

Job satisfaction among health care workers: the role of gender and age¹

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Objective: to analyze the influence of gender and age on the quality of the professional lives of health care professionals at a university hospital. **Method:** a total of 546 professionals completed a general questionnaire that measured sociodemographic variables and evaluated job satisfaction using a scale adopted from the NTP 394 Job Satisfaction scale and translated into Spanish. **Results:** overall, 77.2% of the professionals surveyed were satisfied with the work they perform. With regards to gender, we found overwhelming evidence of the feminization of practically all health care professions included in the study, with higher levels of job satisfaction among women than men. Regarding age, 20-30-year-olds and professionals over 61 years old showed higher satisfaction levels than did middle-aged professionals. Higher levels of dissatisfaction were reported by professionals between 41 and 50 years old. **Conclusions:** we were able to detect the influence of gender and age on the level of job satisfaction, finding significant associations between job satisfaction and both of these variables. Generally, women expressed more satisfaction than men, and elderly professionals showed higher satisfaction compared to younger professionals. Management policies should focus on taking action to correct the conditions that produce dissatisfaction among certain groups of employees.

Descriptors: Job Satisfaction; Age and Sex Distribution; Occupational Groups; Hospitals University.

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Introduction

Job satisfaction in the health care field and the consequences of that satisfaction are good indicators of the well-being and quality of life of the workers. The study of job satisfaction is particularly relevant in the field of service management because employee levels of job satisfaction affect the services offered to health care users. Job satisfaction is also one of the fundamental elements used to evaluate the quality of a health care institution. Currently, the role of the individuals working in these institutions is vital for reaching the institutions' goals. The presence of highly motivated personnel who are satisfied with their job and their employer increases productivity and the quality of service⁽¹⁾. The job satisfaction of health care professionals has been widely studied, and job satisfaction has been evaluated across a wide range of professional careers. Previous studies have focused on physicians, nurses, supportive staff, etc. These studies consistently emphasize the importance of investigating job satisfaction among employees because better knowledge of employees' job satisfaction can directly contribute to the quality of the services provided⁽¹⁾. In the majority of these studies⁽²⁻⁹⁾, health care professionals show general satisfaction levels between 60 and 80%, although some studies have reported levels below 60%⁽¹⁾.

Our study was based on Herzberg's Two-Factor Theory, which emphasizes two types of factors: hygiene factors, which refer to a worker's physical and psychological environment, and motivation factors, which are more closely related to the nature of the worker's job, the potential for promotions and the level of responsibility, etc. If a worker's needs related to hygiene factors are satisfied, the worker will not be dissatisfied and will exhibit a state of satisfaction that can be described as neutral. However, the same worker will be satisfied to the extent that his/her motivational needs are met. Improving hygiene conditions can shift worker dissatisfaction to a neutral state, while increasing motivational factors can lead to a state of satisfaction⁽¹⁰⁾.

Following our description of the relevance of job satisfaction in health care institutions and our explanation of the two-factor theory, we will now draw on past studies to describe the influence that age and gender have on job satisfaction⁽¹¹⁻¹²⁾. The influence of age varies widely, with many studies showing significant differences in satisfaction related to age^(2-3,5-6,8,13). Due to the number of contradictory results, there is currently no consensus in the literature about age as a determining

factor of job satisfaction. Some studies show that job satisfaction increases with age^(2-3,8,13), while others claim that there is no relationship to age^(4,7), and yet others suggest that job satisfaction decreases with age⁽⁵⁻⁶⁾.

Regarding gender, there appears to be a pre-established relationship between job satisfaction and a professional's gender. This relationship has been explained by the idea that job satisfaction in women is an innate quality to their gender⁽¹⁴⁾. One study attempted to explain the higher job satisfaction of women compared to men by proposing that women have lower expectations for their jobs, thereby implying that women are happier than men because men have job-related expectations that are more demanding and more difficult to achieve⁽¹⁵⁾. This theory relies on obvious gender-related differences^(2-3,8,11-12,16-17). However, interpreting the results of these past studies is challenging because there are discrepancies with other studies. Some studies depict lower satisfaction among women than men^(11,16), and other studies report similar levels of satisfaction for both genders and overall dissatisfaction with the health care system work environment⁽¹¹⁾. Finally, some studies claim that gender has no effect on job satisfaction⁽⁴⁾.

Data on gender for health-care professionals, including physicians, dentists and stomatologists, pharmacists, physiotherapists, nurses and nurses with a midwife certification as of 2011, show an intense feminization of health care professions. Women hold 70.97% of pharmacist degrees, 83.99% of nursing degrees and 93.91 of midwifery degrees. Among dentists and odontologists, women represent 45.65% and 46.36% of the profession, respectively⁽¹⁸⁾. There were no official statistical data for nurse supporting staff, but in the hospitals we surveyed, we found that 6% were men and 94% were women⁽¹⁹⁾.

The aim of this study was to determine the influence of gender and age on the job satisfaction of health care professionals working at a university hospital.

Methods

In this study, we used an *ex-post-facto* design to account for the limitations caused by inverse causal relationships, which are problematic because of the researcher's inability to manipulate the independent variable⁽²⁰⁾. The resulting design was quantitative, descriptive and transversal and was applied in the context of a university hospital.

The study population was comprised of 1194 health care professionals from the university hospital, including

specialized physicians, resident physicians and nurses and nursing assistants, as well as other employees with administrative responsibilities and management responsibilities over the aforementioned positions. All individuals affiliated with the university hospital as owners, service committee members or employees holding provisionally appointed positions were eligible for inclusion in the study if they chose to participate. The exclusion criteria excluded only professionals who were sick, on maternity leave or a leave of absence or chose not to participate.

For the evaluation instrument, we used a general questionnaire that included questions of sociodemographic content along with a general satisfaction scale. We used the Overall Job Satisfaction scale developed by War, Cook and Wall (1979), adapted and translated into Spanish⁽²¹⁾. This scale has also been used in other studies^(3,8). A pre-coded self-administered questionnaire was completed by the health care professionals at the work place. A self-administered questionnaire is used to characterize an individual's opinion by assuming that the person answering and recording the answers is the same person. The advantages of this type of questionnaire are that it prevents bias caused by the presence of the interviewer, and the time lapse to answer each question is shorter⁽²²⁾. Two items related to educational opportunities offered to professionals and the satisfaction of professionals with regards to the job they perform were added to the scale. A seven-point Likert scale was used to record each professional's satisfaction with different elements of his/her working life, with 1 indicating "very dissatisfied" and 7 "very satisfied". The 15 items on the original scale were divided in two subscales. The first scale was comprised of eight extrinsic factors related to the context where the job activities were performed, and the second scale consisted of seven intrinsic factors that referred to the aspects of the job itself. The total score was obtained by summing up the answer-points for each of the items (range of 15 to 105). A higher score reflected greater overall satisfaction with regards to the intrinsic and extrinsic items on the satisfaction subscales. The correction for the subscales was identical to the correction for the general scale, but due to the shorter length of the subscales, the values obtained from the subscales oscillated between 7 and 49 (intrinsic satisfaction) and 8 to 56 (extrinsic satisfaction)⁽²¹⁾. The reliability for the sample, measured using Cronbach's alpha, was $\alpha=0.89$ for the 15 original items and $\alpha=0.91$ for the 17 items used.

This study was conducted in agreement with ethical research guidelines and in compliance with the legal requirements for the study. In addition, we obtained written authorization from the university hospital's director and the authors of the Overall Job Satisfaction scale. The director, clinical director, director of nursing, service heads and various service supervisors were also informed of the study. We found that an important element of the study was to guarantee the anonymity of the health care professionals, as this strengthened the validity of the answers. The questionnaire was distributed among the health care professionals during the first trimester of 2010, and data collection ended during the second trimester.

Data analysis was performed with SPSS (v.15) statistical software, which included marginal trends for the answers as well as contingency tables. The software allowed for the estimation of measures of central tendency and dispersion.

Results

In this job satisfaction study, the study population consisted of 1194 health care professionals. The final sample consisted of 546 interviewees, with a participation percentage of 45.81%.

Women represented up to three fourths of the total participants (73.4% of the interviewees), while men represented 26.6%. Women and men were generally distributed across professions in a similar ratio. Our data showed that the majority of the respondents (up to 66.7%) were middle aged (31 to 50 years old). Of the total number of participants, 15% were young professionals (20 to 30 years old) and 18.3% were older than 50. The morning shift was the most frequently held shift (48.2%), followed by a rotating shift (32.6%). For affiliation level with the hospital, the largest group was the permanent staff (42.5%), followed by temporary staff (32.6%). Average seniority in the hospital was 8.3 years. For type of profession, the largest group was the nursing personnel (38.5%), followed by nursing assistants (28.9%), specialized physicians (17.8%), resident physicians (5.9%) and professionals in administrative roles (9%).

In a more detailed analysis of age, it was possible to detect differences in job satisfaction by age group, as shown in Table 1. Although the differences were small, respondents at the extreme ends of the age spectrum (the youngest respondents and, in particular, the oldest respondents, in the range of 61 to 70 years old) showed

a higher satisfaction level compared to the intermediate age groups. In particular, respondents who were 41 to 50 years old showed lower satisfaction levels. Among the significant relationships ($p < 0.05$) identified for age, respondents in the older age range had the most positive evaluations of their work experience. This was reflected in their responses to the following questions: satisfaction regarding the relationship between hospital directives and workers (average response of 4.8 for the oldest group of respondents), promotion possibilities (average of 4.6 for the older age group), work shift (average of 5.8 for the older age group), variety of

tasks performed in your work (average of 5.4 for the two oldest age groups), job stability (average of 5.9 for the two oldest age groups), continuing education opportunities and general satisfaction. All of the questions listed above showed statistically significant differences for age. The oldest age group showed the highest degree of satisfaction in these aspects of their work, while the intermediate age group (41 to 50 years old) reported lower values. The differences among age groups were not always large, but there were significant differences observed in almost all aspects of the analysis.

Table 1 - Average values for the variables by age group. Murcia, Spain, 2009

Variable	Average values for the variables (possible values ranged from 1 to 7)				
	Age (Years)				
	20 - 30	31 - 40	41 - 50	51 - 60	61 - 70
P1. Physical conditions of the job	4.7	4.2	4.0	4.6	4.6
P2. Freedom to choose your own job method	5.1	4.8	4.6	4.8	5.2
P3. Work colleagues	6.0	5.9	5.7	6.0	6.2
P4. Acknowledgement received for good performance	4.7	4.6	4.1	4.4	4.8
P5. Immediate superior	5.9	5.9	5.4	5.6	5.5
P6. Assigned responsibility	5.3	5.2	5.1	5.2	5.3
P7. Salary	5.2	4.8	4.4	4.5	4.4
P8. Potential for using your skills	5.1	4.8	4.6	4.7	5.2
P9. Relationship between hospital managers and workers	4.0	3.9	3.6	3.7	4.8
P10. Promotion possibilities	4.3	3.9	3.7	4.1	4.6
P11. Hospital administration	4.0	3.7	3.4	3.7	3.6
P12. Attention paid to your suggestions	4.5	4.1	4.0	4.0	4.5
P13. Work shift	5.2	5.1	5.3	5.8	5.8
P14. Variety of tasks performed	5.2	5.0	4.9	5.4	5.4
P15. Job stability	4.6	4.8	5.5	5.9	5.9
P16. Continuing education opportunities	4.8	4.5	4.3	4.9	4.1
P17. General satisfaction with your job	5.6	5.3	5.2	5.6	5.9

For gender, the observed differences in the values of the responses were low, and there were almost no significant differences ($p < 0.05$) among responses with gender, except in two cases: job stability and general satisfaction. The results in Table 2 show significant differences between men and women in both of these two aspects. In general, women showed

higher satisfaction than men with their job duties (average value of 5.5 for women versus 5.1 for men). This difference was significant ($p = 0.02$). In contrast, men were slightly more satisfied than women with regards to job stability, with an average value of 5.4 for men and 5.2 for women. This difference was also significant.

Table 2 - Average values for the variables by gender. Murcia, Spain, 2009

Variable	Average values for the variables (possible values ranged from 1 to 7)	
	Gender	
	Man	Woman
P1. Physical conditions of the job	4.3	4.2
P2. Freedom to choose your own job method	4.9	4.8
P3. Work colleagues	5.9	5.9
P4. Acknowledgement received for good performance	4.6	4.4

(continue...)

Table 2 - (continuation)

Variable	Average values for the variables (possible values ranged from 1 to 7)	
	Gender	
	Man	Woman
P5. Immediate superior	5.6	5.7
P6. Assigned responsibility	5.2	5.2
P7. Salary	4.9	4.6
P8. Potential for using your skills	4.7	4.8
P9. Relationship between hospital managers and workers	3.8	3.8
P10. Promotion possibilities	4.0	3.9
P11. Hospital administration	3.8	3.6
P12. Attention paid to your suggestions	4.0	4.2
P13. Work shift	5.2	5.3
P14. Variety of tasks performed	5.1	5.1
P15. Job stability	5.4	5.2
P16. Continuing education opportunities	4.3	4.6
P17. General satisfaction with your job	5.1	5.5

Discussion

The participation rate in our study was 45.81%, which was within the range of participation rates in numerous other studies^(1-2,6-7). There are some studies with higher participation rates⁽³⁾ and a few with lower rates⁽²³⁾.

The majority of professionals surveyed were middle-aged, and it is worth noting that the number of professionals at the extreme ends of the age spectrum was relatively small. Accordingly, we draw comparisons with numerous studies^(1,3,6-7,13) in which middle-aged professionals were predominant. In one study, there were no middle-aged professionals. The study participants were between 20 and 30 years old, with an average age of 24.54 years⁽⁴⁾. Similar to the results of our study, the most satisfied professionals were the youngest and the oldest, as shown by their responses to questions such as the general satisfaction question. The results differed from ours for promotion possibilities and fellow co-workers⁽²⁾, for which the responses in our study showed higher values. Another study⁽¹³⁾ showed workers in the intermediate age range having the highest satisfaction levels, and other studies found no statistically significant differences in job satisfaction with age⁽⁴⁾.

Based on the results of our study, we suggest that the desire to learn and acquire more experience gives younger professionals a more positive perspective on certain aspects of their job. These same aspects of the job cause workers in the intermediate age range to express dissatisfaction. Similarly, the greater experience of older professionals allows them to better adapt to the job in many cases, and their experience also gives them

a more objective point of view about those aspects of the job that cause other professionals dissatisfaction (e.g., their relationship with managerial professionals and the way in which the hospital operates).

In contrast to the results of the age analysis, in the results of the gender analysis, we observed an intense feminization of labor among the workers at the university hospital. This same feminization has been observed across almost all of the health care field, especially in careers such as nursing⁽¹⁸⁾, although data from a professional association for 2011 showed that 46.36% of all physicians were women, which suggests that gender roles are changing in the medical field. Our results appear to confirm the feminization of health care professions. The results are consistent with the feminization of professions such as pharmacy and physiotherapy and the intense feminization occurring in nursing (83.99% of nursing degrees held by women) and midwifery (93.91% women)⁽¹⁸⁾. In our study, women represented three quarters of the total professionals in our sample, which is consistent with other studies^(1,4,6-7,23). One study⁽³⁾ found that women represented up to 94.9% of the total participants. There are a few studies where the number of men is higher than the number of women⁽²⁾, but these studies are rare. In relation to job satisfaction, women tend to express higher satisfaction than men, as other authors have reported^(2-3,17). Nevertheless, some authors^(11,16) have demonstrated that men are more satisfied than women with their jobs. In our study, we found that men were more satisfied than women regarding job stability.

Given the importance of job satisfaction to the success of health care institutions, we suggest that

the evaluation of employee job satisfaction should be a regular occurrence. Some authors^(21,24) have described the positive influence of highly satisfied health care professionals on the quality of the services provided. This positive influence results from the fact that employee satisfaction is an important element of the quality of care provided. Although there is still a question of whether employee job satisfaction has a direct relationship with customer service, it has been clearly established that an evaluation of job satisfaction is one test of the quality of an institution and the services it provides. The involvement of health care professionals in decision making also has an impact on their level of satisfaction, as other authors have previously suggested⁽²⁵⁾.

Conclusions

The results of this study showed that older health care professionals (61 to 70 years old) had the highest levels of satisfaction, with statistically significant differences in age for seven of the 17 aspects of job satisfaction evaluated. The aspects of job satisfaction related to age included the relationship between management personnel and the workers, promotion possibilities, work shift, variety of tasks performed on the job, job stability, educational opportunities and overall satisfaction. The results for gender demonstrated a tendency towards feminization in almost all health care professions, with women clearly showing statistically significant higher overall satisfaction levels. Men were slightly more satisfied than women with their job stability.

Here we describe the limitations of our study. First, due to obvious constraints, our population sample was not random. Second, a larger sample size, which could have been obtained by pooling different hospitals, would have allowed for greater generalization of the results. Finally, the questionnaires were self-administered, which assumes that the professionals will answer the questions truthfully on their own. However, these limitations do not invalidate the comparison of our results with previous studies.

We believe that management policies should be oriented towards involving health care professionals in decision-making according to their gender and age, as the influence of these two factors on job satisfaction is clearly evident. With the goal of exploring differences in job satisfaction by gender and age group of health care professionals, we began additional research in 2013.

This new research project is funded by the Carlos III Health Institute (Spain), and the objective is to use a multi-center qualitative approach to continue our job satisfaction studies at three university hospitals. The studies are designed with the objective of understanding the variables that influence job satisfaction and the overall contribution of job satisfaction to the quality of health care services provided.

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