



Need for Reconceptualization of Professional Satisfaction and/or Work Effects in Healthcare Organizations

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SUMMARY

Introduction: It is imperative to research professional satisfactions in healthcare organization, since throughout the world job satisfaction in healthcare institution is decreasing, sometimes there is none or is at a very low level.

Aim: Evaluation of components of employees' job satisfaction in General Hospital Valjevo, Valjevo, Serbia, and evaluation of connection of components of their job satisfactions with the presence of anxiety, stress and job pressure.

Methods: An observational cross-sectional study of employees' satisfaction is conducted in General Hospital Valjevo, Valjevo, Serbia based on an anonymous survey from November 2016. Structure and construction validity evaluation of job satisfaction is performed by using Principal Component Analysis. The evaluation of the connection of the satisfaction components with the stress scale was performed by multinomial logistic regression.

Results: Two job satisfaction components emerged: 1) extrinsic - environment, autonomy and transparency satisfaction and 2) intrinsic - work content satisfaction. We showed that financial compensation satisfaction, extrinsic, as well as intrinsic component of their job satisfaction is significantly connected with stress and anxiety level at work.

Conclusion: It is necessary to conduct a reconceptualization of professional satisfaction and/or work efficiency of health care employees in conditions where, in healthcare organization and/or at whole healthcare system level, the job satisfaction is low or there is none.

Keywords: job satisfaction, human resources, hospital institutions, anxiety and stress

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INTRODUCTION

Rational basis to examine the level of job satisfaction of healthcare employees comes from the fact that with better understanding of their satisfaction, higher level of motivation is acquired, which is directly connected to patients' satisfaction [1-3]

To give the highest level of quality of healthcare services to as many users that need those services in a certain environment of social, material, financial and human resources, is the main goal of health care and every healthcare organization or a unit inside an organization. To acquire that goal it is necessary to increase a high quality working power too in healthcare organizations. Thus, it is very important that a healthcare organization pays attention to human resources quality in different stages of quality system development. To focus the attention to the job satisfaction of healthcare staff shows that the job satisfaction is fundamental component of human resources quality. To be more specific, many researchers showed a strong positive correlation between the medical staff job satisfaction in healthcare institution and patients' satisfaction that are being provided with corresponding healthcare services in the same institution [4-8].

Organization's efficiency largely depends on employees' work moral [9]. Job satisfaction and healthcare employees' work moral are on a worrisome low level throughout the world [10-12]. Bad job satisfaction causes frequent changes in organization, which negatively affects the job satisfaction of treating and healthcare [13,14]. Therefore, by creating the environment that promotes job satisfaction, managers in healthcare organization can develop employees that are motivated, productive and fulfilled. In return, it will bring better healthcare services and will increase patients' satisfaction [15]. However, it is systematical mistake to treat the job satisfaction as an emotional reaction of an employee, instead of treating it as him presenting viewpoints through an evaluation process and this mistake results in discouraging and neglecting the study of real, true affective person's reaction to the job he performs [16]. In correlation to previously said, this study's goals were: to evaluate employees' satisfaction components in a healthcare institution and to evaluate the connection of components of their professional satisfaction with the presence of anxiety,

stress and pressure at work.

METHODS

An observational cross-sectional study of employees' satisfaction is conducted in General Hospital Valjevo, Valjevo, Serbia based on an anonymous survey from November 2016. The inquiry had 15 questions that referred to the level of employees' satisfaction, while one question referred to the level of anxiety (stress) at work. The items that referred to job satisfaction are presented by ordinal upward Likert-type scale from 1 (very dissatisfied) to 5 (very satisfied). Level of anxiety presence, job stress and pressure is also measured by the ordinal Likert-type scale as 1 (not at all), 2 (a little), 3 (moderately), 4 (a lot) and 5 (very much). The rest of the questions of the survey referred to demographic data recording of the employees (gender, age) by nominal scales.

Data by category variables are described by frequency and percentage. Ordinal variables are described by median and interquartile range, while the data sets measured by the moderate scale are presented by an arithmetic mean as a measure of the central tendency and by standard deviation as a measure of the data set variability. Structure and construction validity evaluation of job satisfaction is performed by using Principal Component Analysis. Questions with communalities lower than or equal to 0.5 are not held within the extracted satisfaction components and are treated as separate, specific satisfaction factors. Difference in the level of satisfaction evaluation between the extracted satisfaction components is evaluated by paired-samples Student T test. The evaluation of the connection of the satisfaction components with the stress scale was performed by multinomial logistic regression. The evaluated significance level was 0.05. Data is processed by using the statistical package of IBM SPSS Statistics 20, NY.

RESULTS

There were 587 employees participating in the research, 74.1% of which are women. The age range of the employees is presented in Table 1. The evaluated average satisfaction values in certain questions are presented in Table 2.

In question 7, 8 and 9, the employees are satisfied, which means that in these questions the average evaluations do not show a

presence of dissatisfaction of employees (Table 2). In all the other questions (except for 11) the average was 3 (neither satisfied, nor dissatisfied). The average evaluation of satisfaction with financial compensation for work (item 11) includes significant level of dissatisfaction that and is 2 (dissatisfied) and moves in the range from 1 (very dissatisfied) to 3 (neither satisfied nor dissatisfied).

The Principal Component Analysis showed that there are two satisfaction components that construct employees' satisfaction by applying measurement instrument (Table 3). Totally explained variance for both compo-

	f	%
Younger than 35 years	93	15.8
Between 35 and 54 years	364	62.0
Older than 55 years	106	18.1
Total that gave the information	563	95.9
Didn't give the information	24	4.1
Total	587	100.0

Table 1. Respondent employees' distribution by age category

nents is around 69%. Constructional validity of the survey is very high (Kaiser-Meyer-Olkin adequacy coefficient = 0.929). Questions 9, 10 and 11, because of low communalities, are treated as separated satisfaction factors that

How much are you satisfied with...	Percentile		
	25	Median	75
1. Work equipment adequacy	2.00	3.00	4.00
2. Time available to perform the job	2.00	3.00	4.00
3. Time available to work with patients	2.00	3.00	4.00
4. Autonomy in performance - possibility to make decisions	2.00	3.00	4.00
5. Possibility to use all your knowledge, ability and skills	3.00	3.00	4.00
6. Respect and appreciation of your work	2.00	3.00	4.00
7. Direct cooperation with coworkers	3.00	4.00	4.00
8. Direct cooperation with superiors	3.00	4.00	4.00
9. Patients' relationship with you	3.00	4.00	4.00
10. Possibility for professional development/continuous education	2.00	3.00	4.00
11. Financial compensation for your work	1.00	2.00	2.00
12. Managing and organizational work in the institution.	2.00	3.00	4.00
13. Receiving clear instruction on what is expected from you in the job	2.00	3.00	4.00
14. Possibility to present your ideas to superiors	2.00	3.00	4.00
15. Job in general (general satisfaction evaluation)	2.00	3.00	4.00

Table 2. Average values (median) with interquartile range of employees' satisfaction in certain questions

Questions	Components	
	Work environment, autonomy and transparency	Efficiency (Work content)
8. Direct cooperation with superior	0.851	
7. Direct cooperation with coworkers	0.834	
14. Possibility to present your ideas to superiors	0.783	
12. Managing and organizational work in the institution	0.657	
13. Receiving clear instruction on what is expected from you in the job	0.638	
6. Respect and appreciation of your work	0.626	
5. Possibility to use all your knowledge, ability and skills	0.606	
4. Autonomy in performance - possibility to make decisions	0.594	
3. Time available to work with patients		0.875
2. Time available to perform the job		0.859
15. Job in general (general satisfaction evaluation)		0.646
1. Work equipment adequacy		0.637

Table 3. Factor coefficients per questions after rotation and components of employee's satisfaction

Table 4. Evaluated descriptive parameters for indices of extracted components of employees' satisfaction

Component index of employees' satisfaction	Mean	%
Work environment, autonomy and transparency satisfaction	2.85	0.96
Efficiency or work content satisfaction	3.14	0.95

do not enter the composition of the extracted components.

First extracted component is defined as extrinsic component and we named it Work environment, autonomy and transparency satisfaction and is composed of 8 questions (items). Second one, intrinsic component is named Efficiency or work content satisfaction and is composed of 4 questions. Evaluated descriptive parameters for the two components

are shown in Table 4. Index (score) for the first component is calculated as an average sum value of answers to the items 8, 7, 14, 12, 13, 6, 5, 4, while the index for the second component is calculated as an average sum value of answers to the items 1, 2, 3, 4 and 15.

Student t-test for paired values shows that there is more Efficiency or work content satisfaction of the employees than Work environment, autonomy and transparency satisfaction ($p=0.000$)

With multinomial logistic regression method it is shown that there are three independent, significant predictors of stress level at work that are related in different ways with certain categories of stress (and pressure) presence at work (Table 5).

Table 5. Multinomial logistic regression parameters for predictors of categories of job pressure and stress (referential category - moderate job pressure and stress presence)

Job pressure, anxiety and stress presence - category	Predictors	B	SE	Wald	df	p	Odds ratio	95% Confidence interval for odds ratio	
								Lower limit	Upper limit
Not at all	Constante	-3.605	1.339	7.248	1	0.007			
	Work environment, autonomy and transparency satisfaction	-0.385	0.460	0.700	1	0.403	0.680	0.276	1.677
	Efficiency or work content satisfaction	0.372	0.473	0.620	1	0.431	1.451	0.574	3.666
	Financial compensation	0.600	0.252	5.664	1	0.017	1.822	1.112	2.987
A little	Constante	-3.190	1.152	7.663	1	0.006			
	Work environment, autonomy and transparency satisfaction	0.282	0.399	0.499	1	0.480	1.325	0.607	2.894
	Efficiency or work content satisfaction	0.233	0.392	0.353	1	0.552	1.262	0.586	2.719
	Financial compensation	-0.084	0.219	0.147	1	0.701	0.919	0.598	1.413
A lot	Constante	2.568	0.659	15.210	1	0.000			
	Work environment, autonomy and transparency satisfaction	-0.553	0.251	4.848	1	0.028	0.575	0.351	0.941
	Efficiency or work content satisfaction	-0.340	0.238	2.046	1	0.153	0.712	0.447	1.134
	Financial compensation	-0.115	0.171	0.456	1	0.499	0.891	0.638	1.245
Very much	Constante	4.936	0.675	53.419	1	0.000			
	Work environment, autonomy and transparency satisfaction	-1.188	0.265	20.128	1	0.000	0.305	0.181	0.512
	Efficiency or work content satisfaction	-0.550	0.241	5.220	1	0.022	0.577	0.360	0.925
	Financial compensation	-0.146	0.198	0.543	1	0.461	0.864	0.587	1.274

SE - standard error

We have shown that by increasing work environment and efficiency satisfaction, there is a lower chance that an employee will feel *very much* job pressure due to stress presence at work (Table 5). Also, by increasing environment satisfaction there is a reduced chance that the employee will feel *a lot* of job pressure because of the stress presence at work. What is interesting is that with every increase of financial compensation in one whole degree, chance that the employee won't be anxious *at all* due to stress and job pressure is increased 1.8 times (Table 5).

DISCUSSION

Cranny et al 2002 suggested that there is a clear consensus in defining job satisfaction [17]. Their "consensus" defined satisfaction as affective (emotional) reaction to job and comparison between actual outcomes that are real in relation with the ones that are wanted (expected, wanted, deserved, etc.). This definition is essentially the same as the one offered by *Locke* 1969 who says that "job satisfaction is pleasant emotional condition that is result of individual evaluation that the work they perform encourages and affirms their value" [18]. On the other hand, job dissatisfaction is unpleasant emotional condition that is a result of their evaluation that their work is frustrating and blocking the affirmation of their values. *Locke* continues to define job satisfaction as "pleasant and positive emotional condition that is a result of individual evaluation of their working experience" [19]. Besides the definitions that define job satisfaction "by consensus" as emotional reaction above all, series of other prevailing job satisfaction definitions understand the attitudes toward work or job satisfaction as a complete equivalent of one to another [20,21]. Going through other researches it seems clear that most of the researchers in the area of organizational science don't admit the importance of inconsistency between the definitions of "job satisfaction as emotional reaction" and "job satisfaction as an attitude or work ethics". For example, *Smith* et al developed in 1969 a job description index and they defined job satisfaction as "feeling or affective reaction to different aspects in a specific situation", but in the same way they suggest that "problems related to satisfaction measurement are only a specific example of the ones they found at any person's attitude evaluation" [22]. That way, if

we say that satisfaction is "attitude towards our job" and that it is an "affective response to our job", we actually talk about the same thing [23]. A wide number of authors, however, consider that there is a significant difference between affective reactions and forming the attitude or any type of opinion or evaluation measures by the individual [16,24]. In other words, affective conditions, moods and emotions have causes and consequences, that differ from the cause and consequence that came after forming the attitude or any other evaluation process. Besides, affective conditions are nothing more than just that – a condition. Our moods will change from positive to negative and will go back again to positive. Affective conditions have their impact to a person's behavior at the moment when the mentioned affective condition appears. Affective conditions can impact evaluation processes and a person's attitude on a long run, too.

In our study we have shown that the employees' satisfaction is very low or there is none. This is supported by their answers to the questions whose average is 3 (neither satisfied, nor dissatisfied). Also, by evaluating the average in main components, low level of satisfaction is shown in both, work environment, autonomy and transparency satisfaction and efficiency or work content satisfaction. In these situations, we resort to alternative conceptualization of professional satisfaction and/or work efficiency. These are actually three individual procedures (models) that imply: a) attitude reconceptualization (this is usually applied in cases where emotional impact to work efficiency is evaluated or where job satisfaction is low or non-existent, where there appears logical questions why would positive emotions be predictors of efficiency increase in conditions of lack of professional satisfaction) [25], b) reconceptualization of work efficiency (this is necessary in cases where there is omission in defining work efficiency or where certain aspects of employees' behavior are wrongly understood as efficiency) [26] and c) organization level analysis (it is conducted in cases where measured satisfaction is low or non-existent, where during the research they didn't consider aspects of employees' behavior that are commonly known to cause dissatisfaction) [8].

Our results show that there is a need to re-conceptualize employees' attitudes, considering that the lack of anxiety and stress at

work is exclusively connected to the financial compensation satisfaction increase, but not with work content satisfaction increase (Table 5). This result is paradox since the biggest salaries in healthcare in the Republic of Serbia, especially due to valorized stress level, have the employees that work in intensive care units, operational rooms and psychiatry. On the other hand, high work content or efficiency satisfaction should be a result of internal motivation and high working moral of employees. This result can indicate damaged, most probably wronged or intrinsic motivational processes of employees "bribed" by higher financial compensation, but also a low work moral due to ignoring or denying anxiety, stress and job pressure. Mention result also shows that potentially higher number of overtime working hours in the institution can generate higher satisfaction of employees by material compensation for their work, but without any significant relations with their attitudes towards work content and thus quality of their performance.

We suggest that in this organization it is necessary to establish reconceptualization of work efficiency, considering that employees' attitudes (satisfaction) toward financial compensation are not correlating with work efficiency (Table 3), neither with their attitudes toward work environment. Higher scores regarding attitudes toward work environment represent a more significant protective factor than higher anxiety, stress and job pressure level (Table 5), therefore, it is necessary that this institution's management clearly defines what is understood by work efficiency of an employee. In other words, paying employees in healthcare system of the Republic of Serbia doesn't offer neither work moral, nor financial satisfaction to their employees, which positively correlates with the indicators of their work's quality. Namely, by analyzing healthcare professionals' attitudes, some authors showed that economy restrictions performed in healthcare system, on both financial and management part, lead to neglecting the health care, but also neglecting the costs of quality in healthcare institutions [27-29]. Vuković 2014 performed a study that showed that high level of financiers and management's neglect of the costs of quality in healthcare system correlates with disordance in employees' behavior, low work moral, increase of irrational spending and causing the employees' to fall under suspicious encourage-

ment by farmaceutical and other companies to use products with small or with no net benefit at all, and increase judicial process costs started by healthcare services users or employees' of healthcare organizations [29].

At the organizational level, in the institution where our study was performed, it is necessary to include a team of experts to conduct an additional study about the impact of certain factors that can potentially generate employees' dissatisfaction, which wasn't possible to do with this research. These factors, above all, are connected with potential presence of health problems of employees, such as increased mental and physical fatigue (higher incidence of burnout sindrom), higher anxiety, higher incidence of major depressive episodes or increased depression of healthcare employees.

CONCLUSION

It is necessary to conduct a reconceptualization of professional satisfaction and/or work efficiency of healthcare employees in conditions where, in health care organization and/or at whole healthcare system level, the job satisfaction is low or there is none. Employees' satisfaction in mentioned conditions is not an emotional reflection, but it reflects formation of bad attitudes toward work content and work environment. The latter inevitably leads to poor performance quality of employees, bad health outcomes for patients and bad business performance of healthcare organizations.

CONFLICT OF INTEREST

Author Mira H. Vuković declares that she has no conflict of interest. Author Ana D. Vuković declares that she has no conflict of interest.

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Neophodnost rekonceptuelizacije profesionalne satisfakcije i/ili radnih učinaka u organizacijama zdravstvene zaštite

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KRATAK SADRŽAJ

Uvod: Istraživanje profesionalnog zadovoljstva u organizacijama zdravstvene zaštite imperativ je za njihov menadžment, budući da širom sveta profesionalno zadovoljstvo u zdravstvenim ustanovama opada, ponekad ga nema ili je na veoma niskom nivou.

Cilj: Procena glavnih komponenti profesionalnog zadovoljstva zaposlenih u Opštoj bolnici Valjevo, Valjevo, Srbija, kao i procena povezanost glavnih komponenti njihovog profesionalnog zadovoljstva sa prisustvom anksioznosti, stresa i pritiska na poslu.

Metodologija: Urađena je opservaciona studija preseka profesionalnog zadovoljstva u jednoj bolničkoj ustanovi, na osnovu sprovedene anonimne ankete kod svih zaposlenih, novembra 2016. godine. Procena strukture i konstrukcije validnosti profesionalnog zadovoljstva urađena je Analizom glavnih komponenti. Procena povezanosti komponenti zadovoljstva sa skalom stresa urađena je multinominalnom logističkom regresijom.

Rezultati: Izdvojene su dve komponente profesionalnog zadovoljstva: 1) ekstrinzična – zadovoljstvo radnim okruženjem, autonomijom i transparentnošću na poslu i 2) intrinzična – zadovoljstvo radnim sadržajem. Pokazali smo da su zadovoljstvo finansijskom naknadom za rad zaposlenih, ekstrinzična, jednako kao i intrinzična komponenta njihovog profesionalnog zadovoljstva značajno povezani sa intenzitetom stresa i anksioznosti na poslu.

Zaključak: Kada je zadovoljstvo poslom u zdravstvenoj organizaciji i/ili na nivou celog zdravstvenog sistema malo ili ga uopšte nema, neophodno je da se sprovede rekonceptuelizacija profesionalne satisfakcije i/ili radnih učinaka zaposlenih u organizacijama zdravstvene zaštite.

Ključne reči: zadovoljstvo poslom, ljudski resursi, bolničke ustanove, anksioznost i stres

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