

Procedure and Ethical Considerations

The survey did not collect any personally identifiable information about the participants. All the subjects gave written informed consent, in accordance with the Declaration of Helsinki. Approval for the study was obtained from the Bioethics Committee at the Medical University of Lublin (Resolution no. KE-0254/70/03/2022).

Statistical Analysis

The collected survey data underwent statistical analysis utilizing Statistica 13 software (Tibco Inc., USA). The normality of the distribution was assessed using the Shapiro-Wilk test, revealing that most indicators exhibited a non-normal distribution. To ascertain the significance of differences between groups based on job satisfaction, the Mann-Whitney U test was employed for pairwise comparisons, while the Kruskal-Wallis test was utilized for comparisons involving multiple groups. Descriptive statistics were presented for quantitative variables, including mean (M), standard deviation (SD), median (Me), minimum, and maximum values. Qualitative data were expressed as percentages. Comparative evaluations were conducted using Pearson's χ^2 coefficient (Chi-square) tests. Correlations between qualitative variables were examined with the rho-Spearman coefficient, with a significance level set at $p < 0.05$ for all analyses performed.

RESULTS

Sample Characteristics

A total of 300 nurses from hospitals across five cities in Lublin Voivodeship participated in the survey, distributed as follows: I – 51 (17.0%), II – 60 (20%), III – 48 (16%), IV – 78 (26%), and V – 63 (21%). The average age of the participants was 46.3 ± 11.4 years (median=49, range=22-65), with an average length of service in the nursing profession of 21.5 ± 13.2 years (median=24, range=1-45). Nurses from Hospital II were comparatively younger and had statistically shorter lengths of service compared to those from other hospitals. Regarding professional education, 42 respondents (14%) held diplomas from medical high schools, 41 (13.7%) were graduates of medical colleges, while 92 (30.7%) held bachelor's degrees in nursing, and 125 (41.6%) held master's degrees in nursing. Detailed socio-demographic characteristics of the survey participants are presented in Tab. 1.

Job satisfaction

Based on the data provided, the majority of participants indicate either a high (40.3%) or relatively high (47.3%) level of professional satisfaction, with no categorically negative responses. A modest proportion, comprising 37 (12.4%) nurses, acknowledge a rather low level of professional satisfaction. Among the 12 principal factors considered to impact satisfaction levels, six demonstrated statistical significance, as delineated in Tab. 2.

■ Tab. 1. Socio-demographic characteristics of respondents

Socio-demographic characteristic		Hospital (I-V), n (%)					Total	
		I (n=51)	II (n=60)	III (n=48)	IV (n=78)	V (n=63)	n	%
Sex	Men	3 (5.9)	1 (1.7)	5 (10.4)	8 (10.3)	3 (4.8)	20	6.7
	Women	48 (94.1)	59 (98.3)	43 (89.6)	70 (89.7)	60 (95.2)	280	93.3
Place of residence	Countryside	13 (25.5)	21 (35.0)	21 (43.8)	32 (41.0)	23 (36.5)	110	36.7
	City	38 (74.5)	39 (65.0)	27 (56.3)	46 (59.0)	40 (63.5)	190	63.3
Marital status	Unmarried	20 (39.2)	22 (36.7)	9 (18.8)	10 (12.8)	11 (17.5)	72	24.0
	Married	28 (54.9)	36 (60.0)	34 (70.8)	64 (82.1)	44 (69.8)	206	68.7
	Widowed	3 (5.9)	2 (3.3)	5 (10.4)	4 (5.1)	6 (9.5)	20	6.7
	Member of religious order	0	0	0	0	2 (3.2)	2	0.7
Religion	Catholicism	47 (92.2)	58 (96.7)	45 (93.8)	75 (96.2)	60 (95.2)	285	95.0
	Orthodoxy	1 (2.0)	2 (3.3)	2 (4.2)	1 (1.3)	0	6	2.0
	Protestantism	1 (2.0)	0	0	1 (1.3)	1 (1.6)	3	1
	Non-practicing believer	1 (2.0)	0	0	0	0	1	0.3
	Jehovah's Witness	1 (2.0)	0	1 (2.1)	0	0	2	0.7
	Non-religious	0	0	0	1 (1.3)	2 (3.2)	3	1
Welfare conditions	Very good	24 (47.1)	31 (51.7)	28 (58.3)	37 (47.4)	29 (46.0)	149	49.7
	Good	27 (52.9)	29 (48.3)	20 (41.7)	41 (52.6)	34 (54.0)	151	50.3
Postgraduate education	Specialist course	21 (41.2)	36 (60.0)*	15 (31.3)	24 (30.8)	22 (34.9)	120	40.0
	Qualification course	16 (31.4)	27 (45.0)	17 (35.4)	36 (46.2)	22 (34.2)	118	39.3
	Specialization	26 (51.0)	21 (35.0)	29 (60.4)	20 (25.6)*	33 (52.4)	129	43.0
	Postgraduate studies	6 (11.8)	6 (10.0)	3 (6.3)	3 (3.8)	7 (11.1)	25	8.3
Age, M±SD; (Me)		47.2±11.5 (50.0)	37.9±12.17 (35.0)**	49.4±9.14 (51.5)	49.6±9.58 (50.0)	47.2±9.10 (49.0)	46.3±11.14 (49.0)	
Job seniority, M±SD; (Me)		23.4±13.4; (26.0)	14.1±13.1; (8.5)	22.3±12.9; (24.0)	25.7±15.6; (27.5)	21.3±11.7; (22.0)	21.5±13.2; (24.0)**	
Ward	Surgical	25 (49.0)	40 (66.7)	30 (62.5)	40 (51.3)	29 (46.0)	164	54.7
	Non-surgical	26 (51.0)	20 (33.3)	18 (37.5)	38 (48.7)	34 (54.0)	136	45.3
Position	Charge nurse	46 (90.2)	53 (88.3)	45 (93.8)	75 (96.2)	57 (90.5)	276	92.0
	Ward nurse	5 (9.8)	7 (11.7)	3 (6.3)	3 (3.8)	6 (9.5)	24	8.0
Job satisfaction level	Very high	19 (37.3)	26 (43.3)	22 (45.8)	34 (43.6)	20 (31.7)	121	40.3
	Rather high	21 (41.2)	30 (50.0)	20 (41.7)	37 (47.4)	34 (54.0)	142	47.3
		11 (21.5)	4 (6.7)	6 (12.5)	7 (9.0)	9 (14.3)	37	12.4
Dimensions of organizational climate, M±SD; (Me)		171.3±30.53 (171)	170.4±27.84 (176.5)	178.1±19.72 (178.5)	180.4±30.0 (175.0)	166.3±27.0 (161.0)***	173.5±28.0 (173.0)	

* Nurses from Hospital II were more likely to have passed a specialized course (Chi2= 20.7, p<0.01)

** The age and job seniority of the subjects from Hospital II is statistically lower (Kruskal-Wallis test: H=36.12 p <0.001 and H=26.0, p<0.001).

*** The dimension of organizational climate in hospital V is statistically lower (Kruskal-Wallis test: H=11.2 p <0.05) mainly due to lower levels of trust in the organization's leadership

Factors contributing to decreased job satisfaction included negative relationships with managers, insufficient time for direct patient care, failure to meet patient and family expectations, inadequate management of implemented procedures, and insufficient compensation. Other issues impacting job satisfaction to a lesser extent encompassed a lack of equipment and resources for quality patient care, less-than-ideal relationships within nursing and therapy teams, and limitations in professional and team competence. Additionally, dissatisfaction with the 12-hour work mode and compensation levels led to decreased satisfaction levels.

Dimensions of organizational climate in hospitals and the impact on job satisfaction

The raw data in the organizational climate questionnaire were transformed into stems and then into subscales [11]. Among these subscales, the General Questions subscale, which reflects the overall trust of employees in hospital management, stands out as a significant determinant of a positive organizational climate. In our investigation, this subscale scored low (sten 3) (Me=15), and it showed a statistically significant difference among nurses with high levels of job satisfaction, indicating a relative increase in trust in hospital management (Tab. 3).

The results for the Coworkers subscale (Me=30.0), reflecting friendliness and cooperation among colleagues, were average (sten 5). This subscale focuses on the quality

■ Tab. 2. Characteristics of the group of respondents in terms of a year of starting the studies and their profession

The most significant problem lowering job satisfaction	Fairly low level of job satisfaction (n=37)					High or relatively high level of satisfaction (n=263)					Pearson's χ^2 ; p
	Definitely yes	Rather yes	Difficult to say	Rather no	Definitely no	Definitely yes	Rather yes	Difficult to say	Definitely no	Definitely no	
1. Condition of patients under my care	6 (16.2)	9 (24.3)	8 (21.6)	10 (27.0)	4 (10.8)	28 (10.6)	42 (16.0)	51 (19.4)	109 (41.4)	33 (12.5)	4.1; >0.05
2. Patients' expectations	12 (32.4)	10 (27.0)	11 (29.7)	4 (10.8)	0	35 (13.3)	54 (20.5)	73 (27.8)	83 (31.6)	18 (6.8)	15.6; <0.01
3. Expectations of patients' families	15 (40.5)	14 (37.8)	7 (18.9)	1 (2.47)	0	56 (21.3)	76 (28.9)	62 (23.6)	52 (19.8)	17 (6.5)	14.0; <0.01
4. Lack of time for hands-on care	14 (37.8)	15 (40.5)	5 (13.5)	3 (8.1)	0	52 (19.8)	84 (31.9)	48 (18.3)	67 (25.5)	12 (4.6)	11.8; <0.05
5. Lack of equipment and resources for quality care	6 (16.2)	6 (16.2)	11 (29.7)	13 (35.1)	1 (2.7)	43 (16.3)	75 (28.5)	47 (17.9)	75 (28.5)	23 (8.7)	6.1; >0.05
6. Relationships within the nursing team	5 (13.5)	6 (16.2)	7 (18.9)	12 (32.4)	7 (18.9)	10 (3.8)	30 (11.4)	39 (14.8)	117 (44.5)	67 (25.5)	8.7; >0.05
7. Relationships within the medical treatment team	5 (13.5)	6 (16.2)	7 (18.9)	14 (37.8)	5 (13.5)	12 (4.6)	33 (12.5)	49 (18.6)	123 (46.8)	46 (17.5)	6.1; >0.05
8. Relationships with ward/hospital supervisors	5 (13.5)	10 (27.0)	6 (16.2)	11 (29.7)	5 (13.5)	21 (8.0)	25 (9.5)	48 (18.3)	121 (46.0)	48 (18.3)	12.1; <0.05
9. Limitations in own professional competence	2 (5.4)	4 (10.8)	6 (16.2)	15 (40.5)	10 (27.0)	5 (1.9)	12 (4.6)	40 (15.2)	131 (49.8)	75 (28.5)	4.7; >0.05
10. Limitations in the professional competence of other members of the therapeutic team	2 (5.4)	4 (10.8)	10 (27.0)	14 (37.8)	7 (18.9)	3 (1.1)	20 (7.6)	54 (20.5)	134 (51.0)	52 (19.8)	5.7; >0.05
11. Low remuneration	13 (35.1)	8 (21.6)	12 (32.4)	4 (10.8)	0	50 (19.0)	74 (28.1)	68 (25.9)	60 (22.8)	11 (4.2)	9.7; <0.05
12. Lack of procedures introduced by supervisors	3 (8.1)	5 (13.5)	9 (24.3)	17 (45.9)	3 (8.1)	4 (1.5)	13 (4.9)	58 (22.1)	122 (46.4)	66 (25.1)	14.1; <0.01
13. Satisfaction with remuneration	0	4 (10.8)	11 (29.7)	14 (37.8)	8 (21.6)	20 (7.6)	92 (35.0)	57 (21.7)	62 (23.6)	32 (12.2)	14.4; <0.01

of interpersonal relationships prevailing within the organization. Individuals with higher job satisfaction levels are more inclined to foster positive interpersonal connections with their co-workers. Regarding the Supervisors subscale (Me=40.0), which gauges perceptions of leadership styles among supervisors, nurses with high job satisfaction rated trust in their superiors as average. Conversely, those with lower satisfaction levels rated their supervisors below average.

Organization of work (Me=25.0) demonstrated average results (sten 5), indicating the extent to which tasks are aligned with employees' abilities and competencies.

Effective coordination mechanisms enhance awareness of work goals and boost commitment, which is less commonly indicated by individuals with lower job satisfaction levels. The majority of items in the Information and Communication subscale assess organizational communication (Me=29.0). Although both groups scored lower averages, there were no significant differences based on job satisfaction levels.

Representing employees' interests (Me=15.0) was at a below-average level, unaffected by job satisfaction degree, suggesting moderate satisfaction with both work organization and employee protection. Similarly, Promotion and Professional Development (Me=14.9) also registered below-average scores, indicating modest motivation for employee advancement, regardless of job satisfaction level.

Correlation analysis using Spearman's rank correlation coefficient showed a weak relationship ($r=0.193$) between the first four subscales of organizational climate, overall perceived climate, and job satisfaction among nurses. This indicates that as the organizational

■ Tab. 3. Comparative overview of respondents based on job satisfaction levels and assessment of the organizational climate in the hospital

Organizational climate subscale	Satisfaction „+”		Satisfaction „-”		Mann-Whitney U test; p	Total M±SD; (Me) [sten]
	M±SD	Me (min-max) [sten]	M±SD	Me (min-max) [sten]		
General Questions (0)	15.6±3.77	16 (5-25) [3]	12.8±4.26	12 (6-21) [2]	2914.5; <0.001	15.3±3.94; (15.0) [3]
Coworkers (WS)	29.6±5.73	30 (11-45) [5]	27.3±5.57	28 (15-35) [4]	3904.0; <0.05	29.3±5.75; (30.0) [5]
Supervisors (P)	40.1±8.07	40 (13-60) [5]	35.1±9.17	35 (14-59) [4]	2827.5; <0.001	39.5±8.36; (40.0) [5]
Organization of work (OP)	24.8±4.34	25 (10-35) [6]	22.4±5.21	24 (9-35) [5]	3409.5; <0.01	24.5±4.52; (25.0) [5]
Information and communication (IK)	29.5±6.02	30 (16-50) [4]	27.7±6.24	28 (12-40) [4]	4174.5; >0.1	29.3±6.06; (29.0) [4]
Employee interests (IP)	15.5±3.23	15 (5-25) [5]	14.7±3.28	15 (8-23) [5]	4210.5; >0.1	15.4±3.24; (15.0) [5]
Promotion and professional development (AR)	20.4±4.73	21 (7-35) [4]	19.3±4.84	20 (9-29) [4]	4262.5; >0.1	20.3±4.75; (21.0) [4]
Summary result (C)	175.5±27.24	175 (100-261) [6]	159.2±29.24	162 (92-232) [5]	3217.5; <0.001	174.0±28.0; (173.0) [5]

■ Tab. 4. Correlation results using Pearson correlation coefficient for individual subscales and the entire questionnaire, categorized by job satisfaction levels (significant correlations at $p < 0.05$)

Organizational climate subscale	Satisfaction „+“/ Satisfaction „-“ and Total -; $p < 0.05$							
	O	WS	P	OP	IK	IP	AR	C
General Questions (O)	1.000							
Coworkers (WS)	0.394/0.465	1.000						
	0.414							
Supervisors (P)	0.573/0.557	0.460/0.439	1.000					
	0.586	0.467						
Organization of work (OP)	0.500/0.368	0.410/0.183	0.531/0.633	1.000				
	0.509	0.401	0.563					
Information and communication (IK)	0.566/0.563	0.293/0.373	0.545/0.613	0.495/0.410	1.000			
	0.568	0.311	0.539	0.486				
Employee interests (IP)	0.483/0.407	0.394/0.567	0.491/0.464	0.489/0.444	0.537/0.520	1.000		
	0.478	0.419	0.486	0.489	0.536			
Promotion and professional development (AR)	0.542/0.488	0.308/0.348	0.539/0.336	0.517/0.314	0.614/0.619	0.621/0.583	1.000	
	0.535	0.318	0.497	0.493	0.612	0.616		
Summary result (C)	0.748/0.728	0.626/0.660	0.828/0.804	0.730/0.639	0.760/0.786	0.704/0.702	0.759/0.655	1.000
	0.759	0.638	0.830	0.735	0.756	0.700	0.738	
Job satisfaction	0.229	0.213	0.239	0.171	0.081	0.077	0.071	0.193

climate deteriorates, job dissatisfaction tends to increase among surveyed nurses (Tab. 4).

Detailed analyses showed similar relationships of job satisfaction with the subscales: General Questions, Coworkers, Supervisors, and Organization of work (strength of relationship ranges from 0.171 to 0.239).

The scores of the surveyed organizations are average in terms of perception by employees on the analyzed dimension of organizational climate. Conducting a more detailed analysis of the results obtained in order to accurately identify the organization’s strengths and weaknesses in the studied area is recommended. Based on the obtained results, a plan for improving the functioning of each hospital or organization can be developed. In addition, Hospital V had the lowest overall organizational climate score (166.3 ± 27.0 ; $Me = 161.0$) compared to the other four hospitals, and the number of nurses with low satisfaction in this hospital was higher (14.6%).

DISCUSSION

The findings from our research underscore the importance of subjective assessments of individuals, workplace conditions, and organizational image, all of which are influenced by elements of organizational climate, in shaping nurses’ job satisfaction. Therefore, studying job satisfaction is a multifaceted endeavor, drawing from various scientific domains such as psychology, sociology, ergonomics, economics, and management [3]. The results from nurses working in five hospitals in Lublin voivodeship reveal that the majority express high or relatively high level of job satisfaction, while every tenth nurse reports lower satisfaction level. This underscores the significance of job-related factors and subjective perceptions of organizational conditions in shaping job satisfaction, particularly in hospital settings where creating an optimal and support-

ive work environment is paramount [12]. Authors revealed a rich source of information that needs to be considered by hospital administrators and other policymakers to enhance quality clinical care by nurses, and their overall well-being and working conditions. These elements collectively form the pivotal aspect of commitment, which significantly influences the quality of medical services provided [3].

Environmental factors, such as effective communication, proper work organization, and occupational prestige, are highlighted in the literature as factors influencing job satisfaction that can be compared and contrasted with determinants of organizational climate. The study [6] confirms our results that a positive organizational climate could lead to less stressed and burned-out workers and, at the same time, to more satisfied employees with improved well-being. Our study highlights the significance of organizational climate factors, particularly those related to the overall functioning of the hospital, interpersonal dynamics among colleagues and supervisors, and the organization of tasks tailored to employees’ managerial abilities and competencies. Job satisfaction for nurses is contingent upon fair and equitable treatment in the workplace [9], and enhancing working conditions can foster greater satisfaction and retention among nurses. Classical organizational support has a moderate negative correlation with turnover intention in nurses [18]. Therefore, further studies should be conducted to assess the independent effect of organizational support on turnover intention in a more valid way. High turnover and variable competence among staff present challenges for maintaining a positive organizational climate [19]. Our study shows a correlation between job satisfaction and place of employment and relationships with hospital managers.

The fulfillment of job expectations, facilitated by elements of organizational climate, presents opportunities for personal growth and significantly impacts job satisfaction.

Conversely, the absence of these factors can diminish job satisfaction considerably. Our findings suggest that among respondents with moderate levels of job satisfaction, variations in the impact of organizational climate and its components on hospital operation are evident. Task-oriented management, irrespective of human factors, and a lack of trust in the goodwill of supervisors and colleagues pose the greatest risk of diminishing employee satisfaction. In contemporary management practices, assessing employee job satisfaction is regarded as essential for gathering valuable managerial insights [15]. Healthcare organizations and managers should consider implementing effective interventions to improve nurses' job satisfaction and reduce turnover [20]. The results of our study highlight that nurse managers should focus on organizational and ethical strategies that will foster the intrinsic motivation of employees. Job satisfaction, viewed as a trait, represents an attitude that can serve as a precursor to subsequent employee behavior, with key outcomes including enthusiasm, loyalty, and alignment with both the work and the organization.

CONCLUSIONS

1. The majority of female respondents from five hospitals in Lublin province rated the level of job satisfaction they obtained as fairly high and high. However, every tenth respondent con-notes a decrease in the level of job satisfaction.
2. Nurses' job satisfaction partially determined by the level of remuneration and the general organizational climate in the hospital and especially its elements: the general image of the organization, employees' perception of the leadership style of superiors and various aspects of the work organization process, ways of structuring, division of tasks and the degree of control over their implementation.
3. The multidimensional perception of hospitals by their employees can enhance understanding of the reciprocal influence of mechanisms shaping staff job satisfaction, organizational climate, and the effectiveness of preventive interventions.



Limitations

Although our study has certain limitations necessitating caution in drawing overarching conclusions, it nonetheless contributes to the advancement of understanding regarding the factors influencing nurses' job satisfaction. Furthermore, it indicates avenues for further exploration into the interplay between classical dimensions of organizational climate and the modulation of job satisfaction.

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REFERENCES

1. Gorbaniuk J, Chuchra M. Znaczenie pracy zawodowej w życiu pielęgniarek – badania porównawcze. *Roczniki Teologiczne*. 2019; 66(1): 105-122.
2. Gawęda A, Śniezek A, Serzysko B. Satysfakcja z pracy w opinii badanych pielęgniarek. *Piel. Zdr. Publ.* 2018; 8(4): 269-276. doi:10.17219/pzp/91608
3. Kunecka D. Determinanty satysfakcji zawodowej kadry pielęgniarskiej w Polsce. *Zdrowie Publiczne i Zarządzanie*. 2016; 14(1): 26-31 doi:10.4467/208426270Z.16.004.5566
4. Pawlik J, Schneider-Matyka D, Jurczak A, et al. Ocena satysfakcji zawodowej pielęgniarek zatrudnionych w Polsce i w Norwegii. *Assessment of satisfaction of nurses working in Poland and Norway*. *Hygeia Public Health*. 2017; 52(3): 249-254.
5. Ozdoba P, Dziurka M, Pilewska-Kozak A, et al. Hospital Ethical Climate and Job Satisfaction among Nurses: A Scoping Review. *Int. J. Environ. Res. Public Health*. 2022; 19(8): 4554. Published 2022 Apr 10. doi:10.3390/ijerph19084554
6. Pecino V, Mañas MA, Díaz-Fúnez PA, et al. Organisational Climate, Role Stress, and Public Employees' Job Satisfaction. *Int. J. Environ Res. Public Health*. 2019; 16(10): 1792. Published 2019 May 21. doi:10.3390/ijerph16101792
7. Joseph ML, Kelly L, Hovda Davis MB, et al. Creating an Organizational Culture and Climate of Meaningful Recognition for Nurse Managers. *J. Nurs. Adm.* 2023; 53(7-8): 370-377. doi:10.1097/NNA.0000000000001302
8. Ulupinar S, Aydogan Y. New graduate nurses' satisfaction, adaptation and intention to leave in their first year: A descriptive study. *J. Nurs. Manag.* 2021; 29(6): 1830-1840. doi:10.1111/jonm.13296
9. Olsen E, Bjaalid G, Mikkelsen A. Work climate and the mediating role of workplace bullying related to job performance, job satisfaction, and work ability: A study among hospital nurses. *J. Adv. Nurs.* 2017; 73(11): 2709-2719. doi: 10.1111/jan.13337
10. Liyanagamage N, Fernando M, Gibbons B. The Emotional Machiavellian: Interactions Between Leaders and Employees. *J Bus Ethics*. Published online September 7, 2022. doi:10.1007/s10551-022-05233-8
11. Durniat K. Badanie klimatu organizacyjnego z wykorzystaniem zaadaptowanego kwestionariusza Rosenstiel i Boegela. *Przedsiębiorczość i Zarządzanie*. 2016; 18(3-2): 41-58.
12. Sein Myint NN, Kunaviktikul W, Akkadechanunt T, et al. Nurses' Qualitative Descriptions of the Organizational Climate of Hospitals. *J. Nurs. Scholarsh.* 2021; 53(4): 490-499. doi:10.1111/jnu.12645
13. Bourdeanu L, Skalski K, Shen Y, et al. Job satisfaction among oncology nurse practitioners. *J. Am. Assoc. Nurse Pract.* 2020; 33(2): 133-142. Published 2020 Aug 14. doi:10.1097/JXX.0000000000000291
14. Monroe C, Loresto F, Horton-Deutsch S, et al. The value of intentional self-care practices: The effects of mindfulness on improving job satisfaction, teamwork, and workplace environments. *Arch. Psychiatr. Nurs.* 2021; 35(2): 189-194. doi:10.1016/j.apnu.2020.10.003
15. Kalinowska P, Marcinowicz L, Dobrzycka B, et al. Job Satisfaction of Community Nurses During the Covid-19 Pandemic: A Qualitative Interview Study. *Piel. XXI wieku/Nursing in the 21st Century*. 2023; 22(3): 156-160. <https://doi.org/10.2478/pielxxiw-2023-0028>
16. Jakubowska KO, Wysockiński M, Fidecki W, et al. Life satisfaction of Lublin nurses. *J. Educ. Health Sport*. 2017; 7: 142-153.
17. Vidak M, Barać L, Tokalić R, et al. Interventions for Organizational Climate and Culture in Academia: A Scoping Review. *Sci. Eng. Ethics*. 2021; 27(2): 24. doi:10.1007/s11948-021-00298-6
18. Galanis P, Moisoglou I, Papatheanasiou IV, et al. Association between Organizational Support and Turnover Intention in Nurses: A Systematic Review and Meta-Analysis. *Healthcare (Basel)*. 2024; 12(3): 291. Published 2024 Jan 23. doi:10.3390/healthcare12030291
19. Bry A, Wigert H. Organizational climate and interpersonal interactions among registered nurses in a neonatal intensive care unit: A qualitative study. *J. Nurs. Manag.* 2022; 30(6): 2031-2038. doi:10.1111/jonm.13650
20. Niskala J, Kanste O, Tomietto M, et al. Interventions to improve nurses' job satisfaction: A systematic review and meta-analysis. *J. Adv. Nurs.* 2020; 76(7): 1498-1508. doi:10.1111/jan.14342.

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