A review of job satisfaction surveys in health care

Marijana Milošević-Gačević

Medicinska škola "Dr Andra Jovanović", Šabac

Received: 01/06/2022
Revised: 09/06/2022
Accepted: 20/06/2022
Published: 30/09/2022

Corresponding author:
Marijana Milošević-Gačević

Correspondence email:
m.milosevicgacevic@gmail.com

DOI: 10.5937/smclk3-38222

Abstract:

The healthcare sector is one of the sectors in the EU economy with significant employment potential, which is driven by the growing demand for healthcare. Job satisfaction contributes to the improvement of the quality of service, in every profession, and it is especially important in the field of work of professionals whose service should contribute to better and more efficient health care, and therefore it has been an important research topic for a number of years. The health care sector is facing many challenges. Therefore, providing a sufficient number of well-qualified and motivated staff will be a particular problem in countries facing a marked increase in the demand for health care. It is estimated that the shortage of health workforce will reach 12.9 million health workers by 2035. The health sector of the Republic of Serbia is facing similar challenges, but it also has its own specificities, conditioned by the historical, socio-economic, cultural, and political development of the country. This paper analyses the available literature on job satisfaction, factors influencing satisfaction, and challenges for improving job satisfaction in the health sector.

Keywords: job satisfaction; health care sector; challenges for improvement

INTRODUCTION

The notion and development of the concept of job satisfaction

There is no universally accepted definition of job satisfaction, due to the fact that, under the influence of different factors, in different persons, personal characteristics, needs, values, feelings, expectations, and other characteristics, influence the perception of job satisfaction. Job satisfaction is a very important aspect of the employee's wellbeing, and it reflects emotional, cognitive, as well as behavioral components [1].

In 1935, Hoppock was the first to define this concept as "any combination of psychological, physiological, and environmental circumstances that cause a person to truthfully say that they are satisfied with their job" [2]. Wanous and Lawler indicated the possibility of measuring job satisfaction through the sum of the job satisfaction experienced in all the different aspects of the job [3]. In literature, researchers tend to measure job satisfaction as overall job satisfaction and specific job satisfaction, whereby overall job satisfaction is an overall assessment of the job, while specific job satisfaction is, in fact, satisfaction with different aspects of the job [4]. As of the late 1930s, job satisfaction has been continuously studied [5][6][7][8][9] with the help of numerous theoretical concepts and methods, in different sectors, viewed from various perspectives, yet there is no universal instrument that would satisfy all the criteria necessary for the assessment of job satisfaction in employees, and which would, at the same time, encompass all the factors contributing to job satisfaction.

Job satisfaction is a very important segment within industrial and organizational psychology [10], probably because work environment, job characteristics, as well as the opportunities for employees, significantly differ amongst organizations. Job satisfaction is a complex construct, defined by the combination of different factors, which, if disturbed for some reason, may, amongst other things, affect employee productivity itself [11], but also contribute to job burnout, an increased absence from work, bad working relations, violence [12], or the need for changing one's job position [13]. Basically, job satisfaction in employees testifies to the appropriate use of human resources and care for the sustainability of the organization. The managers in healthcare are expected to know the employees at all organizational levels well, in order to recognize their needs and motives and find ways to satisfy the said needs. In this way, the individual goals of the employees become aligned with the organizational goals, but are also fulfilled in the most efficient way, which ensures mutual benefit - satisfied employees and a satisfied organization.

JOB SATISFACTION IN EMPLOYEES WORKING IN THE HEALTHCARE SECTOR

Job satisfaction in employees working in the healthcare sector has been the focus of investigation of researchers for a number of years. It is important for the healthcare system that, in addition to investigating overall and specific job satisfaction, analyses of job satisfaction should focus on the differences amongst healthcare organizations with respect to job satisfaction. Earlier studies [14][15], carried out after 1979, researching the issue of job satisfaction, focused mainly on certain professions, which were believed to be, due to the specificity of the job and work with a particular group of patients, especially prone to a decline in the level of job satisfaction, such as, for example, psychiatry specialists. Literature confirms that health workers dealing with a particular population of patients (e.g., AIDS patients, mentally ill patients, terminally ill patients) may be exposed to emotional exhaustion to a greater degree, which leads to job dissatisfaction, or even to their leaving healthcare institutions that provide services in these particular areas [16]. A more recent study [17], dealing with the differences in overall job satisfaction between healthcare workers employed in the mental health sector and those employed in other healthcare sectors, indicates that employees in the mental health sector have a higher level of overall job satisfaction. The reason stated for this is that, due to the specificity of the work that they do, employees of the mental health sector promote their expertise through different educational programs related to self-protection in the workplace [17], which indicates that the approach towards the employees within healthcare has significantly changed.

Further review of the literature shows that research has also been focused on nurses working in the same or similar areas [18][19][20][21]. As principal predictors of professional dissatisfaction and motivators for leaving the nursing profession, previous research [20] indicates work overload and the inability to apply one's expertise and skills at the workplace, with personal reasons, on the other hand, being less of a factor. Bearing in mind that nursing is the largest healthcare profession worldwide, the issue of job satisfaction amongst nurses remains a frequent topic to this day. A recent study [21] indicates that job dissatisfaction in the nursing profession may be determined by the lack of respect shown by the doctors and managers, while age, work experience, as well as the number of work hours per week, may be statistically significant for work satisfaction.

Literature from the 1990s indicates that the role of health managers in increasing job satisfaction in health professionals was becoming more and more recognized, suggesting new perspectives in motivating and managing personnel [22][23]. Individual studies indicate the positive correlation between organizational dedication and job satisfaction in healthcare institutions, on the one hand, and satisfaction with work, participatory, and promotional opportunities within the organization, stemming from work experience and the age of the employees, on the other hand [24]. Also, participation opportunities and autonomy in the arrangement of the work environment positively affects job satisfaction in the public health sector [25], which may provide good guidelines for the managers.

The employees' job satisfaction is connected to the way that people see and experience their work, and what they think of it, because, when the institution fulfills their work-related expectations, the employees experience positive emotions, i.e., job satisfaction. Prominent researchers indicate that employee job satisfaction is closely connected to employee motivation, emphasizing that certain motivation theories include elements related to the development of a satisfied work force [26]. There are opposing opinions presented in literature on the connection between motivation and job satisfaction, since a motivated worker does not necessarily mean a satisfied worker and vice versa, while, on the other hand, there is proof that a high level of motivation leads to the perception of a high level of satisfaction [27]. Conversely, individual authors believe that job satisfaction and motivation are completely different with respect to rewards and performance, as, according to their views, motivation is driven by future occurrences [28], while job satisfaction is motivated by past events [29].

FACTORS AFFECTING JOB SATISFACTION IN HEALTHCARE ORGANIZATIONS

While numerous studies have researched factors affecting job satisfaction, for the present study, the studies investigating the healthcare sector are of particular significance. In addition to forming opinions on the job in general, people may also have attitudes towards different aspects of their job, such as the type of work they do, how they are paid, as well as their relationships with their colleagues, their subordinates, and superiors [30]. Factors that affect the improvement of job satisfaction must be recognized and developed by the management in healthcare institutions. This is why environmental factors and work conditions, as determinants of job satisfaction in employees working in

healthcare organizations, have been the subject of research in the past. Bearing in mind that employees spend a good part of their life at work, the work environment may have significant positive or negative impact on employee job satisfaction. Work environment involves different factors, primarily work conditions.

According to certain authors [31], the interaction of employees with their organizational climate stimulates the creation of work conditions, including the psychological and physical work conditions. Due to the specificity of the job, the duration of the working hours, as well as the need for work schedule flexibility, the work conditions that they are exposed to at their workplace is of great significance to health workers. Health professionals who are required to maintain continuity in performing their work tasks, display a higher level of job satisfaction when the work correlates with interesting work tasks and with a greater opportunity to control the work pace and schedule, which is, for instance, the case with anesthesiology specialists [32].

The connection between the satisfaction with the psychosocial aspects of the work place and self-assessment of work behavior, offer the management with an opportunity to anticipate the work behavior of the employees [33]. The modern-day environment of the healthcare system requires that the health organizations be involved in activities that maintain a high level of performance within the healthcare institutions, which are primarily dependent on the employees. This motivates the managers to apply an individual approach towards the employees, in the sense of adapting incentives, and, more importantly, in the sense of recognition of the job performed by the employees as an important element in the functioning of the organization [34]. Therefore, the types of incentives and rewards offered to the employees are an important factor in studying job satisfaction in healthcare workers.

According to Torrington et al. [35], there is a wide array of available methods for motivating employees, ranging from the recognition of the employee's achievements (e.g., simply saying: 'Thank you') to combinations of more complex patterns and defined goals with set rewards. Research indicates that a combination of financial and non-financial incentives serves as a stimulating factor and achieves the desired effect only when implemented within a supportive work environment [36]. Incentives need not be exclusively of a financial nature. If the employees have ambitions of advancing in their careers, the availability of appropriate training, the opportunity of advancing and having continuous education, will be a stronger motivator. Professional development programs for employees have a positive effect on the level of job satisfaction of the employee, as in this way, employees have a greater sense of trust and control over their careers [37].

When defining programs aimed at motivating employees, it is necessary to take into consideration their individual differences as well, since employees value certain incentives and awards differently. Certain employees attribute greater value to nonmaterial incentives, such as respect and recognition of their work by their supervisors, participation in decision making, autonomy in carrying out their work, flexibility of work hours, etc., while other employees are primarily motivated by earnings. Money may or may not motivate employees, which was empirically proven in a study carried out in Kenya [36], and theoretically explained with Herzberg's two-factor motivation-hygiene theory [6].

To a great extent, interpersonal relationships and communication amongst employees are affected by differences amongst individuals. If these relationships are, for some reason, damaged, they may cause decreased productivity and dissatisfaction amongst the employees, while dedication to the employees on behalf of the management is in negative correlation with a low level of job satisfaction amongst the staff [38]. Individual studies point out the importance of the communication between the employees and their supervisors, stating that the most significant determinants of job satisfaction are related to the contact between the employees and the middle and upper management [8], which is reflected in the fact that employees are more satisfied with their job if their supervisors are more open in their communication with staff [39]. Studies analyzing communication in the context of employee job satisfaction in healthcare organizations, report that the quality of service directly depends on the interaction amongst employees at all organizational and institutional levels [23][40].

Certain researchers indicate that there is a need to focus special attention on first line managers, as they represent a direct link between staff and upper management. Therefore, increased organizational support and support offered by health supervisors can influence the level of job satisfaction experienced by first-line managers and their retention within an organization [40], as well as the forming of organizational culture, which provides for the overall job satisfaction of employees. It is important to stress that communica-

tion and cooperation, as a factor of employee satisfaction within an organization, may be the result, not only of one's profession, but also, in some cases, of cultural attitudes.

INDIVIDUAL FACTORS AND JOB SATISFACTION IN HEALTHCARE ORGANIZATIONS

Individual factors, such as gender, age, years of employment, education level, and profession, may have a large impact on job satisfaction in employees in the healthcare sector [41][42].

In literature, a significant number of studies has investigated the connection between gender and job satisfaction, and the results of these studies are inconsistent [12][43]. The differences among the findings of different researchers may be explained by the fact that, in certain professions, such as professions within the healthcare sector, a particular gender, more precisely the female gender, tends to be dominant, and therefore the end result of job satisfaction research will largely depend on the perception of the women. It is interesting that certain health studies suggest that women tend to be more satisfied with their jobs than men [43], while other researchers have proven the opposite to be true [12]. Researchers find an explanation for this contradiction of results in the difference in expectations that women and men have, related to their jobs. They state that, due to different circumstances and psychosocial factors, women have lesser expectations, when it comes to their job, than men [44], which is why, even when the work conditions are identical, women will report a higher level of job satisfaction than their male colleagues [45]. Conversely, results demonstrating a higher level of job satisfaction in men are connected to the fact that, in some areas, including public organizations, male managers are dominant [46].

Certain studies [47][48] investigated the way that age and years of employment affect motivation and job satisfaction in employees. Years of employment indicate the length of time spent by the employees at their job, within one organization. It is a fact that individuals experience a different level of motivation in different phases of their lives and employment [48], which is why, depending on the age and years of employment of the subjects, opposing results can be found in literature. Bearing this in mind, managing health workers in the public healthcare sector, who are of a different age and who have varying lengths of employment, is reflected in appropriate opportunities for professional development, advancement, and career management, in relation to the age structure, length of employment, or management position of an employee within the organization [47].

In considering the factors that affect job satisfaction of the employees, the education level is significant as is the profession of the employees. As opposed to some producing/manufacturing sectors, in the perception of job satisfaction, the healthcare sector and the education sector as well, prioritize the sense of professional achievement of employees [49]. The differential effect that can be found in studies on job satisfaction amongst different professions or within the same profession, may be explained with the professional positions, levels of education, levels of responsibility that different positions entail, etc. According to the researchers dealing with this topic [50], the level of education of health workers correlates with dedication to the profession, job satisfaction, and intention to remain at the current job.

CHALLENGES FOR IMPROVING JOB SATISFACTION IN THE HEALTHCARE SECTOR

It should be emphasized that the analysis of job satisfaction in healthcare professionals is an important task in human resources management. Such analysis represents a significant source of information for organizations looking to improve employee behavior, organizational commitment, and the retention of employees, through the improvement of job satisfaction. Many healthcare systems worldwide are faced with a shortage of health professionals and with phenomena such as dual practice and the migration of health workers [51], and the projections of economic supply and demand of health workers indicate that the acceleration in the international mobility of health workers will continue in the future [52]. Human resources for health have been identified as the primary element for the efficient functioning of the healthcare system, as they represent a key component in achieving progress in attaining sustainable development goals in population health [53][54]. To that end, the Council of the European Union [55] states that the challenge for all member states is providing a sufficient number of trained and sustainable health workers, who will be capable of appropriately responding to heath issues in the future. Providing the sufficient number of quality and motivated staff will be especially challenging in countries faced with population ageing, an increase in the number of illnesses, as well as the changes in patients' needs. At the same time, a high level of the use of new technologies as well as a more efficient functioning of healthcare systems as a whole, is expected

[54]. Due to frequent mobility of healthcare personnel, these problems are linked to the difficulties related to providing a sufficient number of trained health workers and properly redistributing them within the healthcare system.

At the Third Global Forum on Human Resources for Health, the World Health Organization (WHO) issued a warning regarding the deficit in health workers, which, at that moment, amounted to 7.2 million professionals in this field [56]. It is additionally alarming that, according to expert assessments, by the year 2035, this number will reach 12.9 million health workers [56]. A resolution of the World Health Assembly [57], in addition to the insufficient number of health workers, outlines other challenges that healthcare systems worldwide are facing, which primarily relate to the following: inadequate training and distribution of workers, inadequate skill combination and insufficient efficiency improvement, as well as achieving sustainability of the health workers belonging to the system. On the other hand, for the sake of achieving a more efficient response to the health needs of the population, the transformation of the education of health workers is necessary. Improving motivation and job satisfaction of employees, paired with appropriate policy measures for their retention, was stated as the most important factor that is a prerequisite for all the above stated. The challenge for managers in the healthcare sector also relates to the choice of the most efficient instruments for promoting job satisfaction in employees. Considering the options and initiating interventions for improving job satisfaction of employees in the republic of Serbia [58][59][60], but also in many other countries in Eastern Europe [61], will depend on the number of available professional health managers, who would be able to respond to the challenges of managing healthcare employees in the appropriate manner [62]. This is the reason why the WHO implies that most countries will have to improve their professional development programs in the area of human resources management in the healthcare system [63][64].

The main challenge for the healthcare system and for human resources management is mobilizing political readiness and financial resources for the application of national, regional, and global strategies and frameworks [65][66]. A recent study [67] has shown that a negative trend in the area of human resources for health is continuing in Serbia, whereby dissatisfied professionals are working outside the institutions where they are employed or are planning to leave the country in pursuit of better opportunities. The same study [67] suggests that the improvement of institutional management and organization, creating better opportunities for work autonomy, offering opportunities for professional advancement, respect and recognition of employees' work (e.g., delegating tasks, complete application of skills), as well as the availability of more modern equipment for work, would probably improve job satisfaction. Also, dissatisfaction with the monetary remuneration, with the quality of the work equipment, with the respect and appreciation shown for the employees' work, as well as dissatisfaction with the opportunities for professional advancement, are high on the scale of different forms of dissatisfaction, which is why incentives in the Serbian healthcare system still allow a lot of room for improvement [67].

According to the results of international studies [68], countries with lower income will also have to respond to the need for improving employee job satisfaction with motivation factors. This is especially true of those countries that are faced with significant loss of qualified workers. It is proposed that international agencies, such as the International Monetary Fund (IMF) and the World Bank, should take initiative in resolving the most evident problems related to healthcare workers, since low and middle-income countries cannot solve these problems on their own [69][70].

CONCLUSION

Job dissatisfaction in healthcare workers and the tendency of these workers towards job mobility may have a negative impact on the efficient functioning of the healthcare system as a whole, while, on the other hand, job satisfaction contributes to the improvement of service quality, in every profession, and it is especially significant in the domain of the work performed by professionals whose service is intended to contribute to better and more efficient high-quality healthcare. Methodical and continuous management of situational factors that contribute to job dissatisfaction would prevent uncontrolled health staff mobility, through the creation of a stimulating, supportive, and safe work environment. Employee job satisfaction management and staff mobility management is, in itself, a complex process; it requires competent staff management, an individualized approach towards the employees, as well as adjusting to organizational, institutional, and contextual factors. Identifying the differences in the assessment of factors, on the part of the employees of the healthcare sector, may be an instrument for predicting staff job satisfaction and retention, which will be of vital importance for healthcare systems worldwide, in the future.

Note

This paper is a part of the doctoral theses defended in 2021, within a joint study program of the Faculty of Organizational Sciences and the Faculty of Medicine of the University of Belgrade.

Conflict of interest

None declared.

REFERENCES

1. Saari LM, Judge TA. Employee attitudes and job satisfaction. Hum Resour Manage. 2004 Nov;43(4):395-407. [Crossref] [Google Scholar]
2. Hoppock R. Job Satisfaction. New York: Harper and Brothers. 1935. p.47. [Google Scholar]
3. Wanous JP, Lawler EE. Measurement and Meaning of Job Satisfaction. J Appl Psychol. 1972;12(2):95-105. [Crossref] [Google Scholar]
4. Eker M, Anbar D, Karabıyık P. Job Satisfaction of Academicians in Turkey and the Factors Affecting Job Satisfaction. ISGUC The Journal of Industrial Relations and Human Resources. [Internet].2007;9(4):66-90. Available from: https://pdfs.semanticscholar.org/a833/95d084d7e3d4770be5228b256badecb96544.pdf. [Google Scholar]
5. Quarstein VA, Mcafee RB, Glassman M. The Situational Occurrences Theory of Job Satisfaction. Hum Relat. 1992;45(8):859-873. [Crossref] [Google Scholar]
6. Herzberg F, Mausner B, Peterson RO, Capwell DF. Job Attitudes: Review of Research and Opinion. Pittsburgh: Psychological Service of Pittsburgh. 1957. [Crossref] [Google Scholar]
7. Hackmann JR, Oldham GR. Work redesign. Reading, MA: Addison-Wesley. 1980. [Crossref] [Google Scholar]
8. Seashore S, Taber T. Job Satisfaction Indicators and Their Correlates. Am Behav Sci. 1975 Jan;18(3):333-368. [Crossref] [Google Scholar]
9. Tietjen MA, Myers RM. Motivation and job satisfaction. Management Decision. 1998 May;36(4):226-31. [Crossref] [Google Scholar]
10. Judge TA, Church AH. Job satisfaction: Research and practice. In: Cooper CL, Locke EA, editor(s). Industrial and organizational psychology: Linking Theory with Practice. [Internet].Oxford, UK: Blackwell. 2000 [cited 7. 7. 2020.]; p. 166-198. Available from: http://www.timothy-judge.com/Job%20Satisfaction%20and%20Subjective%20Well-Being-Judge%20&%20Klinger.pdf.
11. Simić S, Milićević MS, Matejić B, Marinković J, Adams O. Do we have primary health care reform: The story of the Republic of Serbia. Health Policy. 2010 Jul;96(2):160-169. [Crossref] [Google Scholar]
12. Cheung T, Lee PH, Yip PSF. The association between workplace violence and physicians' and nurses' job satisfaction in Macau. PLoS One. 2018 Dec 5;13(12):e0207577. [Crossref] [Google Scholar]
13. Šantrić-Milićević M, Matejić B, Terzić-Šupić Z, Vasić V, Babić U, Vuković V. Determinants of intention to work abroad of college and specialist nursing graduates in Serbia. Nurse Educ Today. 2015 Apr;35(4):590-596. [Crossref] [Google Scholar]
14. Talbott JA. Why Psychiatrists Leave the Public Sector. Hosp Community Psychiatry. 1979 Nov;30(11):778-782. [Crossref] [Google Scholar]
15. Knox MD. Factors affecting psychiatrists' availability to serve in public programs. Psychiatr Q. 1988 Summer;59(2):113-120. [Crossref] [Google Scholar]
16. Blankertz LE, Robinson SE. Turnover intentions of community mental health workers in psychosocial rehabilitation services. Community Ment Health J. 1997 Dec;33(6):517-29. [Crossref] [Google Scholar]
17. Papathanasiou IV, Kleisiaris CF, Tsaras K, Fradelos EC, Kourkouta L. General Satisfaction Among Healthcare Workers: Differences Between Employees in Medical and Mental Health Sector. Mater Sociomed. 2015 Aug;27(4):225-8. [Crossref] [Google Scholar]
18. Shoham-Yakubovich I, Carmel S, Zwanger L, Zaltcman T. Autonomy, job satisfaction and professional self-image among nurses in the context of a physicians' strike. Soc Sci Med. 1989;28(12):1315-20. [Crossref] [Google Scholar]
19. Chernomas R, Chernomas W. Escalation of the Nurse-Physician Conflict: Registered Care Technologists and the Economic Crisis. Int J Health Serv. 1989;19(4):635-650. [Crossref] [Google Scholar]
20. Bettelini CM, Mader AT, Clerici N. Perché le dimissioni?: Un'inchiesta presso gli infermieri e assistenti geriatrici dell'ospedale Neuropsichiatrico Cantonale che hanno abbandonato l'attività nel 1983-1988 [Why all those resignations? An investigation with those nurses and geriatric assistants of the Cantonal Neuropsychiatric Hospital who gave up their activities between 1983 and 1988]. Riv Inferm. 1990 Jul-Sep;9(3):127-36. Italian. [Google Scholar]
21. Steinke MK, Rogers M, Lehwaldt D, Lamarche K. An examination of advanced practice nurses' job satisfaction internationally. Int Nurs Rev. 2018 Jun;65(2):162-172. [Crossref] [Google Scholar]
22. Rantz MJ, Scott J, Porter R. Employee Motivation: New Perspectives of the Age-Old Challenge of Work Motivation. Nurs Forum. 1996 Jul-Sep;31(3):29-36. [Crossref] [Google Scholar]
23. Goñi S. An analysis of the effectiveness of Spanish primary health care teams. Health Policy. 1999 Aug;48(2):107-17. [Crossref] [Google Scholar]
24. Welsch HP, LaVan H. Inter-Relationships Between Organizational Commitment and Job Characteristics, Job Satisfaction, Professional Behavior, and Organizational Climate. Hum Relat. 1981;34(12):1079-1089. [Crossref] [Google Scholar]

25. Ye J, Verma P, Leep C, Kronstadt J. Public Health Employees' Perception of Workplace Environment and Job Satisfaction: The Role of Local Health Departments' Engagement in Accreditation. J Public Health Manag Pract. 2018 May/Jun;24(Suppl 3):S72-S79. [Crossref] [Google Scholar]
26. Ramlall S. A review of employee motivation theories and their implications for employee retention within organizations. The Journal of American Academy of Business. 2004 Sep;5.1/2:52-63. [Google Scholar]
27. Chughati FD, Perveen U. A Study of Teachers Workload and Job Satisfaction in Public And Private Schools At Secondary Level in Lahore City Pakistan. Asian Journal Of Social Sciences & Humanities. [Internet].2013 Feb [cited 15. 7. 2019.];2(1):202-14. Available from: http://ajssh.leena-luna.co.jp/AJSSHPDFs/Vol.2(1)/AJSSH2013(2.1-22).pdf. [Google Scholar]
28. Hersey P, Blanchard KH. Management of organizational behavior: Utilizing human resources. 5th ed. Englewood Cliffs, NJ: Prentice Hall. 1988. p. 169-201. [Google Scholar]
29. Carr G. Investigating the motivation of retail managers at a retail organization in the Western Cape. [unpublished mini-thesis]. [Internet]. South Africa: University of the Western Cape. 2005 [cited 21. 7. 2020.]. Available from: https://etd.uwc.ac.za/bitstream/handle/11394/1317/Carr_MCOM_2005.pdf?sequence=1&isAllowed=y.
30. George JM, Jones GR. Understanding and Managing Organizational behavior. 5th ed. New Jersey: Pearson/Prentice Hall. 2008. p. 78. [Google Scholar]
31. Gerber PP, Nel PS, van Dyk PS. Human Resource Management. 4th ed. Johannesburg: Internal Thomson Publishing. 1998. [Google Scholar]
32. Kinzl JF, Knotzer H, Traweger C, Lederer W, Heidegger T, Benzer A. Influence of working conditions on job satisfaction in anaesthetists. Br J Anaesth. 2005 Feb;94(2):211-215. [Crossref] [Google Scholar]
33. Kovačević I, Čizmić S. Workspace satisfaction and work behaviour of computer systems managers. Psihološka istraživanja. 2012 Mar;15(1):5-21. [Crossref] [SCIndeks] [PDF] [Google Scholar]
34. Armstrong MA, Taylor S. Armstrong's Handbook of Human Resource Management Practice. 13th ed. [Internet]. London: Kogan Page. 2014 [cited 4. 8. 2019.]. Available from: https://www.academia.edu/32280546/ARMSTRONGS_HAND-BOOK_OF_HUMAN_RESOURCE_MANAGEMENT_PRACTICE_i.
35. Torrington D, Hall L, Taylor S. Human Resource Management. Pearson UK. 2020. [Google Scholar]
36. Goetz K, Marx M, Marx I, Brodowski M, Nafula M, Prytherch H. Working Atmosphere and Job Satisfaction of Health Care Staff in Kenya: An Exploratory Study. Biomed Res Int. 2015;2015:256205. [Crossref] [Google Scholar]
37. Jin MH, Lee MY. The Effects of Autonomy, Experience, and Person Organization Fit on Job Satisfaction: The Case of Public Sector. The International Journal of Social Sciences. 2012;6(1):18-44. [Google Scholar]
38. Meyer M. Managing human resources development: An outcomes-based approach. 2nd ed. Durban: LexisNexis Butterworths. 2002. [Google Scholar]
39. Jablin FM. Organizational entry, assimilation, and exit. In: Jablin FM, Putnam LL, Roberts KH, Porter LW, editor(s). Handbook of organizational communication: An interdisciplinary perspective. Sage Publications, Inc. 1987; p. 679-740. [Google Scholar]
40. Lee H, Cummings GG. Factors influencing job satisfaction of front line nurse managers: A systematic review. J Nurs Manag. 2008 Oct;16(7):768-783. [Crossref] [Google Scholar]
41. Bovier PA, Perneger TV. Predictors of work satisfaction among physicians. Eur J Public Health. 2003 Dec;13(4):299-305. [Crossref] [Google Scholar]
42. Judge TA, Thoresen CJ, Bono JE, Patton GK. The job satisfaction-job performance relationship: A qualitative and quantitative review. Psychol Bull. 2001 May;127(3):376-407. [Crossref] [Google Scholar]
43. Walters V, Lenton R, French S, Eyles J, Mayr J, Newbold B. Paid work, unpaid work and social support: A study of the health of male and female nurses. Soc Sci Med. 1996 Dec;43(11):1627-1636. [Crossref] [Google Scholar]
44. Chiu RK, Tang TL, Luk VW. Retaining and motivating employees: compensation preferences in Hong Kong and China. Personal Review. 2002 Aug;31(4):402-431. [Crossref] [Google Scholar]
45. Clark AE. Job Satisfaction and Gender: Why are women so Happy at Work? Labour Econ. 1997 Dec;4(4):341-72. [Crossref] [Google Scholar]
46. Kafyeta AS. Factors influencing employees' job satisfaction in public organizations in Tanzania: A case of Tanzania electric supply company limited. [dissertation]. [Internet]. University of Tanzania. 2015 [cited 21. 6. 2019.]. Available from: https://core.ac.uk/download/pdf/44684746.pdf. [Google Scholar]
47. Aghazadeh S. Managing workforce diversity as an essential resource for improving organizational performance. International Journal of Productivity and Performance Management. 2004 Sep;53(6):521-31. [Crossref] [Google Scholar]
48. Aswathappa K, Dash S. International Human Resource Management: Text and Cases. Tata McGraw-Hill Education Pvt. Ltd. 2007. [Google Scholar]
49. Nogueras DJ. Occupational commitment, education, and experience as a predictor of intent to leave the nursing profession. Nurs Econ. 2006 Mar-Apr;24(2):86-93. [Google Scholar]
50. Gazioglu S, Tanselb A. Job satisfaction in Britain: Individual and job related factors. Appl Econ. 2006 Sep;38:1163-1171. [Crossref] [Google Scholar]

51. Williams GA, Jacob G, Rakovac I, Scotter C, Wismar M. Health professional mobility in the WHO European Region and the WHO Global Code of Practice: Data from the joint OECD/EUROSTAT/WHO-Europe questionnaire. Eur J Public Health. 2020 Sep 1;30(Suppl_4):iv5-iv11. [Crossref] [Google Scholar]
52. World Health Organisation. Health workforce: Health workforce: Migration [Internet]. [cited 22. 8. 2019.]. Available from: https://www.who.int/hrh/migration/en/.
53. GBD SDG Collaborators. Measuring progress and projecting attainment on the basis of past trends of the health-related Sustainable Development Goals in 188 countries: An analysis from the Global Burden of Disease Study 2016. Lancet. 2017 Sep 16;390(10100):1423-59. [Crossref] [Google Scholar]
54. United Nations. Transforming our world: The 2030 Agenda for Sustainable Development, A/RES/70/1 [Internet]. [cited 13. 2. 2020.]. Available from: https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf.
55. Kundacina J, Samuilova M. Health Workforce Mobility in the South-East European Health Network Region (SEEHN). [Internet]. Brussels: RMHD IOM RO. 2010 [cited 14. 3. 2018.]. Available from: http://philipus.de/mohprof.eu/LIVE/DATA/National_reports/national_report_Summary_SEEHN.pdf. [Google Scholar]
56. World Health Organization. Global health workforce shortage to reach 12.9 million in coming decades. [Internet]. Recife, Brazil: WHO. 2013 [cited 31. 8. 2018.]. Available from: https://www.who.int/mediacentre/news/releases/2013/health-workforce-shortage/en/.
57. World Health Organization. The WHO Global Code of Practice on the International Recruitment of Health Personnel: Sixty-third World Health Assembly - WHA 63.16. (Eighth plenary meeting, 21 May 2010 – Committee A, fourth report) [Internet]. World Health Organization, 2010 [cited 30. 1. 2017.]. Available from: https://www.who.int/hrh/migration/code/code_en.pdf?ua=1.
58. Terzić-Šupić Z, Bjegović-Mikanović V, Vuković D, Šantrić-Milićević M, Marinković J, Vasić V, et al. Training hospital managers for strategic planning and management: A prospective study. BMC Med Educ. 2015 Feb 26;15:25. [Crossref] [Google Scholar]
59. Šantric-Milićević MM, Bjegović-Mikanović VM, Terzić-Šupić ZJ, Vasić V. Competencies gap of management teams in primary health care. Eur J Public Health. 2011 Apr;21(2):247-253. [Crossref] [Google Scholar]
60. Terzić-Šupić Z, Bjegović-Mikanović V, Šantrić-Milićević M. Trening kao mogućnost za unapređenje menadžerskih veština. Beograd: Ministarstvo zdravlja Republike Srbije. 2011. str. 243-55. [Google Scholar]
61. Edmondson D. Quality Communication: Managing Conflicts and Confrontations in the Healthcare Setting. J Healthc Qual. 1993 Mar-Apr;15(2):31-33. [Crossref] [Google Scholar]
62. Gačević M, Petrović D. Menadžment kompetencije u profesiji medicinskih sestara. Zdravstvena zaštita, Komora zdravstvenih ustanova Srbije. 2018 Mar;005:614.2. [Crossref] [SCIndeks] [PDF] [Google Scholar]
63. World Health Organization. Increasing access to health workers in remote and rural areas through improved retention: Global policy recommendations. [Internet]. Geneva: World Health Organization. 2010 [cited 19. 9. 2020.]. Available from: https://apps.who.int/iris/bitstream/handle/10665/44369/9789241564014_eng.pdf;jsessionid=CBAA66BB68CFC30677246DFA19764DD3?sequence=1.
64. Dikić M, Nikolić D, Todorović J, Terzić-Šupić Z, Kostadinović M, Babić U. Alignment of Perceived Competencies and Perceived Job Tasks among Primary Care Managers. Healthcare (Basel). 2019 Dec 27;8(1):9. [Crossref] [Google Scholar]
65. Cometto G, Boerma T, Campbell J, Dare L, Evans T. The Third Global Forum: Framing the health workforce agenda for universal health coverage. Lancet Glob Health. 2013 Dec;1(6):e324-e325. [Crossref] [Google Scholar]
66. Deluca MA, Soucat A. Transforming the global health workforce. [Internet]. New York: New York University-College of Nursing. 2013 [cited 19. 10. 2020.]. Available from: https://archive.nyu.edu/bitstream/2451/31982/2/Transforming%20the%20Global%20Health%20Workforce%2C%20Marilyn%20A.%20DeLuca%20and%20Agnes%20Soucat%2C%20Editors.pdf.
67. Gačević M, Šantrić-Milićević M, Vasić M, Horozović V, Milićević M, Milić N. The relationship between dual practice, intention to work abroad and job satisfaction: A population-based study in the Serbian public healthcare sector. Health Policy. 2018 Oct;122(10):1132-1139. [Crossref] [Google Scholar]
68. Dumont JC, Lafortune G. International migration of doctors and nurses to OECD countries: Recent trends and policy implications. In: Buchan J, Dhillon IS, Campbell J, editor(s). Health Employment and Economic Growth: An Evidence Base. [Internet].Geneva: World Health Organization. 2017 [cited 13. 2. 2020.]; p. 51-81. Available from: https://www.who.int/hrh/resources/WHO-HLC-Report_web.pdf.
69. Lofters AK. The 'Brain Drain' of Health Care Workers: Causes, Solutions and the Example of Jamaica. Can J Public Health. 2012 Jul 18;103(5):e376-e378. [Crossref] [Google Scholar]
70. World Health Organization. The world health report 2010: Health systems financing: The path to universal coverage. [Internet]. Geneva: World Health Organization. 2010 [cited 13. 2. 2020.]. Available from: https://apps.who.int/iris/bitstream/handle/10665/44371/9789241564021_eng.pdf?sequence=1.

Pregled istraživanja o zadovoljstvu poslom u zdravstvenoj zaštiti

Sažetak:
Sektor zdravstvene zaštite predstavlja jedan od sektora u ekonomiji Evropske unije sa značajnim potencijalom za zapošljavanje, indukovanim porastom tražnje za zdravstvenom zaštitom. Zadovoljstvo poslom doprinosi podizanju kvaliteta pružanja usluge, u svakoj profesiji, a posebno je značajno u domenu rada profesionalaca čija usluga treba da doprinese boljoj, kvalitetnijoj i efikasnijoj zdravstvenoj zaštiti, pa je iz tog razloga ovo važna istraživačka tema već dugi niz godina. Sektor zdravstvene zaštite suočava se sa mnogobrojnim izazovima, a obezbeđivanje dovoljnog broja kvalitetnog i motivisanog kadra posebno će biti problem u zemljama koje se suočavaju sa izraženim rastom potražnje za zdravstvenom zaštitom. Procenjuje se da će nedostatak zdravstvene radne snage, do 2035. godine, dostići broj od 12,9 miliona zdravstvenih radnika. Zdravstveni sektor Republike Srbije se suočava sa sličnim izazovima, ali ima i svoje specifičnosti uslovljene istorijskim, socijalno-ekonomskim, kulturnim i političkim razvojem zemlje. Ovaj rad analizira dostupnu literaturu o zadovoljstvu poslom, faktorima koji utiču na zadovoljstvo poslom, i izazovima za unapređenje zadovoljstva poslom u zdravstvenom sektoru.

Ključne reči: zadovoljstvo poslom; sektor zdravstvene zaštite; izazovi za unapređenje