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The rationing of nursing care phenomenon in the light of scientific reports – professional and personal satisfaction, life orientation of nursing staff – PART III

Zjawisko racjonowania opieki pielęgniarskiej w świetle aktualnych doniesień naukowych – satysfakcja zawodowa i osobista, orientacja życiowa personelu pielęgniarskiego – CZĘŚĆ III

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Abstract

Rationing of nursing care is a widespread and growing phenomenon whose causes are multifaceted and whose consequences are serious. Nursing rationing is defined as withholding or failing to perform necessary nursing tasks due to insufficient time, staffing, and/or inadequate skills. Nursing rationing is also defined as omission, delay, failure to complete, which qualifies as an error of omission. Unfinished nursing care has many negative consequences for patients, nurses and organizations. The presented series of three papers aims to show many important aspects related to rationing of care. This third part of the series of rationing of nursing care phenomenon will address the important issues from the point of view of care rationing, such as nurses' job satisfaction, nursing staff life satisfaction, nursing staff burnout, and nursing staff life orientation.

Keywords: rationing nursing care; job satisfaction; personal satisfaction; life orientation; research reports.

Work satisfaction of nursing staff

The quality of professional life depends on a number of variables, they are sociodemographic variables, psychographic variables: values and optimism levels, and work-related variables [1]. The relationship of these variables to job satisfaction and, as a result, to the quality of work is described extensively in the available literature [1] and is the basis for invoking the widely accepted statement that employees are the most important resource of any organization. For many years, the term human resources department has been changed to human resources department and HR managers to human resources (HR) directors.

Juchnowicz [2] defines job satisfaction as a higher level of job satisfaction, which means "a positive attitude of employees toward their tasks, working conditions, and superiors and co-workers, demanding that work create intellectual challenges, a sense of success, enjoyment of professional growth and self-fulfillment, and full identification with their work and/or organization."

The same author also identifies job satisfaction as a determinant of the quality of human capital and relational capital, stressing that job satisfaction represents a particular attitude toward work. The structure of Human Capital is in the individual dimension (knowledge, skills, attitudes and qualities brought to work, relevant to the organization's strategy) and in the organizational dimension (competence, interpersonal contacts, organizational culture, organizational climate). From the structure of human capital presented in this way, it follows that it is the attitudes of employees that are important factors determining the value of human capital. The study of job satisfaction taking into account its cognitive and affective characteristics provides objective information on the aspects of work studied and the feelings of employees toward work, and thus provides "valuable management information necessary for more effective human capital management," while the study of job satisfaction taking into account its behavioral characteristics shows the potential behavior of employees in the work process, which makes job satisfaction in this aspect "a predictor of subsequent employee behavior" [3].

As emphasized by Biesok et al. [4], job satisfaction is most often viewed in relation to a person's relationship with his work and work environment, indicating that the formation of job satisfaction is strongly influenced by both the work environment and cultural background. Employee satisfaction is derived from the satisfaction of his needs against the backdrop of the work environment, the work process as well as its effects, and is perceived through the prism of personal cognitive processes [5]. According to Jakubczak [6], the quality of work-life consists of working conditions, pay, relationships, human capital, assistance in difficult situations and balance [6], and the "work-life" balance itself affects the quality of life in a broader sense [7,8].

Kunecka [9], on the basis of a survey conducted (1066 respondents), using a survey questionnaire prepared on the basis of the Polish version of the Employee Satisfaction and Motivation Index (ISMP), showed that the following should be considered as determinants of the formation of professional satisfaction of Polish nurses: the image of the company, the atmosphere at work, the tasks performed, and the job position. The determinants presented indicate that emphasis should be placed on job characteristics, which are also related to the social functioning of employees [9]. The level of job satisfaction achieved by an employee is an important factor on the basis of which desirable attitudes are formed, especially today, such as commitment, innovation, desire for continuous development, willingness to share knowledge, active participation in the process of change [2].

As Myjak [10] notes, job satisfaction is a component of job satisfaction. Accordingly, the concept of job satisfaction depends on the state of equilibrium between the employee's needs and expectations from work and the employer's ability to satisfy them, while job satisfaction is a determinant of certain attitudes toward the job, profession or organization.

Recognizing that the level of job satisfaction determines the level of job commitment and that there is a relationship between job satisfaction and job performance, job satisfaction is the subject of analysis by many employers and certifying bodies, e.g. CMJ: ZZ9 standard. The hospital conducts job satisfaction surveys of staff [11]. Since satisfied employees play a key role in the success of an organization, therefore, health care entities should be aware of the importance of the level of satisfaction of their employees, hence the recommendation to monitor the level of job satisfaction among employees annually [12].

Job satisfaction, in the opinion of nurses in a study conducted by Gaweda et al. [13] using the author's questionnaire, depends on good relations with co-workers, job security, a good atmosphere at work and good relations with superiors. Among the factors influencing satisfaction, one can also include the

scope of responsibility - as pointed out by - nurses in the study by Krzos et al. [14], other factors were related to the prestige of the profession, the possibility of promotion, work comfort [15], and the motivational system [14]. How important the motivational system is is pointed out by Ostrowicka et al. [16], emphasizing that in addition to financial and salary motivation, the most expected forms of motivation are non-financial intangible forms.

In a study by Lorber et al. [12], nursing managers and nurses ranked the ten most important factors affecting their job satisfaction, with the most important factors being good workplace relations, followed by salary, praise from superiors, opportunities for advancement, educational opportunities, encouragement from superiors, good working conditions, job responsibility and professional challenges, job-related freedom and independence, and more free time.

On the other hand, among the factors that cause feelings of dissatisfaction, nurses cite: low pay, too few nurses in relation to the condition and number of patients, low status of the profession, high mental and physical workload, high responsibility, and when asked what bothers them the most at work, nurses indicated, among other things, bureaucracy, formalisms, and the shifting of numerous duties that are not within the competence of the nurse [13].

The association of sociodemographic characteristics with job satisfaction was demonstrated by Gawęda et al. [13], confirming that feelings of job satisfaction increase with age and seniority, but in the study there was no significant relationship between the seniority of the respondents and their education and job satisfaction; and between age and education and willingness to change jobs. In a study with nurse leaders, there was a slight positive correlation between nurses' job satisfaction and their level of education ($r = 0.109$; $P = 0.014$) and a negative correlation between job satisfaction and the type of work they do ($r = -0.127$; $P = 0.004$), meaning that leaders have higher job satisfaction than nurses, and job satisfaction increases with education level [12].

Learning about the factors affecting job satisfaction is a prelude to discussing the relationship between job satisfaction and job quality. Job satisfaction influences an increase in pro-social behavior, improved commitment to work, increased employee productivity, active participation in the life of the organization, increased profits for the company, opportunities for personal and organizational development, increased loyalty to the employer, greater initiative, less reluctance to innovate. In contrast, job dissatisfaction causes an increase in employee turnover and absenteeism, job changes, more frequent accidents at work, fear, frustration, anger, a sense of injustice, a deterioration in mutual trust, a decline in morale among employed people, an increase in organizational costs due to absenteeism from work, tardiness, excessive breaks, withdrawal from work [17].

Springer [1] points out that while an increase in satisfaction more or less contributes to improved employee engagement and productivity, a decrease in satisfaction will increase the risk of unfavorable phenomena such as an increase in employee turnover and absenteeism and more frequent accidents at work.

As Kunecka [18] points out, the greater interest in job satisfaction among nurses should be dictated by the relationship that occurs between it and patient satisfaction. A study by Janicijevic et al [19] showed a relationship between the level of job satisfaction of health care workers (including nurses) and the level of patient satisfaction with the care provided. Of greatest importance for patient satisfaction was the satisfaction of employees with the time spent on tasks; the longer the time spent on a task, the greater the patients' satisfaction was.

Sources of job satisfaction among nursing staff, was one of the themes of the NEXT study [20]. On the job satisfaction scale, Polish nurses scored the lowest of all the countries surveyed. The survey covered 5 aspects of work: taking advantage of opportunities, providing care to patients, physical conditions, psychological support and job prospects. Among them, for example, 58% of Polish nurses were satisfied with their ability to provide care to patients [20].

In a study by Kózka et al. [21], nurses' satisfaction with their working conditions, i.e. autonomy in providing care, professional status, salary, educational opportunities, including time off to study, opportunities for advancement, and flexibility of work schedule, had an impact on their assessment of the quality of care, according to them.

According to studies conducted in the nursing community, reduced job satisfaction is one of the factors associated with job burnout [22] and more frequent rationing of nursing care [23]. Uchmanowicz et al. [24] confirms that job burnout can lower job satisfaction among nursing staff and cause adverse effects of care rationing.

Therefore, it is the task of managers to take measures to increase job satisfaction. Strengthening personal competencies, providing support, and re-addressing all identified needs can increase nurses' job satisfaction and thus reduce the risk of nursing rationing. Leadership modeling and positive thinking

training can be methods to support nurses and prevent nursing rationing [25]. Among the many measures to improve working conditions, one form of improvement is clinical supervision (supervision), understood as staff support from management.

In a study by Gonge et al. [26], it was confirmed using the Manchester Clinical Supervision Scale (MCSS) that clinical supervision increases staff satisfaction, vitality, rational coping, reduces stress, emotional exhaustion and depersonalization.

A new direction in the approach to job satisfaction is job enjoyment. In 2017, the Institute for Healthcare Improvement (IHI) [27] developed the Framework for Improving Joy in Work. Important to highlight is the participation of Nursing Institutions including the American Association of Critical Care Nurses and the University of Virginia School of Nursing in testing these principles.

The step in which problems are identified in relation to nine critical elements for improving work enjoyment deserves a broader discussion. The most critical for job enjoyment are: physical and psychological security, knowledge of the purpose and meaning of one's work, autonomy understood as the ability to choose how to perform one's daily duties, and camaraderie and teamwork. Others are: recognition and rewards expressed to co-workers including non-financial rewards, participative management, daily improvement - learning from mistakes and successes, health and well-being including stress management, monitoring and feedback [27].

The 2020 Centre for Public Opinion Research (in Polish: CBOS, *Centrum Badań Opinii Społecznej*) survey is important information for the nursing community. [28] on the satisfaction with life of Poles, as they provide an additional indication that should be taken into account when thinking about the satisfaction of nursing staff. It was shown that 63% of respondents feel satisfaction with their education and their qualifications, and more than half are satisfied with their career (52%, and among those who have ever worked – 71%). Lack of satisfaction in these areas is declared by 11% and 3% respectively (and among those with work experience - 4%). Satisfaction with the course of professional work and education is favored by young age and good material situation. As for occupational groups, administrative and office workers are more likely than others to declare satisfaction with their career course, and farmers and service workers are the least likely. Satisfied with their education and qualifications, respondents with higher education, professionals and executives are most often satisfied, while respondents with primary or basic vocational education, unskilled laborers, farmers, service workers, as well as the unemployed are significantly less satisfied than average" [28].

Life satisfaction of nursing staff

The existing two theoretical approaches to the concept of life satisfaction, which differ in their causal assumptions: the "bottom-up" and "top-down" perspectives, cite Loewe et al [29], following other researchers in presenting the main assumptions of the aforementioned perspectives. The bottom-up perspective, assumes that a person's overall life satisfaction depends on his or her satisfaction with family, friends, work, leisure time, etc. (situational factors); the "top-down" perspective assumes that differences in personality predispose people to be differently satisfied with life (dispositional factors) [29]. To define life satisfaction, terms such as satisfaction with one's achievements and living conditions are used [30]; happiness; a major component of subjective well-being [31], which includes a person's cognitive and affective evaluation of life [32]; life satisfaction evaluation is the result of comparing personal situation with self-established norms [33]. The sense of satisfaction with life, according to Seligman [34], is influenced by 3 components: those independent of the person, e.g., age, gender, known as external life circumstances; those dependent on the person's will and biological factors, which are derived from the potential extent of well-being experienced.

Assuming that life satisfaction depends on the preferred value system, work organization, age and seniority, a study conducted among oncology nurses by Piotrowska et al [33] showed that: as age and seniority increased, life satisfaction increased. Statistical analysis showed no relationship between the level of life satisfaction and the marital status of the nurses surveyed. Shift work and having a second job lowered life satisfaction for oncology nurses, while higher levels of life satisfaction were presented by nurses identifying happiness symbols in the happy family life category.

The association of the level of life satisfaction with education and greater willingness to use new competencies, was confirmed in a study by Bartosiewicz et al. [35]. Among nurses who wrote prescriptions, those with higher education and additional qualifications had higher levels of life satisfaction. Nurses who reported higher levels of life satisfaction rated as better their willingness to prescribe specialty foods, medical devices, potent drugs, narcotics and psychotropic drugs. Finally, higher levels of life satisfaction correlated with lower levels of job burnout, particularly in the psychophysical exhaustion subscale of the

Slusarska et al. [36], in a study using the List of Personal Values (LPV) scale, showed that nurses value the following values most highly: good health, physical and mental fitness, love and friendship, knowledge and wisdom, intelligence and sharpness of mind, joy and contentment. In last place is wealth and property. On the other hand, the most important symbols of happiness among the nurses surveyed include good health, a successful family life, being needed by other people, doing their favorite professional work and good material conditions.

In a study by Loewe et al. [29] on life satisfaction, taking into account satisfaction with health, financial situation, social relationships, self-esteem, leisure time, family and work, it was found that satisfaction with one's financial situation was the dominant predictor of employees' overall life satisfaction. Satisfaction with family, work and health had a smaller effect, while satisfaction with self-esteem, leisure time and social relationships had no statistically significant effect on life satisfaction.

Life satisfaction is undoubtedly influenced by professional work. The influence of occupational burnout on life satisfaction was investigated by Swiatek et al. [8]. The results confirmed the presence of negative correlations between life satisfaction and: emotional exhaustion, depersonalization, sense of professional unfulfillment and the overall index of professional burnout. The lower the life satisfaction, the significantly higher the level of emotional exhaustion. The study also looked for correlations between salary satisfaction and job burnout. The result of the study was: the higher the degree of satisfaction with job compensation, the significantly lower the level of emotional exhaustion, depersonalization and overall level of job burnout. No correlation was found between salary satisfaction and feelings of professional unfulfillment.

Satisfaction with life is lowered by anxiety and stress, this problem was studied by Kliszcz [37] looking for the relationship of anxiety, depression and aggression levels with life and job satisfaction. The study showed that anxiety was the most susceptible variable to be elevated, with significantly higher levels of anxiety compared to depression and aggression, and in addition, among nurses with the shortest length of service, it exceeded the upper limit of the norm.

Another study confirming the impact of work on personal life is presented by Jaworski et al. [38] addressing the topic of midwives' life and job satisfaction in the context of leadership skills. Well, the level of job satisfaction of midwives shows a positive relationship with the perceived quality of one's own life, and there is also a positive relationship between the dimension of self-awareness (subscale of leadership skills) and the quality of life of midwives. The results suggest that taking measures to shape and improve the leadership skills of midwives can positively affect their subjective evaluation of job satisfaction and satisfaction with their own quality of life. Accordingly, these activities can lead to greater work engagement and increase the effectiveness of patient care. It should also be noted that nurses who are dissatisfied with their lives are more likely to ration nursing care [39,40].

The background to the analysis of nurses' life satisfaction is the CBOS Survey Announcement of 2020. [28] on satisfaction with life, which reads "The percentage of Poles who are satisfied with their lives has increased over the past year and is now at a record high, while those who are dissatisfied are at a record low. Respondents most often declare satisfaction with their place of residence, friends and close acquaintances, and children, while they are relatively least satisfied with their financial situation, as well as their future prospects and health. Over the past year, satisfaction with particular dimensions of life has remained stable, in some cases - if we compare with the earlier period - at one of the highest levels ever recorded in the history of our surveys. This applies to satisfaction with income, material living conditions and work situation, as well as marriage or informal permanent relationships."

In the article "Preferred Values and Health and Life Satisfaction" [41], the authors analyze the relationship of two types of values, i.e. material (economic) and religious, with indicators of mental health and life satisfaction. A focus on economic values tends to be associated with lower life satisfaction and poorer adjustment. Mental health and life satisfaction are promoted by the realization of those values that correspond well with personal development and involve internal standards of evaluation. Negative associations with health occur for those values that are underpinned by anxiety, an external evaluation system and a lack of ability to meet natural social needs. In conclusion, many researchers emphasize that efforts should be made to improve and strengthen the work environment and education of nurses, which will translate into their personal development and benefit the entire healthcare system [35].

Professional burnout of nursing staff

Occupational burnout is defined by Maslach as "a syndrome of emotional exhaustion, depersonalization, and a reduced sense of one's own personal accomplishments that can occur in people who work with other people in a certain way." [42], while stress at work is recognized as the main cause

leading to job burnout. As Şek H. [43] points out, "burnout occurs in a situation of chronic stress characteristic of social professions."

The most common sources of stress for nurses in a study conducted by Bielecka et al. [44] are the sense of responsibility borne for the health and life of the patient, difficult flow of information within the therapeutic team, under-equipped workstations and insufficient staffing. Among the stressors in the workplace, nurses cite: the need to make quick decisions, physical and mental work overload, constantly being with suffering and dying people, tense relationships with patients and their families, and poor work organization [15].

Regarding the workplace and its impact on stress levels, a study by Kovalchuk et al. [45] showed that nurses working in a surgical ward were the most stressed and nurses working in a pediatric ward were the least stressed, while nurses working in an internal medicine ward experienced the highest level of burnout in three dimensions, and nurses working in pediatrics experienced the lowest level of burnout.

A landmark study in the search for sources of stress and job satisfaction in nurses was the NEXT Study [20]. To discuss the source of stress in a nurse's job, this study referred to two models: the Requirements-Control-Support model [46,47] and the Effort-Reward Imbalance Model (ERI) [48,49]. The first model assumes that the magnitude of stress is influenced by the interplay of three key dimensions of the work environment: the magnitude of the demands an employee must meet; the extent of control - understood as the ability to influence what one does and when one does it, and the impact on working conditions; and the social support received at work. In terms of stress, the most disadvantageous situation occurs when high demands are accompanied by low control and low social support. In other words, in such a situation, the individual is deprived of the basic means of coping with major challenges because he or she does not have enough freedom and opportunity to manage on his or her own (low control) and cannot enlist the help of others (low support). The second model used to look for sources of stress is based on the belief that stress at work arises when the effort put into a job outweighs the rewards received for doing it (respect and recognition, opportunities for promotion and financial rewards, job security).

Noteworthy are several results from model one concerning Polish nurses: the number of hours a Polish nurse worked per week was the highest of all the countries studied; the number of patients a Polish nurse cared for per shift in surgical wards was one of the highest, at 24.14; only in Slovakia was it slightly higher, at 24.4. To illustrate the workload of Polish nurses, it should be noted that in the Netherlands there were 11.59 patients per nurse in surgical wards and in Norway 13.07. Another result is the score on the scale of uncertainty about treatment, which shows that Polish nurses quite often feel uncertain in this area, complaining about "insufficient information from the doctor about the patient's condition" or "the doctor's absence in a situation requiring immediate action." The average on the scale in question shows that the score concerning Polish nurses falls within the high score range and is 104% of the average of other countries. The next results relate to the ability to influence work and opportunities for development, on both scales Polish nurses scored low, and on the scale of job insecurity Polish nurses scored the worst, the highest score among all countries participating in the survey. The results for social support from colleagues place Polish nurses in fifth place (out of 9 countries), and support from superiors in sixth place along with the Netherlands and France (out of 9 countries). In order to demonstrate the interaction of demands, control and support as a measure of stress, the product of the demands, control and support scores was calculated, which showed that Polish nurses feel strong stress. Only nurses from Italy scored worse which means that they feel stronger stress than nurses from Poland, the most favorable score was obtained by nurses from Norway. The results from the second model (ERI), in which the measure of stress is the imbalance between effort and reward, showed that the main source of stress for Polish nurses was the low level of rewards, especially concerning salary (the Polish average score for this "reward" is 50% of the average of other countries) and job security (similarly 63%). Poland ranked first in the model in terms of the amount of stress and had a score similar to Germany (in the ERI model, the percentage of people whose level of effort exceeds the level of rewards is calculated) [20].

Other causes of professional burnout cited by Sowinska et al. [50] include low pay, working conditions, disagreements among co-workers and lack of proper access to continuing education. Other factors that contribute to professional burnout include pressure from excessive expectations from the patient and family, and excessive documentation [22].

In a study by Lato-Pawlowska et al. [22], among the factors affecting the occurrence of occupational burnout syndrome are seniority, job satisfaction, excessive workload and cooperation with superiors. Sociodemographic variables and job characteristics also influence the incidence of burnout scale, an example is the study by Szewczyk et al. [51] in which shift work affects the severity of burnout and lack of job satisfaction, and the shorter the length of service, the nurses have less job burnout and are more

satisfied with the type of work they do. Marital status affects job burnout and job satisfaction. Those who are in a relationship have higher job satisfaction and lower levels of job burnout.

Among the factors that are most disturbing in the workplace, in a study by Rosinchuk et al [15], almost one in four respondents included bureaucracy and being saddled with duties incompatible with competence, as well as a small staff and a bad atmosphere at work. In a study by Nowakowska et al. [52] conducted using the Copenhagen Burnout Inventory (CBI) survey questionnaire, nurses rated the work-related area more pejoratively than the patient contact area. In a subsequent report, the same author presents additional findings, indicating that the education one has and the unit on which nurses work affect the incidence of job burnout, and that job burnout can adversely affect the performance of professional duties and relationships with family. He emphasizes that most of the nurses surveyed report that their difficult work does not affect their relationships with patients, however [53].

Another report by Zaczyk et al. [54] shows an association between patient aggression and professional burnout in nurses, admittedly, the study was conducted in closed psychiatric units, but it provides additional information on the causes of professional burnout in various nursing specialties. Professional burnout, regardless of its causes, has negative effects that will be seen in terms of emotional exhaustion, depersonalization and lack of professional satisfaction among nursing staff. Among the somatic symptoms associated with the stress experienced, the most frequently surveyed nurses cited irritability, headaches, sleep disturbances and abdominal pain [44].

In a study by Lato-Pawlowska et al. [22], the symptoms that nurses complain of are: more than half complain of back pain, a third complain of fatigue, lack of energy and lowered mood, as well as headaches and insomnia, and, according to Rosińczuk et al [15], there is also an aversion to work, aggression and irritability. Among the symptoms of burnout, as reported by Lewandowska et al [55], the most common symptoms reported by nurses surveyed were fatigue and exhaustion 79%, back pain 57%, desire to be on sick leave 47% and irritability 46%, while the least common were helplessness, heartache, lack of interest in work, gastrointestinal distress.

Knowledge of the causes of occupational burnout and its effects allows preventive measures to be taken and mitigating measures to be taken when it occurs. Prevention of occupational burnout, on the one hand, addresses the factors that cause it, on the other hand, factors related to the promotion of physical and mental health in the workplace [56].

According to Wilczek-Rużyczka [57], 2 out of 3 levels of prevention are related to the employee himself, with the goals of achieving change in himself or treatment - secondary and tertiary prevention, while primary prevention is related to the work itself. The primary goal of primary prevention is to eliminate or modify work-related stressors, and thereby reduce new tensions; the primary goal of secondary prevention is to learn to cope with stressful situations that have occurred.

Nurses consider it reasonable to carry out burnout prevention in the work environment, which is confirmed by Wyderka et al [58] because, as the study showed, the workplace, according to the respondents, influences the severity of symptoms in terms of emotional exhaustion and a reduced sense of personal achievement. Measures to prevent the development of occupational burnout should be aimed at increasing the quality of work and lowering its costs.

For nurses, the support of family and co-workers is of great importance, among the most frequently cited ways to cope with job burnout nurses mention: rest, maintaining personal relationships, and as expected changes in the field of work they mention: an increase in salary, the possibility of free education, and the creation of a more friendly atmosphere at work [15].

In a study by Sobczak et al. [59], it was shown that there is a relationship between dimensions of assertiveness and types of work-related behavior and experiences. Nurses with higher levels of assertiveness were more likely to present healthy types of work behavior and experiences such as striving for perfection, ability to distance oneself, inner peace and balance. A tendency to violate others' territory, on the other hand, was associated with a burned-out type and a tendency to give up in situations of failure. The final conclusion formulated by Sobczak: assertiveness can protect against burnout in professional work and should be shaped and strengthened in pre- and post-graduate education, and nurses' assertive behavior fosters good interpersonal relationships, both in the team and with patients.

The role of assertiveness is also emphasized by Drażna et al. [60] because an assertive attitude among medical staff allows them to maintain good relationships within the therapeutic team, as well as with the patient. Of course, it is very important to improve the skills of good communication, which is essential for maintaining healthy relationships and avoiding professional burnout.

Another form of burnout prevention is work-life balance (work-life balance). Nowacka et al. [61], in a study of the relationship between job burnout and work-home interaction in hospital-employed nurses,

stresses that nurses are expected to combine emotional commitment to their work with simultaneous fulfillment of family responsibilities. The study found a correlation between work-home interaction and professional burnout.

Prevention of burnout is a special task for the employer. These tasks derive directly from the Labor Code Article 207. 1 [62]. The employer is obliged to protect the health and life of employees by ensuring safe and hygienic working conditions with appropriate use of the achievements of science and technology [62]. Useful materials in this regard have been provided by the State Labor Inspectorate [63]. Awareness of the employer's obligations should provide employees, motivation to enforce their rights under the Labor Code [62], and having an undoubted impact on the prevention of occupational burnout. It is Article 94 of the Labor Code para. 2, 4, 6, 8, 9 and 10 [62], in which the employer is obliged in particular: para. 2: organize work in such a way as to ensure full use of working time, as well as the achievement by employees, using their talents and qualifications, of high productivity and quality of work; para. 4: ensure safe and hygienic working conditions and conduct systematic training of employees in occupational safety and health; para. 6: facilitate employees' upgrading of professional skills; para. 8: meet the social needs of employees as far as possible; para. 10: influence the formation of principles of social coexistence at the workplace [62].

Also specific to the prevention of occupational burnout is the content of Article 226 of the Civil Code, para. 1 [62]: the employer shall assess and document the occupational risks associated with the work performed and apply the necessary preventive measures to reduce the risks; para. 2: informs employees about the occupational risks associated with their work and about the principles of protection against risks. In addition to nurses, the negative effects of occupational burnout also affect patients and co-workers. As Ivanovich-Palus [64] points out, the quality of services cannot be good when they are provided by professionally burned-out people. The negative impact of professional burnout on the level of rationing of nursing care is also described by Uchmanowicz et al. [24].

Life orientation of nursing staff

The concept of dispositional optimism was developed by Carver and Scheier [65]. The general tenets of this concept boil down to the influence of a given level of dispositional optimism on motivation, goal selection and goal pursuit, as well as on making difficult decisions. Taking into account that optimism is a fixed personality trait and not a variable that depends on the life situation [66], in a study conducted by Dziabek et al. [67] it was shown that the marital status of nurses and midwives and the number of children do not affect the level of optimism. The situation is different with education, as the study found that optimistic attitudes toward life are higher in nurses and midwives with higher education. Another interesting result of the study is the demonstration of the effect of optimism on the control of emotions, i.e. optimism has a protective function and effectively influences the ability to express emotions.

A study on sense of optimism conducted by Wojcieszek et al. [68] found no association between sense of optimism and nurses' age and seniority; however, it did find an association between propensity for optimism and factors motivating nurses to pursue postgraduate education: the desire to increase - their prestige ($p = 0.009$): The regression parameter was 1.369, so those who marked this motivation had a propensity for optimism on average 1.369 points higher than those who did not mark such motivation; desire for professional advancement ($p = 0.005$) The regression parameter was - 2.545, so those who marked this motivation had a propensity for optimism on average 2.545 points lower than those who did not mark such motivation. The results obtained mean that nurses who undertook education for self-motivation (for professional development) have a higher propensity for optimism than those studying for professional advancement.

An interesting result is a study conducted by Rasinska et al. [69]. The aim of the study was to analyze job satisfaction and measure midwives' optimism, as well as its impact on job satisfaction and fatigue. Among the study group, the majority, 47.8%, indicated a tendency toward optimism, 26.1% indicated a pessimistic attitude, and 26.1% of midwives indicated a neutral attitude. In contrast, the study did not confirm the hypothesis that fatigue from work depends on the level of optimism.

In the publication "The Nature of Stress", by the author Wladyslaw Losiak [70], emphasizes that most empirical work, indicates that optimists use more active forms of readaptation in stressful situations, such as focusing on the problem, reorientation, positive reinterpretation or seeking support. Describing the impact of optimism on people's lives, it is impossible to ignore its effect on professional burnout, although the results of the study by Terelak et al. [71], cited below, concern teachers, but they show that optimism counteracts professional burnout in particular in terms of emotional exhaustion and a reduced sense of personal achievement.

Summary

As shown in the following paper, the level of job satisfaction of nursing staff is influenced by many factors, which include professional, non-professional and individual ones. Among the professional ones are salary, opportunity for professional and personal development, opportunity for promotion, achievements, recognition, independence, supervision understood as the level of control during the implementation of tasks and the level of autonomy (failure to adjust the type of control to a given employee, may be a source of frustration for him), working conditions – taking into account the equipment of the workplace, working time but also, for example, parking space, the characteristics of co-workers, i.e. the nature of ties, stress related to the role in the organization or resulting from role conflict. Among the extra-occupational are life satisfaction and its determinants (family, health, wealth, place of residence, social support). In turn, employee-related factors include age (in general, satisfaction levels increase with age), gender (women are more likely to report job satisfaction than men), race, cognitive ability, length of service and opportunity for career advancement, and form of employment (self-employed people report higher levels of job satisfaction than full-time employees). Recent research also confirms that optimistic thinking increases satisfaction with life, with work, and lowers the frequency of rationing nursing care. The inclination to optimism, cheerfulness, determination to achieve goals, kindness, and a smile undoubtedly affect the personal life, but also the professional life of every person.

Supplementary Materials

Not applicable.

Author's Contribution

Conceptualization, D.M.; methodology, D.M., H.H., and S.M.; data curation, H.H. and S.M.; writing - rough preparation, D.M.; writing - review and editing, H.H. and S.M.; supervision, D.M.; project administration, D.M. All authors have read and agreed with the published version of the manuscript.

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The authors declare no conflict of interest.

References

1. Springer A. Wybrane czynniki kształtujące satysfakcję pracownika. *Probl Zarządzania*. 2011;(vol. 9, nr 4 (34), t. 1 Współczesne wyzwania polityki personalnej):162–80.
2. Juchnowicz M. Satysfakcja zawodowa pracowników. *Kreator kapitału ludzkiego*. Warszawa: Polskie Wydawnictwo Ekonomiczne; 2014.
3. Juchnowicz M. Satysfakcja z pracy determinantą jakości kapitału ludzkiego oraz kapitału relacyjnego. *Zarządzanie Finanse*. 2013;1(4):101–10.
4. Biesok G, Wyród-Wróbel J. Satysfakcja z pracy i jej znaczenie w organizacjach. In: Jakubiec M, Barcik A, editors. *Wielowymiarowość Zarządzania XXI wieku Monografia dla uczczenia jubileuszu*

- 45-lecia pracy naukowo-badawczej prof dra hab inż Ryszarda Barcika. Bielsko-Biała: Wydawnictwo Naukowe Akademii Techniczno-Humanistycznej w Bielsku-Białej; 2018.
5. Howaniec H, Malara Z, Waszkielewicz W, editors. Wybrane aspekty satysfakcji pracowników. In: Etyka, kultura organizacyjna i społeczna odpowiedzialność biznesu w kształtowaniu potrzeb i relacji z klientami. Bielsko-Biała: Wydawnictwo Naukowe Akademii Techniczno-Humanistycznej w Bielsku-Białej; 2014. p. 147–62.
 6. Jakubczak A. Subiektywny a obiektywny pomiar jakości życia zawodowego na przykładzie przedsiębiorstwa produkcyjnego z sektora MŚP. Zarządzanie Zasobami Ludzkimi. 2014;(2014 1(96)):95–108.
 7. Jakubczak A. Praca a jakość życia. In: Wyszykowska Z, Gotowska M, editors. Poziom i jakość życia w dobie kryzysu. Bydgoszcz: Wydawnictwo Uczelniane UTP; 2013.
 8. Świątek A, Milecka D, Uchmanowicz I. Wypalenie zawodowe oraz satysfakcja z życia wśród pielęgniarek anestezyjologicznych i intensywnej opieki. Współczesne Pielęgniarstwo Ochr Zdrowia. 2017;(4):121–8.
 9. Kunecka D. Determinanty satysfakcji zawodowej kadry pielęgniarskiej w Polsce. Zdr Publiczne Zarządzanie. 2016;14(1):26–31.
 10. Myjak T. Wpływ formy zatrudnienia na zachowania organizacyjne. Empiryczne studium porównawcze. Nowy Sącz: Wydawnictwo Naukowe PWSZ w Nowym Sączu.; 2014.
 11. Program akredytacji szpitali. Zestaw standardów akredytacyjnych. [Internet]. Kraków: Centrum Monitorowania Jakości w Ochronie Zdrowia; 2009 [cited 2021 Aug 24]. Available from: <https://www.cmj.org.pl/akredytacja/standardy.php>
 12. Lorber M, Skela Savič B. Job satisfaction of nurses and identifying factors of job satisfaction in Slovenian Hospitals. Croat Med J. 2012 Jun;53(3):263–70.
 13. Gawęda A, Śnieżek A, Serzysko B. Satysfakcja z pracy w opinii badanych pielęgniarek. Pielęgniarstwo Zdr Publiczne. 2018;8(4):269–76.
 14. Krzos A, Charzyńska-Gula M, Stanisławek A, Szadowska-Szlachetka Z, Rząca M. Analiza czynników wpływających na zadowolenie bądź niezadowolenie z pracy pielęgniarek pod koniec kariery zawodowej. J Health Sci. 2014;4(5):11–24.
 15. Rosińczuk J. Wypalenie zawodowe i satysfakcja z pracy w opinii aktywnych zawodowo pielęgniarek. In: Rosińczuk J, Uchmanowicz I, Jankowska-Polańska B, editors. Badania naukowe w pielęgniarstwie i położnictwie. Wrocław: Continuo; 2014. p. 298–307.
 16. Ostrowicka M, Walewska-Zielecka B, Olejniczak D. Czynniki motywujące i satysfakcja z pracy pielęgniarek w wybranych placówkach publicznej i prywatnej służby zdrowia. Zdr Publiczne Zarządzanie. 2013 Feb 28;11(2):191–209.
 17. Biesok G, Wyród-Wróbel J. Poprawa efektywności w przedsiębiorstwie – wybrane aspekty. In: Howaniec H, Malara Z, Wyród-Wróbel J, editors. Satysfakcja z pracy jako czynnik rozwoju organizacji. Bielsko-Biała: Wydawnictwo Naukowe Akademii Techniczno-Humanistycznej w Bielsku-Białej; 2016. p. 125–38.
 18. Kunecka D. Satysfakcja zawodowa pielęgniarek i pielęgniarzy w Polsce. Warszawa: Difin; 2016.
 19. Janicijevic I, Seke K, Djokovic A, Filipovic T. Healthcare workers satisfaction and patient satisfaction – where is the linkage? Hippokratia. 2013;17(2):157–62.
 20. Widerszal-Bazyl M. Źródła stresu i satysfakcji w pracy pielęgniarki. Czy istnieje polska specyfika? Warszawa: Prezydium Rady Pielęgniarek i Położnych oraz Centralny Instytut Ochrony Pracy - Państwowy Instytut Badawczy; 2005 p. 5–17.
 21. Kózka M. Wybrane czynniki determinujące ocenę jakości opieki pielęgniarskiej w szpitalach pełniących stały dyżur. Wyniki projektu RN4CAST. Zdr Publiczne Zarządzanie. 2012;10(8):277–87.
 22. Lato-Pawłowska M, Hoffmann-Aulich J, Bonikowska I, Jasik J, Milewska-Wilk G, Chmielowiec J. Praca Pielęgniarki w systemie opieki zdrowotnej a syndrom wypalenia zawodowego. In: Uchmanowicz I, Rosińczuk J, Jankowska-Polańska B, editors. Badania Naukowe w Pielęgniarstwie i Położnictwie. Wrocław: Continuo; 2017. p. 252–67.
 23. Blackman I, Henderson J, Willis E, Hamilton P, Toffoli L, Verrall C, et al. Factors influencing why nursing care is missed. J Clin Nurs. 2015 Jan;24(1–2):47–56.
 24. Uchmanowicz I, Karniej P, Lisiak M, Chudiak A, Lomper K, Wiśnicka A, et al. The relationship between burnout, job satisfaction and the rationing of nursing care-A cross-sectional study. J Nurs Manag. 2020 Nov;28(8):2185–95.
 25. Jaworski M, Iwanow L, Grochans E, Młynarska A, Gurowiec PJ, Uchmanowicz I, et al. Optimistic thinking, satisfaction with life and job and nursing care rationing: Multicentre study in Poland. J

- Nurs Manag. 2020;28(8):1948–59.
26. Gonge H, Buus N. Model for investigating the benefits of clinical supervision in psychiatric nursing: a survey study. *Int J Ment Health Nurs*. 2011 Apr;20(2):102–11.
 27. IHI Framework for Improving Joy in Work | IHI - Institute for Healthcare Improvement [Internet]. [cited 2021 Aug 14]. Available from: <http://www.ihl.org:80/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx>
 28. Feliksiak M. Centrum Badania Opinii Społecznej: Zadowolenie z życia. [Internet]. Warszawa; 2020 Jan [cited 2020 Aug 31]. Report No.: 2/2020. Available from: https://cbos.pl/SPISKOM.POL/2020/K_002_20.PDF
 29. Loewe N, Bagherzadeh M, Araya-Castillo L, Thieme C, Batista-Foguet JM. Life Domain Satisfaction as Predictors of Overall Life Satisfaction Among Workers: Evidence from Chile. *Soc Indic Res*. 2014;118:71–86.
 30. Diener E, Lucas RE, Oishi S. Subjective well-being: The science of happiness and life satisfaction Oxford University Press, Oxford 2002: 63-73. In: Snyder CR, Lopez SJ, editors. *Oxford Handbook of positive psychology*. Oxford: Oxford University Press; 2002. p. 63–73.
 31. Vittersø J, Biswas-Diener R, Diener E. The Divergent Meanings of Life Satisfaction: Item Response Modeling of the Satisfaction with Life Scale in Greenland and Norway. *Soc Indic Res*. 2005 Nov 1;74(2):327–48.
 32. Diener E, Oishi S, Lucas RE. Subjective Well-Being: The Science of Happiness and Life Satisfaction. In: Lopez SJ, Snyder CR, editors. *The Oxford Handbook of Positive Psychology* (2nd edn). Online Publication Date: Sep 2012; Print Publication Date: Jul 2009. Oxford: Oxford University Press;
 33. Piotrkowska R, Jarzynkowski P, Książek J, Mędrzycka-Dąbrowska W. Satisfaction with life of oncology nurses in Poland. *Int Nurs Rev*. 2019;66(3):374–80.
 34. Seligman M. Prawdziwe szczęście. Psychologia pozytywna a urzeczywistnienie naszych możliwości trwałego spełnienia. Poznań: Media Rodzina; 2005.
 35. Bartosiewicz A, Łuszczki E, Dereń K. Personalized Nursing: How Life Satisfaction and Occupational Burnout Influence New Competences of Polish Nurses. *J Pers Med*. 2020 Jun;10(2):48.
 36. Ślusarska B, Barczak S, Zarzycka D, Dobrowolska B, Cuber T. The importance of personal values and symbols of happiness among vocationally active nurses. *Nurs Probl Probl Pielęgniarstwa*. 2011;19(2):219–27.
 37. Kliszczyk J. Lęk i stres w pracy wpływa na nasz poziom satysfakcji z pracy i życia prywatnego. *Mag Pielęgniarki Położnej*. 2019;(1–2):6–7.
 38. Jaworski M, Panczyk M, Skubek M, Zarzeka A, Gotlib J. Wybrane aspekty umiejętności przywódczych a satysfakcja z pracy i życia położnych. *Pielęgniarstwo Pol*. 2019;2(72):171–8.
 39. Uchmanowicz I, Karniej P, Lisiak M, Chudiak A, Lomper K, Wiśnicka A, et al. The relationship between burnout, job satisfaction and the rationing of nursing care-A cross-sectional study. *J Nurs Manag*. 2020 Nov;28(8):2185–95.
 40. Uchmanowicz I, Witczak I, Rypicz Ł, Szczepanowski R, Panczyk M, Wiśnicka A, et al. A new approach to the prevention of nursing care rationing: Cross-sectional study on positive orientation. *J Nurs Manag*. 2021 Mar;29(2):317–25.
 41. Mudyń K, Pietras K. Preferowane wartości a zdrowie i satysfakcja z życia. *Psychoterapia*. 2007;1(140):5–25.
 42. Maslach C. Wypalenie - w perspektywie wielowymiarowej. In: Sęk H, editor. *Wypalenie zawodowe - przyczyny, mechanizmy, zapobieganie*. Warszawa: Wydawnictwo Naukowe PWN; 2000. p. 13–31.
 43. Sęk H. Uwarunkowania i mechanizmy wypalenia zawodowego w modelu społecznej psychologii poznawczej. In: Sęk H, editor. *Wypalenie zawodowe, przyczyny i zapobieganie*. Warszawa: Wydawnictwo Naukowe PWN; 2007. p. 83–112.
 44. Bielecka W, Fortunka K. Stres w pracy pielęgniarki. In: Uchmanowicz I, Rosinczuk J, Jankowska-Polańska B, editors. *Badania Naukowe w Pielęgniarstwie i Położnictwie*. Wrocław: Continuo; 2017. p. 26–34.
 45. Kowalczyk K, Zdańska A, Krajewska-Kułak E, Łukaszuk C, Damme-Ostapowicz KV, Klimaszewska K, et al. Stress in the work of nurses as a risk factor for burnout. *Nurs Probl Probl Pielęgniarstwa*. 2011;19(3):307–14.
 46. Karasek RA, Theorell T. *Healthy Work: Stress, Productivity and the Reconstruction of Working Life*. New York: Basic Books; 1990.
 47. Widerszal-Bazyl M. Stres w pracy a zdrowie, czyli o próbach weryfikacji modelu Roberta Karaska

- oraz modelu wymagania-kontrola-wsparcie. Warszawa: Warszawa: CIOP-PIB; 2003.
48. Siegrist J. Adverse health effects of Effort-Reward Imbalance at work. In: Cooper C, editor. *Theories of Organizational Stress*. Oxford: Oxford University Press; 1998.
 49. Hasselhorn HM, Widerszal-Baziel M, Radkiewicz P. Effort, reward -and effort -reward imbalance in nursing profession in Europe. Stockholm: SALTSA, National Institute for Working Life; 2003. (Hasselhorn HM, Tackenberg P, Muller HM, editors. *Working conditions and intent to leave the profession among nursing staff in Europe*).
 50. Sowińska K, Kretowicz K, Gaworska-Krzemińska A, Świetlik D. Wypalenie zawodowe i satysfakcja zawodowa w opinii pielęgniarek. *Probl Pielęgniarstwa*. 2012;20(3):361–8.
 51. Szewczyk VT, Milecka D, Kolańska J, Kornatowska M, Uchmanowicz I. Problem wypalenia zawodowego wśród pielęgniarek operacyjnych. *Współczesne Pielęgniarstwo Ochr Zdrowia*. 2017;(3):82–90.
 52. Nowakowska I, Rasińska R, Roszak K, Bańkowska A. Pielęgniarstwo- zawód szczególnie narażony na stres i wypalenie. Wybrane założenia teoretyczne i wstępne doniesienia z badań- część I. *Pielęgniarstwo Pol*. 2017;1(63):120–4.
 53. Nowakowska I, Roszak K, Rasińska R, Bańkowska A. Pielęgniarstwo - zawód szczególnie narażony na wypalenie zawodowe-część II. Doniesienie z badań. *Pielęgniarstwo Pol*. 2017;2(64):236–9.
 54. Zaczek I, Młoczek M, Wilczek-Rużyczka E, Kwak M. Agresja chorych w zamkniętych oddziałach psychiatrycznych a wypalenie zawodowe pielęgniarek. *Pielęgniarstwo Pol*. 2018;4(70):339–45.
 55. Lewandowska A, Litwin B. Wypalenie zawodowe jako zagrożenie w pracy pielęgniarki. *Ann Acad Medicae Stetin Rocz Pomor Akad Med W Szczecinie*. 2009;55(3):86–9.
 56. Wilczek-Rużyczka E. Wypalenie zawodowe pracowników medycznych. Warszawa: Wolters Kluwer Polska; 2014.
 57. Wilczek-Rużyczka E. Wypalenie zawodowe a empatia u lekarzy i pielęgniarek. Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego; 2008.
 58. Wyderka M, Kowalska H, Szelaż E. Wypalenie zawodowe jako problem występujący wśród pielęgniarek. *Pielęgniarstwo Pol*. 2009;4(34):265–75.
 59. Sobczak M, Andruszkiewicz A, Banaszekiewicz M. Komu może przynieść korzyść asertywność pielęgniarki? *Pielęgniarstwo XXI Wieku Nurs 21st Century*. 2012;2(39):49–52.
 60. Drażna D, Gotlib J. Ocena kompetencji asertywnego rozwiązywania problemów wśród położnych zatrudnionych w wybranych szpitalach na terenie województw: mazowieckiego, podlaskiego, warmińsko- mazurskiego i lubelskiego. *Współczesne Pielęgniarstwo Ochr Zdrowia*. 2018;7(3):55–60.
 61. Nowacka A, Kołodziej K, Piskorz A, Wolfshaut R. Occupational burnout and work-home interactions in hospital-employed nurses. *Nurs Probl Probl Pielęgniarstwa*. 2020;28(1):34–40.
 62. Ustawa z dnia 26 czerwca 1974 r. Kodeks pracy. [Internet]. Available from: <http://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU19740240141>
 63. Kucharska A, Śmierciak Ł. Zagrożenia psychospołeczne -poradnik dla pracodawców i specjalistów służby BHP. Warszawa: Państwowa Inspekcja Pracy Warszawa; 2015 Available from: <https://www.pip.gov.pl/pl/f/v/127412/psychospoleczny-stres-internet.pdf>.
 64. Iwanowicz-Palus G, Kicia M. ‘Aby płonąć trzeba być w ogniu’ - stres a wypalenie zawodowe u pielęgniarek i położnych. *Pielęgniarstwo XXI Wieku*. 2005;1/2(10/11):73–6.
 65. Carver CS, Scheier MF, Segerstrom SC. Optimism. *Clin Psychol Rev*. 2010 Nov;30(7):879–89.
 66. Carver SC, Scheier MF. Optimism. In: Lopez SJ, Gallagher MW, editors. *Positive Psychological Assessment: A Handbook of Models and Measures*. Washington: American Psychological Association; 2003. p. 61–76.
 67. Dziąbek E, Dziuk U, Puzoń AB, Bieniek J, Kowolik B. A sense of optimism and emotional control in a selected group of nurses and midwives. *Ann Acad Medicae Silesiensis*. 2019 Mar 1;67(6):367–73.
 68. Wojcieszek A, Nawalana A, Majda A. Poczucie optymizmu oraz własnej skuteczności małopolskich pielęgniarek korzystających z kształcenia podyplomowego. *Pielęgniarstwo Pol*. 2019;2(72):141–7.
 69. Rasińska R, Nowakowska I. Satysfakcja z pracy położnych, a poziom optymizmu. *Zdr Dobrostan*. 2013;4:235–46.
 70. Łosiak W. *Natura Stresu. Spojrzenie z perspektywy ewolucyjnej*. I. Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego; 2007.
 71. Terelak JF, Mystkowski M. Optymizm a wypalenie zawodowe u nauczycieli. *Stud Psychol Theor Prax*. 2010;(10):153–78.

