

OCCUPATIONAL SATISFACTION AND IMPLEMENTATION OF ROLES AND FUNCTIONS: A NATIONAL SURVEY OF PEDIATRIC NURSES IN TURKEY¹

ÇOCUK KLİNİKLERİNDE ÇALIŞAN HEMŞİRELERİN ROL VE İŞLEVLERİNİ UYGULAMA DURUMLARI İLE MESLEKİ DOYUMLARI ARASINDAKİ İLİŞKİ

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Öz: Amaç: Bu çalışmanın amacı, Türkiye'deki çocuk hemşirelerinin hastane tabanlı mesleki rol ve işlevlerini uygulama durumlarını ile mesleki doyumları arasındaki ilişkiyi belirlemektir. **Yöntem:** Çalışma, tanımlayıcı ulusal anket olarak Türkiye'nin yedi farklı bölgesinde Sağlık Bakanlığı'na bağlı dokuz çocuk hastanesinde uygulanmıştır. Araştırmanın evrenini Türkiye genelinde çocuk hemşiresi olarak çalışan tüm hemşireler (N=4653), örneklemini ise bölgeye göre tabakalı rastgele örnekleme yöntemiyle seçilen 523 hemşire oluşturmuştur. Çalışma verileri "Kişisel Bilgi Formu", "Pediyatrik Hemşireler Roller ve İşlevleri Envanteri Uygulaması" (PHRIEU) ve "Mesleki Doyum Ölçeği" (MDÖ) ile toplanmıştır. **Bulgular:** Çocuk hemşirelerinin rol ve işlevleri ölçek puan ortalamaları orta düzeyin üstünde (250.16±31.81), Mesleki Doyum Ölçek puanları ise orta düzeyde (64.53±12.49) bulunmuştur. Çocuk hemşirelerinin rol ve işlevler toplam puanları arttıkça mesleki doyum puanları da artmaktadır. **Sonuç:** Hemşirelerin mesleki doyum düzeyleri ile mesleki rolleri ve işlevleri uygulanması arasında olumlu bir ilişki vardır.

Anahtar Kelimeler: Çocuk Hemşireliği, Mesleki Doyum, Rol, İşlev

Abstract: Aim: The aim of this study was to determine the relationship between hospital-based implementation of professional roles and functions of Turkish pediatric nurses and the degree of their occupational satisfaction. **Method:** A descriptive national survey. Nine children's hospitals of Turkish Ministry of Health from seven different regions of Turkey (i.e. Mediterranean, Aegean, Marmara, Black Sea, Central Anatolia, Southeast Anatolia and Eastern Anatolia regions). The population of the study consisted of all pediatric nurses in Turkey (N=4653), while the study sample consisted of 523 nurses who were enrolled by stratified random sampling. The study data were collected by "Personal Information Form", "The Implementation of Pediatric Nurses' Roles and Functions Inventory" (IPNRFI) and "The Professional Satisfaction Scale" (PSS). **Results:** The mean score gained by pediatric nurses in the implementation of pediatric nurses' roles and functions inventory was higher than intermediate level (250.16±31.81), while the mean score in PSS was at the intermediate level (64.53±12.49). **Conclusion:** The nurses' occupational satisfaction had a positive impact on the implementation of their professional roles and functions.

Key Words: Pediatric Nursing, Occupational Satisfaction, Role, Function

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INTRODUCTION

Pediatric nursing is a specialized area of nursing which deals with the care of newborns, infants, children, teenagers and young adults up to the age of 18 years in accordance with universal children's rights and professional nursing roles to ensure that children grow and develop in a physically, cognitively and emotionally healthy way in family and society, they are protected against diseases, their health is promoted and they are treated, cared and rehabilitated when they get sick (Resmi Gazete, 2011:19). Pediatric nurses provide counseling and support children and their families to develop and maintain health. Pediatric nurses recognize feelings of families such as concern, anxiety, powerlessness, and guilt about their children's diseases. They also collaborate with other organizations in the early detection and solution of problems which may affect the health of children. In this regard, by using their universal and contemporary roles, pediatric nurses provide care for newborns, infants, children, adolescents and their families, which enables children to be healthy at home, in hospitals and community (Bell, 2010:2; Reider-Demer et al., 2006:280; Frost et al., 2010:145; Furdon et al., 1998:336; Hurlock-Choroštecki et al., 2014:403; Kuo et al., 2012:297; Harrison, 2010:335; Yam and Rossiter, 2000:293).

While working with children and families, pediatric nurses take on roles as caregivers, educators, counselors, defenders of patients and their families, decision-makers, coordinators, rehabilitators, relievers, communicators, researchers and administrators. At the present time, the roles of nurses working with children have been increasing, they are assigned important responsibilities, their relationships are getting more and more complicated and this situation naturally affects their occupational satisfaction (Rudolph, 2002:688).

Occupational satisfaction may indicate the general emotional state of employees and it is accepted as something that can positively affect employees' attitudes towards work (Lu et al., 2005:211). As employees, nurses achieve satisfaction when they fulfill their skills, experiences, and tasks that satisfy their personal interests. In addition, it is essential that qualifications required by employees' jobs and their own qualifications are compatible. Occupational satisfaction is one of the basic elements for individuals to be successful, happy and productive (Çam and Yıldırım, 2010:64). Job satisfaction is very important in increasing performance and efficiency. In short, it is one of the key factors in providing care of good quality (Alam and Mohammad, 2010:123; Dağdeviren vd., 2011:69; Moradi et al., 2013:56).



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Since nurses play a key role in the efficiency, effectiveness, and sustainability of health care system, it is important to understand the factors which provide enhanced job satisfaction them. This study investigated the relationship between implementation of professional roles and functions of pediatric nurses and the level of their occupational satisfaction.

METHOD

Participants

This was a descriptive study conducted in nine children's hospitals of Turkish Ministry of Health from seven different regions of Turkey (i.e. Mediterranean, Aegean, Marmara, Black Sea, Central Anatolia, Southeast Anatolia and Eastern Anatolia regions). The study population consisted of 4653 nurses working in the departments of pediatrics in all of the children's hospitals (n=40) according to Turkish Ministry of Health during 2012. During 2012, all of the children's hospitals of the Ministry were categorized with regard to seven geographic regions of Turkey and nine hospitals were randomly chosen as being at least one hospital from each of these regions. Among all pediatric nurses working in the departments of pediatrics in these nine children's hospitals, 950 pediatric nurses in total were enrolled in the study, but only 570 nurses (60%) agreed to participate in the study and answered the questions in the questionnaire. A total of 47 questionnaire forms were excluded from the study

and not analyzed due to incomplete responses and as a result, the study sample consisted of 523 nurses.

Materials

The data were collected with a "Personal Information Form", "The Implementation of Pediatric Nurses' Roles and Functions Inventory" (IPNRFI) and "The Professional Satisfaction Scale" (PSS).

Personal Information Form: This form included questions on the nurses' gender, age, marital status, education level, income, working experience as a nurse, working experience as a pediatric nurse, weekly working hours and the number of extra shifts [In Turkey, weekly working time for nurses is 45 hours, but nurses have to work more than this as unplanned or mandatory (as extra shifts)] (TNSA, 2008).

Implementation of Pediatric Nurses' Roles and Functions Inventory (IPNRFI): This scale was developed by Yuzer, Alici, and Yiğit (2007:19) and it contains eight sub-scales. It is considered to be a reliable and suitable measuring instrument (Cronbach alpha= 0.83). The scale consists of 63 items on fulfilment of the following roles and functions: 12 items for "Caregiver and Health Protector" (Subscale 1), 10 items for "Educator and Researcher" (Subscale 2), 9 items for "Defender and Decision Maker" (Subscale 3), 11 items for "Reliever" (Subscale 4), 4 items for "Rehabilita-



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tor” (Sub-scale 5), 3 items for “Counsellor” (Subscale 6), 10 items for “Administrator and Coordinator” (Subscale 7) and 4 items for “Communicator and Collaborator” (Subscale 8). As the items are scored based on the principles of a 5-point Likert-type rating scale (from 1: I never do it– to 5: I do it all the time), the lowest and highest possible attainable scores are 63 and 315, respectively.

Professional Satisfaction Scale (PSS): The PSS was developed by Kuzgun, Sevim, and Hamamcı (1999:28). Cronbach Alpha coefficient of the scale was calculated as 0.90. It consists of 20 questions. Items 1, 2, 3, 5, 6, 7, 8, 12, 13, 15, 16, 17, 18 and 20 are scored as “Always: 5, Often: 4, Sometimes: 3, Seldom: 2, and Never: 1”. On the other hand, items 4, 9, 10, 11, 14 and 19 are negative items and need to be scored in a reverse way. In this scale, higher scores indicate a greater occupational satisfaction. As the scale items are scored based on the principles of a 5-point Likert-type rating scale, the lowest and highest possible attainable scores are 20 and 100, respectively.

Data Collection

After official permission was obtained and the study sample was determined, the directors of nursing services of the hospitals included in the study were contacted by phone. They were informed about the study and asked to give the researchers permission to administer

the data collection tools to the nurses working in their departments of pediatrics. The data collection tools were sent for each nurse and collected via mail.

Data Analysis

The obtained data were analyzed by using SPSS 11.5. The continuous measurements were tested for normality by using the Shapiro-Wilk normality test and they were found to display a normal distribution. Student’s t-test and One-Way ANOVA test were used for the differences between the scale scores with regard to some socio-demographic characteristics. Homogeneity of variance was tested with Levene’s test. For differences between the groups, One-Way ANOVA test was used for homogeneous variances and Welch test was used for non-homogeneous variances in variance analysis. In pairwise comparisons, Bonferroni test was used for homogeneous variances and Games-Howell test was used for non-homogeneous variances. Pearson’s correlation coefficient was used to test the relationship between the age variable and scale scores. P value <0.05 was accepted as statistically significant.

Ethical Consideration

Before getting into contact with the directors of nursing services and starting data collection, written ethical approval was obtained from Hacettepe University Ethics Commit-



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tee (Date:20 Oct 2011 No:410.01-3270) and written permissions were obtained from provincial health directorates and the hospitals to be included in the study. This study was supported by the Nursing Fund of Vehbi Koç Foundation.

RESULTS

This part of the study presents the results obtained from the participants' socio-demographic features and the scales.

1. Socio-Demographic Features of the Nurses

Socio-demographic features of the nurses are presented in Table 1.

Table 1. Socio-demographic Characteristics of the Nurses (N=523)

<i>Socio-demographic Characteristics</i>	<i>n</i>	<i>%</i>
Education		
High-school	81	15.5
Two-year degree	174	33.3
Four-year degree	251	48.0
Graduate-degree	17	3.2
Marital Status		
Single	169	32.3
Married	354	67.7
Duration of Professional Experience		
Less than 5 years	173	33.1
6-15	218	41.7
16-25	114	21.8
26+	18	3.4
Department Where The Participants Work		
Department of Pediatrics	253	48.4
Department of Pediatric Hematology / Oncology	27	5.2
Department of Pediatric Infection	11	2.1
Department of Pediatric Intensive Care	105	20.1
Outpatient Department	33	6.3



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Department of Pediatric Surgery	55	10.5
Pediatric Emergency Department	39	7.4
Region		
Marmara	29	5.5
Aegean	121	23.1
Mediterranean	77	14.7
Black Sea	78	14.9
Central Anatolia	57	10.9
Southeastern Anatolia	161	30.9
Working Night Shifts		
Rotating shifts	433	83.0
No night shifts	89	17.0

The study included a total of 523 nurses working in the departments of pediatrics in different regions of Turkey. The mean age of the nurses was 31.9 ± 6.6 . Among the nurses, 32.3% were single and 67.7% were married. Among them, 48.4% worked in departments of pediatrics, 20.1% worked in departments of pediatric intensive care, 10.5% worked in departments of pediatric surgery, 6.3% worked in outpatient departments, 7.5% worked in pediatric emergency departments, 5.2% worked in departments of pediatric hematology/oncology, and 2.1% worked in departments of pediatric infection. Out of

the nurses, 83.0% worked the night shift but 17.0% worked only the *day shift*.

2. Scale Scores and Comparison of the Scores with Regard to Nurses' Socio-Demographic Features

The mean scores in IPNRFI and PSS were 250.16 ± 31.81 and 64.53 ± 12.49 , respectively.

The differences between the scores in the implementation of pediatric nurses' roles and functions inventory (including the scores of 8 sub-scales and the overall score) and occupational satisfaction scale were examined. Table 2 shows descriptive statistics about them (i.e. mean and standard deviation) and p values.



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Table 2. Comparison of the Nurses' Socio-demographic Characteristics and Scale Scores

	Caregiver&Health Protec- tor Role	Educator&Researcher Role	Defender&Decision Maker Role	Reliever Role	Rehabilitator Role	Counsellor Role	Administrator&Coordinator Role	Communicator&Collabo- rator Role	Role& Function Inventory	Professional Satisfaction Scale	
Marital Status	Single (n=169)	48.1 ± 6.4	39.2 ± 5.7	36.8 ± 5.2	44.7 ± 6.5	14.7 ± 3.6	11.6 ± 2.5	38.4 ± 5.9	14.8 ± 2.8	248.1 ± 32.3	63.6 ± 12.6
	Married (n=354)	48.8 ± 6.3	39.7 ± 5.9	37.4 ± 5.1	45.3 ± 6.5	14.9 ± 3.5	11.8 ± 2.2	38.7 ± 6.0	14.6 ± 2.7	251.1 ± 31.6	65.0 ± 12.4
	P	0.230	0.349	0.243	0.282	0.721	0.276	0.574	0.593	0.312	0.258
Education	High-school (n=81)	48.2 ± 6.5	40.4 ± 5.7	38.1 ± 5.4	45.7 ± 7.5	14.7 ± 4.0	11.6 ± 2.5	39.4 ± 5.2	14.7 ± 3.2	252.7 ± 32.9	64.1 ± 12.3
	Two-year degree (n=174)	49.0 ± 6.6	39.5 ± 6.1	37.3 ± 5.6	45.8 ± 6.3	15.0 ± 3.6	11.7 ± 2.3	38.7 ± 6.3	14.6 ± 2.6	251.3 ± 33.1	65.7 ± 12.7
	Four-year degree (n=251)	48.4 ± 6.2	39.4 ± 5.6	36.8 ± 4.8	44.6 ± 6.1	14.8 ± 3.3	11.8 ± 2.2	38.2 ± 5.9	14.8 ± 2.6	248.7 ± 30.7	63.9 ± 12.3
	Graduate Degree(n=17)	49.1 ± 5.9	38.2 ± 6.2	38.0 ± 3.3	44.2 ± 7.4	14.1 ± 4.4	11.6 ± 2.8	38.1 ± 6.7	14.0 ± 3.1	247.4 ± 30.9	64.4 ± 14.2
	P	0.730	0.418	0.200	0.214	0.769	0.971	0.454	0.628	0.704	0.542
Duration of Professional Experience	Less than 5 years (n=173)	48.6 ± 6.5	39.4 ± 5.8	37.1 ± 5.2	44.8 ± 6.6	15.1 ± 3.5	11.7 ± 2.4	38.3 ± 5.6	14.9 ± 2.9	249.8 ± 31.9	66.2 ± 12.2
	5-15 years (n=218)	48.0 ± 6.3	39.4 ± 5.6	37.0 ± 5.0	44.7 ± 6.2	14.7 ± 3.5	11.6 ± 2.3	38.4 ± 5.8	14.6 ± 2.6	248.2 ± 30.6	62.5 ± 11.7*
	16 years and more (n=132)	49.6 ± 6.0	39.9 ± 6.2	37.9 ± 5.0	46.2 ± 6.6	14.7 ± 3.7	11.9 ± 2.4	39.2 ± 6.7	14.5 ± 2.6	253.8 ± 33.6	65.8 ± 13.7†
	P	0.073	0.667	0.237	0.072	0.524	0.461	0.380	0.444	0.283	0.006
Duration of Working Experience in Departments Of Pediatrics	Less than 2 years (n=232)	48.2 ± 6.2	39.2 ± 5.5	37.0 ± 5.2	44.9 ± 6.1	14.8 ± 3.7	11.7 ± 2.2	38.0 ± 5.8	14.6 ± 2.7	248.2 ± 30.7	64.1 ± 12.2
	2-5 years (n=140)	48.6 ± 6.8	39.4 ± 6.5	37.1 ± 5.1	44.9 ± 7.0	14.7 ± 3.5	11.9 ± 2.3	38.5 ± 6.2	14.8 ± 2.8	249.9 ± 34.2	64.6 ± 12.7
	5 + (n=151)	49.2 ± 6.0	40.2 ± 5.5	37.6 ± 4.9	45.6 ± 6.5	15.1 ± 3.3	11.7 ± 2.5	39.4 ± 5.9	14.8 ± 2.7	253.4 ± 31.1	65.2 ± 12.8
	P	0.368	0.237	0.490	0.518	0.594	0.704	0.091	0.486	0.292	0.710
Working Night Shifts	Rotating Shifts (n=433)	48.6 ± 6.4	39.4 ± 5.8	37.1 ± 5.1	45.0 ± 6.5	14.8 ± 3.6	11.7 ± 2.3	38.6 ± 5.9	14.6 ± 2.7	249.5 ± 32.0	64.0 ± 12.3
	No Night Shifts (n=89)	48.9 ± 6.2	40.2 ± 5.6	37.9 ± 5.1	45.9 ± 6.2	15.0 ± 3.3	12.0 ± 2.2	38.6 ± 6.3	15.0 ± 2.5	253.3 ± 30.9	67.0 ± 13.4
	P	0.678	0.246	0.159	0.228	0.585	0.308	0.969	0.209	0.307	0.043



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*: differences less than 5 years, †: 5-15 differences between 5 and 15 years.

In terms of the nurses' scores on these two scales, there was no statistically significant difference between being single and being married. Also, there was no statistically significant difference between educational background and duration of working experience in departments of pediatrics. While the total and sub-scale scores of the roles and functions inventory did not vary based on the nurses' duration of professional experience, they varied significantly with respect to their professional satisfaction scores ($p=0.006$). The study found that the average professional satisfaction scores of the nurses with a professional experience less than 5 years were greater than that of the nurses with a professional experience of 5-15 years ($p=0.010$) and, similarly, the average professional satisfaction scores of the nurses with a professional experience of 16 years and more were greater than that of the nurses with a professional experience of 5-15 years ($p=0.044$). With respect to working the night shift, the nurses working the day shift received higher professional satisfaction scores than those working the night shift ($p=0.043$).

The study examined the relationship between the nurses' ages and scale scores and found that there was no relationship between the nurses' ages and their professional satisfaction scores, while there was a linear relationship between the ages of the nurses and the roles and functions Inventory total scores and some of the sub-scale scores. In addition, there was a linear and significant relationship between the professional satisfaction scale scores and the roles and functions inventory scores. Table 3 shows the corresponding correlation coefficients and p values. According to the table, the score for caregiver and health protector role ($r=0.094$; $p=0.031$), the score for defender and decision maker role ($r=0.095$, $p=0.03$) and the score for reliever role ($r=0.142$, $p=0.001$) increased in line with increased age. Consequently, the roles and functions total score also increased in a linear fashion ($r=0.088$; $p=0.045$). Finally, there was a linear relationship between the roles and functions Inventory total scores and the sub-scale scores and professional satisfaction scale scores of the nurses. In other words, the nurses' professional satisfaction scores increased as their roles and functions Inventory total scores and sub-scale scores increased.



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Table 3. Relationship Between Age and Scale Scores

		Caregiver & Health Protector Role	Educator & Researcher Role	Defender & Decision Maker Role	Reliever Role	Rehabilitator Role	Counselor Role	Administrator & Coordinator Role	Communicator & Collaborator Role	Role & Function Inventory	Professional Satisfaction Scale
Age	r	0.094	0.046	0.095	0.142	0.016	0.073	0.073	-0.043	0.088	0.057
	P	0.031	0.299	0.03	0.001	0.714	0.094	0.095	0.322	0.045	0.196
Professional Satisfaction	r	0.320	0.318	0.317	0.359	0.344	0.310	0.391	0.279	0.406	-
	P	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	-

DISCUSSION

Increasing employee's satisfaction may improve the quality of nursing services. Some studies suggest that individuals with higher job satisfaction tend to be more productive (Al-Ahmadi, 2009:50; Ialffaldano and Muchinsky, 1985:251). This study investigated the relationship between the implementation of professional roles and functions of pediatric nurses and the level of their occupational satisfaction. The study also examined this relationship with respect to the socio-demographic features which affected the implementation of professional roles and functions of the nurses and their occupational satisfaction.

Factors Affecting the Implementation of Roles and Functions of Pediatric Nurses

The mean score gained by the pediatric nurses enrolled in the study for the implementation of roles and functions inventory was higher than intermediate level. The study found that

the implementation of professional roles and functions of pediatric nurses did not vary in terms of their marital status. Similarly, Abu Alrub (2004:73) found that marital status of nurses did not affect their job performance. On the other hand, Yiğit and Yuzer (2007:15) found that the level of implementing professional roles and functions was higher in single nurses. Our finding that the nurses' marital status did not affect their performances at the work might be due to the fact that this study was a nationwide study with a larger sample size.

The study found that the implementation of professional roles and functions of pediatric nurses did not vary with regard to their educational status. In contrast, Yiğit and Yuzer (2007:15) found that graduates of schools of health had higher levels of implementation of professional roles and functions than that of graduates of two-year degree programs offered as an open education system. Although there is a need for standardization of curricu-



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lum and educational standards, representability of our study findings is stronger due to a large sample size of the study.

The study also showed that the implementation of professional roles and functions of pediatric nurses did not vary with regard to working during the day or at night shifts. A study by Coffey et al. (1988:245) revealed that nurses working the day shift demonstrated higher performance than that of those working the night shift. The day shift is known to be more productive for nurses in terms of social organization and biological rhythm (Wilson, 2002:211). On the other hand, according to the results of this study, the pediatric nurses performed equally in both shifts in terms of carrying out their professional roles. This study also found that the age and the duration of professional experience were important variables in the work performances of pediatric nurses and implementation of caregiver, health protector, defender, decision-maker, reliever, other general roles and functions improved with increasing age. In addition, work performances of the nurses (overall score on implementing caregiver, health protector, educator, researcher, administrator and coordinator roles, and functions) increased in parallel to the duration of professional experience in the departments of pediatrics. Although some studies in the literature suggested that the age and professional experience had no effect on work performance (Yiğit and Yüzer

2007:25, Brief and Motowidlo 1986:710), the results of our study showed that both age and professional experience had a positive impact on the nurses' work performance. This result may be associated with the fact that self-confidence and work performance of the nurses have probably increased and their work-related stress have reduced as their ages and duration of their professional experience in departments of pediatrics have increased. The study revealed no statistically significant difference between the nurses' overall score in the IPNRFI and duration of the professional experience. Similarly, the duration of nurses' professional experience did not affect their work performance (Brief and Motowidlo, 1986:710) and implementation of professional roles and functions (Yiğit and Yüzer, 2007:15). On the other hand, according to the results of this study, duration of experience in the departments of pediatrics affected work performance, while the overall duration of professional experience did not. The duration of work experience in a particular department and overall duration of professional experience are distinct terms. For pediatric nurses, awareness of their professional roles and functions and implementation of these roles and functions while acquiring knowledge and skills unique to pediatrics specialty could have a positive impact on their work performances. The overall duration of professional experience, on the other hand, involves



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the time spent working as a nurse in any department. In this regard, a nurse may not have spent enough time working in a department to gain experience, learn roles and functions unique to that particular department. Therefore, this situation may have a negative impact on the work performance of a nurse.

Factors Affecting The Professional Satisfaction Of Nurses

The pediatric nurses involved in this study reported a moderate level of occupational satisfaction. Similarly, the nurses in the studies by Golbaşı et al. (2008:1800) and Kahraman et al. (2011:12) reported a moderate level of occupational satisfaction. In this study, the duration of professional experience was found to be an important variable among the factors affecting the level of occupational satisfaction. The level of occupational satisfaction of pediatric nurses increased with increasing duration of their professional experiences. Similarly, Gürsoy et al. (2007:28) found that working for a long time in a profession increased the level of occupational satisfaction. On the other hand, some studies suggested that the duration of occupational experience did not affect the level of occupational satisfaction (Çelen et al. 2004:295; Aydın and Kutlu, 2001:37; Gölbaşı et al. 2008:1800). The level of occupational satisfaction levels of nurses may reduce due to nurses' challenging working conditions, energy depletion

and feelings of burnout (Kahraman et al. 2011:12). The reason why the nurses in our study reported a moderate level of occupational satisfaction could be due to the fact that nurses with longer professional experiences may adapt themselves to work and working environment more easily.

In this study, another factor determining the level of occupational satisfaction was working hours (i.e. working the day or night shift). The study showed that the nurses working the day shift received higher scores in PSS than those working the night shift. Similarly, Kahraman et al. (2011:12) found that the mean occupational satisfaction scores of the nurses in their study decreased as the number of night shifts increased. Although Gürsoy et al. (2007:28) showed that working the day or night shift did not affect the level of occupational satisfaction, our results suggest that working the night shift could reduce the level of occupational satisfaction by showing an adverse effect on job performance as mentioned above.

The study also determined the factors which did not affect the level of occupational satisfaction of the nurses, For example, the study found that the marital status of the nurses did not affect their level of occupational satisfaction. This result is supported by the findings of other studies şekilde (Gürsoy et al. 2007:28; Al-Ahmadi, 2002:645; Ernst et al., 2004:219;



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Kahraman et al. 2011:12; Durmuş ve Günay, 2007:139). In addition, the study showed that the pediatric nurses' educational background did not affect their level of occupational satisfaction. In the literature, there are also other studies which support this result (Ernst et al., 2004:219; Al- Ahmadi, 2002:645; Blegen, 1993:36), but there are also some studies reporting a positive (Kahraman et al., 2011:12; Al-Hussami, 2008:286) or negative (Gürsoy et al., 2007:28) correlation between nurses' educational background and occupational satisfaction. This result suggests that nurses' educational background does not affect implementation of their professional roles and functions.

Finally, this study revealed that the age and the duration of experience in the departments of Pediatrics did not affect the level of occupational satisfaction of the nurses. This result of our study is also consistent with the findings of other studies showing no relationship between the age and the level of occupational satisfaction of the nurses (Al- Ahmadi 2002:645; Blegen, 1993:36).

Relationship Between The Implementation of Roles And Functions of Pediatric Nurses And The Level of Their Occupational Satisfaction

Our study detected a strong relationship between the implementation of roles and functions of pediatric nurses and the level of their

occupational satisfaction. There was a linear relationship between the nurses' PSS scores and their overall IPNRFI score and the scores they gained in all sub-scales of IPNRFI. Researches suggested a positive relationship between occupational satisfaction and work performance (Al-Ahmadi, 2009:40; Cousins and Donnell 2011:223; Iaffaldano and Muchinsky, 1985:251; Judge et al., 2001:376; Pincus, 1986:395). Low level of occupational satisfaction in nurses is one of the most important determinants of leaving a department or job (Larrabee et al. 2003:271). In addition, low levels of occupational satisfaction are likely to have a negative effect on the quality of profession and care (Aydın and Kutlu, 2001:37). For this reason, identifying the factors which have a positive effect on occupational satisfaction and supporting nurses in this respect could make a positive contribution to the development of the nursing profession.

For pediatric nurses, being aware of their professional roles and functions and implementation of these roles and functions at a satisfactory level can improve the level of their occupational satisfaction (Al-Ahmadi, 2009:40). Maintaining continuity in terms of professional experience in the departments of pediatrics is essential for pediatric nurses to carry out their professional roles and functions and increase their knowledge and experience. This continuity should not be interrupted by rotation, personnel withdraw-



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ing, changing nurses' departments and so on. Increasing the professional, financial and psychological support given to nurses who are new in the departments of pediatrics or who are less experienced in these departments is crucial for improving the level of their occupational experience. In addition, since increasing workload increases nurses' feelings of stress and burnout (AbuAlrub, 2004:73), the level of pediatric nurses' occupational satisfaction could be improved by increasing the number of nurses working in the departments of pediatrics and reducing their workload and daily working hours.

CONCLUSION

The study found that the mean score gained by the pediatric nurses in the implementation of pediatric nurses' roles and functions inventory was above intermediate level, while the mean score in PSS was at the intermediate level. The level of nurses' occupational satisfaction had a positive effect on the implementation of their professional roles and functions. On the other hand, the nurses' educational background and marital status did not affect the implementation of their professional roles and functions and the level of their occupational satisfaction, while working the night shift had an adverse effect only on the level of their occupational satisfaction.

Our study has some limitations in some aspects. There are no other scales which define

"Implementation of Pediatric Nurses' Roles and Functions", so it was based on a small number of primary research studies and reviews identified through specific databases. Further research is required to investigate how to support the implementation of roles and functions of pediatric nurses.

Based on the results obtained from this study, it would be recommended that continuity of experience be maintained for nurses working in the departments of pediatrics and that the professional, financial and psychological support given to nurses who are new in the departments of pediatrics or who are less experienced in these departments be increased in order to improve the level of their professional experience. Finally, the level of pediatric nurses' occupational satisfaction could be improved by providing them with training within their departments about their professional roles and functions.

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