

Life satisfaction and its determinants: a survey on Iranian nurses population

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ABSTRACT

Evaluation of life dissatisfaction should be one of the main components of managers' efforts to perform appropriate policies for promoting quality of work life and improving productivity of nurses. Thus the aim of the present study was to examine life satisfaction level and its determinants among a sample of Iranian nurses. In this descriptive study, 309 nurses qualifying in medical care network, randomly selected from eight medical centers using stratified random sampling method were included. Information of different aspects of living and working situations were collected by a questionnaire and life satisfaction was also measured by the Life Satisfaction Index A (LSIA). Data were analyzed by descriptive and stepwise logistic regression model at $p < 0.05$ using SPSS 19. Mean score of the LSIA questionnaire was 25.47 ± 6.51 ; 253 (81.9%) nursing staffs reported were satisfied and only 56 (18.1%) dissatisfied. The satisfaction rate was higher in men compared with women (95.7% versus 80.8%). All nurses working in surgery and psychiatry wards satisfied in lives; whereas dissatisfaction rate was the highest among emergency ward (23.7%) and operating room (23.1%) nurses. There was a positive correlation between life satisfaction score and nurse's income ($R = 0.173$, $p = 0.002$). In married ones, multivariable stepwise regression analysis showed that male gender was a main determinant of higher life satisfaction score ($p = 0.027$). Among single nurses, only higher workload as having a second job had an adverse correlation with life satisfactions score ($p < 0.001$). Life satisfaction among nurses can be potentially influenced by gender and high work load indicators as well as level of their income. The results also provide empirical support for a positive relationship between work condition and nurses life satisfaction.

Keywords: Nurse; Life; Satisfaction; Job

INTRODUCTION

Many investigations have indicated that hospital staff and nurses will suffer from high stress at work and paid less attention to life satisfaction [1]. Life satisfaction is an essential element in psychological health and well being [2] and addresses to a worldwide judgment of happiness when an individual's standards of success are recognized [3]. A joyful, pleasure life may have a relation to successes. Personnel who feel satisfaction with life concentrated on achieving goals than staff [4].

Amongst different employees particularly in the clinical settings; life of the nurses is more affected by their work quality as well as by dynamic changes in work environment. In fact, poor work conditions and excessive workload can adversely affect nurses' quality of life. Job satisfaction and different aspects of work outcome can strongly influence life satisfaction and well-being of nurses. On the other hand, it

has been shown that job satisfaction is greatly influenced by life satisfaction[5]. Thus, evaluation of life dissatisfaction and its determinants should be one of the main components of manager's efforts to perform appropriate policies for promoting quality of work life and productivity[6]. These strategies should be structured based on reducing emotional exhaustion, enhancing personal accomplishment, and accommodating shift preferences for work scheduling[1,7]. Therefore, determining the status of life satisfaction and identifying its determinants may result in provide useful guidelines aimed at reducing work burnout and therefore enhancing nurses' life satisfaction [8]. In previous studies conducted in Iran, few have concentrated on nurse's life satisfaction. Therefore, in this study we aimed to investigation the relationship between life satisfaction and work-related and non-work-related factor among Iranian nurses.

MATERIALS AND METHODS

The study population was selected from all nurses qualifying and had at least one-year experience of employment in medical care network. We randomly selected 8 medical centers using stratified random sampling method from all certified medical centers located in Rasht, Iran. Before the sample was drawn, every participant in the sampling frame was assigned a unique identifying number, and then all numbers placed on a list for each center; then the centers directors of the randomly chosen facilities selected a total of 309 nurses. All the selected nurses, except those who were in the shift or leave were approached and requested to fill up a structured general questionnaire. This questionnaire focused on different aspects of living and working situations, including demographic information, educational level, type of employment, number of years in nursing, type of wards/units, rotating shift, mean of monthly income, marital status, number of children, age of spouse, educational level. The dependent variable, life satisfaction was also measured by a 20 item index, named The Life Satisfaction Index A (LSIA) and developed by Neugarten 1961 [9]. This scale was translated by using the back-translation technique. After reviewing both translation, the most appropriate terms were selected. The internal consistency of this questionnaire was 0.92 in our pilot study.

The questionnaire final scale has an agree/disagree format in which respondents are asked to answer "Yes", "No" or "I don't know". Each "right" answer was graded 2, "wrong" is graded 0, and "Don't know" or no response is graded 1. In this satisfaction scale, a total score was calculated. Results were presented as mean \pm standard deviation (SD) for quantitative variables and were summarized by absolute frequencies and percentages for categorical variables. Categorical variables were compared using chi-square test or Fisher's exact test when more than 20% of cells with expected count of less than 5 were observed. Quantitative variables were compared using t test. Multivariate stepwise regression analysis was used to indicate determinants of life satisfaction score with the presence of study confounders. Correlation between life satisfaction score and other

variables were assessed using Pearson's correlation coefficient test. For the statistical analysis, the statistical software SPSS version 19.0 for windows (SPSS Inc., Chicago, IL) was used. P values of 0.05 or less were considered statistically significant. Ethical consent was taken at the time of interview and the study protocol was approved with the ethical committee at the Guilan University of Medical Sciences.

RESULTS

As shown in Table 1, 92.6% of the respondents were female with the mean age 34.73 ± 6.73 years. With respect to the educational status, 91.2% had bachelor degree or higher. Mean working experience was about 10 years that 41.7% of them had less than six years of work experience; while 9.7% had more than 20 years of working experience. In reference to marital status, 67.0% were married, and 55.7% of nurses had children. There were 20 statements in the LSIA questionnaire, which assessed the life satisfaction level of the nurses. Overall, mean score of this questionnaire among our study population was 25.47 ± 6.51 (ranged 3 to 39); 253 (81.9%) nursing staffs reported being satisfied and only 56 (18.1%) being dissatisfied. The satisfaction rate was slightly higher in men compared with women (95.7% versus 80.8%, $p = 0.07$).

All nurses working in surgery and psychiatry wards satisfied in their lives; whereas dissatisfaction rate was the highest among emergency ward (23.7%) and operating room (23.1%) nurses (Figure 1). There was a positive correlation between life satisfaction score and nurse's income ($R = 0.173$, $p = 0.002$) (Figure 2). Regarding main determinants of life satisfaction, we divided the study participants into two groups based on their marital status because of probable different covariates influencing satisfaction level among singles and married individuals. Among married participants, multivariable stepwise regression analysis showed that male gender was a main determinant of higher life satisfaction score ($\text{Beta} = 2.984$, $\text{SE} = 1.337$, $p = 0.027$). Among single nurses, only having a second job had an adverse correlation with life satisfaction score ($\text{Beta} = -7.961$, $\text{SE} = 2.065$, $p < 0.001$).

Table 1. Participants' Demographics

Gender	
Male	23 (7.4)
Female	286 (92.6)
Age (year)	34.73 ± 6.73
Education level	
Lower than bachelor	27 (8.7)
Bachelor	273 (88.3)
Higher than bachelor	9 (2.9)
Total experience on the job (year)	9.99 ± 7.19
Rotating shift	239 (77.3)
Experience in current ward (year)	4.53 ± 4.69
Having a second job	24 (7.8)
Having a rented home	61 (19.7)
Hospital ward	
Emergency	59 (19.1)
Intensive care	71 (23.0)
Internal medicine	44 (14.2)
Pediatrics	65 (21.0)
Surgery	9 (2.9)
Psychiatry	7 (2.3)
Operating room	13 (4.2)
Others	41 (13.3)
Income	
< 400,000 tomans	15 (4.9)
400,000 – 600,000 tomans	284 (91.9)
> 600,000 tomans	10 (3.2)
Marital status	
Single	102 (33.0)
Married	207 (67.0)
Number of children	
0	137 (44.3)
1	88 (28.5)
2	78 (25.2)
3 and more	6 (1.9)
Age of spouse (year)	26.12 ± 19.20
Education level of spouse	
Lower than bachelor	71 (23.0)
Bachelor	113 (36.6)
Higher than bachelor	23 (7.4)
Total income of family	
< 1,000,000 tomans	96 (31.1)
1,000,000 – 1,500,000 tomans	206 (66.6)
> 1,500,000 tomans	7 (2.3)

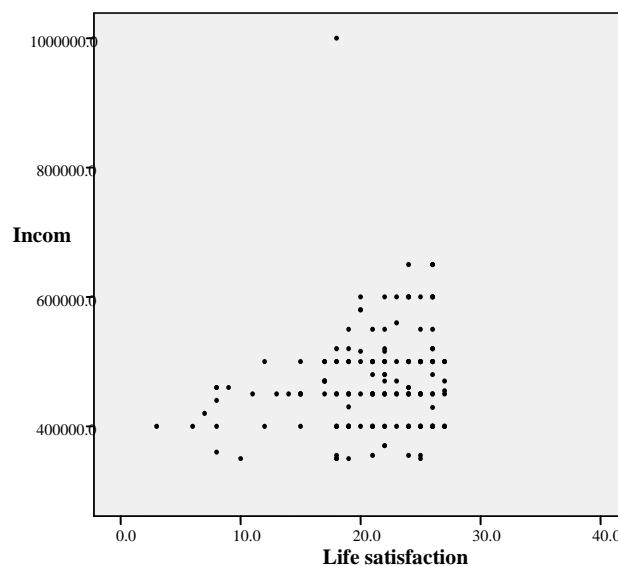
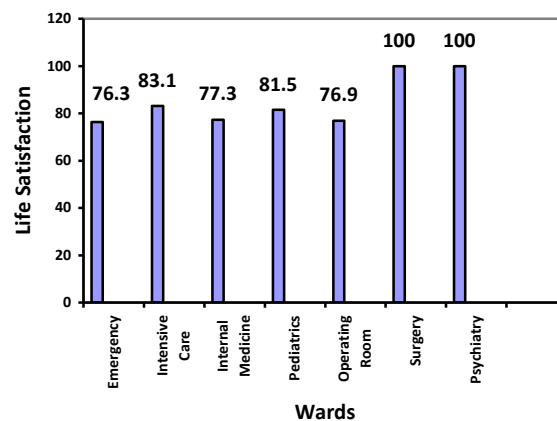


Figure 2. Correlation between life satisfaction score and income

DISCUSSION

In the present study, a total of 81.9% participating nurses were satisfied with their life that was significantly higher in men than women among married nurses as well as was lower in single nurses who having a second job than others. Also, working status of the nurses was important indicator that the maximum satisfaction was revealed among nurses worked in surgery and psychiatry wards; whereas the minimum rate of satisfaction was observed in emergency ward and operating room. In addition, nurses' income was totally correlated with their life satisfaction.

In a study on Korean nurses in a public setting, the reported moderate levels of life satisfaction, with low levels of work satisfaction and high levels of burnout that those who experienced higher personal accomplishment and lower emotional exhaustion and who were satisfied with their professional status and did not work at night reported higher life satisfaction [1].

In another similar study on Iranian nurses, a statistically significant relationship was found between affective organizational commitment and life satisfaction. They showed that the implementation of a comprehensive program to improve the work conditions and life satisfaction of nurses could enhance their organizational commitment [7].

Moreover, Nemcek showed that the synergistic effect of both self-nurturance and workplace factors predicted 29% of variance in nurses' life satisfaction [5]. Thus, based on the parallel studies on Iranian nurse populations, work condition factors and demographic characteristics of the married nurses might be potential determinants for their life satisfaction, but for single nurses, high work load can adversely affect their life satisfaction. Also, it seems that in both marital subgroups, the factors affecting life satisfaction should be found out among other factors such as emotional exhaustion, experience burnout, quality of life, or other aspects of work conditions. Totally, workplace factors and job demands have the most impacts on nurses' life satisfaction [8]. Besides work-related factors, family has also a critical role. Work and family signify two important components in the lives of most people [11,12].

Interestingly, work and family roles can produce significant impact on life satisfaction [13,14]. On the other hand, managing the intersection between work and family is a critical issue for academics particularly nurses and other health care professions and thus balancing work-family interaction can enable nurses to experience satisfaction in life. Actually, according to this fact that life satisfaction outcomes are usually divided into three parts including job satisfaction, family satisfaction and self-wellbeing satisfaction [15-18], increased levels of work and family enrichment can be related to greater life

satisfaction. Regarding relationship between life satisfaction and income, we observed a positive correlation between these two indicators so that regardless family financial supporting, the nurses with higher salary had higher life satisfaction score. In a study in a similar population in Iran, six factors have been identified as the major predictors of the nurses' quality of life work including leadership and management style/decision-making latitude, shift working, salary and fringe benefits, relationship with colleagues, demographic characteristics, and workload/job strain [19]. In another study, level of nurses' satisfaction was strongly dependant to the clarification of salary issues [20].

We believe that the life and job satisfaction can be both obtained through improving salary satisfaction, well defining financial supportive systems and financial promotion policies, and familial economic supports. Although it seems that the potential effects of nurses' income level and their life satisfaction might be more highlighted among developing countries, because of the considerable gap between their salary and other professional staffs, in appropriate socioeconomic supportive policies as well as higher workloads.

In summary, the findings of our study have expanded the existing body of knowledge on main determinants of life satisfaction among Iranian nurses population. First, the data indicated that male gender directly influences and has significant effect on the life satisfaction among married nurses in Iran, while higher work load has an adverse relationship with life satisfaction among single nurses. The results also provide empirical support for a positive relationship between work condition as well as income and nurses life satisfaction.

We finally recommended assessing effective factors on nurses' quality of life and satisfaction between single and married subgroups separately. Emotional difference and the burden of responsibility between genders may influence the life expectancy and satisfaction. In our study however, married females may be in charge of different and diverse responsibilities beside their job.

This presence can decrease the vitality of an employee throughout a day, a week and finally a whole.

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