

# Job satisfaction among family nurses in Poland: A questionnaire-based study.

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## Research article

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## **Abstract**

**Background:** A family nurse, next to a family doctor and midwife, plays a crucial role in the primary health care system, and a patient has the right to choose them; they are the first medical professional the patient meets when there is any problem. The present study aimed to define the level of job satisfaction among Polish family nurses and to establish its standards. Attempts were made to assess whether job satisfaction depends on the job location, form of employment, family structure, or financial situation.

**Method:** A cross-sectional study was conducted among Polish family nurses who were professionally active in 2018. As the first step, the questionnaires were sent to all (45) County Chambers of Nurses and Midwives in Poland. The data were collected and analyzed using a standardized questionnaire "The Satisfaction With Job Scale" by A.M. Zalewska and our survey questionnaire.

**Results:** Of 220 family nurses surveyed, 219 (99.5%) were females and one (0.5%) was male. The mean age of the study participants was 50.13 years, with a standard deviation of 8.36. The majority of nurses had secondary education (37.6%), with a qualification course (96.2%), without specialization (61%), with a nursing job seniority of 30–39 years (44.6%), and residing in a medium-sized city (43.7%). In the study group, the mean score of job satisfaction was 22.23 (on a scale of 35), and median (Me) score was 23.

**Conclusion:** The results of the study revealed that Polish family nurses are moderately satisfied with their job. A higher level of job satisfaction was reported among family nurses with longer job seniority, who are working in the country, are owners or co-owners of a primary health care unit, live in a complete family, are single, and who declared that they could afford what they wanted to buy and possessed savings. Moreover, the level of job satisfaction was highest among the nurses who recommended other nurses to work in a primary health care unit, participated in scientific conferences, and subscribed to nursing care journals. **Key words:** family nurses, job satisfaction, nursing in Poland

## **Background**

Job satisfaction is defined as "an emotional reaction of pleasure or resentment that an employee derives from fulfilling given tasks, functions, and roles" [1]. It is also understood as "a pleasant or positive emotional state resulting from the assessment of our own work or the experience associated with work" [2]. Job satisfaction consists of two components: cognitive (what people think about their work, to what extent they recognize their work/job as beneficial or unfavorable) and emotional (what people feel toward their work or what emotions they experience at work, their comfort at work or feelings experienced toward work) [3].

Currently, the concern about nurses' job satisfaction is growing worldwide because of their key role in providing the quality of patient care. An increase in nurses' job satisfaction may improve how patients perceive the quality of their care as well as ensure nurses' appropriate employment. Predictors of job

satisfaction contribute more to a comprehensive understanding of a complex phenomenon of job satisfaction, which may help to develop efficient strategies to cope with shortages in nurses' employment and improve the quality of patient care [4].

In Poland, women work mainly as nurses (97.7%), and their mean age is 52.03 years. As of the end of 2018, the total number of registered nurses was 333,796 and that of those employed was 233,012 [5]. The age range of nurses indicates a growing problem of generation replacement. In 2016, the rate of employed nurses in 1000 inhabitants was 6.25. According to forecasts, in 2020, the rate will decrease to 5.67, and in 2025, there will be only 4.87 nurses/1000 inhabitants [6].

A family nurse, next to a family doctor and a family midwife, plays a crucial role in the primary health care system, and a patient has the right to choose them; they are the first medical professionals the patients meet. A family nurse plans and performs nursing care of patients and their families with regard to health promotion; prophylaxis of diseases; and nursing, diagnostic, therapeutic, and rehabilitative benefits [7]. The regulation of the Ministry of Health describes the detailed scope of a family nurse's tasks such as, among others, advising patients on a healthy lifestyle; organizing support groups; assessing and monitoring pain; dressing wounds, bedsores, and burns; prescribing medications containing active substances and foods of special medical purposes, including issuing prescriptions [8].

An integrative review of papers on job satisfaction and career intentions of registered nurses in primary health care revealed a negative effect of poor remuneration on job satisfaction. Other factors associated negatively with job satisfaction include time pressure, high administrative workloads, a lack of recognition, and poor role clarity. However, a professional role, respect, recognition, relationships at work, and autonomy positively affect job satisfaction [9].

**The present study** aimed to define the level of job satisfaction among Polish family nurses and to establish its standard. Attempts were made to assess whether job satisfaction depends on seniority of this profession, location of a workplace, form of employment, family structure, and financial situation.

## Methods

### Study design

A cross-sectional study was conducted among Polish family nurses practicing their profession in 2018. The study questionnaires were sent to all (45) County Chambers of Nurses and Midwives in Poland. Five questionnaires were sent to each County Chamber of Nurses and Midwives, and they were requested to pass them along to a minimum of five family nurses who wish to respond to the questionnaire. To

increase the return rate of questionnaires, the researcher (co-author of the study) contacted each chamber by phone and requested for completing and returning the questionnaires. Questionnaires were sent to a total of 225 participants, and only 220 questionnaires completed correctly were returned (97.8%).

Consent for conducting the study nr: R-I-002/413/2017 was obtained from Bioethical Commission.

## **Characteristic of research tools**

The data were collected using a standardized questionnaire “The Satisfaction With Job Scale” by A.M. Zalewska [10] and our survey questionnaire.

### ***“The Satisfaction With Job Scale”***

“The Satisfaction With Job Scale” is an accurate and reliable research tool, which enables to measure a cognitive aspect of overall job satisfaction. It contains five questions with possible answers on the scale from 1 to 7: 1—strongly disagree, 2—disagree, 3—rather disagree, 4—it is difficult to say whether I agree or disagree, 5—rather agree, 6—agree, 7—strongly agree; the higher the score, the higher is the level of job satisfaction [10].

### ***The author’s survey questionnaire***

The author’s survey questionnaire consists of 30 questions (27 closed-ended questions and 3 open-ended questions).

Closed-ended questions refer to the demographic data such as sex, age, education, and the place of residence, as well as the family, financial, and professional situation of family nurses. In the open-ended questions, respondents were asked to indicate causes of satisfaction and dissatisfaction with job and to report additional comments, if any.

## **Data analysis**

The collected data were encoded and analyzed using the Statistica 13.1 version software package (StatSoft) [11]. The data were expressed as mean and standard deviation (SD) and as numbers. The normality of distribution was determined by the Shapiro-Wilk test, the Mann-Whitney U test, ANOVA, and

the Kruskal-Wallis test. The post-hoc test of multiple comparisons with mean ranks was used in the statistical analysis. Results with a  $p$  value of  $<0.05$  were considered as statistically significant.

## Results

### Characteristics of respondents

Of the 220 family nurses surveyed, 219 (99.5%) were females and one (0.5%) was male. The average age was 50.13 years, with an SD of 8.36. The majority of nurses had secondary education (37.6%), with a qualification course (96.2%), without specialization (61%), with a nursing job seniority of 30–39 years (44.6%), and residing in a medium-sized city (43.7%).

### Job satisfaction based on Satisfaction With Job Scale

In the study group, the mean score of job satisfaction was 22.23 (on a scale of 35) and the median (Me) score was 23; the lower quartile (Q1) score was 18, while the upper quartile (Q3) score was 26.

### Job satisfaction and seniority in the nurse's profession

A statistically significant difference of  $p = 0.039$  was found between the level of job satisfaction and the seniority in the nurse's profession. The Me of the job satisfaction level for the respondents of up to 19 year seniority was 21; for those with seniority of 20–29 years, it was 22; for those with seniority of 30–39 years in the job, it was 24; and for the professionals with seniority above 40 years, it was 22. From the results, it can be noted that nurses with seniority of 30–39 years (score = 24) were the most satisfied, while nurses of seniority of up to 19 years (score = 21) were the least satisfied.  $p = 0.032$  was considered statistically significant (Figure 1).

### Job satisfaction and the workplace

The statistical significance between job satisfaction and the workplace of respondents was found at the level of  $p < 0.003$ . The Me of job satisfaction among nurses working in the country, small town, medium-sized city, and big city was 25, 24, 21, and 23. A statistically significant difference of  $p = 0.010$  in job satisfaction was found between the nurses working in the country and those in a medium-sized city, as well as between the nurses working in a small town and those in a medium-sized city ( $p = 0.047$ ). Professionals with the highest level of job satisfaction were working in the country, whereas the lowest level of job satisfaction was reported by those working in medium-sized cities (Figure 2).

## **Job satisfaction and a form of employment**

A statistically significant difference was found between the level of job satisfaction and the form of nurses' employment ( $p = 0.001$ ). The level of job satisfaction was statistically significantly higher in nurses who are owners or co-owners of a primary health care unit than in those employed on a full-time contract ( $p = 0.001$ ) and those employed on half-time contract or on other types of contract ( $p = 0.045$ ).

The Me of job satisfaction for owners and co-owners of a primary health care unit was 25, while that for the nurses employed on a full-time contract ( $p = 0.001$ ) and those employed on half-time contract or on other types of a contract was 22 (Figure 3).

## **Job satisfaction and family structure**

A statistically significant difference of  $p = 0.007$  was established between the level of job satisfaction and the structure of a family declared by the respondents. The Me of the job satisfaction level was 23 for singles, 17 for those single parent professionals, and 23 for the nurses living in a complete family. Thus, the level of job satisfaction was highest among nurses living in a complete family and who are single. The test of multiple comparisons using mean ranks from the Kruskal-Wallis test was performed for the groups that differed statistically significantly: "single" versus "single parent" ( $p = 0.022$ ) as well as "single parent" versus "complete family" ( $p = 0.005$ ) (Figure 4).

## **Job satisfaction level and the status and financial situation of the study participants**

Most respondents declared their financial status as very good or good, and the Me of the job satisfaction level was 29, whereas professionals declaring their financial status as average and bad had a lower level of job satisfaction (Me = 21).  $p < 0.001$  was considered statistically significant. A significantly higher level of job satisfaction was found among the professionals who declared that they could afford what they wanted to buy and possessed savings (Me = 29) when compared with those who could afford only to buy necessities (Me = 22;  $p < 0.001$ ) (Table 2).

## **Level of job satisfaction with regard to participation in scientific conferences and subscription of nursing care journals**

A total of 29.1% of respondents declared their participation in a scientific conference on nursing and health care during the last 2 years. These respondents had a significantly higher level of job satisfaction than those who did not participate in any scientific conferences on nursing and health care ( $p = 0.032$ ). Their Me of the job satisfaction level was 24 and 22, respectively.

A total of 28.2% of respondents declared having subscribed to nursing care journals ( $p = 0.016$ ). The respondents subscribing to nursing care-related journals had a higher level of job satisfaction than those not subscribing to any nursing care journals. Their Me was 24 and 22, respectively (Table 3).

### **Level of satisfaction and recommendation to work in a primary health care unit to other nurses**

A statistically significant difference was established between the level of job satisfaction and the declaration of recommending work in a primary health care unit to other nurses ( $p < 0.001$ ). The Me of the job satisfaction level for the answer "strongly yes" was 27, while that for the answer "rather yes" was 23, for the answer "difficult to say" was 22.5, and for the answer "rather not" was 15. None of the respondents chose the option "strongly no." The highest job satisfaction level was reported by the nurses who strongly recommended to work in primary health care units to other nurses, while the lowest reported by those who rather did not recommend to work in primary health care units (Figure 5).

### **Causes of job satisfaction and dissatisfaction**

The respondents' answers to a closed-ended question on a 5-degree scale whether you are satisfied with work as a family nurse were as follows: very satisfied (23.9%), rather satisfied (60.6%), neither satisfied nor dissatisfied (11.3%), rather dissatisfied (3.3%), very dissatisfied (0.9%).

Additionally, the surveyed participants were asked two open-ended questions: "What makes you satisfied with a job of a family nurse?" and "What makes you dissatisfied with a job of a family nurse?"

The total number of answers received for open-ended questions referring to the causes of job satisfaction was 252, while that for the questions about the causes of dissatisfaction was 140 (Table 4).

Statements referring to job satisfaction were as follows: "frequent contact with little children, satisfaction with helping the elderly, and patient's gratitude," "greater independence, care of a patient and a family, and community awareness," "contact with people, and independent organization of work," "work conditions and atmosphere at work, possibility of additional trainings, and no monotony," "continuity of a patient's care by one person—a nurse, and "no night shifts."

Statements referring to job dissatisfaction were as follows: "financial status and frequent patients' demands," "low salary and much bureaucracy," "overload with administrative work," "abundance of medical documentation and risk and stress connected with making decisions about threats to a patient's health status," "some patients claims about staff shortages in relation to the number of patients and their needs, and frequent changes in nursing job regulations and difficulties in their understanding."

## Discussion

In our study, a statistically significant difference was found between the level of job satisfaction and the seniority in the nurse profession ( $p = 0.039$ ), location of the respondents' workplace ( $p = 0.003$ ), the form of employment ( $p = 0.001$ ), the family structure ( $p = 0.007$ ), the financial status and situation ( $p < 0.001$ ), participation in scientific conferences ( $p = 0.032$ ), and subscription to nursing journals ( $p = 0.016$ ).

A Polish study conducted among 189 nurses reported that the level of job satisfaction increases together with the respondents' age [12]. The results of our study are in good agreement with the reports in the literature that older nurses are more satisfied with the job than younger ones. The study by Lorber and Savič analyzed the level of job satisfaction among nurses in the Slovenian hospitals and the factors affecting job satisfaction in nursing. They showed the correlation between the seniority and the level of job satisfaction [13]. Our study also showed the level of job satisfaction changes with the seniority. The respondents with shorter seniority were less satisfied with their job, whereas the assessment became more positive as the seniority increased, peaking at the seniority of 30–39 years in this profession. Next, the level of job satisfaction decreased in nurses working for more than 40 years. This may be associated with nurses' burnout syndrome.

In other studies, no statistically significant relationships were found between the place of residence and the moderate level of job satisfaction [14]. In our study, nurses working in the country reached the highest level of job satisfaction, while those working in medium-sized cities reached the lowest level of job satisfaction.

Family nurses in Poland can also work in various organizational and legal forms. The most common form is contracting nursing services by a doctor who hires a nurse. Another form, used more rarely, is founding health care units by nurses and signing up the contract with the National Health Fund. Interestingly, in our study, the level of job satisfaction was markedly higher among the nurses who were the owners or co-owners of a health care unit than among those who were employed. Greater professional independence contributes to satisfaction with a job, which was confirmed by the results reported in the literature [15].

Furthermore, in our study, a statistically significant difference was found between the level of job satisfaction and the family structure declared by the respondents. The highest level of job satisfaction was reported among the nurses living in a complete family and as singles compared to those who were single parents. In a previous study conducted among retired nurses, it was shown that marital status influenced significantly the level of job satisfaction. The nurses being in a relationship were more satisfied with a job than those being single [16].

Our study also showed the relationship between the level of job satisfaction and the difficult financial situation of nurses working in Poland [17,18] as well as in other countries [19]. Our studies confirmed that the nurses declaring the average or poor financial status had a lower level of job satisfaction.

Additionally, the respondents declaring that they could afford to buy everything that they wanted and had savings had a higher level of job satisfaction than those who could only afford to buy necessary articles. The results of this study showed that the nurses declaring their participation in scientific conferences and subscription to nursing journals had a markedly higher level of job satisfaction than those not participating in scientific conferences and not subscribing to nursing care journals. In Łagun's study, job satisfaction had a significant relationship with the assessment of chances of achieving a goal, which is to take up training as well as the assessment of the training value. The employees who were satisfied with their job assessed positively the goal, which included undertaking training and developmental activities [20].

Recommending the work to other nurses had a significant relationship with the level of job satisfaction. The nurses characterized by a high level of job satisfaction more frequently recommended the work to other nurses. Numerous studies confirmed that factors affecting job satisfaction were higher salary, greater professional autonomy, wider possibilities of upgrading qualifications, and improving work conditions [21–23]. Similarly, in our study, a statistically significant difference was established between the level of job satisfaction and declaration of recommending to work in a primary health care unit to other nurses. The nurses who strongly recommended other nurses to work in a primary health care unit had the highest level of job satisfaction compared to those who rather did not recommend.

The nursing job is regarded as one of the social professions, and a low level of job satisfaction is one of the main causes of occupational burnout [24]. In our study, the respondents indicated, among others, independence in the work, own organization of work, high self-satisfaction, and no night shifts as the causes of nurse's job satisfaction working in a primary health care unit. The surveyed respondents mentioned a psychic burden with patients' problems, no cooperation with a patient or their family, low salary, and the abundance of medical documentation as the causes of job dissatisfaction. Gawęda and Śnieżek presented similar results of their studies, showing that a shortage of nurses in relation to the number of patients and their health status, low salary, and high psychic and physical burden influenced job satisfaction [25]. In other studies, it was confirmed that the relationships one had with other people at work were also one of the factors affecting satisfaction with the job [26].

## Conclusion

The Polish family nurses are moderately satisfied with their job. A higher level of job satisfaction was reported by family nurses with longer job seniority, working in the country, owners or co-owners of a primary health care unit, living in a complete family, living as single, and those declaring that they could afford what they wanted to buy and possessed savings. Moreover, job satisfaction level was the highest among those who definitely recommended other nurses to work in a primary health care unit, participated in scientific conferences, and subscribed to nursing care journals. The causes of job satisfaction reported in the study were, among others, independence in the work, own organization of work, high self-satisfaction, and no night shifts, whereas psychic burden with patients' problems, lack of cooperation

with a patient or their family, low salary, and abundance of medical documentation were reported as the causes of job dissatisfaction among family nurses.

## Declarations

### Ethics approval and consent to participate

The study was approved by the Ethics Committee of the Medical University of Białystok, Poland (no. R-I-002/413/2017). The consent obtained from the participants were verbal and the completion of our survey was considered implied consent to participate. Informed consent was implied by submission of a completed survey questionnaire.

### Consent for publication

Not applicable

### Availability of data and materials

The datasets used and analysed during the current study are available from the corresponding author on reasonable request.

### Competing interests

The author(s) declare that they have no competing interests.

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### Authors' contributions

All authors fulfil the criteria of authorship according to the Vancouver rules for authorship. PK and LM drafted this paper in close co-operation. All authors were involved in interpretation of the results

and editing of the manuscript. The study was designed by PK and LM. All authors read and approved the final manuscript.

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## Abbreviations

Me - median SD - standard deviation Q1 - the lower quartile Q3 - the upper quartile

# Tables

Table 1. Summary of characteristics of study participants.

	<b>N = 220 (100%)</b>
Age (years), Mean	50.13
<b>Sex</b>	
Female	219 (99.55%)
Male	1 (0.45%)
<b>Education</b>	
Secondary (Secondary school/medical secondary school)	80 (37.56%)
Higher (Bachelor's degree)	66 (30.99%)
Higher (Master of nursing science or other)	67 (31.46%)
<b>Place of residence</b>	
Village	31 (14.55%)
Small town (up to 20,000 inhabitants)	44 (20.66%)
Moderate-sized city (20,000–100,000 inhabitants)	93 (43.66%)
Big city (more than 100,000 inhabitants)	45 (21.13%)
<b>Qualification course</b>	
Yes	205 (96.24%)
No	8 (3.00%)
<b>Specialization</b>	
Yes	83 (38.97%)
No	130 (61.03%)
<b>Seniority in the profession of a nurse</b>	
0–19 years	41 (19.25%)
20–29 years	50 (23.47%)
30–39 years	95 (44.60%)
40–49 years	27 (12.68%)

Table 2. Level of job satisfaction with regard to the respondents' financial status and situation.

Financial status of a respondent's family			
	Me, (Q <sub>1</sub> ;Q <sub>3</sub> )	N	p*
Very good/good	29 (27;31.5)	139	<0.001
Average/bad	21 (16;24)	74	
Respondents' financial situation			
I can afford to buy what is necessary but not everything	22 (17;25)	190	<0.001
I can afford to buy everything I want	29 (22;31)	23	

\*Mann-Whitney test.

Table 3. Summary of the level of job satisfaction with regard to participation in a scientific conference and subscription of nursing care-related journals.

	Level of job satisfaction				
	Yes		No		p*
	Me (Q <sub>1</sub> ;Q <sub>3</sub> )	N (%)	Me (Q <sub>1</sub> ;Q <sub>3</sub> )	N (%)	
Participation in a scientific conference on nursing and health care during the last 2 years	24 (21;27)	62 (29.1)	22 (17;26)	151 (70.9)	0.032
Subscription of nursing care journals	24 (21;27)	60 (28.2)	22 (17;26)	153 (71.8)	0.016

\* Mann-Whitney test.

Table 4 Causes of a family nurse's satisfaction or dissatisfaction with a job—categories of answers to open-ended questions.

Cause of satisfaction	N = 252	Number of respondents (%)
Close contact with patients	81	32.1
Professional independence	77	30.6
Own work organization	25	9.9
High self-satisfaction and a greater possibility of additional training	58	23.0
No night shifts	11	4.4
Causes of dissatisfaction	N = 140	
Low salary	43	30.7
Psychic burden with patients' problems	22	15.7
No cooperation from a patient or their family	19	13.6
Underestimation of a nurse's job by co-workers and patients	18	12.9
Difficulty of regulations referring to a nurse's job	17	12.1
Abundance of medical documentation	16	11.4
A high number of patients under a nurse's care	5	3.6

## Figures

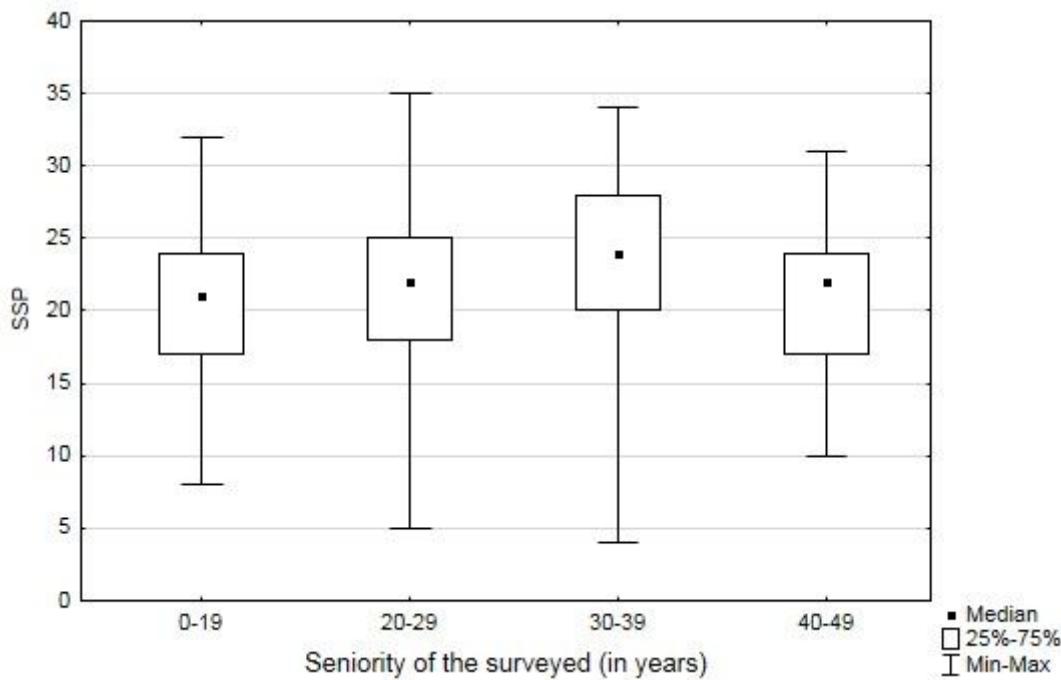
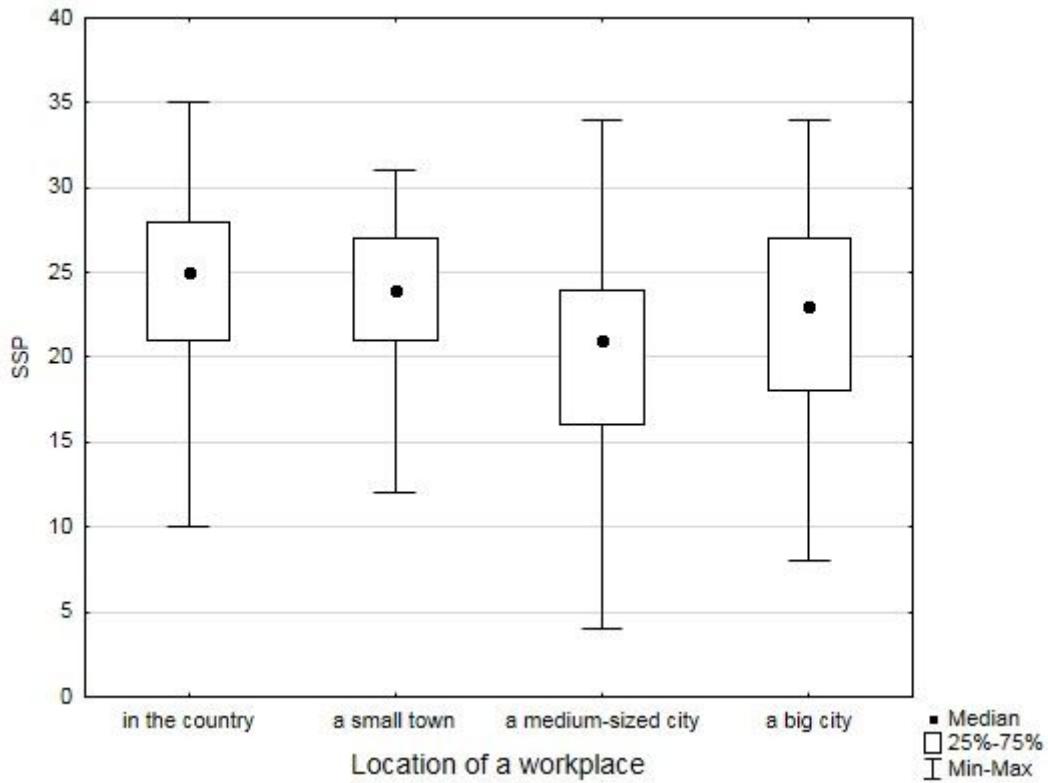


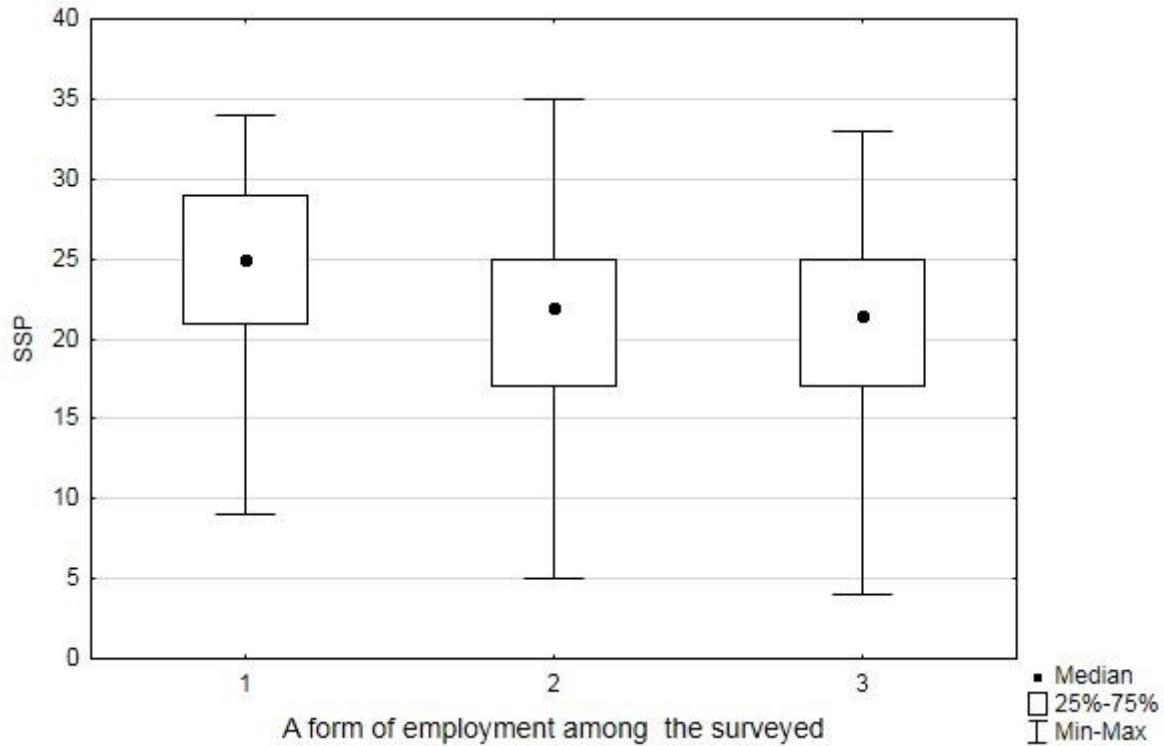
Figure 1

. Relationship between job satisfaction level and the seniority in the nurse profession.



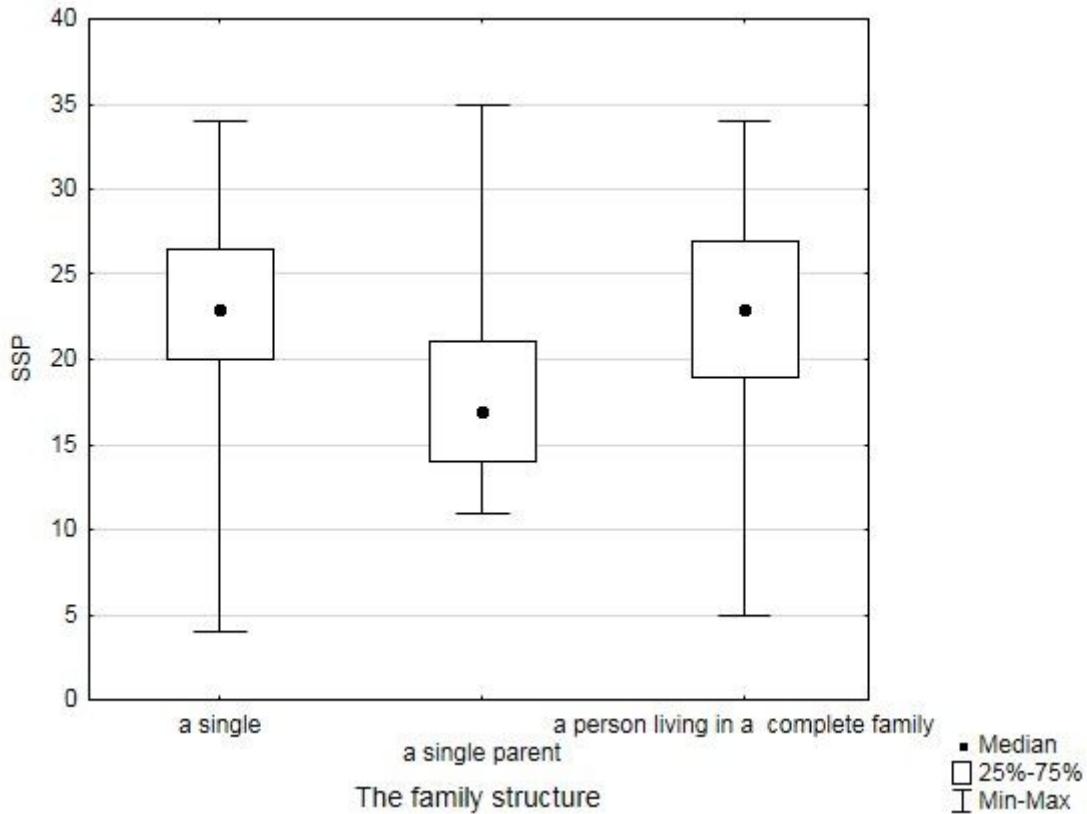
**Figure 2**

Relationship between the job satisfaction level and the workplace.



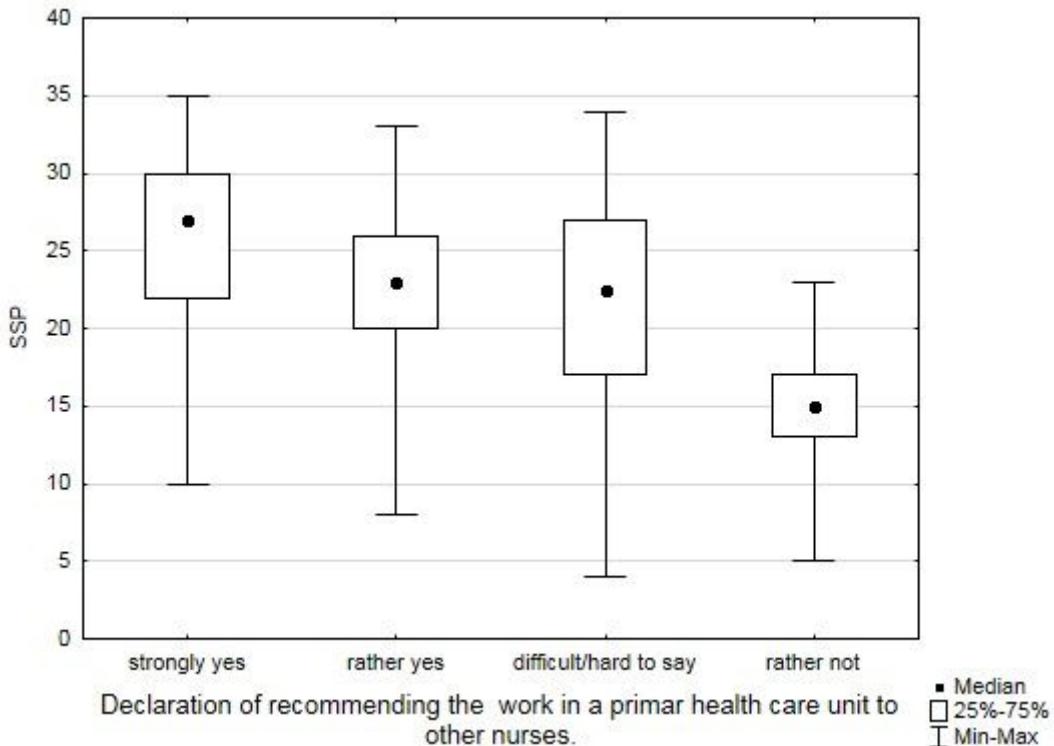
**Figure 3**

Relationship between the job satisfaction level and the form of employment (1—owners or co-owners of a primary health care unit, 2—employees on a full-time contract, and 3—employees on a half-time contract or on other types of a contract



**Figure 4**

Relationship between the level of job satisfaction and the structure of a family.



## **Figure 5**

Relationship between the level of job satisfaction and the recommendation of work in a primary health care unit to other nurses.

## **Supplementary Files**

This is a list of supplementary files associated with this preprint. Click to download.

- [STROBEchecklistKalinowskaPaulina.docx](#)