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The life satisfaction of Polish nurses at the retirement age Satysfakcja z życia pielęgniarek w wieku emerytalnym

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Abstract

Background: Research on the life satisfaction of nurses at the retirement age can help identify elements which have an impact on this aspect of the quality of nurses' life. In spite of the number of studies available in the field there is still no consistent data regarding the issue of life satisfaction among nurses at this stage of life. The aim of the study was to explore chosen factors associated with the life satisfaction of Polish nurses at the retirement age.

Methods: A quantitative approach was adopted. Data was collected using a survey questionnaire to be completed by 135 nurses (100%) at the retirement age from seven randomly chosen District Chambers of Nurses and Midwives in Poland. Two research tools were used: a questionnaire developed by the authors and the Satisfaction With Life Scale (SWLS) by E. Diener. The collected data was analysed using STATISTICA version 10.0.

Results: Statistically significant variables affecting the level of life satisfaction included the type of professional activity, type of workplace and managerial functions served, and also affiliation with a given District Chamber of Nurses and Midwives. There was no

significant correlation between the level of life satisfaction and the level of job satisfaction among the nurses surveyed.

Conclusions: A correlation was identified between some elements of professional activity and the life satisfaction of nurses at the retirement age. This should be taken into account when considering different aspects of the organisation of nurses' work. In the light of the changes of retirement schemes across the world a broader discussion is needed regarding the issue of the life satisfaction of nurses at the retirement age in order to study the possible correlations between their professional activity and satisfaction with life. Developing a clear strategy for planning the forms of activation of retired nurses and using their potential and experience in the healthcare system is recommended, especially given the situation of nurses shortage.

Key words: Ageing, Job satisfaction, Nurses, Personal satisfaction, Poland, Retirement

Background

There is an extensive number of studies on the life satisfaction and retirement plans of nurses above the age of 50, including the willingness to continue working in the profession [1, 2, 3, 4, 5, 6, 7]. The issue of the life satisfaction of nurses who have ceased, or soon will cease, to practice their profession has not been explored or described in detail. Moreover, the available reports focus on the life satisfaction of nurses at the working age [8, 9, 10, 11, 12].

Since 2013, the retirement age in Poland has been gradually increasing. Before the changes in regulations the retirement age for women and men differed – 60 years and 65 years, respectively. At present, both women and men will be entitled to retirement benefits at the same age, i.e. 67 years. The process of extending the retirement age will be finally completed in 2040 for women and in 2020 for men. This change has been strongly contested by the nursing society.

According to the prognosis prepared by The Main Chamber of Nurses and Midwives [13] in Poland based on data of 264, 842 nurses registered at that time, from 2015 to 2020, 52 thousand Polish nurses will be retired. At the same time, the average age of Polish nurses has been constantly increasing and at the end of the year 2013 it was 48.69 [14].

Therefore, there is a rationale for studying the phenomenon of the life satisfaction of nurses at the retirement age to contribute to the advancement of knowledge in the field. The aim of this study was to explore selected factors associated with the life satisfaction of nurses at the retirement age connected with their professional activity. Moreover, the analysis of the correlation between life and job satisfaction among the respondents was undertaken. The influence of selected socio-demographic factors related to life satisfaction was also determined.

Life satisfaction can be described as a combination of the expectations and the current situation of an individual, and an essential element of mental health and well-being [15, 8, 16]. The assessment of life satisfaction is of a subjective, continuous and dynamic nature. It reflects personal benefits of life recognised through self-reflections [17, 18]. Life satisfaction is a general concept referring to life as a whole rather than to its particular aspects [19]. Sometimes it is associated with well-being, happiness and is one of the determinants of quality of life in general [20].

The terms of life satisfaction and quality of life are often used interchangeably; however, some authors distinguish them. An example is the definition of quality of life suggested by Levin, in which the quality of life is a comparison of present experiences with past events and future expectations. Thus, the term 'quality of life' goes far beyond the

objective factors determining the sense of fulfilment in life. According to this approach, the quality of life is strongly associated with the terms of happiness and life satisfaction, albeit the terms differ. As opposed to the quality of life, satisfaction with life is of a more stable and objective nature - it is less susceptible to changes over time as well as the effects of external and internal factors [21]. A similar approach is presented by Argyle et al., who define happiness as an emotional state whereas life satisfaction as a well thought out assessment based on reflections on life, cognitive processes and evaluative judgements [22]. Moreover, happiness has a more affective connotation than the quality of life, as it is defined as a predominance of positive emotions over the negative ones or as a lack of negative emotions. Therefore, happiness can be understood as the incidence and intensity of positive emotions or reflections on life satisfaction. Thus, the above term is markedly narrower than the quality of life [22, 23].

As far as the influencing factors are concerned, satisfaction with life is to a large extent determined by the concept of oneself, acceptance of one's capacities and limitations as well as high self-esteem. The general satisfaction with life and satisfaction with professional activity may prove to be significant psychosocial resources substantially affecting the quality of life of people after ceasing or limiting their professional activity [24]. The factors affecting life satisfaction and, consequently, the quality of life of retired people include social withdrawal and loss of independence, financial difficulties, the deterioration of health, the death of relatives, children's leaving home as well as a growing sense of loneliness [25, 26, 27]. Determining the factors affecting life satisfaction undoubtedly facilitates the identification of the problems and needs of people at the retirement age and enhances their adaptation to this stage of life [28, 29].

It is important to point out that nursing is a difficult and stressful profession. Poor working conditions, time pressure, work overload, emotional annoyance and resilience, frequent contact with diseases and death definitely lead to reduced mental comfort and emotional exhaustion experienced by nurses [30, 31, 32, 33, 34]. Moreover, these and other factors may cause a gradual drop in job satisfaction and cause professional burnout [35], which in turn can influence the life satisfaction of nurses.

The aim of the study was to explore selected factors connected with professional activity and associated with the life satisfaction of nurses at the retirement age (such as workplace, type of professional activity, managerial functions served, affiliation with the District Chamber of Nurses and Midwives and other elements) and to analyse the correlation between life satisfaction and job satisfaction amongst the respondents. Furthermore, the influence of selected socio-demographic factors on the level of life satisfaction was determined. The study presents the preliminary results regarding the impact of profession on the quality of life of Polish retired nurses.

Methods

Settings and sample

A survey was carried out using two research tools: questionnaire developed by the authors and the Satisfaction With Life Scale (SWLS) by E. Diener. The first part of the authors' questionnaire was to measure the level of life satisfaction and to collect socio-demographic data. The following variables were used to define the characteristics of the surveyed group and for statistical analysis: age, marital status, place of residence, health condition, managerial functions served, number of changes of workplaces, current professional activity. Life satisfaction was measured using the standard satisfaction with life scale (SWLS) by E. Diener, adapted by Z. Juczyński. The SWLS includes five statements: 1. *In most ways my life is close to my ideal*, 2. *The conditions of my life are*

excellent, 3. *I am satisfied with my life*, 4. *So far I have gotten the important things I want in life*, 5. *If I could live my life over, I would change almost nothing*. Respondents evaluate the extent to which those statements pertain to their life. The scores are added up and the general score is considered the degree of life satisfaction. The total score ranges from 5 to 35. The higher the score, the higher level of life satisfaction. The SWLS results can be presented and analysed using the sten scale or mean values. The score between 5 and 17 (1-4 stens) is defined as low, 24-25 (9 stens) as high. The score of 18-23 (5 and 6 stens) is considered average. The index of reliability (Cronbach's alpha) of SWLS determined in the study involving 371 adults was found to be satisfactory (0.81). The standard measurement error was 0.21. The index of scale stability determined in the study in the group of 30 individuals carried out twice at 6-week intervals was 0.86. For the original version, the index of reliability (Cronbach's alpha) was 0.87 whereas the correlation between the results of two-time determinations conducted at two-month intervals was slightly lower (0.82) [36].

The study was conducted between November 2012 and March 2013 in seven randomly selected Polish professional governments of nurses and midwives. The District Chamber of Nurses and Midwives and the Main Chamber of Nurses and Midwives are the legal organisational units of the professional government. There are 45 such chambers in Poland. The surveyed population consisted of nurses from various Polish regions. The most numerous group included nurses from the District Chamber of Nurses and Midwives in Łódź (the centre of Poland) whereas the smallest group was from the District Chamber of Nurses and Midwives in Ostrołęka (northeast Poland); such a distribution corresponded to the number of nurses affiliated with the chambers in question. According to statistics collected in 2013, the District Chamber of Nurses and Midwives in Łódź is the most numerous chamber as to the number of registered nurses (amongst the randomly chosen respondents, 15,306 were registered there). The District Chamber of Nurses and Midwives in Ostrołęka associates 2258 nurses. The total sample fulfilling the inclusion criteria in the selected centres consisted of 250 individuals; 164 nurses gave consent to participate, i.e. 65.6% of all individuals reached at this stage of study. Twenty-nine questionnaires were excluded due to their incompleteness. Finally, 135 properly filled questionnaires were qualified for quantitative analysis. The main inclusion criteria were: age above 59 years, retirement time shorter than one year or the current status of a pensioner. The major exclusion criterion was the incompleteness of questionnaires.

Ethical issues

The study design was approved by the Bioethical Committee at the Medical University of Lublin (KE-0254/38/2013). Having obtained the consent of the chairpersons of the selected District Chambers of Nurses and Midwives, the respondents, i.e. retired nurses, were contacted. The respondents were informed about the aim of the study and the possibility of discontinuation of their involvement at any moment. All rules of confidentiality and anonymity of the study were fulfilled. All the nurses involved gave their informed consent to participate in the study.

Data analysis

Statistica 10.0 was used for quantitative analysis. $P < 0.05$ was considered as statistically significant. The statistical analysis was based on non-parametric ANOVA rank Kruskal-Wallis tests; the median test and parametric analysis of variance. The SWLS results were interpreted using mean scores of life satisfaction. The demographic data was analysed with the use of descriptive statistics and presented as total values and percentages.

Findings

Demographic characteristics

The most numerous group of respondents were women aged more than 64 years (39.2%) and married (69.6%). Over 70% of them lived in large cities. Most of the respondents assessed their health status as good (72.6%); 30.4% of them performed managerial functions throughout their professional career. The most recent work environments of the nurses involved were hospitals (62.9%). Over 1/3 of respondents (36.3%) was associated with only one workplace throughout their careers. Over 65% of the study population were retired and not professionally active, while the remaining ones took up professional activities after retirement. Over 71% of respondents declared a positive attitude towards retirement, nearly 10.0% - negative, and 18.5% - neutral. The majority of nurses surveyed were associated with the District Chamber in Lublin (n=50; 37.2%), Łódź (n=21; 15.5%) and Rzeszów (n=17; 12.6%), slightly less in Opole, Poznań and Ostrołęka (n=13; 9.6% each), and the smallest number in Radom (n=8; 5.9%). Table 1 presents socio-demographic data and characteristics of the professional activity of respondents.

Table 1. The characteristics of the surveyed group

Differentiating variable	%	n
Age	Below 60 years of age	25.2 34
	60 to 64 years	35.6 48
	Over 64 years	39.2 53
Relationship status:	Married	69.6 94
	Single	30.4 41
Place of residence:	Town, village	29.7 40
	Large cities	70.3 95
Declared health status:	Very good	6.7 9
	Good	72.6 98
	Poor	18.5 25
	Very poor	2.2 3
Management function:	Yes	30.4 41
	No	69.6 94
Work environment/place:	Hospital, clinic	62.9 85
	Primary Healthcare Establishments	21.5 29
	Long-term and emergency care	8.9 12
	No contact with patients*	6.7 9
The number of job changes:	No changes	36.3 49
	1-2 changes	34.1 46
	3 or more	29.6 40
Current professional activity:	Professionally inactive, retired	65.2 88
	Professionally active, retired	22.2 30
	Professionally active, approx. 1 year to retire	12.6 17

* Sanitary and Epidemiological Station, higher education institution, Public Health Centre, etc.

The life satisfaction of nurses and its determinants

According to the questionnaire findings, 65.2% of respondents (n=88) were highly satisfied with their professional life, and over 30% (32.6%, n=44) were “quite satisfied”. Only one respondent (0.7%) was “rather dissatisfied”. None of the respondents was definitely dissatisfied with their job.

In turn, the mean score of life satisfaction of nurses was 21.1. The lowest score was 9 whereas the maximum score was 35. The high level of life satisfaction within the range of 24 and 35 was found in 39.3% of the respondents (n=53). Medium life satisfaction was declared by 30.4% (n=41). An equal number of respondents reported low life satisfaction (30.4%; n=41).

The analysis of the results with regard to the place of nursing practice revealed the highest life satisfaction among nurses from the District Chamber of Nurses and Midwives in Ostrołęka (24.62), slightly lower in Rzeszów (24.00), and the lowest results among nurses from the Lublin (19.50) and Opole (19.46) districts (table 2). Using the Kruskal-Wallis test, a statistically significant correlation was found between the mean value for life satisfaction and the affiliation with District Chambers of Nurses [H (6)=15.193; p=0.019].

As far as age is concerned, the highest life satisfaction was recorded in women above 64 (22.28), lower in the 60-64 age group (20.63). The lowest life satisfaction was observed in women below 60 (19.97). The Kruskal-Wallis test did not demonstrate any significant correlations between age and the mean levels of life satisfaction among the respondents [H (2)=5.097; p=0.078].

Furthermore, the analysis of variance revealed a slightly higher mean life satisfaction level (SWLS) among married women (21.52) compared to single women (20.17); however, no significant correlation was found between marital status and life satisfaction [F=1.763; df= 1; p=0.187].

Moreover, the median test showed that the place of residence was not a variable significantly affecting the level of life satisfaction [Chi square=3.198; df=1; p=0.074]. The mean life satisfaction was slightly higher in the case of women living in smaller towns (22.38) than those from big cities (20.58).

The level of life satisfaction was also assessed with respect to the health status of nurses. Life satisfaction was found to be slightly higher in women with a very good health status (23.44) and decreased along with the dropping self-assessment: good – 21.44, poor – 19.28, very poor – 18.67. The Kruskal-Wallis test demonstrated no statistically significant inter-subgroup differences [H (3) = 5.273; p=0.153].

In turn, the analysis of variance revealed a statistically significant correlation between serving a managerial function and the average level of life satisfaction [H(1)=7,618 p=0,006]. A higher level of satisfaction was found in women with managerial functions (22.78), whereas a lower level in those who did not perform managerial functions (20.34), (table 2).

Moreover, the analysis of variance demonstrated no significant correlation between the number of job changes and life satisfaction [F=1.194; df=2; p=0.306], although it was slightly higher in nurses who changed their jobs several times (22.10). Slightly lower satisfaction was reported by women who never changed their job (21.08), and the lowest satisfaction by respondents who changed their jobs once or twice (20.28).

Another element referring to professional career analysed in relation to life satisfaction was the most recent workplace (table 2). The lowest life satisfaction level was demonstrated by women working in hospitals (20.52). A slightly higher result was found among women working in primary health care (PHC) institutions (21.00), followed by long-term and emergency care units. The highest life satisfaction was reported by nurses working in

institutions with no direct contact with patients, such as Sanitary and Epidemiological Stations, higher education institutions, etc. (23.78). The median test showed a statistically significant correlation between life satisfaction and the most recent workplace [Chi square=8.286; df=3; p=0.040].

Furthermore, the results were analysed with respect to the current professional activity of respondents (table 2).

Table 2. The level of life satisfaction and the factors characterising professional activity – statistically significant factors

Differentiating variable		Average	CI -95%	CI** +95%	Min.	Max.	SD***
District Chamber of Nurses and Midwives Kruskal-Wallis test: H (6)=15.193; p=0.019;	Ostrołęka	24.62	20.78	28.45	13	35	6.34
	Rzeszów	24.00	21.32	26.06	13	35	5.22
	Radom	22.63	19.19	26.06	17	27	4.10
	Łódź	21.29	19.47	23.10	13	27	3.99
	Poznań	20.46	16.81	24.11	9	30	6.04
	Lublin	19.50	18.05	20.95	12	32	5.10
	Opole	19.46	15.87	20.95	12	32	5.10
Management function Kruskal-Wallis test: H(1)=7,618 p =0,006	Yes	22.78	21.20	24.36	9	30	5.02
	No	20.34	19.21	21.48	9	35	5.51
Recent work environment Median test, Chi ² =8.286; df=3; p=0.040;	Hospitals	20.52	19.29	21.75	9	35	5.71
	Primary Healthcare Establishments	21.00	19.12	22.88	9	33	4.94
	Long-term inpatient or emergency care	23.58	20.65	26.52	17	35	4.62
	No contact with patients*	23.78	20.37	27.19	15	29	4.44
Professional activity The Kruskal-Wallis test: H (2) =9.227; p =0.010;	Professionally active, approx. 1 year to retire	17.76	15.71	19.82	12	25	3.99
	Professionally active and retired	20.47	18.26	22.67	9	32	5.91
	Retired	21.98	20.85	23.10	9	35	5.30
Job satisfaction The Kruskal-Wallis test: H (3) =3.193; p =0.363;	Definitely satisfied	21.68	20.55	22.82	9	35	5.35
	Quite satisfied	20.05	18.34	21.75	9	35	5.61
	I don't know	20.00	-43.53	83.53	15	25	7.07
	Rather dissatisfied	20.00	-	-	20	20	-
	Definitely dissatisfied	-	-	-	-	-	-
Total		21.11	20.16	22.02	9	35	5.45

* Sanitary and Epidemiological Station, higher education institution, Public Health Centre, etc.

**CI- Confidence interval

*** SD – standard deviation

Nurses who continued working and did not receive retirement benefits reported the lowest level of life satisfaction - 17.76, which is within the range of low results. Considerably higher results were found among retired women who were still working (20.47), and the highest amongst retired, professionally inactive nurses (21.98) (both results within the average range). The Kruskal-Wallis test demonstrated a statistically significant correlation between life satisfaction and professional activity [$H(2) = 9.227$; $p = 0.010$].

Based on the data collected, attempts were made to determine the average level of life satisfaction with respect to the attitude towards retirement. Women whose attitude towards retirement was positive showed a slightly higher life satisfaction level (21.72) than women with a neutral or negative attitude towards retirement (19.64 and 19.38, respectively). The Kruskal-Wallis test made it possible to exclude any significant correlation in the study subgroups [$H(2) = 3.914$; $p = 0.141$].

Moreover, the relation between the average level of satisfaction with life and the declared job satisfaction was analysed (table 2). The Kruskal-Wallis test showed no significant correlation between life satisfaction and job satisfaction [$H(3) = 3.193$; $p = 0.363$]. A slightly higher level of satisfaction was shown by nurses who were definitely satisfied with their professional career (21.68). Nurses quite satisfied and rather dissatisfied with their jobs as well as those without opinions on this issue had similar SWLS scores, i.e. 20.00.

Discussion

The aim of the study was to determine the level of life satisfaction of nurses at the retirement age and to analyse the correlation between life satisfaction and job satisfaction amongst the nurses surveyed. However, the study has some limitations, which are mostly of a methodological nature. The survey was carried out among a relatively low number of respondents who are not representative for the population of nurses at the retirement age in Poland. It is recommended to repeat research on a larger group of nurses representing the major regions of Poland in order to compare results between them and to demonstrate the correlations between other variables. Moreover, qualitative research would be helpful with the use of, for instance, in-depth interviews with retired nurses, to specify the causes of the correlations found in the quantitative research results.

To quote some quantitative data, the level of life satisfaction of retired nurses was found to be within the range of average values (21.1) and was higher than the average for Polish menopausal women (18.42) but lower than that in the elderly studied by E. Diener, i.e. 24.40 [36]. Moreover, the average level of life satisfaction reported by women at the retirement age was similar to the results obtained in the case of Polish nurses at the working age studied by Kliszcz et al. [9] and Wysokiński et al. [12] (assessed as average). A comparable level of satisfaction was also found in professionally active nurses in other countries [10, 11]. A detailed analysis of the present study's results demonstrated that the level of life satisfaction of nurses at the retirement age from the District Chamber in Lublin (19.50), was similar to the level recorded among women at the working age living in the Lublin Province (19.90) [12]. According to the key presented by the SWLS author, the score of 20-24 characterises people from economically developed countries. These people are generally satisfied with all aspects of their life, yet they feel the need to introduce some improvements. Moreover, they usually aspire to reach higher levels of life satisfaction by introducing certain modifications to their lives [36].

It is widely believed that the elderly have higher satisfaction with life due to their life experiences and the ability to evaluate their achievements [37, 38, 10, 29]. The authors'

findings did not demonstrate a statistically significant correlation between the respondents' age and their level of life satisfaction. The above results are consistent with those of other studies carried out among professionally active nurses [12] and elderly women [28].

The study by Wysokiński et al. [12] indicates that marital status was a statistically significant variable of life satisfaction ($p = 0.00003$). Its impact was higher among widowed and married women, and the lowest in single women. Although only two categories of relationship status were identified in the present study (due to a low number of divorced and widowed women), no significant differences were found in the study subgroups. Similarly to the authors' findings, the study by Wysokiński et al. [12] carried out among nurses at the retirement age, the place of residence and workplace were not variables differentiating responses on the life satisfaction of professionally active nurses.

Moreover, the study by Jachimowicz & Kostka [28] revealed that variables such as family situation and place of residence did not affect the level of life satisfaction of senior women (which is consistent with the authors' results). However, the authors mentioned above showed that some diseases might considerably affect its level [28]. The authors' findings did not confirm the correlation between the declared health status of respondents and the level of life satisfaction.

According to the available literature, life and job satisfaction are correlated [8, 10, 11, 39, 40]. However, the present study did not show a statistically significant correlation between the average life satisfaction of retired nurses and their level of job satisfaction. In addition, the level of average life satisfaction in the authors' study proved to be lower than that of job satisfaction, which was assessed by respondents as very high. The above results were confirmed by the study by Kliszcz et al. [9] carried out among professionally active nurses using the modified SWLS. The level of professional satisfaction was 23.78, while that of life satisfaction amounted to 19.57.

However, it is worth emphasising that in the present study the level of life satisfaction was higher in women with managerial functions or working in institutions with no direct contact with patients. The analysis of the data collected made it possible to state that the type of function and professional duties, as well as the resulting model of services provided, significantly affected the general level of life satisfaction. To date, managerial functions have been found to have a major impact on increased levels of satisfaction with job or its particular aspects, e.g. financial aspects [41, 42, 43]. Moreover, the study carried out by other authors indicated a higher life and job satisfaction among nurses without night shifts or working on the basis of the shift work system [10]. On the other hand, the present study results demonstrated that women who ceased their professional activity and retired demonstrated a (statistically significant) higher level of life satisfaction as compared to women who were still working. The discrepancy in the results can result from the small study sample.

Conclusions

The average level of satisfaction with life of the surveyed nurses is 21.1 and is comparable to the average of professionally active nurses. The findings from the study have revealed that life satisfaction of nurses at the retirement age is influenced by some factors connected with their professional activity such as type of professional activity, type of workplace and managerial functions served, and also affiliation with a given District Chamber of Nurses and Midwives. However, there is no statistically significant correlation between the average level of life satisfaction of nurses surveyed and the job satisfaction declared by them. The majority of nurses at the retirement age declared satisfaction with their professional life.

Considering changes in retirement schemes observed in many countries, a broader discussion is needed on the issue of life satisfaction of nurses at the retirement age in order to investigate the possible correlations between their professional activity and satisfaction with life. The safety of work conditions and workplace can have an impact on the state of nurses' health and thus on their life satisfaction. The present study findings suggest that developing a clear strategy for planning the forms of activation of retired nurses and using their potential and experience in the healthcare system is recommended, especially given the situation of nurses shortage. On the other hand, there is a need to explore the influence of retirement scheme changes, such as the extension of the retirement age, on the life satisfaction of nurses in order to develop evidence-based policy for both nurses' and patients' safety.

Further research needs to be carried out in order to provide more insight into the complexity of the phenomenon of the life satisfaction of nurses at the retirement age across the world.

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