



# A study on the relationship between sociodemographic characteristics and job stress and satisfaction among healthcare workers in Turkey during the COVID-19 pandemic

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The aim of this study was to determine the sociodemographic characteristics that affect job stress and job satisfaction in 454 healthcare workers (physicians, nurses, midwives, technicians, and other healthcare personnel) working with COVID-19 patients in primary healthcare institutions in Turkey with a cross-sectional, web-based survey between 9 and 30 August 2021. The survey included a personal information form, a standard job stress scale, and the Minnesota Satisfaction Questionnaire. The levels of job stress and job satisfaction did not differ between male and female respondents. Singles reported lower job stress and higher job satisfaction than the married respondents. Job stress did not differ between departments, but respondents on the front line who worked in a COVID-19 intensive care unit (ICU) (at any point and/or at the time of the study) or the emergency department reported lower job satisfaction than those working in other departments. Similarly, while stress did not differ by educational status, satisfaction of respondents with bachelor's or master's degree was lower than that of the rest. Our findings also suggest that working in a COVID-19 ICU and age are significant predictors of higher stress, whereas lower education, working in a COVID-19 ICU, and being married are good predictors of lower satisfaction. Further research should include other sociodemographic variables that may affect stress and satisfaction at work, and similar studies should follow up to see what was left in the wake of the pandemic.

**KEY WORDS:** age; education; frontline healthcare workers; gender; job stress scale; marital status; Minnesota Satisfaction Questionnaire

The COVID-19 pandemic brought additional stress to healthcare workers, which included concern about coronavirus infection, inadequate protection, heavy workload, isolation from the family, and hopelessness (1–4). Frontline healthcare workers seem to have taken the brunt of the pandemic-related stress, and one of the consequences has been lower satisfaction with their jobs (3). This, in particular, concerns healthcare workers assigned to intensive care units (ICU) treating COVID-19 patients, including specialisations unrelated to pulmonary infections to make up for the shortage of staff (5–7).

Studies of job satisfaction and stress in healthcare workers done so far have relied on many different factors. However, there are but a few studies dealing with the job stress and job satisfaction of healthcare workers in terms of various sociodemographic variables during the COVID-19 epidemic in Turkey. The aim of this study was therefore to assess how gender, age, marital status, department (including the COVID-19 unit), and educational status related to job stress and satisfaction in Turkish healthcare workers and how they related to each other during the COVID-19 pandemic.

## PARTICIPANTS AND METHODS

### Study design and data collection

This cross-sectional study included 454 of 500 invited (over 90 % response rate) healthcare workers (physicians, nurses, midwives, technicians, and other health personnel) working with COVID-19 patients in primary healthcare institutions across Turkey selected through convenience sampling. They all received an email with a link to a web-based questionnaire, which explained the purpose of the study and information that participation was voluntary. The survey took place between 9 and 30 August 2021.

The study was approved by the Gümüşhane University Scientific Research and Publication Ethics Committee (approval No. E-95674917-108.99-56174). As authors, we take the full responsibility for the integrity of the questionnaire, study design, and data collection and analysis. Instead of a written consent, the respondents provided one by completing the agreement section of the questionnaire.

The survey consisted of a personal information form and adapted job stress and Minnesota satisfaction questionnaires. Personal information included gender, age, marital status, department, and whether the respondent ever worked in a COVID-19 intensive care unit (at the time of the study or any time before that), and education.

For the job stress scale we relied on the questionnaire developed by Dr Suzanne Haynes and adapted to Turkish by Aktaş (8). The questionnaire consists of 10 questions, and total scores <12 indicate low stress, 12–30 moderate stress, and >30 high stress. The reliability of the Turkish version was high in two different studies (8, 9). In our study, Cronbach’s alpha was 0.46 when all items were included. To raise it to an acceptable level, we ran factor analysis to eventually remove items 2 and 5, which had a low relationship with the scale. This boosted reliability to an acceptable level of 0.61.

To measure job satisfaction we relied on the questionnaire developed by Weiss et al. (10) and adapted to Turkish by Baycan (11). It consists of 20 items scored on a 5-point Likert-type scale, each ranging from “I am not satisfied” (1 point) to “Very satisfied” (5 points). The reported reliability is 0.77, but in our study it was 0.93.

### Statistical analysis

All statistics were run on the IBM SPSS 26 package (IBM Corp., Armonk, NY, USA). The significance level was set to  $p < 0.05$ . First we determined the normality of distribution with the Shapiro-Wilk test and it resulted normal ( $p = 0.148$ ). We then used the independent samples *t*-test and one-way analysis of variance (ANOVA) for paired comparisons. Data showing significant differences were then further analysed with Tukey’s test for pairwise comparison, since the groups

were homogeneously distributed and the frequencies of the groups were not equal. The effect of sociodemographic characteristics on job stress and job satisfaction was analysed with multiple regression, and categorical variables compared with the chi-squared test.

## RESULTS

### Participants’ characteristics

Table 1 shows no significant differences between male and female healthcare workers by marital status, whether they worked in the COVID-19 ICU, or age, but differences were significant in the distribution by department and education.

### Job stress and satisfaction by sociodemographic characteristics

Table 2 shows the relationship between job stress and satisfaction with sociodemographic characteristics of healthcare workers determined with the *t*-test and one-way ANOVA. As expected, healthcare workers ever stationed in the COVID-19 ICU had higher stress and lower job satisfaction. Married respondents also reported significantly higher stress. No significant differences were found between the genders.

Gender also did not influence self-reported job satisfaction, but marital status did, as single healthcare workers reported significantly higher satisfaction than the married ones. The same is true for healthcare workers with the lowest education compared to the rest, and the satisfaction dropped with higher education. In contrast, respondents who worked in the emergency department and the

**Table 1** Healthcare worker distribution by sociodemographic characteristics (N=454)

Variables		Total (N=454)	Female (N=280)	Male (N=174)	$\chi^2$	P*
Marital status	Single	289	177 (63.2)	112 (64.4)	0.06	0.804
	Married	165	103 (36.8)	62 (35.6)		
Department	Emergency	78	51 (18.2)	27 (15.5)	13.36	<b>0.004</b>
	Outpatient clinic	105	50 (17.9)	55 (31.6)		
	COVID-19 ICU <sup>#</sup>	64	47 (16.8)	17 (9.8)		
	Other (surgery, radiology, laboratory, etc.)	207	132 (47.1)	75 (43.1)		
Ever working in a COVID-19 ICU	Yes	270	168 (60.0)	102 (58.6)	0.08	0.771
	No	184	112 (40.0)	72 (41.4)		
Education	Secondary	48	30 (10.7)	18 (10.3)	13.02	<b>0.005</b>
	Vocational	181	94 (33.6)	87 (50.0)		
	Bachelor's degree	183	128 (45.7)	55 (31.6)		
	Master's degree and higher	42	28 (10.0)	14 (8.0)		
					<b>t</b>	<b>p**</b>
Age	<b>Mean±SD</b>	27.89±7.23	27.92±7.23	27.85±7.24	0.10	0.923

\*Chi-squared test; \*\*Independent samples *t*-test; <sup>#</sup> at the time of the study (August 2021)

**Table 2** Self-reported job stress and satisfaction by sociodemographic characteristics among healthcare workers

Variables	Category	N	Job stress				Job satisfaction			
			Mean	SD	t/F	p	Mean	SD	t/F	p
Gender	Female	280	27.27	4.65	t=0.98	0.330	62.44	4.70	t=-0.97	0.335
	Male	174	26.82	4.96			63.86	5.19		
Marital status	Single	289	26.77	4.98	t=-2.01	<b>0.045**</b>	65.13	14.75	t=4.06	<b>0.000*</b>
	Married	165	27.67	4.35			59.22	15.19		
Department	1. Emergency	78	27.36	4.56	F=1.10	0.350	60.19	14.24	F=9.22	<b>Significant difference between 1 vs 2; 2 vs 3; 3 vs 4***</b>
	2. Outpatient clinic	105	26.44	4.77			68.02	14.65		
	3. COVID-19 ICU <sup>#</sup>	64	27.70	4.41			56.48	12.34		
	4. Other (surgery, radiology, lab, etc.)	207	27.15	4.96			63.49	15.66		
Ever working in a COVID-19 ICU	Yes	270	27.78	4.34	t=3.60	<b>0.000*</b>	59.98	14.95	t=-5.26	<b>0.000*</b>
	No	184	26.10	5.20			67.39	14.40		
Education	1. Secondary	48	25.81	5.02	F=2.40	0.067	69.27	14.27	F=15.47	<b>Significant difference between 1 vs 3; 1 vs 4; 2 vs 3; 2 vs 4***</b>
	2. Vocational	181	26.78	5.29			67.05	15.42		
	3. Bachelor's degree	183	27.57	4.33			58.15	13.73		
	4. Master's degree and higher	42	27.86	3.59			59.31	13.67		

\*p<0.001; \*\*p<0.05; \*\*\*Tukey's test; # at the time of the study (August 2021)

COVID-19 ICU at the time of the survey reported significantly lower satisfaction than those working in other departments.

### Prediction of job stress and job satisfaction by sociodemographic characteristics of healthcare workers

Table 3 shows the results of multiple regression analysis predicting the effects of sociodemographic characteristics on job stress and job satisfaction. Sociodemographic characteristics explain 5 % of the variance related to job stress and 12 % of the variance related to job satisfaction.

In the order of importance the most significant predictors of job stress were working in the COVID-19 ICU and older age and of job satisfaction education level, working in the COVID-19 ICU and being married.

## DISCUSSION

Our finding of no significant difference in job stress between the genders opposes earlier reports of higher stress in female healthcare workers in China (4, 12) and Turkey (13).

As concerns job satisfaction, our findings that there are no significant gender differences support an earlier report on Turkish

healthcare workers (14), but other studies report higher satisfaction in men (15–18).

Marital status, on the other hand, seems to significantly predict job stress and satisfaction in our study, which is in line with reports of higher job stress among married healthcare workers in China (19).

In line with the above, single healthcare workers reported higher job satisfaction. This is an interesting finding, considering that marital status did not seem to affect job satisfaction before the pandemic (15, 17, 18). This shift may be related to increased workload during the pandemic, pushing the married healthcare workers to extremes, as they also have families to take care of.

As for working in an intensive care unit for COVID-19 patients, our findings are quite expected and confirm earlier reports of higher stress for healthcare workers in China, Japan, or Germany (4, 20, 21).

Significantly lower self-reported job satisfaction in these healthcare workers working in a specialised COVID-19 ICU is also in line with expectations and corroborates other reports (22–24).

Lower education was also one of significant predictors of higher job satisfaction in our study and is in line with Şenturan et al. (25), who reported a negative relationship between education level and job satisfaction, but not with Tekingündüz et al. (18), who reported no significant relationship between education and job satisfaction.

**Table 3** Predictors of job stress and satisfaction by sociodemographic characteristics of healthcare workers

Model	Job stress					Job satisfaction				
	B	SE	β	t	p	B	SE	β	t	p
Constant	26.96	1.40	-	19.25	<b>0.000</b>	64.97	4.26	-	15.24	<b>0.000</b>
Gender	-0.39	0.45	-0.04	-0.86	0.388	0.50	1.38	0.02	0.36	0.718
Marital status	-0.13	0.56	-0.01	-0.24	0.812	-4.78	1.70	-0.15	-2.81	<b>0.005</b>
Department	-0.03	0.19	-0.01	-0.14	0.885	0.14	0.59	0.01	0.24	0.807
Ever working in a COVID-19 ICU	1.55	0.45	0.16	3.41	<b>0.001</b>	-6.19	1.38	-0.20	-4.47	<b>0.000</b>
Education	0.19	0.32	0.03	0.60	0.548	-4.56	0.97	-0.24	-4.71	<b>0.000</b>
Age	0.10	0.04	0.14	2.33	<b>0.020</b>	0.22	0.12	0.10	1.76	0.079
R=0.23, R <sup>2</sup> =0.05, F <sub>(6-447)</sub> =4.31, p=0.000					R=0.36, R <sup>2</sup> =0.12, F <sub>(6-447)</sub> =11.29, p=0.000					

B – beta coefficient; β – standardized beta coefficient; p – statistical significance; R<sup>2</sup> – coefficient of determination; SE – standard error

Besides working in a COVID-19 ICU, age was the most significant predictor of job stress. Earlier studies reported diverse results, some showing lower (26, 27) and others higher (28, 29) stress with age.

## CONCLUSION

The limitations of our study include selection bias and the possibility that our sample may not be representative of all healthcare workers in Turkey. Even so, it does raise some issues related to the pandemic that need to be addressed to improve satisfaction and to lower stress at work. This can be achieved through stress-coping strategies psychoeducation programmes (30, 31), professional psychological support to dissatisfied and overloaded workers, rewards (through salaries and bonuses), training, and improved working conditions.

Future research should include other sociodemographic variables that may affect stress and satisfaction at work, and similar studies should follow up to see what was left in the wake of the pandemic.

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## Ispitivanje utjecaja sociodemografskih karakteristika na profesionalni stres i zadovoljstvo u zdravstvenih radnika u Turskoj tijekom pandemije bolesti COVID-19

Cilj je ovoga presječnog ispitivanja bio utvrditi sociodemografske karakteristike koje utječu na profesionalni stres i zadovoljstvo u 454 zaposlenika (liječnika, medicinskih sestara, bolničara, primalja, tehničara i drugih) u ustanovama primarne zdravstvene skrbi u Turskoj tijekom pandemije bolesti COVID-19. Ispitanici su od 9. do 30. kolovoza 2021. odgovarali na *online* upitnik, koji se sastojao od osobnih podataka, standardne ljestvice za ocjenu profesionalnoga stresa i od Minnesotskoga upitnika o zadovoljstvu. Razine profesionalnoga stresa i zadovoljstva nisu se razlikovale među spolovima. Ispitanici koji nisu u braku iskazali su niži stres i višu razinu zadovoljstva od onih u braku. U pogledu profesionalnoga stresa nije uočena razlika između odjela, ali su ispitanici na prvoj crti izloženosti, tj. oni koji su ikad radili ili rade s pacijentima oboljelima od bolesti COVID-19 na odjelu intenzivne njege (u trenutku ispunjavanja upitnika) odnosno na odjelu hitne pomoći, iskazali slabije zadovoljstvo poslom od ispitanika koji su radili na drugim odjelima. Isto tako nije bilo razlika u razinama stresa između ispitanika prema obrazovnom statusu, ali su ispitanici s najvišim obrazovanjem (bakalaureat, magisterij i više) iskazali slabije zadovoljstvo poslom od ostalih. Kad je o pretkazateljima stresa riječ, najznačajniji su rad na COVID-odjelu intenzivne njege i dob koji su, uz brak, također najznačajniji pretkazatelji nezadovoljstva poslom. Buduća bi istraživanja trebala obuhvatiti i druge sociodemografske varijable koje mogu utjecati na profesionalni stres i zadovoljstvo, a valjalo bi i nastaviti pratiti te parametre kako bi se vidjele promjene nakon proglašenja prestanka pandemije.

KLJUČNE RIJEČI: dob; obrazovanje; zdravstveni radnici na prvoj crti izloženosti; rod; ljestvica profesionalnoga stresa; bračno stanje; Minnesotski upitnik o zadovoljstvu