

Alignment and job satisfaction and the relationship with illness among nurses

Alinhamento e satisfação no trabalho e a relação com adoecimento dos enfermeiros

Alineamiento y satisfacción laboral y la relación con enfermedades de los enfermeros

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ABSTRACT

Objective: to examine relations between alignment with current job, job satisfaction and illness among nurses. **Methodology:** this quantitative, cross-sectional study was conducted at a federal university hospital in Rio de Janeiro city, between December 2018 and February 2019, with 135 nurses who answered a self-administered instrument. The data were subjected to bivariate analysis using the chi-square test and Spearman correlation. All ethical standards for human subjects research were met. **Results:** significant relationships were identified between dissatisfaction at work and nurses' physical, psychological, and social illnesses, and these kinds of harm were also interrelated. However, the initial assumption was partially refuted, as alignment with current work did not influence illness among these nurses. **Conclusions:** the results show the importance of job satisfaction in promoting nurses' health and point to the need for measures to promote them.

Descriptors: Occupational Health; Job Satisfaction; Career Choice; Nursing; Nurses.

RESUMO

Objetivo: analisar as relações entre o alinhamento ao trabalho atual e a satisfação no trabalho com o adoecimento dos enfermeiros. **Método:** estudo quantitativo transversal, realizado em um hospital universitário federal, no município do Rio de Janeiro, entre dezembro de 2018 e fevereiro de 2019. Participaram 135 enfermeiros, que responderam aos instrumentos autoaplicáveis. Os dados foram submetidos à análise bivariada por meio do teste qui-quadrado e correlação de Spearman. Obedeceu-se aos preceitos éticos para pesquisas com seres humanos. **Resultados:** foram identificadas relações significativas entre a insatisfação no trabalho e o adoecimento físico, psíquico e social dos enfermeiros, estando, ainda, estes danos interrelacionados. Contudo, o pressuposto levantado foi parcialmente refutado, uma vez que o alinhamento ao trabalho atual não exerceu influência no adoecimento desses profissionais. **Conclusões:** os resultados evidenciam a importância da satisfação no trabalho na promoção da saúde dos enfermeiros e apontam para a necessidade de medidas que os fomentem.

Descritores: Saúde do Trabalhador; Satisfação no Trabalho; Escolha da Profissão; Enfermagem; Enfermeiras e Enfermeiros.

RESUMEN

Objetivo: analizar la relación entre el alineamiento con el trabajo actual y la satisfacción laboral con enfermedades de los enfermeros. **Metodología:** estudio cuantitativo transversal que tuvo lugar en un hospital universitario federal, en la ciudad de Río de Janeiro, entre diciembre de 2018 y febrero de 2019. Participaron 135 enfermeros que respondieron a los instrumentos autoadministrados. Se sometieron los datos al análisis bivariado mediante la prueba de chi-cuadrado y correlación de Spearman. Se han respetado todos los estándares éticos para la investigación con seres humanos. **Resultados:** se identificaron relaciones significativas entre la insatisfacción en el trabajo y la enfermedad física, psíquica y social de los enfermeros y estos daños se encuentran interrelacionados. Sin embargo, el supuesto planteado fue parcialmente refutado, ya que el alineamiento con el trabajo actual no influyó en las enfermedades de estos profesionales. **Conclusiones:** Los resultados muestran la importancia de la satisfacción laboral en la promoción de la salud de los enfermeros y señalan la necesidad de medidas para promoverlos.

Descriptorios: Salud Laboral; Satisfacción em el Trabajo; Selección de Profesión; Enfermería; Enfermeras y Enfermeros.

INTRODUCTION

Nursing work in University Hospitals (HUs) is characterized by high demands and low control, which represents a situation of high demand and can lead to wear out regarding workers' health. However, when stratified by professional category, it is perceived that the psychological demands are greater for nurses when compared to mid-level professionals; and this can be related to the social division of work, according to which the former is responsible for the organization and coordination of Nursing services and the latter, for tasks bearing less complexity and under the supervision of the nurse¹.

UH nurses are immersed in a work process that sometimes represents perils to their health and, consequently, to the quality of the care offered. Inadequate physical structure, overcrowded hospitals, insufficient staffing, shortage of

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materials, damaged equipment, fragmented tasks, exhausting working hours, dysfunctional management models and low salaries — which lead to situations of multiple employment bonds — among other factors, added to the complexity of the patients' conditions, which demands constant updating, constitute a risk of illness for these professionals²⁻⁴.

In addition to that, in this environment, the search for compatibility between the aspirations and duties inherent to the occupation exert an influence on the levels of job satisfaction and workers' health^{5,6}. The association perceived between talents, abilities, skills, needs and values, which clarifies the reasons that lead to a professional choice, defines the worker's career anchor. When there are dissonances between their career anchor and work, it is considered a condition of non-alignment that can trigger harms to the worker's health and feelings of work abandonment⁷.

The harms to health caused and/or worsened by the work activities can be perceived by the UH nurses. Stress, mood/behavior changes, joint and musculoskeletal disorders, sleep disorders and nervousness are frequent symptoms, which can exert an impact on quality of life and work performance^{4,8}.

Nurses' health problems are identified as the main reasons for work leave⁹, being important conditions for the level of motivation and work appreciation⁶. Workers tend to have greater job satisfaction when the ideal personality is linked to the ideal position because, in situations where this does not happen, decision-making in each area of expertise is affected, and stress, disappointment, dissatisfaction and lack of commitment to work can be developed¹⁰.

Thus, it is perceived that wear out regarding nurses' health is presented in a multifactorial way and that, therefore, identifying aspects related to the illness of these professionals is indispensable to plan actions that minimize the harms resulting from these conditions and workloads². A number of studies^{3,4,8,9,11} was identified on the health of UH nurses recommending continuation of the research studies on the subject matter, as the work nature and working conditions of these professionals are dynamic, recognizing the need to update aspects that influence workers' health.

This study advances in the production of knowledge because it assumes that there are relationships between the conditions of non-alignment to the functions inherent to their position and dissatisfaction at work with nurses' illness. Given this context, the objective was to analyze the relationships between job satisfaction and alignment to the current job with illness in these workers.

METHODS

This is a cross-sectional and quantitative study conducted in a federal University Hospital located in the Brazilian Southeast region between December 2018 and February 2019.

A non-probabilistic and for convenience sampling process was used. The following inclusion criterion was adopted for the sample: being a nurse, regardless of the type of employment contract. Workers on leave for any reason during the data collection period were excluded.

At the time of data collection, the study population was 213 nurses. Of this total, 14 were on vacation, 9 were distanced due to leave, 15 did not accept to participate in the research, and 28 were not found during the data collection period. The losses totaled 12 professionals, of which 3 instruments were returned incompletely filled out and 9 were not returned. Thus, the participants of this research were 135 nurses.

Data collection took place after contacting the heads of the sectors so that they authorized entrance into the nurses' work environment. Each professional was individually invited to participate in the research and received the research instrument and the Free and Informed Consent Form (FICF) in envelopes, coded with "ENF" for Nurse ("Enfermeiro" in Portuguese) and an increasing number, to facilitate further data processing. Two employees of the institution were trained to offer assistance during data collection.

The research instrument consisted in the following: sociodemographic questionnaire; Career Anchor Scale (CAS) and the questions regarding alignment with the functions performed⁵; Work-Related Harms Assessment Scale (*Escala de Avaliação de Danos Relacionados ao Trabalho*, EADRT in Portuguese) extracted from the Protocol for the Evaluation of Psychosocial Risks at Work (*Protocolo de Avaliação dos Riscos Psicossociais no Trabalho*, PROART in Portuguese)¹²; and the Job Satisfaction Scale (JSS) in its reduced version¹³.

CAS consists of 40 items, classified by the respondent — based on a *Likert* scale — according to how true each one is. After filling-in, the participants must review their answers and identify all items to which they attributed the greatest rating possible. Subsequently, they must select the five items that most truly reflect their feelings⁷. Subsequently, based on a list with eight statements that reflect each career anchor — (a) technical/functional competence; (b) managerial competence; (c) autonomy and independence; (d) safety and stability; (e) entrepreneurial creativity; (f) sense of service/dedication to a cause; (g) pure challenge; and (h) lifestyle — they must choose which was truer in relation to their current job. Thus, nurses who had career anchors corresponding to the statement selected were aligned with their current job⁵.

EADRT has 22 items divided into three factors that assess the physical, psychological, and social harms related to work in the past six months. The items assess frequency of the harms in a five-point *Likert*-type scale. The mean score for each item and factor was obtained, and they were grouped as follows: low risk (up to 2.29), medium risk (between 2.30 and 3.69), and high risk (from 3.70 upwards). The greater the score, the greater the psychosocial risks¹².

According to the literature, low risk is the only option that presents a positive result from the worker's health perspective. Therefore, to maximize the associations, the data were grouped into illness (medium or high risk) and no illness (low risk). This stratification has been used in studies with Nursing professionals that adopted EADRT in its previous version, contained in the Inventory of Work and Illness Risks (*Inventário de Trabalho e Riscos de Adoecimento*, ITRA in Portuguese)^{14,15}.

The reduced version of EST consists of 15 items divided into five dimensions — (a) satisfaction with coworkers; (b) satisfaction with salary; (c) satisfaction with management; (d) satisfaction with the work nature; and (e) satisfaction with promotions — with answers in a seven-point *Likert*-type scale. Calculation of the mean score was obtained by adding up the values indicated by the respondents in each of the items, divided by the number of items included in the dimension. The score varies between 1 and 7 and, the higher it is, the higher the job satisfaction level. The individuals with scores between 1 and 3.9 were classified as dissatisfied; between 4 and 4.9, as indifferent (neither satisfied nor dissatisfied); and between 5 and 7, as satisfied¹³. For inferential analysis purposes, the nurses classified as indifferent were moved to the dissatisfied category.

To test the hypothesis of this study, the variables were organized in the Statistical Package for the Social Sciences (SPSS, version 21) software. The alignment variable was stratified into aligned and non-aligned; and the job satisfaction variable, into satisfied and dissatisfied; while the three factors of work-related harms, into illness and non-illness. For the association analyses, Pearson's chi-square test was used, with a 5% significance level. The relationships between the variables were tested using Spearman's correlation, as they did not present normal distribution verified by the Kolmogorov-Smirnov test ($p < 0.05$).

The study met the ethical precepts for studies involving human beings and was approved by the Research Ethics Committee (*Comitê de Ética em Pesquisa*, CEP in Portuguese) of the proposing (Opinion No. 2,916,938) and co-participant (Opinion No. 2,990,067) institutions.

RESULTS

The participants of this research were 135 nurses, most of them female ($n = 117$, 86.7%), and with a mean age of 39.3 years old ($SD = 10.2$). In addition to that, 64.4% ($n = 85$) lived with a partner. Regarding the labor characteristics, in relation to employment contracts, 59.3% ($n = 80$) stated being statutory (workers subjected to own regime), 35.6% ($n = 48$) hired (workers subjected to the Consolidated Labor Laws [*Consolidação das Leis do Trabalho*, CLT in Portuguese]), and 5.2% ($n = 6$) temporary workers. Of the sample, 67.2% ($n = 90$) had only one employment contract; 58.5% ($n = 79$) were on duty with 12-hour workdays and 41.5% ($n = 56$) were daily workers with 6-hour workdays, except on weekends. Finally, 50.4% ($n = 67$) worked up to 30 weekly hours.

Table 1 shows the distribution of the job satisfaction and job alignment variables according to the nurses' illness.

TABLE 1: Distribution of the job satisfaction and job alignment variables according to the nurses' illness. Rio de Janeiro, RJ, Brazil, 2020.

Variable	Illness					
	Physical		Psychological		Social	
	n(%)	p-value	n(%)	p-value	n(%)	p-value
Job Satisfaction						
Satisfied	38(56.7)	0.040	9(13.4)	<0.001	9(13.4)	0.003
Dissatisfied	50(73.5)		31(45.6)		24(35.3)	
Job Alignment						
Aligned	30(61.2)	0.466	11(22.4)	0.168	9(18.4)	0.215
Not Aligned	58(67.4)		29(33.7)		24(27.9)	

A significant distribution was observed only between job satisfaction and the three illness factors assessed, with illness being more frequent among the dissatisfied nurses.

Table 2 shows the correlation between all the variables researched.

TABLE 2: Correlations between job satisfaction, job alignment and nurses' illness. Rio de Janeiro, RJ, Brazil, 2020.

Variables	Job Satisfaction	Job Alignment	Physical Illness	Psychological Illness	Social Illness
Job Satisfaction	1				
Job Alignment	-0.010	1			
Physical Illness	-0.176*	-0.063	1		
Psychological Illness	-0.352**	-0.119	0.270**	1	
Social Illness	-0.254**	-0.107	0.271**	0.386**	1

* Significant correlation at the $p < 0.01$ level.

** Significant correlation at the $p < 0.05$ level.

Again, inversely proportional, and significant relationships were identified between the job satisfaction condition and the forms of illness analyzed. Job alignment or non-alignment did not exert any influence on the relationships with job satisfaction or nurses' illness. It is added that the three forms of illness proved to be positively related.

DISCUSSION

When observing the relationship between job satisfaction and illness, a significant distribution is noticed in the three illness factors: physical, psychological, and social. Those that stated being dissatisfied at work were more prone to illness. This is a relevant fact for reflection around occupational health, as it shows that there are other factors that were affecting the satisfaction level of the professionals in question, pointing out the relevance of expanding studies in the area, dealing with the assessment of the cause-effect relationships.

Higher percentages of sick people were also observed in the three factors among the dissatisfied nurses, that is, the lower the job satisfaction level, more diseases are developed. These findings are validated by the correlation analysis, thus being considered as a warning state for studies in the workers' health area.

It is known that those who manage to align their anchor with their work tend to perform better in terms of efficiency and job satisfaction⁷. A study observed that satisfied and happy nurses understood that they were "called" to be nurses, and these feelings were associated with the experience of practice aligned with values, sense of identity and purpose¹⁶. Thus, based on a Swedish study, it is corroborated that there is a positive association between alignment to the current job and the worker's satisfaction level¹⁷.

In relation to job alignment, most of the professionals showed to be not aligned, although there was no significant relationship with the illness factors under study. Therefore, the priority in meeting their hierarchical needs explains the importance of the professionals' changing occupations or jobs if such needs are not being met in their work. Aligned professionals would have improvements in commitment, satisfaction, retention, and resilience as results of their job¹⁸.

A study carried out in Canada with newly graduated nurses identified the professionals' frustration when they needed to perform tasks that did not reflect patient-focused care, due to political impositions and practical changes imposed by the management, and that they considered their practice to be misaligned with what they had learned during their training¹⁹.

Another approach, focused on the analysis of anchors in the health area and carried out with health professionals, showed that the understanding of motivation can help professionals "to guide, restrict or stabilize their future career", as a solution to the shortage of professionals in hospitals. This problem has affected health systems in countries such as China, the United Kingdom and Australia, due to the high rate of work-related stress, low level of job satisfaction and retirement applications¹⁸. These data corroborate with a study carried out in Brazil, which identified that nurses more likely to leave the profession were dissatisfied or little satisfied with their work¹⁹, which allows inferring that this phenomenon influences the increased turnover in the area.

Regarding alignment and the illness factors, among those affected, the highest percentage was in physical harms, followed by psychological and social harms, for both aligned and non-aligned individuals. It can be understood that the alignment level did not interfere with the level of work-related harms to the nurses' health. However, all harms are detrimental to the professionals' quality of life and can interfere in their performance. Non-development, by nurses, of

activities consistent with what they planned to perform in their profession can hinder the performance of functions and a job that leads the professional to illness²⁰.

A study with Nursing professionals reported that 61.2% had some injury or clinical diagnosis and, to a greater extent, had less healthy lifestyle habits, high incidence of medication use, more than one job, worked overtime and most had sleep disorders²¹.

“Facing pain and suffering daily, and the organizational and structural problems of the work environment” are considered as the main sources of displeasure. When the professionals are daily exposed to these tensions and confrontations, in addition to dealing with inadequate rest periods and with an insufficient number of professionals, factors that lead to stress at work, they can suffer from progressive wear out, causing mental and physical ailments²².

It is important to highlight the need to devise interventions or plan strategies aimed at reducing dissatisfaction and illness at work, as solutions to these problems that affect workers' lives. As highlighted in a review study on interventions, there was an increase in satisfaction after the implementation of a proportional number of nurses per patient working in the assistance area of a hospital in the United States²³.

And, finally, other authors proposed organizational changes that allowed reducing occupational stress by 13% in the professionals, justifying those improvements in the working conditions can exert a positive impact on the work environment, facilitating the relationships between the activities provided and private life²³⁻²⁵.

Study limitations

The limitations of this study are inherent to the scenario — a single data collection locus, that is, a university hospital — where the professionals have higher incomes than others working in public services from other governmental spheres and private institutions, thus influencing the job satisfaction levels and precluding generalization for research studies in other study sites.

Another limitation was the fact that this was a cross-sectional study, which limits the definition of causality. In addition to that, as they were self-completed by the nurses, the instruments depended exclusively on the level of attention and involvement during the response time, with the possibility of having been influenced by acquiescence, that is, the tendency to give positive answers to the items, disregarding the content and generating a response bias.

Despite the limits pointed out, this study contributes to the expansion of knowledge about the relationships between alignment with the current job, job satisfaction and work-related harms from the perspective of worker's health. In this study, significant relationships were identified between dissatisfaction at work and the physical, psychological, and social ailments of nurses working in university hospitals, with these harms also being interrelated. However, it is important to emphasize that the assumption raised was partially refuted, since alignment with the current job did not influence illness distribution among the nurses. However, it is believed that this fact can be related to the limits. Therefore, issues to be discussed and retrieved in the development of subsequent studies are indicated.

CONCLUSION

Job satisfaction is multifactorial and involves aspects concerning relationships with peers and hierarchical superiors, but also the work nature itself, recognition in terms of remuneration and promotion possibilities.

The results of this study evidence the importance of job satisfaction in promoting nurses' health and point to the need for measures that foster their satisfaction, such as better salary gains, horizontal interpersonal relationships, better working conditions and a psychosocial environment that provides well-being to its professionals.

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