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LIFE SATISFACTION OF LUBLIN NURSES

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Abstract

Introduction. Life satisfaction is a concept closely related to a feeling of happiness, well-being and comfort. It is felt by every man individually and is related to general evaluation of life. The subject of interest in this study is the level of life satisfaction among nurses and male nurses working in Lublin.

Aim of the study. The aim of the study was to determine the level of life satisfaction among Lublin nurses and male nurses.

Methods and materials. The study involved 14 male nurses and 109 nurses. The diagnostic survey with the use of the SWLS questionnaire in the adaptation of Zygfryd Juczyński and the respondents' particulars developed by the author. Statistical calculations were performed with the use of Statistica 9.1 computer programme.

Findings. The mean value of life satisfaction was 23.17. Statistical analysis did not show statistically significant relationships between the demographic data of the respondents

and the experienced life satisfaction. Such dependence occurs only between life satisfaction and the specificity of the respondents' work ($p = 0.03$).

Conclusions. No relationship was found between life satisfaction among nurses and male nurses and demographic data. Life satisfaction among the respondents is hugely affected by the specificity of work in some departments.

Key words: SWLS, nurses, life satisfaction

Introduction

The notion of life satisfaction is derived from the Latin words *satis* - sufficient, and *facere* - to do [1, 2]. It means as much as is necessary to fully satisfy expectations, and human aspirations in such a way that there is no room for complaint [3]. Life satisfaction is socially varied and depends on many stimuli affecting it simultaneously [4, 5]. Through the analysis of the current research, it can be observed that the level of satisfaction depends on factors such as: living conditions, random events, personality traits, demographic characteristics, close relationships with people in relation with past events as well as mental well-being [6-9]. The level of life satisfaction is also affected by self-esteem, self-efficacy, the level of optimism, the amount of experienced stress and, also, the ability to control emotions.

Nurses and male nurses are frequently faced with situations causing occupational stress in them. Its main reason is a continuous contact with another person who expects nursing care and help [10-12]. Moreover, in the work of a nurse, there are often situations that cannot possibly be predicted. Such events lead to progressive fatigue, decreased work efficiency, reduced mental comfort, or lack of control over a situation. For example, a nurse taking care of an unconscious or intubated patient does not have the ability to contact the patient and receive feedback from them whether the actions that she has taken have brought the intended effects. This is an important factor disturbing the well-being, which in turn leads to emotional decline [13]. The profession of a nurse may also be a source of hazard to her health, since she is directly exposed to many infectious agents while performing various activities [12, 13]. A nurse is expected to be able to cope with various problems and, also, to overcome difficulties such as being ready to deal with the suffering and those awaiting help, being prepared to take responsibility for their health and life, managing a difficult situation resulting from contact with patients and their families, as well as with co-workers. Both shift and night work are unnatural rhythms for the body, which can lead to sleep deprivation, health problems, reduced safety at work and limitations in family and social functioning. The

nursing profession is also particularly vulnerable to mental stress associated with information overload, speed of decision-making, huge burden of tasks assigned to a given job, high dynamics and responsibility [12].

Aim of the study

The aim of the study was to determine the level of life satisfaction of Lublin nurses and male nurses.

Methods and materials

The research tool used for the study was the SWLS questionnaire (*Satisfaction with Life Scale*) by Diener, Emmons, Larson and Griffin. The Polish adaptation of the scale was developed by Zygfrzyd Juczyński. The SWLS scale allows to estimate life as a whole bearing in mind particular differences in individuals or populations. The result of this assessment shows the degree of temporary stabilization of an individual. The scale can be used for individual and group surveys of both healthy and ill adults [1, 8, 14, 15]. The scale of life satisfaction was based on the questionnaire consisting of 48 questions on various aspects of subjective comfort. 5 statements which a respondent considers by assessing the extent of the relation of the questions to their past life [1, 16, 17] finally remained after the factorial analysis. The responses are given with the use of a seven-level scale (where 1 means that the surveyed person completely disagrees, 2 = disagrees, 3 = slightly disagrees, 4 = has no opinion, 5 = slightly agrees, 6 = agrees, 7 = completely agrees). The responses given after summation give a degree of life satisfaction. The numerical range is between 5 and 35 points. The result is returned as 10-point sten scores. The higher the score, the higher the level of life satisfaction. Before the conversion, the score from 5 to 9 indicates extreme discontentment, the one from 10 to 14 is moderate discontentment, between 15 and 19 is a small lack of satisfaction, the value of 20 indicates a neutral state, the score of 21-25 is slight contentment, 26 - 30 – life satisfaction, the result above 30 indicates a high level of contentment and life satisfaction. In the interpretation of the result as sten scores, the numerical range of 1-4 (5-17 points before the conversion) is treated as low satisfaction, the result between 5-6 (18-23 points before the conversion) means average satisfaction, while 7-10 (24 -35 points before the conversion) indicates a high level of satisfaction. The survey is short and takes about two minutes [1, 14-19].

The study also used basic demographic information related to the professional activity of nurses.

The obtained results were analyzed statistically. The values of the analyzed measurable parameters were shown by means of mean value, median and standard deviation,

and the non-measurable ones by count and percentages. To examine the differences between the two groups, the Mann-Whitney U test was used, and for more than two groups ANOVA variance analysis and Kruskal Wallis test were used. Spearman rank correlation and r-Pearson correlation were used to examine the relationships between some variables. A significance level of $p < 0.05$ was adopted, indicating the existence of statistically significant differences or dependencies. The data base was developed and statistical analysis was conducted with the use of Statistica 9.1 software (StatSoft, Poland).

Nurses and male nurses agreed to participate in the survey. The survey was carried out in the Samodzielny Publiczny Szpital Kliniczny nr 4 w Lublinie / the Independent Public Central Teaching Hospital No. 4 in the period between March 22, 2017 and April 21, 2017 among the group of nurses working in the following departments: Anesthesiology, Orthopedics and Traumatology, Cardiology, Pulmonology, Nephrology, Gastroenterology and Neurology. The majority of the surveyed 88.62% (n = 109) were women, men constituted 11.38% (n = 14). Among those surveyed 26.02% (n = 32) were nurses aged 20-29, while the remaining 21.95% (n = 27) were aged 30-39. 28.46% (n = 35) constituted individuals aged 40-49 and the remaining 23.58% (n = 29) were nurses aged over 50. Most of the respondents 78.05% (n = 96) were nurses living in the city, while 21.95% (n = 27) were the ones living in rural areas. The largest group of the examined nurses 73.98% (n = 91) was in a relationship. The remaining respondents 26.02% (n = 32) were single. The highest number of nurses 39.02% (n = 48) had a MSc degree, and 30.08% (n = 37) of them had secondary education. A slightly smaller group 24.39% (n = 30) constituted graduates of undergraduate studies. The remaining 6.50% (n = 8) were those who have completed other schools. Over half of the surveyed nurses 50.40% (n = 62) had specializations in nursing. 28.46% (n = 35) completed courses, while 21.14% (n = 26) did not complete any courses or specializations. Most of the respondents 24.39% (n = 30) worked in the Anesthesiology Department, 17.89% (n = 22) in Pulmonology, 15.45% (n = 19) in the Orthopedics and Traumatology, and 13.82% (n = 17) in the Nephrology Department. The lowest number of respondents 11.38% (n = 14) were nurses working in the Neurology Department, 8.94% (n = 11) in Cardiology, and 8.13% (n = 10) in the Gastroenterology one. The largest proportion of respondents (26.0%) (n = 32) worked a shorter time than 5 years in the profession. 21.14% (n = 26) worked over 20 years and 19.51% (n = 24) over 30. 17.07% (n = 21) were nurses working for over 10 years and 14.63% (n = 18) for over 5 years. Two respondents did not provide the answer to the question.

Findings

The overall life satisfaction level of nurses was 23.17. Nearly half of the respondents 49,59% are hugely satisfied with their lives, 17.07% (n = 21) are slightly satisfied, while the remaining 33.33% (n = 41) are moderately satisfied with it.

A gender-specific analysis of life satisfaction was not statistically significantly different between women and men ($p = 0.383$). The mean values show that the level of life satisfaction is slightly higher in men than in women. Among those aged 20-29 years, SWLS was 24, for 30-39-year old ones SWLS was 23.26, while for those aged 40-49 it was 23.60. In nurses aged 50 and above, the average level of SWLS was 21.69. The level of life satisfaction does not depend on the age of the surveyed nurses ($p = 0.91$). Life satisfaction of nurses in terms of place of residence showed that it was slightly higher in people living in rural areas (SWLS = 24.11) than in those living in the city (SWLS = 22,90). The statistical analysis was not statistically significant ($p = 0.37$). While analyzing life satisfaction of the surveyed nurses in consideration with their marital status, single individuals and individuals in relationships were distinguished. Life satisfaction was slightly higher among those in relationships (the average life satisfaction in a relationship = 23.46, singlehood = 22.34). The statistical analysis did not show statistically significant relationships between the marital status of the surveyed individuals and experienced life satisfaction ($p = 0.27$). In the statistical analysis, there was also no statistically significant relationship between life satisfaction and the level of education of the surveyed nurses ($p = 0.09$). In the surveyed group, the level of life satisfaction is slightly higher in individuals with a master's degree (the average SWLS = 23.83) than in those with a bachelor's degree (the average SWLS = 23.80). The lowest life satisfaction score was recorded in the surveyed with secondary education (the average SWLS was 21.35). See Table 1 for details.

There was a statistically significant relationship between life satisfaction and the specificity of work of the respondents ($p = 0.03$). The survey shows that higher values of life satisfaction were shown by the employees of the Pulmonology, Gastroenterology and Nephrology Departments as compared to the Anesthesiology Department. In the case of the remaining departments, no statistical significance was shown. Life satisfaction of nurses was slightly higher in the Orthopedics and Traumatology, Neurology and Cardiology Departments as compared to the Anesthesiology department. See Table 2 for details.

Table 1. The average level of life satisfaction including sociodemographic data

Number (n)	Mean value	Median	Standard deviation	Statistical analysis	
Gender*					
Females	109	23.01	23.0	5.78	U = 652.5 P = 0.383
Males	14	24.43	23.5	4.38	
Respondents' age**					
Aged 20-29	32	24	24	4.16	F=0.95 P=0.42
Aged 30-39	27	23.26	23	4.90	
Aged 40-49	35	23.60	24	5.62	
50+	29	21.69	21	7.45	
Place of residence*					
town	96	22.90	23	5.89	Z=0.89
countryside	27	24.11	24	4.63	P=0.37
Marital status*					
Singlehood	32	22.34	22	4.60	Z=-1.00
In a relationship	91	23.46	24	5.96	P=0.27
Education**					
Secondary	37	21,35	21	5.89	F=2.48 P=0.09
Bachelor's	30	23.80	23.5	4.15	
Master's	48	23.83	25	6.04	

* Mann-Whitney U test** ANOVA variance analysis and Kruskal Wallis test

Table 2. Life satisfaction including the specificity of work (department) of nurses

Department	Number (n)	Mean value	Median	Stand. deviation	Statistical analysis
Anesthesiology *	30	20.43	21	4,78	F=2.43 <u>P=0.03</u>
Orthopedics and Traumatology*	19	23.26	24	5.53	
Cardiology*	11	22.45	22	4.59	
Neurology*	14	22.50	22.5	4.55	
Pulmonology*	22	24.95	26.5	7.49	
Gastroenterology*	10	25.30	24.5	4.37	
Nephrology*	17	25.35	26	5.02	

*ANOVA variance analysis and Kruskal Wallis test

Using the variance analysis, there was no statistically significant relationship between life satisfaction and work experience of the surveyed nurses ($p = 0.33$). The highest average

was received by the nurses with 10-20-year work experience (the average life satisfaction = 24.33), while the lowest one was assigned to the ones with over 30-year experience (the average life satisfaction = 21.33). There was no increase in life satisfaction of nurses following their work experience.

Discussion

Satisfaction with life is a concept closely related to happiness, well-being and comfort. It is felt by every individual in their own way and involves the overall evaluation of life. It should be characterized by moderate dynamics and relative whole [20, 21]. The level of life satisfaction is evaluated in areas such as intellectual and physical fitness, self-confidence, financial and professional situation, family relationships, sexual fitness, partnership, number of friends but also interests and leisure activities [22]. One of the most significant elements of a person's life is professional work. It has a great influence on the overall of our lives. The role it plays in our lives is perceived differently and differently defined depending on the discipline that it belongs to [23]. In the case of nurses / male nurses, life satisfaction is closely related to the specificity of work. The profession of a nurse is not one of the easiest, apart from great theoretical and practical knowledge, it also requires a great deal of commitment. The profession in question can be a source of professional satisfaction as well as, because of the high physical and mental load, it can lead to the occurrence of occupational burnout. This can result in reduced levels of job satisfaction, which in turn can contribute to diminishing your life satisfaction.

The study of life satisfaction is a very complex problem, because it is a combination of many disciplines, including psychology, sociology and economics [24]. There are many studies in the literature on the sense of satisfaction in the lives of different groups of patients who are the subjects of nursing care, but there are few reports on the life satisfaction of people providing nursing care. They refer mainly to Polish nurses [1]. Most of the research, however, focuses on factors related to conditions and organization of work rather than on sociodemographic elements [1]. In self-reported studies, 49.59% (n = 61) of the surveyed nurses have a very high level of life satisfaction, while 17.07% (n = 21) have little satisfaction. The remaining group are the ones with the average level of life satisfaction. The average of the general value is 23.17 points, which indicates the result showing life satisfaction slightly above the average. Similar results were obtained by Wysokiński et al. Their results showed the average value of life satisfaction level in Polish nurses (19.6 points) [1]. A similar level was also reported by Korean nurses, who also rated life satisfaction as average one [25]. In studies conducted among Irish nurses, it was found that most of the staff

(81.9%) were satisfied with their lives [26]. Comparable results were also obtained from surveying nursing students, the elderly and different groups of medical care patients [21, 27-30]. The average satisfaction in Norwegian physicians was 5.21 in 1994 and 5.32 in 2002, which also indicates the average life satisfaction [31]. Among the employees of the medical sector the average satisfaction score is 4.5 (5 = very satisfied) and among the ones of the mental health sector it is 4.8. These results are statistically significant, so both groups of health care workers feel different overall contentment [32]. According to CBOS research from 2016, 76% of Poles are satisfied with their lives, 20% think they are averagely satisfied, while only 4% express little life satisfaction [33].

The level of life satisfaction was not affected by the sex of the surveyed nurses. However, studies/research shows that the level of life satisfaction is slightly higher in men than in women. In the studies of Wysokiński et al., the statistical analysis did not show any significant correlations between the genders of the respondents either, but the level of life satisfaction was slightly higher in women [1]. In the study conducted on Irish nurses, the level of life satisfaction was significantly higher in men [34]. In patients with diabetes and nursing students, the level of life satisfaction was also slightly higher in men than in women [28, 30].

Self-reported studies show that age does not significantly affect the level of life satisfaction experienced by nurses. It has also been shown that life satisfaction does not increase with age. Similar findings on life satisfaction were received by other researchers [1, 25], as well as patients with diabetes and nursing students [28, 30].

The place of residence had no significant impact on the level of life satisfaction experienced by nurses either. This is confirmed by other research on Polish nurses as well [1]. The average level of life satisfaction according to self-conducted survey is higher in respondents living in rural areas, but according to research by Wysokiński et al., in the ones living in town [1]. Similar results were obtained in students and patients with diabetes [28,30].

By studying the influence of marital status of the surveyed nurses on the degree of life satisfaction, there was no statistically significant relationship either. Nevertheless, the obtained results show it clearly that life satisfaction is slightly higher in individuals being in relationships. Earlier surveys of life satisfaction in Polish nurses show that the greatest satisfaction is felt by widowed individuals and those in marital relationships, while the least one by single people [1]. The surveys conducted on Korean nurses found that the level of life satisfaction was higher in individuals who were in relationships [25]. Similar results were also obtained among nursing students [30].

There was no statistically significant relationship between life satisfaction and education of nurses. This is also confirmed by the other authors' studies [1]. However, education in question had an impact on the degree of life satisfaction in Korean nurses [25].

The research shows that higher values of life satisfaction are characteristic of the employees of such departments as Pulmonology, Gastroenterology and Nephrology as compared to the employees of the Anesthesiology Department. In the case of the remaining departments (Orthopedics, Neurology, Cardiology), no statistical significance was reported. In the case of Irish nurses, those who worked in the Department of Surgery and Psychiatry were more satisfied with their lives, while the least satisfied were those who worked in the Casualty Departments and Operating Theatres [26].

No statistically significant correlation was found between life satisfaction and professional experience of the surveyed nurses. It has also been shown that the increase in professional experience of nurses does not correlate with the increase in life satisfaction. The highest mean was received by nurses aged 10-20, while the lowest one was assigned to the ones aged over 30. Wysokiński et al. did not notice the statistically significant relationship between professional experience and satisfaction level. The highest values of life satisfaction were obtained by those working in the profession for at least 30 years, while the lowest ones were obtained by the respondents with professional experience below 5 years [1].

Conclusions

1. The specificity of work in some departments has an effect on life satisfaction of nurses and male nurses.
2. Demographic factors do not affect life satisfaction of nurses and male nurses.

Literature

1. Wysokiński M., Fiecki W., Walas L., Ślusarz R. i wsp.: *Satysfakcja z życia pielęgniarek polskich*. Problemy pielęgniarstwa, 2009; 17 (3): 167-172.
2. Stoma M.: *Modele i metody pomiaru jakości usług*. Lublin, Q&R Polska; 2012: 34.
3. Czerw A., Czarnota-Bojarska J.: *Dopasowanie człowiek – środowisko i postawa wobec pracy jako motywatory zachowań organizacyjnych*. Psychologia Społeczna. 2016; 11, 1(36): 8–19.
4. Zalewska A.: *Dwa Światy. Emocjonalne i poznawcze oceny jakości życia i ich uwarunkowania u osób o wysokiej i niskiej reaktywności*. Warszawa, SWPS, Academica, 2003: 20-22,26-27, 41-43.

5. Główny urząd statystyczny: *Jakość życia, kapitał społeczny, ubóstwo i wykluczenie społeczne w Polsce*. Warszawa, 2013: 7-34.
6. CBOS.: *Polacy o swoim szczęściu, pechu i zadowoleniu z życia*. Warszawa, 2014: 1-13.
7. Czapiński J., Panek T.: *Diagnoza społeczna. Warunki i jakość życia Polaków*. Warszawa, Rada Monitoringu Społecznego, 2015:204-205.
8. Dziąbek E., Dziuk U., Bieniek J., Brończyk- Puzoń A., Kowolik B., Borgosz J.: *Ocena satysfakcji życiowej w wybranej grupie pielęgniarek i położnych członków Beskidzkiej Okręgowej Izby Pielęgniarek i Położnych w Bielsku- Białej- doniesienia wstępne*. Problemy Pielęgniarstwa, 2015; 23 (3): 279-284.
9. Finogenow M.: *Psychologiczne uwarunkowania zadowolenia z życia w wieku emerytalnym- wyniki modelowania równań strukturalnych*. Polskie Forum Psychologiczne, 2008; 13 (2): 82-95.
10. Haor B., Głowacka M., Ślusarz R., Piotrowska A.: *Zachowania i przeżycia pielęgniarek związane z pracą zawodową*. Problemy Pielęgniarstwa, 2014; 22 (2): 142–146.
11. Kędra E., Sanak K.: *Stres i wypalenie zawodowe w pracy pielęgniarek*. Pielęgniarstwo i Zdrowie Publiczne, 2013; 3, 2, :119–132.
12. Kuriata E., Felińczak A., Grzebieluch J., Szachniewicz M.: *Czynniki szkodliwe oraz obciążenie pracą pielęgniarek zatrudnionych w szpitalu. Część II*. Pielęgniarstwo i Zdrowie Publiczne, 2011; 1, 3: 269–273.
13. Terelak F. J., Jankowska P.: *Gospodarowanie zasobami organizacji w warunkach zagrożeń otoczenia. Dopasowanie jednostka- organizacja a zadowolenie z pracy*. Studia i Materiały, Miscellanea Oeconomicae, 2013; 1/2009: 229-254.
14. Kanadys K., Lewicka M., Sulima M., Surdyka D., Wiktor H.: *Analiza poziomu satysfakcji z życia kobiet w okresie około menopauzalnym zależnie od wybranych czynników socjodemograficznych*. Medycyna Ogólna i Nauk o zdrowiu, 2014; 20 (1): 42-45.
15. Pavot W., Diener E.: *Review of the Satisfaction With Life Scale*. Psychological Assessment, 1993; 5(2): 164-172.
16. Łaguna M.: *Satysfakcja z życia i satysfakcja z pracy a motywacja do podejmowania szkoleń: Doniesienie z badań*. Psychologia jakości życia, 2012; 11 (2): 163-172.
17. Szkrzypek E.: *Czynniki Kształtujące jakość życia*. Zakład Ekonomiki Jakości i Zarządzania. Wiedzą Instytut Zarządzania i Marketingu UMCS Lublin: 1-13.

18. Jaros R., Zalewska A. M.: *Reaktywność a zadowolenie z pracy*. Folia Psychologiczna, 2003; 7: 63-75.
19. Wnuk M., Marcinowski T. J.: *Rola wartości dla poczucia sensu życia oraz satysfakcji z życia studentów*. Problemy Higieny i Epidemiologii, 2010; 91(3): 458-462.
20. Midor K., Wieczorek A.: *Kształtowanie jakości życia pracowników w środowisku przemysłowym – studium literaturowe*. 431-438.
21. Ogińska- Bulik N., Juczyński Z.: *Osobowościowe wyznaczniki satysfakcji z życia*. W: Heseń I., Życińska J. (red); Psychologia zdrowia w poszukiwaniu pozytywnych inspiracji. Warszawa; wyd. Academica, 2008: 89-100.
22. Tobiasz-Adamczyk B.: *Badania nad jakością życia chorych [w] Wybrane elementy socjologii zdrowia i choroby*. Kraków, 1998: 138-143.
23. Wilsz J.: *Teoria pracy*. Kraków; Impuls; 2009: 15-16.
24. Włodarczyk-Śpiewak K.: *Aspekty jakości życia a poziom satysfakcji życiowej Polaków*: 513-526.
25. Lee H., Hwang S., Kim J., Daly B.: *Predictors of life satisfaction of Korean nurses*. Journal of Advanced Nursing, 2004; 48(6): 632-641.
26. Mirfarhadi N., Moosavi S., Tabari R.: *Life satisfaction and its determinants: a survey on Iranian nurses population*. Journal of Paramedical Sciences (JPS), 2013 ; 4: 11-15.
27. Domek B., Wysokiński M., Fiecki W., Kulina D i wsp.: *Satysfakcja z życia słuchaczy uniwersytetów trzeciego wieku*. Fidecki W., Sienkiewicz Z., Wysokiński M. (red): Wybrane zagadnienia medyczno-społeczne z opieki geriatrycznej. Warszawa, Warszawski Uniwersytet Medyczny, 2016: 76-85.
28. Jakubowska E., Jakubowski K., Cipora E.: *Satysfakcja z życia chorych z cukrzycą*. Problemy Higieny i Epidemiologii., 2010; 91(2): 308-313.
29. Kapela Ilona., Bąk E., Krzezińska S. A., Foltyn A.: *Ocena poziomu akceptacji choroby i satysfakcji z życia u chorych na raka jelita grubego leczonych chemioterapią*. Pielęgniarstwo i zdrowie publiczne, 2017; 26(1): 53-61.
30. Woźniak E. B., Fidecki W., Wysokiński M., Wrońska I. i wsp.: *Samoocena satysfakcji z życia studentów pielęgniarstwa*. Wysokiski M., Sienkiewicz Z., Fidecki W. (red.): *Wybrana aspekty życia studentów kierunków medycznych*. Warszawa, Warszawski Uniwersytet Medyczny, 2016: 98-107.
31. Nylenna M., Gulbrandsen P., Førde R., Aasland G. O.: *Unhappy doctors? A longitudinal study of life and job satisfaction among Norwegian doctors 1994 – 2002*. BMC Health Services Research, 2005, 5: 44.

32. Papathanasiou V. I., Kleisiaris F. C., Tsaras K., Fradelos C. E., Kourkouta L.: *General Satisfaction Among Healthcare Workers: Differences Between Employees in Medical and Mental Health Sector*. *Mater Sociomed*, 2015; 27(4): 225-228.
33. CBOS. *Zadowolenie z życia*. Komunikat z badań. 2016; 4: 1-14.
34. Kliszc J., Nowicka- Sauer K., Trzeciak B., Sadowska B.: *Poziom lęku, depresji i agresji u pielęgniarek, a ich satysfakcja z życia i pracy zawodowej*. *Medycyna pracy*, 2004; 55(6): 461-468.