

The sense of life satisfaction and the level of perceived stress in the midwifery profession – a preliminary report

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Summary

Aim. The aim of the study was to determine a possible correlation between the sense of life satisfaction in the midwifery profession and the level of psychological stress perceived in this profession.

Method. A group of 60 midwives was subject to a test with the use of two questionnaires: Satisfaction with Life Scale and Perceived Stress Scale PSS-10. Social and demographic data was also collected for the use of this study.

Results. The mean value of life satisfaction level in the subjected midwives was 20.8 and it was comparable to the tested level (21.09). However, the mean value of perceived stress level in the tested midwives was 17.95, the comparison with the tested level (16.62) highlighted a significantly higher value in the test group ($p\text{-value}<0.05$). The dependence test between the level of life satisfaction and the level of perceived stress indicated a negative interrelation (Spearman's $R -0.51$), which means that the higher the level of perceived stress, the lower the life satisfaction is on average. The mean rank values denote that the level of perceived stress was the highest in married women, and the lowest in widowed respondents (35; 8).

Conclusions. The results of the study carried out on the analyzed group of midwives displayed a discrepancy between life satisfaction and perceived stress, with the correlation being negative in character, i.e. the higher the level of perceived stress, the lower life satisfaction is on average. The level of life satisfaction among the midwives is similar to the corresponding level of life satisfaction within the female population in Poland; however the level of perceived stress in midwives is higher than the level of perceived stress in general population of Polish people. Marital status bears a significant importance in case of the level of perceived stress of midwives.

sense of life satisfaction / stress / midwifery

INTRODUCTION

Job plays a crucial role in life and consumes much of its time. Usually, occupational training lasts at least few years and it is connected with

expanding knowledge, acquiring relevant skills and shaping personality. Job satisfaction is closely combined with the sense of life satisfaction [1, 2].

Job offers intrinsic as well as extrinsic gratification. In case when job is performed mainly for financial reasons, the extrinsic recognition takes place. If the job is accomplished with our passion and enables us to express ourselves in some way, than we become intrinsically gratified [1].

Job satisfaction may be defined as a balance which occurs between our educational background, work experience, time and energy devoted to work and the received recognition in the form of money, promotions or further train-

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ing. Job satisfaction is the relation between the resources and work results as well as the received gratification [3].

The following dissertation depicts the psychological aspects of the midwifery profession, such as the sense of life satisfaction, including the occupational one, and the occurrence of psychological stress. In the social studies, psychology and, specifically, in the psychology of health, the problems of life satisfaction and stress are explicitly identified.

The midwifery occupation belongs to the group of the so called social professions which are characterized by continuous and close contact with other people as well as emotional engagement [4]. Midwives are required to possess special characteristics, such as sensitivity to the needs of others, caregiving, patience and also the skills of dealing with difficult situations [5, 6] Nevertheless, there is not much research on the issue of life satisfaction of the Polish midwives. The following dissertation aims at determining whether there exists a relationship between life satisfaction and stress perception in the midwives. The subject of the study is the level of life satisfaction as well as psychological stress in people performing the job; additionally, we intend to investigate whether the above aspects are associated to any extent with age, educational background, marital status, time of working career, occupied position and workplace.

RESOURCES AND METHODS

The tests were administered in the period of April – May 2011. The study included 60 women, midwives, employed in The Independent Public Central Clinical Hospital of The Medical University of Silesia, Katowice; and in The Esculap Sp. z O. O. Medical Center.

Two research methods were applied in the course of the study:

1. The Satisfaction with Life Scale – SWLS (Diener et.al). This scale includes five statements, due to which the testee evaluates his/her level of life satisfaction measured on a seven-point rating scale. That satisfaction accounts for the midwives' own achievements and life conditions. The result obtained falls within a range of 5 to 35 points and is subsequently convert-

ed into standardized 10-point scale of Sten. The higher the result, the higher the sense of life satisfaction is [7].

2. Cohen's, Kamrack's and Marmelstena's Perceived Stress Scale – PSS. It is possible to choose from three versions of that questionnaire: 14.10 and 4-item one. In the following dissertation, the 10-question version was applied, due to which the interviewee evaluates stress intensity in her life on a 5-point scale.

The self-report methods are applied in this work. It means that the interviewee herself estimates the degree of compliance between the statements and her perceptions. These scales are allocated for the use of adults, both healthy and sick. They are characterized by satisfactory psychometric properties such as reliability and accuracy [7, 8].

During the study, basic demographic questions were posed, concerning age, educational background, workplace, time of working career, occupied position and marital status.

RESULTS

The majority of interviewees were at the age of 40-49 (28.3%), the minority were 50 years old and more (6.7%).

Most of them possess a higher education diploma – Midwifery Bachelor's Degree (66.7%). Midwives with secondary education – medical high school, comprise the smallest group (3.3%).

As far as working career length is concerned, midwives working from 0 to 4 years generated the biggest group (33.3%), similarly to females working for 20 – 24 years (26.7%). The smallest group of that aspect was constituted by those with 5 to 9 years of work (6.7%).

The tested midwives were predominantly married (55%). Widowed females were in the minority (1.7%). The vast majority of women worked in public hospitals (72.6%). Healthcare is the least occupied sector (1.6%) as well as individual practice (1.6%). The most frequent position of employment among the interviewed subjects was a certified midwife (45.6%) and the least frequent one was a home health midwife (2.9%).

Both parametric and nonparametric statistical tests were applied for the verification of assumptions. Firstly, a parametric test for the mean

was administered, which enabled to state whether the level of life satisfaction among the midwives was lower from the result obtained from the Polish population sample and whether the level of stress perceived by the midwives was higher than the level of stress observed within the Polish population.

In the next step, the Kruskal-Wallis's nonparametric test was implemented that enabled to verify the difference between the groups according to the analyzed variable. The groups were generated due to working career time, educational background, workplace, occupied position and marital status.

The last phase was to determine the relation between the level of life satisfaction and the level of perceived stress – for this purpose, the parametric test of Spearman's rank correlation coefficient was used. The test for the Spearman's correlation coefficient also contributed to verification of the hypothesis concerning the influence of age on the level of satisfaction with life and on the level of perceived stress. To meet the aim of the study a significance level 0.05 was set, which includes a 5% probability of committing a mistake during statistical analysis. For each hypothesis a *p-value* was designated, which enabled to decide whether or not to confirm or reject the assumption. If the *p-value* is lower than the presupposed level of significance (0.05), the hypothesis should be rejected.

The mean value of satisfaction with life among the tested midwives measured with the use of the Satisfaction with Life Scale is 20.8. This result was compared to the tested level, received from Table C-12 – 21.09. Basing on the *p-value* (higher than 0.05) it is not possible to ascertain that the level of life satisfaction at midwives is significantly lower than the result obtained for the population of women in Poland. The calculation results concerning satisfaction with life of midwives are presented in Tab. 1.

The mean value of stress perceived by midwives and evaluated with the Perceived Stress Scale is 17.95. However, the tested level presented in Tab. 2 is 16.62 points [8]. Basing on the *p-value* it is possible to claim that the level of perceived stress at midwives is significantly higher than the result obtained for the population of Polish people. The calculation results concerning

the level of stress perceived by the midwives are presented in Tab. 1.

Table 1. The satisfaction with life level and perceived stress level

Parametres	SWLS (satisfaction with life)	PSS10 (perceiving stress)
Mean value	20.80	17.95
Tested level	21.09	16.62
S	4.66	5.85
n	60	60
p-value	0.3148	0.0391

s – standard deviation in the analyzed group,

n – the sample size

Analyzing the interplay between the two already presented factors, being the level of satisfaction with life and the level of perceived stress, the Spearman's rank correlation coefficient test was applied. The test enables to identify the presence of either positive or negative correlation between satisfaction with life and the level of perceived stress. The calculation results are presented in Tab. 2.

Table 2. The correlation between satisfaction with life and the level of perceived stress

PSS10 (perceiving stress)	SWLS (satisfaction with life)
n	60
Spearman's R	-0.51
t	-4.52
p-value	0.0000

n – The sample size

t – t test

Basing on the *p-value* (lower than 0.05) it is possible to prove the presence of correlation between the satisfaction with life and the level of perceived stress. Due to the Spearman's correlation coefficient, which is negative, it is possible to claim that the correlation is negative in character, which means that the higher the level of perceived stress, the lower the satisfaction with life on average.

Further analysis was carried out to test the interrelation of age and satisfaction with life. To meet this aim Spearman's correlation coefficient

test was administered. The test enables to identify the circumstance of either positive or negative interrelation between age and satisfaction with life. Basing on the *p-value* (0.4) it is not possible to prove the occurrence of age and satisfaction with life correlation.

Spearman's correlation coefficient test was also applied to analyze the interplay between age and the level of perceived stress. The test enables to identify the circumstance of either positive or negative interrelation existence between age and the level of perceived stress. Basing on the *p-value* (0.3) it is not possible to prove the correlation between age and the level of perceived stress.

Next, the impact of working career time on the level of satisfaction with life was subjected to verification. Kruskal-Wallis's test was applied within the groups defined according to the length of the midwives' working career. The test verifies the discrepancy significance in the results of the analyzed variable between the groups of working career length. Basing on the *p-value* (0.4) it is not possible to prove the existence of discrepancy in satisfaction among the groups defined according to the working career length.

Another analysis was carried out in order to evaluate the impact of working career time on the level of perceived stress.

The test validates the discrepancy significance in the results of the analyzed variable among the groups of working career length. Basing on the *p-value* (0.6) it is not possible to prove the discrepancy in the level of perceived stress between the groups defined according to the working career time.

The influence of educational background of the analyzed midwives on the level of both life satisfaction and perceived stress was tested with the Kruskal-Wallis's test. It verifies the discrepancy significance in the results of the analyzed variable according to educational background. Basing on the *p-value* (0.18) it is not possible to prove the existence of any variance in satisfaction with life among the subjected groups defined according to the educational background.

In order to verify the existence of any differences in the level of life satisfaction between the groups defined according to the educational background of the midwives, Kruskal-Wallis's test was applied. The test verifies the discrepancy significance in the results of the analyzed var-

iable according to the educational background. Basing on the *p-value* (0.13) it is not possible to prove the existence of any differences in the level of perceived stress between the groups defined by the educational background.

The impact of workplace and the position occupied by a midwife on the level of satisfaction with life and perceived stress was also analyzed. The test verifies the discrepancy significance in the results of the analyzed variable according to workplace. Basing on the *p-value* (0.8) it is not possible to prove the existence of any differences in life satisfaction between the groups defined according to workplace.

Similarly, the analysis of the interplay among workplace and the level of perceived stress did not ascertain the existence of any differences in the level of perceived stress among the groups defined according to workplace. For the sake of comparison, the Kruskal-Wallis's test was also applied, with *p-value* indicated as 0.07.

In order to meet the assessment objective of satisfaction with life level as well as the perceived stress level between the groups defined by the position occupied by the midwives, the Kruskal-Wallis's test was applied. The test verifies the discrepancy significance in the results of the analyzed variable according to the occupied position. Basing on the *p-value* (0.9 and 0.7) it is not possible to certify the occurrence of any differences in life satisfaction and perceived stress levels between the groups defined according to the occupied work position.

Verification of the assumption concerning significant differences in life satisfaction level between the groups defined by the marital status of the midwives was carried out with the use of Kruskal-Wallis's test. The test verifies the discrepancy significance in the results of the analyzed variable according to the marital status. Basing on the *p-value* (0.4) it is not possible to claim that there are differences in life satisfaction between the groups defined by the marital status.

However, the analysis of differences in the level of perceived stress between the groups defined by the marital status of the midwives revealed contrasting results. The aim of evaluation was reached with the application of Kruskal-Wallis's test. Basing on the *p-value* (lower than 0.05) it is possible to indicate the difference in the level of

perceived stress between the groups defined by the marital status. Taking into account the mean rank value, it is possible to claim that the highest level of perceived stress is recorded within the group of married subjects, while it is the lowest within the widowed. The measurement results concerning the perceived stress level are presented in the Tab 3.

Table 3. The correlation between marital status and perceiving stress

PSS10 (perceiving stress)	Unmarried	Married	Divorced	Widow
Sum of ranks	609	1168	45	8
n	23	33	3	1
Mean rank	26.48	35.39	15.00	8.00
Ranks ² /n _i	16125.3	41340.1	675.0	64.0
chi-square	7.83			
p-value	0.0496			

n – The sample size

DISCUSSION

The administered tests were designed to evaluate the level of satisfaction with life as well as perceived stress if the midwives thus indicating whether there is any interrelation between these variables.

After the application of the Satisfaction with Life Scale it was shown that the level of midwives' life satisfaction is not statistically contrasting to the level of life satisfaction recorded by the females representing a general population in Poland. The mean value of midwives' life satisfaction is 20.8 points, with standard deviation of SD=4.66. Correspondingly, the mean life satisfaction value of women being a representative sample of a whole population in Poland is 21.09 points with standard deviation SD=5.26 [7]. Though, it does not constitute a statistically significant difference.

On the other hand, Wysokiński et al. reached other conclusions during his research. Despite the fact that his study was carried out in nurses not midwives, it is worth mentioning due to a very similar character of the work performed in both professions as well as not sufficient research data on midwives themselves. The above mentioned researchers tested a group of 891 nurses, also applying the Satisfaction with Life

Scale. The mean value of life satisfaction in that group was 19.60. The results of the study indicated a significantly lower level of nurses' satisfaction with life than the level of life satisfaction recorded for the Polish general population [2]. Andruszkiewicz's research also revealed similar information, having completed a test on 242 nurses. She used a different research tool, AVEM questionnaire – The Pattern of Behaviour and Experiences Related to Work [1].

During the discussed analysis, the tests were administered on much less numerous group of respondents, mainly due to financial and organizational limitations. Therefore, coverage of similar studies on much bigger group of midwives would be worth considering in the future. It would serve to enrich the knowledge in the scope of perceived satisfaction with life including the job performed by the Polish midwives.

The society, culture and media, being responsible of promoting fame, success and wealth, identify them with happiness and satisfaction. However, as the results of research on the material well-being show, it does not occur to be "the prerequisite and/or sufficient for gaining and maintaining mental well-being" [9]. People living in the richer countries are happier than those from the poorer ones, but it may be connected not only to the possessed goods but also to the fact that human rights are respected there and the state strives for the equality of its citizens. The growth of wealth largely influences the life satisfaction factor increase in very poor countries where the basic needs are not fulfilled [10].

Nevertheless, more demographic factors interplay with life satisfaction. A moderate positive correlation with life satisfaction is substantiated by: subjective health condition assessment, age (life satisfaction rises with age), having a spouse, religiousness and the level of education and income (the last two factors have minimal impact on life satisfaction). Race, climate of a given country and intelligence do not contribute to life satisfaction alterations in any way [11, 12].

We can optimistically assume that life satisfaction changes over time and its level increases with age [13]. Older people have greater life satisfaction. It can result from their life experience and the ability to arrange their achievements [2]. It is worth noting that our actions, achievements, development of positive personal characteristics

and abilities enhance our satisfaction with life. Deterioration of standards also increases life satisfaction but people are not often likely to reduce their expectations, modify norms or abandon some life aspirations, even though they are illusory or too ambitious. In the times of intensified consumerism, human desires are getting more and more insatiable. It is probably the consequence of a constant increase in the standards of material life aspect presented by the media and the consumerism culture [9].

The analysis of stress level results recorded within the midwives revealed that the perceived stress level in women performing this job is higher than the level of stress perceived by the general population of women in Poland. The measurement tool used to assess the psychological stress was the Perceived Stress Scale PSS-10. The tested level, being the mean value received during the tests carried out on healthy people in Poland and recorded in Tab. 2, was 16.62 points, with standard deviation $SD=7.50$ [8]. However, the mean value of the stress level perceived by the interviewed midwives was much higher – 17.95 points, with standard deviation $SD=5.85$. The tests confirmed the hypothesis assuming a significantly higher level of stress perceived by the midwives in relation to the population of Poles.

The midwifery profession is stressful and accompanied by such symptoms as exhaustion, increased mental tension, and in difficult situations – fear and uncertainty. This is certified by research on stress at respondents of this profession [4].

Undoubtedly, in the work environment of nurses and midwives many stresogenic factors arise. As Kliszcz, Nowicka-Sauer, Trzeciak and Sadowska report in their research, these stressors may result from increased sense of anxiety, depression and aggression, which are negative emotions. Their research results indicate that the most crucial element responsible for life satisfaction decrease is anxiety. It is particularly present in respondents with short working career what may be interrelated to a new situation and environment where they exist. It may also arise from lack of professional experience and a sense of uncertainty in terms of their own competence. Anxiety and depression may cause a multiplicity of somatic incidents such as headaches, either

excessive appetite or its loss, insomnia and constipations [3, 6].

Other research performed by Kliszcz and Nowicka-Sauer indicated that the nurses profession displays a tendency to suppress negative emotions (anger, anxiety, depression) and direct them intrinsically. It is interesting to note that together with the advance of that tendency, the perceived level of satisfaction with professional work also rises. However, this tendency of suppressing negative emotions should be considered in terms of generating enormous health consequences [6,14,15]. The interactions with doctors resulted in anxiety development in case of short working career. On the other hand, contacts with the superiors were the cause of such anxiety at respondents with long working career [5].

In other investigation of the midwives' length of employment in the health clinics, those who had worked 10 or more years had lower levels of emotional exhaustion and depersonalization than those who had worked 1–9 years [16]. In other studies, this finding is related to the fact that as professional experience increases, strategies for coping with stress are developed more [17, 18, 19]. In a study conducted within health care personnel by Aslan et al. (1997), it was determined that as the years of employment increased, the level of emotional exhaustion, depersonalization and work-related stress decreased and personal accomplishment and job satisfaction increased [20]. Other studies have also reported that as length of employment increases, job satisfaction also increases [21].

A consecutive phase of the administered tests was connected with the correlation between midwives' life satisfaction and stress perceived by them. The obtained results indicate a significant dependency between satisfaction with life and the level of perceived stress. It is a negative correlation. Spearman's correlation indicator is $r=-0.51$, which means that together with the rise of perceived stress level, the level of life satisfaction decreases. Similar interdependency was supported by the research data obtained, among others, by Juczyński and Ogińska-Bulik, from a group of 174 adult respondents. The correlation indicator of perceived stress level intensity and life satisfaction sense recorded in these studies was $r=-0.52$ [8].

The correlation existing between the two variables is confirmed by the fact that psychological stress influences negatively the midwives' life satisfaction. Considering this fact together with the relations connecting the perceived stress intensity with life satisfaction level, it can be assumed that midwives' work efficiency and their satisfaction with the performed job correlate with experiencing both psychological and social support. This support may stem from friends and relatives, co-workers, superiors or other institutions. The fact that professional work belongs to a very important sphere of human functioning and is closely connected with life satisfaction should be also reflected upon [1, 2]. It is worth to make every possible effort to create a positive, conducive to health and safe work environment, where the midwives execute their professional duties. Decrease in the stress level of midwives work would probably improve the affectivity and quality of the occupational role as well as cause an advance in general life satisfaction. Limitation in the number of stressors could also lead to health condition improvement and decrease the occurrence of mental and somatic disorders [3].

The obtained results were subject to analysis in terms of perceived stress and satisfaction with life due to age and time of working career. Though, no statistically significant correlations were registered between the age of the interviewed midwives and their satisfaction with life or the level of perceived stress. The assumption concerning life satisfaction increase with age was not supported at the tested group of midwives [2, 9]. Nevertheless, it should be also noted that the respondents at the age of 50 and more were not numerous what could have exerted some influence on the results of the study.

Subsequently, the levels of life satisfaction and perceived stress were evaluated in relation to the midwives educational background. It was statistically non significant. Though, it is possible to presume that the level of education in this profession is inversely proportional to the received financial gratification. The period of study, after which a Midwifery Bachelor's Degree is obtained, lasts three to three and a half years. Next, midwives have the possibility of further education doing their Master's Degree, which lasts two years, and the number of those taking that op-

portunity is gradually rising. During the period of study, the future midwives acquire comprehensive knowledge on medical, social, psychological and pedagogical sciences and, at the same time, they shape their professional self-awareness. Our attention should be paid to the deplorable fact that over half of the Midwifery Department graduates do not follow up their professional employment routs. It is caused by various issues, mainly associated with low earnings and professional status accompanied by high professional liability [22]. If that job provided higher financial gratification, studying at the Midwifery Department would become more prestigious. The graduates would be more eager to take up their positions in the acquired profession and professional satisfaction would increase.

The gathered data were also used to evaluate the level of life satisfaction and the perceived stress in relation to the workplace and the occupied position. During the statistical analysis, no significant correlations were registered between the workplace and the occupied position or life satisfaction and the perceived stress. The results concerning the workplace and life satisfaction levels occurred to be very approximate. The level of perceived stress was the highest within people running their private practices, and it was the lowest in a group of midwives occupying their positions in the primary health care units. However, the fact of very small sizes of both groups should be highlighted, thus the possibility of expanding the research onto them should be considered in the future.

Generally speaking, the research results indicated that such variables as age, time of working career, educational background, workplace of midwives and the positions hold by them do not correlate with perceived life satisfaction and the perceived stress level in a statistically significant way.

The only demographic variable which revealed correlation with the level of perceived stress was the marital status. The highest level of perceived stress was recorded within the group of married women. Substantially, lower levels of stress were present within the unmarried people, divorced and widows. It may result from the fact that married women must very often deal with both professional and personal responsibilities. The married midwives play an extremely demand-

ing occupational role connected with providing care for another person. Apart from this, they fulfil their roles as wives, mothers and guardians of hearth and home daily. Excessive number of duties may result in exhaustion and sense of exasperation due to lack of time for full and precise performance [23]. Professional work and family duties may also be an obstacle in implementing own passions and interests. There may be not enough time to relax and other health related behaviours.

Moreover, the interplay between marital status and life satisfaction was not corroborated. No statistically significant correlation between marital status and life satisfaction level was recorded.

As seen, the subject of the study is of crucial importance. The tests should be further developed because negative correlation between life satisfaction and stress perceived in the midwives environment was confirmed. It was additionally demonstrated that the stress level experienced within the midwifery profession exceeds the statistical level of stress perceived by general Polish population. Continued research should also consider methods of stressors abatement in the workplace and stress management techniques.

FINDINGS

Reflecting upon the administered tests enables to state that there is a correlation between life satisfaction and the level of stress perceived by the midwives. That dependency is negative which means that the higher the level of perceived stress, the lower the life satisfaction on average. Satisfaction with life indicator recorded the midwives is similar to the one registered for the population of women in Poland, though the level of perceived stress in the midwives is higher than the level of stress perceived by a general population of people in Poland.

Marital status is of crucial importance for the level of stress perceived by the midwives.

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