

Job Satisfaction Levels in Midwifery

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ABSTRACT: One of the areas which creates satisfaction in individuals is their work life. Lack of job satisfaction causes negative feelings within an individual. Low job satisfaction can have negative effects such as resigning or absenteeism from work, arriving late at work and working slowly. For this reason, it is important to investigate job satisfaction levels and the factors affecting this in midwives giving health services. This work was carried out with the aim of determining the relationship between the levels of job satisfaction in midwives and some socio-demographic characteristics of the job satisfaction levels. Within the framework of this descriptive study, 106 midwives who worked within the Sivas province and agreed to participate in this study were studied. Data were collected using 'Socio-Demographic Questionnaire for Midwives' and 'Scale of Job Satisfaction in Nursing'. The data collected from the research were analysed using the Kruskal Wallis, Student t and Mann-Whitney U tests within the SPSS 10.0 computer program. The average general job satisfaction points of the midwives was 47.08 ± 15.52 . The average job satisfaction levels in midwives who chose the occupation themselves, wanted to be in the profession and found that midwifery suited them were found to be high at a significant level ($p < 0.05$). It was also determined that education, age and house ownership did not affect the general job satisfaction point average of the midwives ($p > 0.05$). It was established that the organisation they work at, length of working life, whether they had worked continuously or had a break from work, weekly working hours, way of working and amount of individuals to whom care was given did not affect their job satisfaction point averages ($p > 0.05$). It was also determined that the general job satisfaction point average levels were not affected by whether they had children or not, the number of children they had and the age of the youngest child ($p > 0.05$). In contrast, the job satisfaction levels of midwives who worked in hospitals in terms of the possibility of development and working conditions were significantly higher than midwives who worked at health centres ($p < 0.05$). Job satisfaction levels in midwives who chose the occupation themselves, wanted to be in the profession and found that midwifery suited them were high. Midwives who worked in hospitals who had the possibility of development and different working conditions had greater job satisfaction than midwives who worked at health centres. The remaining socio-demographic characteristics did not affect job satisfaction in the midwives.

Keywords: Job satisfaction, midwife, Demographic Factors.

I. Introduction

An individual's job is one of the most important areas which adds importance to a life. If an individual obtains happiness as a result of job satisfaction, this will be externally reflected emotionally and in their behaviour. Lu et al (2005) determined that from health workers, the highest job satisfaction level occurred in health managers and was lowest in nurses. Lack of job satisfaction also affects an individual's physical and mental health and also their satisfaction with life¹. Low job satisfaction is also a reason for resigning, absenteeism from work, arriving late at work and working slowly². In a study carried out by Seyhan et al (2003), they found that 35.9% of midwives suffering from low job satisfaction wanted to leave their jobs and 60.2% wanted to move to a different workplace. In order to plan activities aimed at increasing job satisfaction, the job satisfaction levels of midwives and the factors affecting satisfaction must first be determined. Factors which increase job satisfaction and motivation in midwives include positive thinking, using autonomy and being able to express themselves in a suitable language. In this way, quality service can be carried out to the benefit of both the care-giver and the care-receiver.

II. Aims

This work was carried out with the aim of determining the levels of job satisfaction in midwives working in the Sivas province and the relationship between some socio-demographic characteristics with the job satisfaction levels.

III. Methods

The research sample group consisted of a total of 257 midwives working at 2 public hospitals, 1 university research hospital, 1 mother-child and family planning centre and 19 health centres in the Sivas province.

Midwives who had been working for less than 6 months were not taken into the sample group due to the view put forward by Larson et al (1984) that workers need generally at least 6 months in a work place to allow them to understand the various areas of the job and for an individual to be able to express this. The sample consisted of midwives who were working individually with 15-49 year old women, pregnant women, post-natal women and newborns. An 'Informed Consent Form' briefly explaining the aims and benefits of the research which was prepared by the researchers was given to the midwives and this form was applied to the 106 midwives who agreed to participate in this research.

3.1.Data collection methods

The data were collected with a questionnaire of the socio-demographic characteristics of the midwives and a job satisfaction scale. The questionnaire about the socio-demographic characteristics of the midwives was prepared by the researchers and consisted of 23 questions about personal details, work situation, the reasons they chose this career and their place of work and their thoughts on their suitability for the job.

The nursing job satisfaction scale was developed by Aksayan (1990) and the validity and reliability of the scale was also carried out by the same researcher. This scale consists of 9 dimensions which are thought to affect the job satisfaction of workers; the job itself/content, salary, job security, possibility of development, chances of promotion, work environment and conditions, type of management, relationship with managers and relationship with colleagues. There is a total of 66 articles which can represent the various directions of each dimension, with the aim of measuring the satisfaction levels of these dimensions in the workers. This scale, which is a 4 choice Likert type, brings forward the desire levels and the understanding levels of professionals to every article in the dimensions. The satisfaction point total taken from the lower scale is shown with a point between "1" and "10". It can be understood that as the points for every job factor moves from "5" towards "0", then job satisfaction increases and as 10 is neared, job satisfaction lowers. The general satisfaction point total from the scale varies between "0" and "90" points. In a similar way, when the general job satisfaction points move from "45" towards "0" then job satisfaction increases and it can be seen that as the points become closer to "90" then job satisfaction decreases.

3.2. Application and Evaluation of Data Forms

The forms were completed by the midwives.

After the data from the 106 midwives collected in this research were entered into a computer, they were evaluated using the SPSS 10.0 (Statistical Package For Social Science) program.

On the evaluation of the data, in the comparison of the averages of the two continuous data groups which carried parametric analysis conditions determined by scale, the student t-test was used. In the evaluation of one-way variance analysis which didn't carry parametric analysis conditions analysis, Kruskal Wallis variance analysis was used. For two independent groups of data which met parametric conditions, the Mann-Whitney U-test was used and One-Way Anova test was used to determine whether there was a difference between the data groups averages and more than two groups and if there were any differences, where they originated from. In the determination of significance, the value of p was insignificant at $p > 0.05$ level and $p \leq 0.05$ was accepted to be significant^{3,4,5}.

IV. Discussion

Table 1- Distribution of Midwives of the General Job Satisfaction Scores.

Job Satisfaction Scores	Number	%
Between 0-44 points (from neutral satisfaction to satisfaction or slip)	33	31.1
Of 45 points (neutral satisfaction)	7	6.6
Between 46-90 points (from the insatiable satisfaction towards neutral slip)	66	62.3
Total	106	100.0

Table 2- Some Socio-Demographic Characteristics According to Midwives general average of Job SatisfactionScore (GİDPO) Distribution

Socio-Demographic Features	Number	%	G İDPO ± SD		
Age Groups(n=106)					
22-26 years	23	21.7	52.73 ± 12.87	KW=2.24	p>0.05
27-31 years	41	38.7	45.76 ± 17.64		
32-36 years	25	23.6	46,43 ± 15.01		
37 years and over	17	16.0	43.59 ± 13.17		

Marital Status(n=106)				
Married	89	84.0	47.72 ± 16.00	MWU=593.5 p>0.05
Single	17	16.0	43.75 ± 12.61	
Residence (n =106)				
Own House	35	33.0	47.95 ± 13.01	t=0.40 p>0.05
Rented	71	67.0	46.66 ± 16.69	
Education Level (n=106)				
Health Professions High School	48	45.3	44.37 ± 18.99	KW= 4.16 p>0.05
Midwifery Associate	24	22.6	51.92 ± 9.04	
Open University Associate Midwifery	20	18.9	49.61 ± 12.49	
Midwife License	14	13.2	44.49 ± 13.49	
Income Level (n = 106)				
500-650 YTL	20	18.9	39.05 ± 19.82	KW= 8.19 p<0.05
651-800 YTL	63	59.4	49.86 ± 15.32	
801 YTL and over	23	21.7	46.46 ± 8.23	
Children (n = 89)				
Yes	79	88.8	47.21 ± 18.51	MWU=293.5 p>0.05
No	10	11.2	51.79 ± 15.71	
Number of children (n = 79)				
1	27	34.2	51.07 ± 13.34	KW=1.72 p>0.05
2	43	54.4	44.86 ± 17.58	
3 or more	9	11.4	43.85 ± 12.50	
Most young child's age (n = 79)				
1-5 years	52	65.8	46.69 ± 17.32	KW=4.72 p>0.05
6-12 years	23	29.1	49.66 ± 12.49	
13 years and over	4	5.1	36.64 ± 9.12	
Total	106	100.0	47.08 ± 15.52	

Table 3- Characteristics of Midwives Experiences According to the Work Breakdown GİDPO

Work Experiences Properties	Number	%	G İDPO ± SD		
Institutions they work					
Health clinic	67	63.2	46.37 ± 16.45	t=0.62 p>0.05	
Hospital	39	36.8	48.32 ± 13.90		
Runtime					
6 months-5 years	17	16.0	46.15 ± 12.98	KW= 3.68 p>0.05	
6 years-10 years	33	31.1	51.23 ± 14.55		
11 years and over	56	52.8	44.92 ± 16.51		
Study break					
Yes	14	13.2	49.27 ± 13.89	MWU=616.5 p>0.05	
No	92	86.8	46.75 ± 15.80		
Weekly Working Time					
40 hours	69	65.1	47.02 ± 15.73	t=- 0.06 p>0.05	
41-50 hours	37	34.9	47.21 ± 15.33		
Work Type					
Continuous night *	1	0.9	50.70	KW= 3.39 p>0.05	
Shift	4	3.8	36.67 ± 13.36		
Continuous daytime	69	65.1	46.34 ± 16.03		
Seizures & Overtime	32	31.2	49.88 ± 14.54		
Number of Day Care to export individual					
Does not care *	1	0.9	50.70	KW= 1.14 p>0.05	
1-15 Person	45	42.5	46.94 ± 14.26		
16-30 Person	28	26.4	50.40 ± 13.95		
31 and more people	32	30.2	44.27 ± 18.43		

Number of Individuals to export Cleanser					
Does not care *	71	67.0	46.21± 15.82	KW= 2.73	p>0.05
1-15 Person	16	15.1	46.56 ± 15.54		
16-30 Person	11	10.4	46.51 ± 14.17		
31 and more people	8	7.5	56.68 ± 13.83		
Featured Cause					
I chose my own	36	34.0	38.40 ± 17.98	KW= 18.20	p<0.05
With my family	36	34.0	51.11 ± 12.16		
My parents decided	24	22.6	54.23 ± 10.77		
Teacher/Friends recommendation	10	9.4	46.71 ± 13.36		
Do you want professional status as					
Yes	72	67.9	43.88 ± 16.73	t=-3.22	p<0.05
No	34	32.1	53.87 ± 9.74		
Self-Compliance Status					
Very appropriate	15	14.2	31.10 ± 22.93	KW= 22.11	p<0.05
Suitable	55	51.9	46.26 ± 12.91		
Unavailable	31	29.2	54.76 ± 8.78		
No unsuitable	5	4.7	56.48 ± 11.14		
Total	106	100.0			

* This analysis of mean scores on job satisfaction of midwives have not been taken.

Table 4- Working with the Midwives Association of Employment Relating Size Distribution By GIDPO

JOB DIMENSIONS	Hospital		Health clinic		Total	
	G	DPO ± SD	G	DPO ± SD	t	p
Work he	3.99	1.84	3.19	1.70	2.25	0.43
Fee	7.29	2.27	7.23	2.96	0.10	0.91
Security	4.67	2.78	4.27	2.66	0.73	0.46
Development Opportunities	6.32	1.98	5.04	2.76	2.53	0.01
Promotion Opportunities	6.70	3.06	7.55	3.41	-1.29	0.19
Work Environment and Conditions	5.23	1.62	6.25	2.63	-2.19	0.03
Management Style	4.95	2.27	4.87	2.40	0.17	0.86
Administrators and Relationships	5.01	2.45	4.31	2.28	1.47	0.14
Work Friends and Relations	4.30	1.99	3.68	2.15	1.46	0.14

Half of the midwives who participated in this research were between 22-31 years of age and were graduated from 4 year university courses or two year health vocational colleges. Most of the midwives were married and had children. The midwives average job satisfaction point was 47.08±15.52 (table 1) and 31.1% of the midwives had high job satisfaction levels and 62.3% had a low level (table1). In a research carried out on midwives in Glasgow, the job satisfaction levels were found to be low⁶. In contrast to this work, in a work carried out by Seyhan et al (2003), 37.7% of midwives had low satisfaction levels. Nursing is the nearest profession to midwifery in terms of working conditions in the health profession. In a similar manner to our study which showed a slight slide from neutral satisfaction to low satisfaction levels (table 1), Aksayan (1990) found the general job satisfaction point average in nurses to be 46.24. Zuraikat and McCloskey (1986) determined that the job satisfaction points of the nurses showed a slight shift from neutral satisfaction towards low satisfaction. Kavla (1998), in a study carried out on nurses, also established that a slight shift occurred from neutral satisfaction towards low satisfaction. The studies of Jansen et al (1996) and Canbaz et al (2001) found that the job satisfaction levels of nurses were low. On the evaluation of the data collected from studies carried out on nurses and midwives, it can be seen that job satisfaction levels in both professions were low. The reasons for dissatisfaction with their jobs could be due to low esteem for the midwifery profession in society and non-sufficient definition of their roles, duties, authority and responsibilities. Along with this, low staffing numbers and lack of equipment, limiting care to a level lower than wished, may also have affected this dissatisfaction. Also it can be thought that negative factors such as irregularities in organisational structures , laws related to midwifery being old and not clear, extra responsibilities of mother and wife roles at home for working midwives could be limiting high levels of job satisfaction.

On the comparison of the general job satisfaction point average according to place of work of the midwives, a significant statistical difference was not found (p>0.05) (table 3). However, the job satisfaction levels of midwives working in health centres (46.37±16.45) were higher than those of midwives working in the hospital

(48.32±13.90). The reason for this could be that midwives working in health centres have more independent roles and don't have to do night duty. In Erigüç's (2000) study, it was determined that in professions where the possibility for independent work is given, job satisfaction is higher.

While the general job satisfaction (52.73±12.87) of midwives in the 22-26 age group showed a slight shift from neutral satisfaction to dissatisfaction, the general job satisfaction (43.59±13.17) of the midwives in the 37 and over age group showed a slight shift from neutral satisfaction to satisfied. However, the difference between the general job satisfaction points according to age group of the midwives was not statistically significant ($p>0.05$) (table 2). In studies by Aksayan (1990) and Aştı (1994) carried out on nurses, they also did not find a statistically significant difference of general job satisfaction according to age group. In the literature, it is stressed that age can affect job satisfaction levels and as age increases, adaptation to the work environment increases and more realistic expectations of being able to do their work occur (Hayran and Aksayan, 1991, Diene and Martin 1995, Durmuş and Günay 2007). Some studies on nurses have determined that job satisfaction levels increase with age^{8,9,10}. The present study also determined that job satisfaction levels increased with age. As age increases, work experience also increases. Çimen and Şahin (2000) established that as total length of employment increased, job satisfaction also increased. In studies by Kuyurtar et al (2002) on nurses and Karlıdağ et al (2000) on doctors, it was determined that job satisfaction increased with greater work experience. These results show similar findings to our study. As work experience increases, anxiety due to feelings of inexperience decrease, creating a decrease in dissatisfaction. The present study found that the job satisfaction levels of midwives who had been working for 11 or more years were higher than the levels of the other groups. However, no statistically significant difference was found ($p>0.05$) between the differences of the general job satisfaction point averages according to length of the midwife's employment (table 3). In studies by Aksayan (1990), Aştı (1994), and Kavla (1998) on nurses, Tözün, Çulhacı, Ünsal (2008) on family practitioners and Bodur (1998) on health workers determined that there was no significant effect of work experience on the job satisfaction point average.

Although the difference between the general job satisfaction point averages in terms of marital status were not statistically significant ($p>0.05$) (table 2), it was observed that the general job satisfaction levels of married midwives were lower than single midwives. With marriage comes a lot of added responsibilities and therefore this could be the reason for the slight shift to lower satisfaction found in married midwives, especially when the responsibilities of their job are added in. It has been determined in many studies carried out on individuals working in the health sector that marital status does not have a significant relationship with general job satisfaction and this is corroborated by the present study^{11,12,13,14,15}. In a study carried out by Tezer (1994), it was established that, even if at a low level, satisfaction with marriage and job satisfaction were factors affecting each other and stress in marital relationships was often reflected in their working lives.

The midwives with children were more satisfied than those without children, however, this difference was found to be statistically insignificant ($p>0.05$) (table 2). According to these results, it can be stated that midwives without children are generally more dissatisfied than those with children. It can be thought that the motherhood roles of the midwives with children can be identified with the care giving roles of midwives. The results of a study carried out by Aksayan (1990) support the results found in the present study. The difference between the general job satisfaction point averages according amount of children the midwives had was found to be statistically insignificant ($p>0.05$) (table 2). However, as number of children increased so did the level of job satisfaction. This relationship could be explained by there being a direct connection between amount of children with increasing age and work experience. On the investigation of the general job satisfaction point averages according to the age of the youngest child of the midwife, this difference was found to be statistically insignificant ($p>0.05$) (table 2). However the job satisfaction levels of midwives with children in the 1-5 age group (46.69±17.32) were lower than those with children in the 13 and over age group (36.64±9.12). This could be due to the increased necessary physical care that is needed for very young children and the fact that children in this age group need greater care.

No statistical difference was found between general job satisfaction point averages and the education level of the midwives ($p>0.05$) (table 2). It was determined that the general job satisfaction of graduates from healthy vocational schools (44.37±18.99) was similar to university graduates satisfaction levels (44.49±13.49). Our study showed similar results to the studies carried out by Aksayan (1990) and Özaltın (1997).

Salary is an important factor which affects job satisfaction. Studies have shown that a low salary creates dissatisfaction at an important level^{8,14,16,17,18}. These results do not agree with those found in the present study. It was determined in our study that the general job satisfaction levels were higher in the midwives with the lowest salaries and this difference was statistically significant ($p<0.05$) (table 2). It is thought that this result could have been affected by the fact that most of the lowest paid midwives work in health centres. The salaries of midwives working in health centres are lower than those who work in hospitals, however, the job satisfaction levels may have been increased in midwives at health centres as they have more suitable working conditions, lack of night duty and ability to work more independantly.

It has been determined that the general job satisfaction was lower in midwives who had taken a break from work (49.27 ± 13.89) than those who had not taken a break (46.75 ± 15.80). However, on the evaluation of these data, the difference was not found to be statistically significant ($p > 0.05$) (table 3). An insignificant ($p > 0.05$) difference was found between general job satisfaction and amount of hours worked every week (table 3). In contrast to this research, Silah (2001) determined that as working hours per week increased, the job satisfaction of an individual would fall. The difference between general job satisfaction point averages and the midwife's type of work was found to be statistically insignificant ($p > 0.05$) (table 3). On the evaluation of the results, midwives working on a shift system had higher job satisfaction than midwives working in different systems. Results from other studies do not support this finding. Ersan (1996) found that nurses who continuously worked the day shift had higher job satisfaction point averages than nurses who did shift work. In Çam's (1992) study, it was determined that shift work, the night shift system, or working mainly at night increased the Burnout point. Görgülü (1988) stressed that the conditions of night work negatively affected an individual's physical, mental and social equilibrium and frequent night duty was a stress factor for an individual, and also, nurses on night shifts had higher anxiety levels. In our research, the midwives working shift work, although low in number, were all university graduates and had been working on average for a year. For these reasons, it is thought that these midwives have not experienced Burnout and could have high job satisfaction. One of the midwives who was continuously doing night shift work while at the same time being a student showed harmony with other studies in terms of being dissatisfied with work, however, as there was an insufficient number, this midwife was not taken into the evaluation.

In the literature, it has been stated that giving care to a great amount of patients and excessive working hours, by increasing the work load of a midwife, can negatively affect a nurse's physical, mental and social health and this situation can decrease job satisfaction and quality of care^{18,19,36}. In this study, on the investigation on general job satisfaction point averages according to the amount of individual's to which care is given during the day or at night, the difference was not statistically significant ($p > 0.05$) (table 3). However, the general job satisfaction of midwives caring for an average of 16-30 patients (50.40 ± 13.95) daily and the general job satisfaction of midwives caring for 31 or more patients at night (56.68 ± 13.83) were found to be lower than the other groups. In studies by Aksayan (1990) and Durmuş and Güney (2007), supporting the findings of the present study, it was determined that the job satisfaction of nurses decreased as the number of individuals that care was given to at night increased. However, the fact that the general job satisfaction levels of midwives who were giving care to an average of 31 or more patients daily were higher than the other groups, could be due to nearly all of the midwives being more experienced and working in health centres.

On investigation of the general job satisfaction point averages according to manner of choosing the midwifery profession, a statistically significant difference was found ($p < 0.05$) (table 3). Midwives who stated that they chose the profession themselves had higher job satisfaction than the other groups. It can be expected that when a person consciously chooses a profession, they will be more successful and satisfied by it. This situation, such as by increasing the quality of a job to be done, can positively affect a person's mental health. In a similar manner to our study, in the studies of Aksayan (1990) and Durmuş and Güney (2007), high job satisfaction levels were found in nurses who had consciously chosen their profession.

It can also be said that along with the conscious choice of a profession, the willingness to carry out a job is also a factor affecting job satisfaction. It was determined that the general job satisfaction of midwives who wanted to be in the profession (43.88 ± 16.73) was higher than those who were reluctant (53.87 ± 9.74) and the difference was statistically significant ($p < 0.05$) (table 3). In a similar study to ours, Aksakal et al (1999) established that health workers who wished to continue with their careers were more satisfied than those who were continuing through necessity.

A significant difference ($p < 0.05$) was found on the statistical investigation of the general job satisfaction point average according to whether the midwife finds themselves suited to the job (table 3). It was determined that the general job satisfaction of midwives who expressed that they were suited for the job was higher than midwives who thought they were not suited to their job. It can be thought that people who make a correct career choice and continue in a working life which suits them will be highly satisfied with their working life. In Durmuş and Güney's (2007) study, they found job satisfaction of nurses who thought they suited their career was high.

On evaluating the point averages according to whether they worked in a hospital or health centre, a statistically significant relationship was not found ($p > 0.05$) between the job itself, salary, safety, possibility for promotion, style of management, managers and their relationships, colleagues and their relationships (table 4). In the dimensions of development possibilities, working environment and conditions, the difference was found to be statistically significant ($p < 0.05$) (table 4). Different studies have shown that development possibilities in the work place have a positive effect on job satisfaction (Lanson et al 1984, Metcalf 1986). In Aksayan's (1996) study, job satisfaction connected to development possibilities were found to be neutral. It can be thought that some negative reasons may occur which are related to environment and conditions such as lack of materials in the work place, occurrence of some technical problems, lack of sufficient personel to cover night shifts, having

to look after many patients and possibility of illnesses and disease which could threaten the staff's health could affect job satisfaction.

V. Conclusion

In terms of the data obtained in this research, the following results were found: there was no statistical ($p>0.05$) relationship between general job satisfaction point averages and the midwives's place of work, age, if they have children and if so, how many, age of youngest child, house ownership and level of education. Also, there was no significant relationship ($p>0.05$) between general job satisfaction point averages and length of work, whether a break from working was taken, weekly working hours, type of work and the amount of individuals to whom care was given.

The job satisfaction point averages of midwives who chose the profession themselves, wanted to be in the profession and found that the job suited them were significantly ($p<0.05$) high.

There was no significant ($p>0.05$) difference between the job satisfaction point average between the place of work of the midwives and the satisfaction point averages of work-load with the type of job, salary, safety, possibility of promotion, type of management, management and their relationships and work colleagues and their relationships.

On investigating development possibilities, midwives working in the hospital had significantly higher ($p<0.05$) job satisfaction point averages than midwives working in health centres in terms of work environment and conditions. In terms of these results, it is recommended that people should be included in an education system which allows them to have the possibility to choose the midwifery profession as being suitable for themselves and should be given careers advice while at school with support from both educators and family members and also the potential for the development of midwives working in hospitals should be increased along with their working environment and working conditions.

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NOTE: *This study "Relations between satisfaction levels and social-environments of midwives who work for hospitals and small medical centers" is made from master's thesis is.*