

Job satisfaction vs. organizational climate: cross-sectional study in brazilian nursing professionals

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Abstract

Background

The organizational climate is one of the relevant constructs in the field of organizational behavior, being a construct investigated over the years. Considering the concerns that permeate the health of nursing workers and, believing that the organizational climate can interfere with job satisfaction, the present study seeks to relate the job satisfaction of the nursing team and the organizational climate in a University Hospital.

Methods

cross-sectional, quantitative study. EQUATOR checklist used to report the study is SQUIRE 2.0. The sample consisted of 226 nursing workers from a university hospital on the west side of the city of São Paulo, Brazil. A Socio-demographic and Professional Characterization Questionnaire, Organizational Climate Scale for Health Organizations (ECOOS), and Work Satisfaction Questionnaire (S20 / S23) were been applied.

Results

There is no correlation between Organizational Climate and Job Satisfaction and the higher the Organizational Climate score, the higher the Work Satisfaction score. The relationship between job satisfaction and organizational climate is complex and is associated with each individual's experience and the way they interpret these experiences.

Conclusion

There is a correlation between job satisfaction and organizational climate; it was verified through the applied instruments that several dimensions and sub-dimensions are associated with this relationship. Leadership was one of the most prominent dimensions. Implications for Health Policy: understanding the relationship between organizational climate and job satisfaction provides subsidies for the elaboration of strategies to mitigate the processes of exhaustion, illness, and incapacity of workers, as well as helping to improve the productivity and effectiveness of the nursing work process.

Background

The influence of work in the life of the human being is undeniable because, through it, he establishes his dignity, obtains sustenance, social status and promotes relationships¹. It is limited to work, depending on

the way in which it is organized, the enhancement of wear and/or strengthening factors in the health-disease process².

The work context experienced by nursing workers, characterized by inadequate resources, both in quantitative and qualitative aspects, in addition to technological incorporation, increased complexity of processes and demands for high productivity and goals, are elements that have caused aggravations to health of this group³.

On the other hand, it is also important to highlight that the work process carries with it positive elements, which are related to satisfaction and well-being, which must be investigated. Research on organizational climate has been carried out in order to understand how workers behave in organizations, how they feel about the climate and its influence on well-being⁴.

The concept of organizational climate is the values attributed by the individual with regard to the practices and behaviors experienced in companies. In case sense that the climate has described as the shared perception of workers in the work environment⁵. A positive organizational climate can lead to less stressed and exhausted workers. At the same time, a stressful work environment can lead to less job satisfaction and therefore negatively influence employee well-being^{6,7}.

The organizational climate portrays the perceptions of the set of individuals of a given organization about their work context. This involves the most diverse factors, such as relationship with peers and the boss, the tasks to perform, the benefits, working conditions, among others, which may be one of the vulnerability factors for the development of work stress conditions⁸. It is worth mentioning that this concept is broad and can be seen in different ways, which lead to inaccuracies and interpretations of divergent organizational culture⁹.

The organizational climate is one of the relevant constructs in the field of organizational behavior, being a construct investigated over the years. It is a theme related to the individual's perception of the work environment, constituting a regulatory and guiding tool for human behavior within organizations⁸. The organizational climate has also a theoretical scope of the construct and the ability to analyze characteristics such as interpersonal relationships, leadership, recognition, reward, among others, based on the perceptions of the organization's workers, which implies the perception of job satisfaction⁹.

The situations perceived by the nursing team brought to light the determinant of job satisfaction as a source of influence on well-being and safety in clinical practice, as well as changes in the context of the climate and the team's commitment to carrying out its activities¹⁰.

Considering the concerns that permeate the health of nursing workers and, believing that the organizational climate can interfere with job satisfaction, the present study seeks to relating the job satisfaction of the nursing team and the organizational climate in a University Hospital.

Methods

Design

This is a cross-sectional field study with a quantitative approach. EQUATOR checklist used to report the study is SQUIRE 2.0.

Sample and settings

The research was carried out at the University Hospital of the University of São Paulo, located in the west of the city of Sao Paulo, in the state of Sao Paulo. The sample consists of 226 workers on the nursing team. The inclusion criteria were to be train in nursing, either at the level of higher or secondary education. Exclusion criteria were professionals who were on leave due to sick leave, pregnancy or vacations.

Dependent variable

The organizational climate and job satisfaction constructs have been considered respecting the global scores.

Independent variables

It will be considered the demographic characteristics (age, sex, marital status, number of people with whom you live, family income, education, professional training, leisure activities and care for dependents at home) and functional characteristics (personal income, workplace, position, length of professional experience, average number of weekly hours of work and other employment relationships).

Data collection

Data was collected in 2019. The Free and Informed Consent Form, as well as the questionnaires were been delivered personally to each study participant by the researchers. For the collection, the delivery date was been scheduled according to the availability of the workers and the researcher. Furthermore, it has been established that for situations of negligent participants with the delivery deadlines of the instruments, up to three new dates for the return were proposed without fail. Otherwise, it was been interpreted as data loss due to the participant's withdrawal. Three instruments were been used: Socio-demographic and Professional Characterization Questionnaire, Organizational Climate Scale for Health Organizations (ECOOS) and Work Satisfaction Questionnaire (S20 / S23).

ECOOS was developed and validated by Menezes et al. (2009) and consists of 64 items, assessed on a 5-point scale ranging from "Strongly disagree" (1) to "Strongly agree" (5). It consists of seven dimensions: Leadership, Professional development, Relationship and team spirit, Relationship with the community, Safety at Work, Strategy and Compensation. To check job satisfaction, it was used the Job Satisfaction Questionnaire (S20/S23), prepared by Meliá and Peiró, Brazilian version of Carlotto and Câmara¹¹ with

20 items, evaluated on a 5-point scale ranging from “Totally dissatisfied”(1) to “Totally satisfied ”(5). It consists of three dimensions: Satisfaction with Hierarchical Relations, Satisfaction with the Physical Work Environment and Intrinsic Satisfaction at Work.

Ethical considerations

This research project has approved by the Research Ethics Committee of the School of Nursing at the University of Sao Paulo, under opinion 912.483 of 11/17/2014 and formal authorization from the service that hosted the collection. The informed consent obtained from study participants was written, in accordance with the IRB rules.

Data analysis

Double data entry has done in a Microsoft Excel spreadsheet. Then, the files were exported to the STATA software version 14 to check the validity, consistency, correction and recoding of the data, with subsequent statistical analysis. Epi Info software version 3.5.4 from the Centers for Disease Control and Prevention has used to analyze the losses.

The reliability analysis of the questionnaires used was been carried out using Cronbach's alpha coefficient.

The characterization of the study population was been carried out through descriptive analysis using means, standard deviations, minimum and maximum values of the scores of the quantitative variables and proportions for the qualitative variables. As for the analysis of the associations between job satisfaction and organizational climate and job satisfaction, a bivariate analysis of the factors associated with job satisfaction was been performed with the Shapiro-Wilk test to verify the adherence of the Job Satisfaction score to the normal distribution, determining the types of statistical tests to be used.

The correlations between quantitative variables and the Job Satisfaction score were been analyzed using Pearson's correlation coefficient for variables with normal distribution and Spearman's correlation coefficient for nonparametric variables. To compare the means of the Job Satisfaction score according to the categories of qualitative variables, the homogeneity of variances was been initially assessed using the Barlett test. Since the variables presented constant variance, the ANOVA test used. With a statistically significant difference between the means, the Bonferroni post hoc test was been performed for multiple comparisons.

The regression analysis between Job Satisfaction and Organizational Climate was also been performed. Then, the remaining variables that presented $p < 0.20$ in the bivariate analysis were inserted in the modeling. The “p” value determined the order of entry into the multiple model. The modeling process was stepwise forward. The independent variable remained in the multiple model if $p < 0.05$ and / or if it was an adjustment variable. Qualitative variables were been transformed into indicator variables (Dummy). In all analyzes performed, the significance level of 5% was used.

Results

The sample consisted of 226 professionals from the nursing team, 88.5% (n = 200) of whom were female; age range between 50 and 59 years 36.3% (n = 82); as for professional training 54.4% (n = 123) were nursing technicians; 36.3% (n = 82) had 21 years or more of experience in the studied hospital, as can be seen in Table 1.

There was a statistically significant correlation between Organizational Climate and Job Satisfaction, the higher the Organizational Climate score, the higher the Job Satisfaction score ($p < 0.001$, $r = 0.424$). The confirmatory analysis of the dimensions of each of the variables used was been performed using the structural equation model to test the relationships between the variables. The confirmatory analysis of Cronbach's alpha for the climate was 0.95. The global score (considering all the questions in the questionnaire) presented a Cronbach's alpha coefficient of 0.95. The exclusion of any question would not lead to an improvement in the results of the dimensions or the global score.

The Job Satisfaction variable, Cronbach's alpha, was 0.85, except for the remuneration dimension, which obtained a result of 0.79. The global score (considering all questions in the questionnaire) presented a Cronbach's alpha coefficient of 0.97. The exclusion of any question would not lead to an improvement in the results of the dimensions or the global score.

The global score for Job Satisfaction had an average of 3.22 points (SD = 0.89 points) and a median of 3.30 points, ranging from 1.20 to 5.00 points. As for the dimensions, the highest level of satisfaction was in Intrinsic Job Satisfaction (average of 3.30 points; SD = 1.03 points) and the lowest level was in the Physical Work Environment (average of 3.13 points; SD = 1.08 points). The average of Hierarchical Relations was 3.25 points (SD = 1.02 points).

The Shapiro-Wilk test demonstrated that the Job Satisfaction score had a normal distribution ($p > 0.05$) and the other quantitative variables showed a non-parametric distribution ($p \geq 0.05$). Among the correlations carried out, it was found that only age showed a statistically significant association with Job Satisfaction, and the higher the age, the higher the level of satisfaction ($p = 0.029$, $r = 0.0146$).

The Table 2 presents dimensions of job satisfaction with emphasis on dimension 3 - Intrinsic Job Satisfaction and with higher scores on the opportunities that work offers to do things that you enjoy and work as a conduit for achievement, both with 3.37 points.

The correlation of functional characteristics with Job Satisfaction, only the job sector was associated with Job Satisfaction ($p = 0.001$), with the highest levels of satisfaction occurring in the sectors classified as "Outpatients" (average of 4.60 points). Clinical nursing showed the highest level of satisfaction (average of 3.55 points, SD = 0.87) and pediatric nursing brought the lowest level of satisfaction (average of 2.88 points, SD = 0.82). The interpretation of the model was the following: for each point that increased the Organizational Climate score, there was an increase of 0.486 points in the Work Satisfaction score, regardless of the other variables in the model. For the clinical nursing work area, there

was an increase of 0.312 points in the Work Satisfaction score when compared to the other work areas. See table 3.

Regarding the dimensions of Organizational Climate, the results obtained through ECOOS showed that the global score for Organizational Climate had an average of 3.49 points (SD = 0.71 points) and a median of 3.53 points, ranging from 1.63 to 5.00 points. As for dimensions, the highest scores were in Leadership (average of 3.81 points; SD = 0.99 points), Relationship and Team Spirit (average of 3.73 points; SD = 1.00 points) and Safety at Work (average of 3.64 points; SD = 0.99 points). The lowest score was in the Strategy (average of 2.83 points; SD = 0.98 points). Remuneration averaged 3.55 points (SD = 0.96 points), Relationship with the Community averaged 3.41 points; SD = 0.85 points), and Professional Development should average 3.15 points (SD = 1.00 points).

The highlight for dimension 1 - Leadership, especially the items: my boss knows the technical aspects of his work well (4.55 points), communication with my boss is easy and open (4.20 points), I trust in the decisions made by my boss (4.02 points) and my boss accepts suggestions for improving the work (4.02 points). An important highlight for the items with the worst scores were there is equal treatment between managers and subordinates (3.27 points) and I participate in the decisions that affect my work (3.35 points).

The dimension of Hierarchical Relations pointed out weaknesses in equal treatment and a sense of justice with a low possibility of participating in decisions in the work area (both with an average of 3.12). Besides, low satisfaction with the support received from higher levels (average of 3.22), associated with low participation in decisions in the organization or in its work area (average 3.16).

Discussion

The average age coincides with the national scenario. It is worth noting that the study site has a percentage of workers over the age of 49 to 59.9 years. This has been occurring in the Brazilian scenario, since there is a need to maintain income, forcing the professional to continue working even after retirement. The reasons for this phenomenon are multifactorial, including criteria of a personal, cultural and economic nature¹².

When observing the global score for Job Satisfaction (average of 3.22 points), it can be said that workers are satisfied with their work, an assessment strengthened by Intrinsic Job Satisfaction (average of 3.30; SD = 1.03), with work being a great provider of Personal Achievement (average of 3.37) because workers have the possibility to do things they like (average of 3.37).

In the same sense, promoting the satisfaction of Hierarchical Relations (average 3.25 points; SD = 1.02 points) also stood out. An average of 3.51 points was identified in the Work Supervision carried out by workers, in this hospital it is possible to maintain a good personal relationship with the authorities of power (average of 3.43), exercising a periodicity of supervision also with a high average (4.42 points).

Sustained by the way in which they evaluate and judge the work of workers (average 3.38), which makes it possible to decide with autonomy on their own work (average 3.37).

This data is extremely relevant in the study, as it shows that the nursing team is satisfied with the supervision and with the good personal relationship established with the authorities. This is a positive response for leaders because it points out which paths they should continue to take in order to guarantee this satisfaction and even increase it¹³.

The nursing exercise focuses on the interpersonal relationship of the nursing team, including the multidisciplinary team and the family. The patient whose values, beliefs and desires of an individual or collective nature were derived from the environment in which they live and have developed, therefore, must be considered to guarantee a positive organizational climate and consequently the satisfaction of professionals at work¹⁴.

When the organizational climate is positive, the tendency is for the satisfaction of personal and the professional has to be achieved. This has been represented by the relationships of satisfaction, collaboration, interest, motivations, among others that are evidenced by the workers. If the perception of the climate is negative, the environment becomes overloaded, tense, with the risk of frustrations of employees regarding their own needs, causing discontent and leading to disinterest, non-conformity, apathy and even diseases, such as the Burnout Syndrome.

In the Hierarchical Relations dimension, the items with the highest level of satisfaction were supervision with the work they do, personal relationships with the authorities, the periodicity of supervision, the way they evaluate and judge their work and the possibility of autonomously deciding on their own work. In this hospital, it is possible to maintain a good personal relationship with the authorities, exercising a periodicity of supervision sustained by the form in which they evaluate and judge the work of the workers, which makes it possible to decide with autonomy on their own work.

The Hierarchical Relationships also pointed out the lack of collaborators to participate in decisions in the work area. In addition to the insufficient support of the higher levels. In this aspect, it is possible to identify a similarity regarding the restrictions of power and autonomy, being these factors impeding the manifestation of a good relationship with colleagues, showing that dissatisfaction is more associated with the organizational culture itself, with greater or lesser participation. When investigating job satisfaction, identified "regular" satisfaction with Management Bodies, with lower rates for "management recognition" and "communication"^{15,16}.

Study Limitations

Among the limitations of this study, we can mention the fact that it is a single hospital, being a specific sample and limited to civil servants in a Brazilian context. Thus, the results cannot be generalized to other types of organization. The fact that the study has a cross-sectional design prevented us from drawing

conclusions about the temporal order of effects and causal relationships. To avoid such limitations, we suggest to the others the use of longitudinal methodologies within a multi-method approach.

A point to consider is that the assessment was been made with a focus on job satisfaction versus the organizational climate, not examining the quality of life that can intimately influence job satisfaction. It is interesting for future work to consider the multilevel relationships between attitudes, behaviors and aggregate performance at the team level.

Conclusion

The objective of this work was to investigate the association between job satisfaction and organizational climate of the nursing team workers in the context of a public hospital in Brazil. It was proved that there is a correlation between the Organizational Climate and Job Satisfaction, the higher the Organizational Climate score, the higher the Work Satisfaction score ($p < 0.001$, $r = 0.424$). The organizational climate is something subjective. However, it represents the social atmosphere of an organization. This fact justifies the reason why it is fundamental to consider for achieving employee satisfaction at work.

The organizational climate is the expression of the feelings, perceptions and attitudes of the individual at work, which has influenced by human resource management practices, organizational values and interpersonal relationships in addition to policies that seek to establish goals and return for achieving them. Besides the internal contexts of health institutions, the worker as a complex being brings with him individual needs that, directly or indirectly, change his perception of satisfaction in the universe of work.

In the findings of this study, the highest level of job satisfaction has found in the Intrinsic Job Satisfaction dimension, which is been described as a feeling that work is conducive to personal fulfillment, as well as offering opportunities to do things in which the individual stands out and likes. The lowest level was the Physical Work Environment and this dimension has related to the physical structure, lighting, ventilation of the workplace as well as hygiene and health issues; this is justified by the sample being a university hospital (public). In Brazil, health resources are increasingly scarce. Consequently, the investment in infrastructure ends up been compromised. The proper maintenance of the infrastructure was been linked to the way in which the organizational structure and other administrative issues are handled in the institution where, sometimes, they are not simple practices.

Thus, it is possible to understand that the construct job satisfaction is an instant result of a complex context, in which the worker has inserted in his workplace. Being associated issues of the experiences of each of the individuals, including also the collective experiences, as well as the way these experiences were been interpreted by each of the members and by the institutions involved.

Implications For Health Policy

Understanding the relationship between organizational climate and job satisfaction provides subsidies for the elaboration of strategies to mitigate the processes of exhaustion, illness and incapacity of

workers, as well as helping to improve the productivity and effectiveness of the nursing work process. It is also need to realize the correlated dimensions as fragile in order to maintain a positive organizational climate makes it possible to make a thorough analysis of the attitudes of nursing professionals on these aspects and seek to improve items that can affect the organizational climate and compromise job satisfaction.

The results suggest that the areas with the potential to initiate improvement strategies in search of job satisfaction are Satisfaction with Hierarchical Relations, Intrinsic Job Satisfaction, Leadership and Professional Development. Therefore, it is suggested for policy makers and administrators to emphasize policies that develop the leadership of professionals whose position positions themselves as managers, directors, coordinators, supervisors and that they improve their professional development techniques of the nursing team as a whole in search for full satisfaction of workers in the organization.

Abbreviations

Organizational Climate Scale for Health Organizations (ECOOS)

Work Satisfaction Questionnaire (S20 / S23)

Standard Deviation (SD)

Declarations

Ethics and consent to participate: This research project has approved by the Research Ethics Committee of the School of Nursing at the University of Sao Paulo, under opinion 912.483 of 11/17/2014 and formal authorization from the service that hosted the collection. The informed consent obtained from study participants was written, in accordance with the IRB rules.

Consent for publication: 'Not applicable' for that section.

Availability of data and material: Our datasets are available upon reasonable request. The correspondence author should be contacted if someone wants to request the data. This work is part of data from the master's thesis entitled Organizational Climate and Job Satisfaction in Nursing workers at a university hospital, related to the Graduate Program in Nursing Management (PPGEn), University of São Paulo School of Nursing.

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Authors' contributions: RY, PCPB designed the study.

RY, VA collected the data.

RY, PCPB, CDAR analyzed the data.

PCPB supervised the study.

RY, VA, CDAR, PCPB involved in manuscript writing.

CDAR, PCPB involved in critical revisions for important intellectual content.

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Tables

Table 1. Socio-demographic distribution of workers on the nursing team, Brazil, 2019.

| Variable | Participation* | | Losses | | Total | | p ** |
|---|----------------|------|--------|------|-------|------|--------|
| | N | % | N | % | N | % | |
| Sexo | | | | | | | |
| Female | 200 | 88.5 | 245 | 87.5 | 445 | 87.9 | 0.732 |
| Male | 26 | 11.5 | 35 | 12.5 | 61 | 12.1 | |
| Age group (years) | | | | | | | |
| Less than 40.0 | 62 | 27.4 | 41 | 14.6 | 103 | 20.4 | 0.002 |
| 40.0 to 49.9 | 64 | 28.3 | 98 | 35.0 | 162 | 32.0 | |
| 50.0 to 59.9 | 82 | 36.3 | 105 | 37.5 | 187 | 37.0 | |
| 60.0 and more | 18 | 8.0 | 35 | 12.5 | 53 | 10.5 | |
| Uninformed | 0 | 0.0 | 1 | 0.4 | 1 | 0.2 | |
| Professional qualification | | | | | | | |
| Nursing assistant | 16 | 7.1 | 43 | 15.4 | 59 | 11.7 | 0.015 |
| Nursing Technician | 123 | 54.4 | 149 | 53.2 | 272 | 53.8 | |
| Nurse | 85 | 37.6 | 90 | 32.1 | 175 | 34.6 | |
| Uninformed | 2 | 0.9 | -2 | -0.7 | 0 | 0.0 | |
| Length of experience at the Hospital (years) | | | | | | | |
| Less than 11.0 | 58 | 25.7 | 34 | 12.1 | 92 | 18.2 | <0,001 |
| 11.0 to 20.9 | 79 | 35.0 | 102 | 36.4 | 181 | 35.8 | |
| 21.0 and more | 82 | 36.3 | 151 | 53.9 | 233 | 46.0 | |
| Uninformed | 7 | 3.1 | -7 | -2.5 | 0 | 0.0 | |
| Workspace | | | | | | | |
| Clinical Nursing | 40 | 17.7 | 60 | 21.4 | 100 | 19.8 | 0,002 |
| Surgical Nursing | 52 | 23.0 | 44 | 15.7 | 96 | 19.0 | |
| Obstetric Nursing | 31 | 13.7 | 67 | 23.9 | 98 | 19.4 | |
| Pediatric Nursing | 50 | 22.1 | 44 | 15.7 | 94 | 18.6 | |
| Outpatients | 36 | 15.9 | 66 | 23.6 | 102 | 20.2 | |
| Management | 4 | 1.8 | 12 | 4.3 | 16 | 3.2 | |

| | | | | | | |
|--------------|------------|--------------|------------|--------------|------------|--------------|
| Uninformed | 13 | 5.8 | -13 | -4.6 | 0 | 0.0 |
| Total | 226 | 100.0 | 280 | 100.0 | 506 | 100.0 |

Note: uninformed and negative values are due to inconsistencies in the databases and were not considered in the calculations of the chi-square test

Source: own study

Table 2. Descriptive statistics of the dimensions * of job satisfaction, nursing workers, Brazil, 2019.

| Dimension | N | Average | Median | Standard deviation | Minimum | Maxim |
|--|----------|----------------|---------------|---------------------------|----------------|--------------|
| 1. Satisfaction with Hierarchical Relations | 235 | 3.5 | 3.27 | 1.02 | 1.00 | 5.00 |
| 2. Satisfaction with the Physical Work Environment | 235 | 3.13 | 3.20 | 1.08 | 1.00 | 5.00 |
| 3. Intrinsic Job Satisfaction | 232 | 3.30 | 3.50 | 1.03 | 1.00 | 5.00 |
| Global Job Satisfaction Score | 227 | 3.22 | 3.30 | 0.89 | 1.20 | 5.00 |

* Scores ranging from 1.00 to 5.00 points

Source: own study

Table 3. Factors associated with the Job Satisfaction score identified through linear regression analysis, Nursing workers, Brazil, 2019.

| Variables | Bivariate | | | | Multiple | | | |
|--|-----------|-------------------------------|--------|----------------|----------|-------------------------------|--------|-----------------|
| | β | IC _{95%} (β) | p | r ² | β | IC _{95%} (β) | p | r ^{2a} |
| Organizational climate | 0.525 | [0.340; 0.697] | <0.001 | 0.18 | 0.486 | [0.326; 0.646] | <0.001 | 0.21 |
| Age (in years) | 0.011 | [-0.001; 0.023] | 0.061 | 0.02 | -- | -- | -- | -- |
| Workspace * | | | | 0.06 | | | | |
| Clinical Nursing | 0.320 | [0.020; 0.620] | 0.037 | | 0.312 | [0.018; 0.606] | 0.038 | |
| Pediatric Nursing | -0.347 | [-0.637; -0.057] | 0.019 | | -0.308 | [-0.595; -0.020] | 0.036 | |
| Time of training in the profession (in years) | 0.008 | [0.005; 0.020] | 0.224 | 0.01 | -- | -- | -- | |
| Liability for people who are dependent on care: not informed or not informed | 0.262 | [-0.012; 0.536] | 0.061 | 0.02 | -- | -- | -- | |
| Male ** | -0.180 | [-0.564; 0.204] | 0.357 | 0.00 | -0.180 | [-0.549; 0.190] | 0.340 | |

* Reference category: other work areas

** Reference category: female

Source: own study