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HELPING PROFESSIONS' JOB SATISFACTION IN THE HOSPITAL AND PRISON SYSTEMS¹

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ABSTRACT

Although some countries conduct national surveys of job satisfaction, research that focuses on specific professions is still scarce, insufficient and non-systematic. Although there is some research on job satisfaction in the helping professions in the hospital and the prison systems, the research that provides insight on the differences between them is scarce.

The aim of this paper is to examine the job satisfaction in the helping professions (social pedagogues, therapists, speech therapists, social workers, psychologists and educators), between those who work in the hospital and the prison system, and to determine the differences between them.

The study utilizes a sample of 180 employees in these professions (112 from the hospital system, and 68 from the prison system). The data were collected using the Job-Satisfaction Survey (Spector, 1985) questionnaire, and analysed by means of descriptive statistics and t-test for independent samples based on previously obtained factors from this questionnaire.

Results show that some aspects of the job make respondents in both groups equally satisfied (for example, relationship with superiors and co-optation) or dissatisfied (salary), while the (dis)satisfaction differs significantly in some aspects, with the prison system employees displaying less work satisfaction.

Bearing in mind that these differences can be attributed to certain objective characteristics of the jobs in different systems as well as to the subjective characteristics of helping professionals, future research should focus on providing more information regarding these characteristics.

Keywords: job satisfaction, helping professions, hospitals, prisons

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INTRODUCTION

Social pedagogues, rehabilitators, speech therapists, social workers, psychologists and similar professionals make up the helping professions in the Croatian hospital and prison systems. Within the prison system, they form part of the professional service for work with prisoners, while within the hospital system they are referred to as healthcare associates (NN, 150/08).

The similarities in their core educational backgrounds, the jobs they perform (both diagnostic and treatment activities) in both of the above mentioned systems, and a lack of insight into the conditions under which their work is conducted (particularly true for those in the hospital system), formed the key rationale for earlier work concerning their emotional responses to work (Kišak Gverić, 2010). The results have shown that the helping professionals in hospitals experience more of the positive emotions in work than those employed in prisons. In both samples, the most common negative emotional reactions to work are tiredness and burnout, anger, bitterness, anxiety, and depression. These negative emotions tend to be associated with counterproductive behaviours and physical symptoms of stress. Since the appearance of particular emotions towards one's job is associated with job (dis)satisfaction, and since long-term dissatisfaction may lead to burnout syndrome (Schaufeli and Enzmann, 1998, in Boritz et al., 2005; Freebron, 2001, Visseet al., 2003, Nirel et al., 2004, Ozyurt et al., 2006, in Ogressta, Rusac and Zorec, 2008), in this paper we focus on levels of job satisfaction. We argue that job satisfaction is a powerful determinant of general subjective well-being, as its effects can be noted in relation to other key factors, such as work-life balance and quality of professional life. Job satisfaction is thus a key issue for both the employers and employees, thus being among the most commonly researched constructs. Even though the national-level surveys of job satisfaction have been common in the US and the EU since the 1990s, so far there is no consensus on the best or standard definitions, explanations, or measurements of the concept. In the broad range of approaches, the bulk of the differences are brought about by (1) differences in the characteristics of particular jobs, (2) differences in the disciplines that are behind the term's conceptualizations and (3) differences in the research methods. In the most general terms, job satisfaction is approached from the psychological standpoint, emphasizing effective functioning in any line of work, i.e. as the employee's emotional response to a specific job (Kaur and Kainth, 2011; Spector 1996, in Lambert, Hogan and Barton, 2002; Weiss, 2002; Reissner et al., 2010; <http://www.eurofound.europa.eu>). What we know thus far indicates that satisfied workers are more effective, more productive, exhibit more loyalty, miss fewer work days, and are less likely to leave their job (Ogressta, Rusac and Zorec, 2008; Tot, 2008; Day-Vines and Holcomb-Mccoy; 2007).

A review of the relevant literature on job satisfaction among hospital and prison staff suggests that there is a lack of balance in the representation of particular professions in the samples, a feature more prominently displayed in the studies of healthcare systems. In spite of a lack of consistency in the use of the term 'prison staff' in the literature, most research on penal systems places the focus on treatment personnel and the prison guards (judicial police) (Novak, 2009). The research conducted in the healthcare institutions most commonly concerns the medical professionals, i.e. nurses and physicians, while the other staff is significantly less likely to be included in the survey samples. The reason for this may lie in the different placement of these helping professions in the hierarchical structures of their respective systems. Namely, the helping professions dominate the prison structures, since they are the key professionals that work with the convicts (Knezevic, 2008,168; Sakic, 1994). In contrast, the healthcare systems place the helping (non-medical) professions into the category of non-healthcare-related, and see them as ancillary, or even lower status than professions that are directly related to the provision of medical services (NN, 150/08; Vredenburgh et al.,1999; Jordaan et al., 2007; Egan and Kadushin, 2004; Ben-Zur and Michael, 2007). The problem of poor representation of some non-medical helping professions in the research on healthcare institutions has been noted by other authors, some of whom particularly note the very few cases of research into the job satisfaction of psychologists (Vredenburgh et al.,1999; Jordaan et al., 2007), contrary to the literature on job-related problems that affect the social workers (Acker, 1999, Gilbar, 1998, Um and Harrison, 1998, in Ben-Zur and Michael, 2007).

Our review of the literature found research that tackles the levels of satisfaction in the helping professions we discuss, but none that have compared their results and explained the differences. It can be noted that for the most part, the job satisfaction research finds mid-level satisfaction among the hospital workers in non-medical professions (Auerbach, McGowan and LaPorte, 2007; Korzeniewska-Eksterowicz et al., 2010; Nelson, Johnson and Bebbington, 2009; Jeleč Kaker, 2010). The highest levels of satisfaction are expressed in relation to the nature of their work, relationships with patients and their families, the possibilities for helping them, the support they receive from colleagues and superiors, the challenges of work, and autonomy in performing their tasks. Dissatisfaction typically stems from poor interpersonal relationships in their team, lack of support from the medical staff, organizational limitations, rules, and procedures, and from the conflicts in values/morals they experience. These problems are often a reflection of the need for a rational division of limited resources in healthcare, and a lack of appreciation from the employers and/or the wider community that is seen in the levels of pay and benefits, or a lack of options for career advancement or rewarding of particular success (Martin and

Shinke, 1998; Stalker et al., 2007; Nelson, Johnson and Bebbington, 2009; Egan and Kadushin, 2004; Ogresta and Rusac, 2007; Huxley et al., 2005).

Based on the research into the job satisfaction of prison employees in helping professions, we may conclude that they are less satisfied with their jobs compared to their colleagues outside the prison system who have the same educational attainment levels and are equally paid (Novak, Lausic and Jandric Nisevic, 2008). Some authors point out that a long-term exposure to the specificities of the prison environment contributes to constant tension and restlessness, which may in turn result in chronic dissatisfaction among the employees (Savicki et al., 2003; Fagan, 2003). The prison staff are most dissatisfied about their low level of autonomy in work, centralized organization and management, strict rules and procedures, unclear aims of the organization, poor information flow, inadequate communication with the superiors, poor systems of rewarding good work, lack of opportunities for career advancement, and the salary levels (Lambert, Hogan and Barton, 2002; Lambert, Paoline and Hogan, 2006; Tewksbury and Higgins, 2006). In Croatia, the research on job satisfaction and burnout among all of the prison staff (Novak, 2009) shows similarities to the international results, but displays some specificity as well. The results have shown that the staff in Croatian prisons and penitentiaries were least satisfied with the salaries, potential for promotion, valuation and rewards for exceptional work, while they were most satisfied with the nature of their work. Communication, cooperation, and supervision are all aspects of work that the staff find more satisfactory than the salaries, valuation, rewards for exceptional work, and potential for career advancement.

This study will test the levels of job satisfaction among the employees of the hospital and prison systems, who are working in non-medical helping professions. The results will fill the gap in the literature by comparing the two groups of workers in the helping professions. These are experts that are working in similar jobs, diagnostics and treatment, in two different systems. Based on the general findings in the literature, we expect that the employees in the prison system will be less satisfied in their jobs, compared to those in the healthcare system. It is difficult to set expectations about the subdomains of job satisfaction, where statistically significant differences can be expected, particularly because of the numerous shared features of the organization of work that the employees in both systems under consideration are experiencing. Furthermore, the contextual variables should not be forgotten (e.g. personal characteristics, overall life satisfaction), as they may be reflected in the results, and should therefore be kept in mind.

METHODS

Sampling

The sample comprises of 180 respondents, highly educated experts in the helping professions (social pedagogues, rehabilitators, speech therapists, social workers, psychologists, and pedagogues), all of whom are working in the Croatian prison and healthcare systems. The research sample excludes medical personnel (doctors, nurses, other medical professions). There are 112 respondents in the sub-sample of those employed in the hospital system (N1), who make up a large proportion of all employees in the helping professions in the hospital system (there is a total of 256 such employees, 71 in general hospitals, 93 in clinical hospitals, and 92 in specialized hospitals). There are 137 employees in the helping professions in the prison system, 68 of which are the respondents in our survey (N2).

We used the convenience sampling approach, since all of the employees in these professions were asked to fill in the questionnaire. The survey was administered after the necessary approvals were acquired from the relevant government ministries and the ethics boards.

The respondents' characteristics (age, sex, length of employment) are summarized in Table 1.

Table 1: Distribution of respondents, based on sex, age, and length of employment

Sex	N1 (healthcare)	N2 (treatment associates)
Female	87,5% (N=98)	67,6% (N=46)
Male	12,5% (N=14)	32,4% (N=22)
Age	N1 (healthcare)	N2 (treatment associates)
18-35 years	19,7% (N = 22)	10,3% (N=7)
35-45 years	24% (N=27)	38,2% (N=26)
45-55 years	31,3% (N=35)	44,1% (N=30)
55-65 years	25% (N=28)	7,4% (N=5)
Years of employment	N1 (healthcare)	N2 (treatment associates)
Up to a year	9,8% (N=11)	0% (N=0)
1 to 5 years	14,3% (N=16)	16,2% (N=11)
5 to 10 years	12,5% (N=14)	17,6% (N=12)

10 to 20 years	31,3% (N=35)	41,2% (N=28)
More than 20 years	32,1% (N=36)	25% (N=17)
Total	100% (N=112)	100% (N=68)

Both samples are skewed in terms of sex, with women dominating both. This is to be expected, as these professions are overwhelmingly chosen by women. All age groups and length of employment categories are represented in both sub-samples, with the caveat that the healthcare system sub-sample contains more of respondents who are in the older age groups, and who correspondingly have longer employment histories.

Instrument

The Job-Satisfaction Survey questionnaire (Spector, 1985; Worell, 2004; Spector, 2011) was used in our project, as it is the most commonly used instrument in the areas of community work, public and non-profit sectors. The instrument contains 36 questions in 9 sub-scales. The original Questionnaire assesses the level of satisfaction with pay, potential for advancement, satisfaction with the superiors, reward and valuation, rules and procedures, colleagues, communication, and the nature of the work. The respondents assess the degree to which they agree with certain statements by choosing one of five offered response categories (1 - I completely disagree; 2 - I mostly disagree; 3 - I am not sure; 4- I mostly agree; 5 - I completely agree).

Even though the original Questionnaire is made up of 9 subscales (Spector, 1985; 1997; 2011), factor analysis on the results from other research and in various parts of the world has revealed a different factor structure. For example, the job satisfaction survey among health workers in Croatian mental health institutions has resulted in four factors (Ogresta, Rusac and Zorec, 2008). A four-factor structure has also been confirmed in a sample of auto-industry workers in Turkey (Yelboga, 2009), while the work by Astrauskaitė, Vaitkevičius and Perminas (2011) on a sample of Lithuanian high-school teachers has revealed a three-factor structure.

In order to determine the core structures that describe job satisfaction in this project, we have conducted a factor analysis, using the principal components method (varimax rotation), with all statistical conditions fulfilled. We have found four interpretable factors in our sample. With regard to the content of questions that saturate them, we named the factors as follows: 1) *Salary, rewards, promotions*; 2) *Superiors and cooperation*; 3) *Nature of the job*; 4) *Work organization*. The number of questions was reduced to 30 in the process of conducting factor analysis, and further six (14, 16, 28, 18,

20, 24) were removed from analysis, as they were equally saturated in multiple factors. Table 2 presents the factor structure matrix of the reduced version of the Job-Satisfaction Survey.

Table 2: Matrix of the factor structure of the reduced version of the Job-Satisfaction Survey, principal components method, varimax rotation (N=180)

Questions	Factors			
	Factor 1	Factor 2	Factor 3	Factor 4
10. The raises are few and infrequent.	,727			
13. The rewards we receive are just as good as in other organizations.	,727			
22. We have an appropriate way for rewarding the employees.	,707			
28. I am satisfied with the potential for salary raises.	,703			
29. Work that should be rewarded is not rewarded here.	,694			
32. I find that my effort is not adequately rewarded.	,668			-,352
33. I am satisfied with the opportunities for promotion, career advancement.	,623			
4. I am not happy with the way work is rewarded here.	,595			
1. I think I am decently paid for the work that I do.	,578		-,409	
19. When I think about how much I am being paid, I feel under-appreciated.	,573	,345		
23. There are few rewards for those who work here.	,574			
11. The person that is doing a good job here, has a chance of being promoted.	,530	,350		
2. There are very few opportunities for promotions in my work.	,503			
21. My superior shows little interest in the employees' feelings.		,787		
30. I am fond of my superior.		,751		
3. My superior is competent in doing his/her job.		,739		
12. My superior is unfair to me.		,723		

5. My good work is recognized and valued.	,379	,490		
9. Communication in this organization appears good.	,313	,470		
26. I often have a feeling that I do not know what is happening in the organization.		,445		
7. I am fond of the people I work with.		,411		
27. I feel pride in doing my job.			,823	
8. I sometimes feel that my job is pointless.			,666	
35. My job is satisfactory.			,655	
17. I like doing what I do in work.			,625	
15. My attempts to do a good job are hitting a wall.				,649
6. Many procedural rules make a really good job difficult.				,634
34. There are too many obstacles and difficulties at work.		,339		,631
36. Generally, the work tasks are not well explained.			,310	,550
31. I have too much paperwork.				,503

Even though some of the questions were saturated in multiple factors, the higher values were present in the factors that contextually pertain to them. The factors listed above explain a total of 49.37% of the variance (18.97% for the first factor, 13.39% for the second, 8.90% for the third, and 8.10% for the fourth), and display values of Cronbach's alpha in the range from .67 to .88.

Cronbach's alpha coefficient of reliability of the whole questionnaire is $\alpha=.91$ (Spector, 1985). For the various groups of respondents, it varies from .87 to .92 (Novak et al.;, 2008; Novak, 2009; Habazin, 2013; Jeleč Kaker, 2009; Ogreshta, Rusac and Zorec, 2008; Franek and Večera, 2008; Yelboga, 2009). For this sample of respondents, it is $\alpha =.89$.

Methods of data analysis

In order to fulfil our research aims, the t-test for independent samples has been used. The independent variable is thus the categorization of the respondents in the hospital or prison system as their place of employment. The dependent variables are their mean scores on individual factors of the reduced version of the Job-Satisfaction Survey. The analyses were conducted in SPSS (version 18 for PC).

RESULTS AND DISCUSSION

The results in Table 3 indicate that both groups have the highest mean scores in the domain of the nature of the job. This is followed by the level of satisfaction with the superiors and cooperation with colleagues, and work organization. The lowest values are present in the domain of satisfaction with salary, rewards and possibility for promotion.

Table 3: Differences in job-satisfaction levels between the employees in helping professions in the healthcare sector, and those in the prison sector, based on the factors of the reduced version of the Job-Satisfaction Survey

Factors	Sample	N	M	SD	t	p
1. Salaries, rewards, promotions and career advancement	N1 (healthcare)	110	2,23	,74	-1,257	>,050
	N2 (prison treatment associates)	68	2,37	,73		
2. Superiors and cooperation	N1 (healthcare)	110	3,33	,72	-1,022	>,050
	N2 (prison treatment associates)	68	3,45	,74		
3. The nature of the job	N1 (healthcare)	111	4,01	,65	3,516	<,001
	N2 (prison treatment associates)	68	3,66	,66		
4. Work organization	N1 (healthcare)	112	3,20	,71	2,731	<,010
	N2 (prison treatment associates)	68	2,90	,70		

The results of the t-test on particular factors in the questionnaire indicate that there are statistically significant differences in two of the four factors, leading us to understand that the treatment workers in the prison system are less satisfied with the nature and organization of their work than their counterparts in hospitals are.

This study is the first example of comparison between the helping professions in the prison and hospital systems. These employees are similarly educated and paid, and the content of their jobs is comparable. Within each of the groups, the ranking of the specific questionnaire domains' means is the same. However, the difference between the two groups is statistically significant in the areas of nature and organization of their work, with the prison system employees displaying less satisfaction. A more detailed interpretation of this finding ought to be the topic of further research, and the topic of

discussions of policy, with the added requirement of taking into account the differences in sex, age, years of work experience, and others.

In a sense, the high levels of satisfaction with the nature of the work they are doing were to be expected for both groups. It is assumed that the choice of profession leads to a high level of satisfaction from work that results in assistance to others. Several studies have suggested that finding fulfilment in helping others, with the decision to take on a career as those we discuss here, and the conviction that one has an important role in improving the welfare of other people, strongly contributes to the level of satisfaction in work, regardless of being overworked, or emotionally exhausted (Lacoursiere, 2001; Stalker et al., 2007).

Even though some of the research shows that prison staff in Europe and the US display more dissatisfaction with the organization of work than the level of monthly income, we find that salaries, promotions, and rewards are among the aspects of job satisfaction that our respondents are the least satisfied with (Stalker et al., 2007; Nelson, Johnson and Bebbington, 2009; Egan and Kadushin, 2004; Oresta, Rusac and Zorec, 2008; Huxley et al., 2005; Novak, 2009; Lambert, Hogan and Barton, 2002; Lambert, Hogan and Allan, 2006; Tewksbury and Higgins, 2006; Monahan, 2002). These results are hardly surprising in the Croatian context. The prison and hospital systems in Croatia provide little opportunity for career advancement, or for increase in salary (which happens with the length of employment, and by means of promotion), and nearly no mechanisms for rewarding the work of the helping professions (Novak, 2009). The objectively poor opportunities for career advancement, particularly due to the hierarchical nature of the systems, have been recognized in the literature, and some authors thus report that helping professions in the hospital systems have lower status than those that provide medical interventions (Seon-Lee, 2001, in Egan and Kadushin, 2004). Similarly, a precarious potential for career advancement and promotion has been recognized in the prison systems (Kommer, 1990; Novak, 2009).

The satisfactions with the colleagues' support and that of the superiors, along with mutual communication, cooperation, and suitable supervision, have been found to be the aspects of job satisfaction that receive the highest scores. This satisfaction, particularly when compared to the remaining factors is notable and in line with prior research. However, the mean scores that indicate a high prevalence of the "I am not sure" response to these questions point to a lack of definition and ambivalence in the respondents' attitudes. Even though these responses make it difficult to paint a clear picture of the situation in Croatia, this point of difference from the existing research may mean that there are certain problems in the areas of work organization and mutual cooperation. The results have shown that both groups of respondents find the organizational aspects of their jobs mildly distracting,

with nearly half of the hospital system respondents, and more than half in the prison system stating they were exposed to some uncomfortable experiences and inadequate cooperation (Kišak Gverić, 2013).

Since we have not had other, similar examples of research to compare our findings to, we are left with the question of why the employees in helping professions in the prison system are significantly more dissatisfied with the nature and organization of their work, even as the content of the work is similar to that done by their peers in the hospital system (diagnostics and treatment).

Our results are in line with the indirect results of some studies that found that prison personnel are generally more dissatisfied in comparison with other similarly paid and educated professions, and that the prison environment brings about specific work conditions that need to be taken into account (Novak, Laušić and Jandrić Nišević, 2008; Savicki et al., 2003; Fagan, 2003). In both systems discussed here, the job of the workers in helping professions includes regular communication with clients undergoing significant problems in life, and who are often poorly motivated to change and cooperate. The key precondition for the professionals is that they are good at managing their emotions in these challenging situations. The prison environment makes more demanding social contact more likely, as the clients are offenders who are often persons with personality disorders, and more often than not very much resistant to change. The helping professionals' work significantly contributes to the state of security in prisons, as their specific every-day communication with the convicts contributes to alleviating their multiple deprivations, something that the hospital patients are not typically experiencing. However, it is not just the specificity of the clients that makes the prison system different and more challenging to the helping professional. The organization of the prison system differs from the hospital system due to its primary function being the preservation of security. This means that the prison security staff have an equally important role to play, and the strict rules may mitigate the helping professionals' sense of being able to provide the best diagnostic or treatment service.

A higher level of dissatisfaction can also be linked to the results of the research on the organizational limits faced by the non-medical treatment staff in prisons (Kišak Gverić, 2013), which shows that they are more negative in their evaluations of 6 of 11 tested organization aspects of their work. This assessment is also affected by the professionals' personal characteristics. In that sense, researching the locus of control in work (as the staff member's personal characteristic) on that same sample of respondents showed that they have a greater sense of the locus of control being external to them.

Even though this research has been conducted with the maximum possible level of implementation of research procedures, its main limitation is in the nature of the convenience sample, the self-assessment method, and a transversal-correlative design. However, this paper is part of a wider project on the

overall emotional well-being of the employees in these poorly researched professions. As such, the findings presented here will be expanded on, and their potential for practical application in suitable programmes of support and assistance will be increased.

CONCLUSION

The aim of this paper was to test the level of satisfaction with some aspects of the work done by employees in helping professions in Croatia's hospital and prison systems. In line with other research, we find that these employees, in both groups, show highest levels of satisfaction when it comes to the nature of their work. The least satisfaction is expressed in relation to salaries, rewards, and potential for promotion and career advancement. Satisfaction with superiors, cooperation, and work organization is in between the values for the two former areas. The differences we find indicate that the employees in helping professions in the prison system are more dissatisfied with the nature and organization of their work, and we suggest that these may be attributed to some objective characteristics of the prison system, such as more strict rules related to security, and the high-risk clients.

Even though job satisfaction is a subjective category, and the above listed suppositions are the basis for our conclusions, we do not have an objective assessment of the characteristics of the work done by our respondents, nor of their personal characteristics. These are thus a challenge to be taken on by future research. In spite of their limits, the findings in this paper may still be a solid basis for planning possible and realistic changes that would increase the levels of job satisfaction among the non-medical helping professionals in both systems, and particularly in the prison system.

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