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Research Status of Job Satisfaction among Obstetric Nurses

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Abstract: This paper analyzes the current research status of job satisfaction among obstetric nurses at home and abroad, including research methods, influencing factors, correlation relationships, and countermeasures to improve job satisfaction of obstetric nurses. It aims to provide a reference for subsequent studies on job satisfaction of obstetric nurses.

Keywords: Obstetric nurses; Job satisfaction; Influencing factors

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1. Introduction

The concept of job satisfaction originated from the Hawthorne Experiments led by Elton Mayo, which proposed that an individual's attitude plays a crucial role in determining their behavior and shifted the focus of research to human factors for the first time [1]. In 1935, the concept of job satisfaction was first put forward by American psychologist Hoppock, who defined it as the subjective perception of workers towards their work environment [2]. Research on nurses' job satisfaction began in 1940.

The American Nurses Association (ANA) has identified nurses' job satisfaction as one of the sensitive indicators for nursing quality, while domestic research in this field started relatively late [3,4]. Nurse shortage has become a global issue, and multiple studies have shown that nurse turnover is associated with decreased job satisfaction [5–7]. From a social perspective, nursing plays a vital role in the implementation of the "Healthy China" strategy and is a key factor in safeguarding people's health [8,9]. For hospitals, nurses' job satisfaction can reflect the strengths and weaknesses of hospital management and serve as a basis for exploring effective performance management mechanisms [10,11]. For individuals, nurses' job satisfaction is related to their physical and mental health; only by ensuring nurses' health can high-quality nursing services be provided [10].

Obstetrics is a major factor contributing to reduced nurses' job satisfaction [12]. Obstetric nurses are responsible for the care of both mothers and infants, resulting in a heavy workload [13,14]. Although most parturient are healthy

and do not require treatment for traditional acute or chronic diseases, the delivery process is unpredictable and involves high risks [15,16]. With the implementation of the "two-child" and "three-child" policies, family members' awareness of rights protection has increased, and their expectations for maternal and infant health have risen, which further increases the pressure on obstetric nurses [14]. To ensure maternal and infant safety and stabilize the team of obstetric nurses, this paper reviews the current research status of job satisfaction among obstetric nurses at home and abroad, providing a reference for future studies.

2. Research methods for obstetric nurses' job satisfaction

Quantitative research using scales is the most common approach in related studies; however, there is a lack of mature scales in China [9]. Most scales used domestically are either translated, revised versions of foreign-developed scales or self-designed ones, among which the MMSS Scale has the highest frequency of application [17]. In contrast, foreign countries utilize scales that are more aligned with their national conditions and work contexts [2].

Considering the cost-effectiveness and efficiency of the research process, cross-sectional studies are prevalent both domestically and internationally [5,8]. Domestically, Chen Liming et al. conducted a survey across 13 general hospitals and found that nurses' job satisfaction was at a moderate level [18]. Internationally, some scholars analyzed 10 reports from 5 countries, among which 8 were cross-sectional studies [6]. With increasing attention on this topic, qualitative research and comparative research have been introduced into the methodological framework [9].

Nevertheless, qualitative research remains relatively scarce. Internationally, there was a qualitative study involving face-to-face interviews with 424 nurses from 125 healthcare institutions, where 60.8% of the nurses reported being satisfied with their jobs [19]. To enhance the practical relevance of research findings, experimental studies have emerged both at home and abroad to verify the effectiveness of intervention measures. Domestically, Liu Yongya, Tan Xiaoxue et al., Wu Xiaoyi et al. and Zhang Xiaojun conducted self-controlled studies on obstetric nurses before and after implementing interventions [20–23]. Internationally, some scholars carried out studies by comparing data between the experimental group and the control group after interventions [24]. Therefore, future studies should increase the use of qualitative research to complement quantitative research, thereby obtaining more comprehensive and in-depth research results.

3. Influencing factors of job satisfaction among obstetric nurses

3.1. Work environment factors

Work environment factors include natural environment and social environment, with the latter receiving more attention [4]. The nursing practice environment is a major factor affecting job satisfaction, yet there is no consensus on its scope [4,25]. According to Herzberg's Two-Factor Theory, the dissatisfaction with hygiene factors will reduce job satisfaction, while the satisfaction with motivational factors can improve it. Most researchers explore the impact of these two types of factors on job satisfaction.

3.1.1. Hygiene factors

Management Factors: Managers, including administrative staff and head nurses, play a core role in work [26,27]. Their job satisfaction will affect the job satisfaction of nurses. In terms of management methods, the concept of "humanized management" has been proposed in China; considering nurses' feelings can improve their

satisfaction [21,28]. A survey of 770 nurses in 15 hospitals in central Philippines showed that transformational leadership can positively predict job satisfaction [29]. Administrative staff are key to creating a positive work atmosphere, which in turn affects nurses' job satisfaction.

Salary Factors: Job satisfaction regarding salary is higher overseas than in China [18]. Most obstetric nurses in China have low satisfaction with their salaries; salaries should be tilted toward the obstetric department, which involves high risks, to eliminate feelings of dissatisfaction [12, 30–32]. However, based on Maslow's Hierarchy of Needs Theory, some scholars compared nurses with an annual salary of over 100,000 yuan and found that salary has no differential impact on job satisfaction, it will not affect satisfaction permanently, and the main influencing factors will change [18]. Overseas studies suggest that the impact of remuneration varies by region: nurses in Japan are satisfied with their salaries, while those in Ethiopia have low satisfaction. It is also pointed out that salary alone is insufficient to retain, satisfy, and motivate health professionals [19,32]. Welfare benefits are not only material security but also a recognition of work; thus, it is necessary to actively explore a fair performance appraisal mechanism.

Interpersonal Relationship Factors: Most domestic studies indicate that nurses have high satisfaction with colleague relationships, but Gao Feng et al. obtained results showing low satisfaction with colleague relationships [30,31,33,34]. Some overseas scholars believe that reducing the size of midwifery teams can improve satisfaction with interpersonal relationships [35]. Interpersonal relationships are related to teamwork; the obstetric department is highly uncertain, and teamwork can reduce the personal pressure of nurses when dealing with emergencies, thereby affecting their job satisfaction.

3.1.2. Motivational factors

Scholars in Ethiopia argue that intrinsic motivational factors are more effective in improving nurses' job satisfaction than extrinsic motivational factors, and the latter cannot have a long-term impact on satisfaction [19]. Therefore, only by promoting nurses' self-improvement can they be motivated sustainably. Among the factors influencing the job satisfaction of obstetric nurses at home and abroad, "career development" ranks high [5,30]. Nurses expect to exert their skills and have the ability to help others to satisfy their sense of accomplishment [5].

An overseas meta-analysis showed that 44% of obstetric nurses with low sense of accomplishment experienced job burnout, which is consistent with Maslow's Hierarchy of Needs Theory [13]. The uncertainty of obstetric work satisfies nurses' need for challenge, thereby fulfilling their sense of accomplishment. At the same time, the satisfaction of a sense of accomplishment makes obstetric nurses desire more professional autonomy. A survey of midwives by South Korean scholars asked, "to what extent have you used your professional abilities in the delivery room"? The results showed that midwives who used less than 50% of their professional abilities had low satisfaction. This may be related to the fact that South Korean midwives are not recognized in the obstetric delivery system, which limits their autonomy [36].

In China, Wu Xianghong pointed out that psychological empowerment is a mediator between the work environment and job satisfaction. Head nurses should appropriately delegate authority, and nurses themselves should master more skills to meet the demand for autonomy and improve job satisfaction [10]. It can be seen that professional autonomy is related to the national health system and requires joint efforts from multiple parties. The satisfaction of autonomy brings a sense of value, which requires recognition and appreciation from managers and support from society [30,35]. These factors can stimulate intrinsic motivation and guide nurses to maintain a positive work mood.

3.2. Job-related factors

The obstetrics department consists of prenatal, labor, and postpartum units. Nurses in the prenatal ward report relatively low job satisfaction, which may be associated with addressing pregnant women's anxiety. Nurses are required to have strong emotional control abilities to meet the informational and emotional support needs of pregnant women [13]. The labor process of pregnant women is unpredictable, with conditions that can change at any time, demanding nurses to be capable of handling emergencies [15]. As a result, nurses remain in a state of chronic stress and strain, experiencing high mental pressure [37]. After childbirth, when pregnant women transition into the role of mothers, their demand for health education knowledge increases significantly and covers a wide range, which adds to nurses' workload [38]. Additionally, the ward has a fast bed turnover rate, leading to heavy work burden [28]. Obstetrics and gynecology departments are high-risk areas for medical disputes, which further increases the pressure on obstetric nurses and reduces their job satisfaction [31]. A study by Kenyan scholars showed that obstetric nurses are dissatisfied with performing non-nursing tasks [5]. Domestically, Hu Xiaoyan et al. argued that the scope of nursing staff's work is unclear, and nurses who undertake more non-nursing tasks have lower job satisfaction [39]. Therefore, consideration should be given to exploring and implementing a hierarchical management system as soon as possible to clarify the scope of work. Obstetrics is a specialized field requiring professional training, and its work nature is unique. Managers need to actively explore management models that reduce nurses' pressure and improve their job satisfaction.

3.3. Individual factors

Research on individual factors includes demographic characteristics, personality traits, psychological factors, etc. Due to differences in the work regions of research subjects, as well as the influence of cultural and institutional variations, the impact of demographic characteristics on job satisfaction varies [7,10]. For example, regarding the influence of work experience: obstetrics is a specialized field that requires experience. Some domestic scholars believe that nurses with longer seniority have higher job satisfaction, while other studies have shown the opposite result [2,7,37]. A foreign study indicated that nurses with 5–10 years of work experience have lower satisfaction. This is because local nurses are required to complete a 5-year mandatory service period after graduation; after this period, their expectations increase, leading to decreased satisfaction [19].

Therefore, to enhance the accuracy of research results, studies on the impact of demographic characteristics on job satisfaction should be conducted in conjunction with specific work contexts, using appropriate assessment tools, and adopting a "case-specific analysis" approach. There is also research on internal individual factors. For instance, in terms of personality traits: the emotional stability factor and extraversion factor of obstetric nurses have a positive impact on job satisfaction [40]. In terms of intrinsic motivation: nurses who choose the nursing profession due to personal factors have higher professional identity and thus higher job satisfaction [41]. However, most of these studies are descriptive in nature and require further verification.

4. Correlation between job satisfaction and related factors of obstetric nurses

Nurses with reduced job satisfaction lack enthusiasm for work and experience occupational burnout, and the two show a negative correlation [13]. Good leadership and organizational management are key to preventing the development of occupational burnout: management style is significantly correlated with job satisfaction (accounting for 36.6% of the predictive effect), among which participatory management style has a positive impact on job

satisfaction, while destructive leadership has a negative impact [11,29]. A survey conducted by Chi Rong et al. on nurses in a maternal and child health hospital showed that the greater the extent to which nurses participate in hospital affairs, the higher their job satisfaction [12].

Participatory management style can create a work environment that encourages, supports, and recognizes employees, which is conducive to improving job satisfaction. In addition to factors related to managers, job satisfaction is also associated with nurses themselves. A survey by Cao Chengqun on obstetrics medical staff in Rugao City found that they experienced a certain degree of occupational stress, which was negatively correlated with job satisfaction [31]. Scholars such as Wen Aidi believe that the personality traits of emotional stability and the ability to empathize (put oneself in others' shoes) of obstetric nurses are positively correlated with job satisfaction [40]. Korean scholars point out that autonomy is a key characteristic of midwives' professionalism, and professional work ethic is positively correlated with job satisfaction [36].

Most of the above studies focus on simple bivariate correlation and do not explore the underlying correlation mechanisms between variables. Hu Shanshan et al. found that the psychological resilience of obstetric nurses in Wuxi City plays a mediating role between perceived social support and work-life quality, and based on this, proposed more targeted measures to improve job satisfaction [42]. However, such mechanism-based studies are still scarce and require further exploration in the future. In conclusion, the job satisfaction of obstetric nurses is affected by multiple variables. To improve job satisfaction and enhance positive work experiences, joint efforts from both external support (e.g., management, organizational environment) and nurses themselves are required.

5. Countermeasures to improve job satisfaction of obstetric nurses

Promoting the professional development of obstetric nurses can enhance their intrinsic professional motivation and professional competence, thereby helping them realize their sense of value and improving job satisfaction. A survey of small and medium-sized hospitals in South Korea found that the career ladder system, a comprehensive competence evaluation system for nurses can help nurses plan their careers, achieve the effect of motivating nurses, and reduce staff turnover [43]. In China, Zhang Xiaojun implemented a hierarchical management intervention for obstetric nurses, which significantly improved overall job satisfaction compared with the pre-intervention period [23]. The hierarchical deployment of nurses, assigning personnel based on job requirements can reflect the value of nurses with different capabilities. However, the realization of this value is premised on nurses' own professional competence. Zhang Jiangxia believes that managers should attach importance to nurses' training and learning, create opportunities for their professional improvement, and thus enhance their job satisfaction [30]. Kim et al. compared midwives in birth centers and hospitals and found that enhancing professional awareness can improve professional autonomy and self-confidence [36]. They suggested increasing midwives' annual continuing education hours from 8 to 16. Efficient work methods can reduce nurses' work pressure and improve job satisfaction. For example, a foreign study showed that the application of nursing-sensitive quality indicators in obstetrics (quantifying nursing quality) enhanced obstetric nurses' sense of responsibility, self-efficacy, and nursing practice capabilities [24].

In China, experimental studies have been conducted on obstetric nursing management, such as WeChat group management, humanized management, and the establishment of quality control circles (QCC) [21,22]. These interventions optimized work methods and improved nurses' work enthusiasm. Most existing studies adopt descriptive research and experimental research methods, while qualitative research is relatively rare.

A qualitative interview conducted in a German obstetric hospital found that it is necessary to strengthen

communication between nurses and other staff and reduce the impact of hierarchical systems on staff turnover [15]. A foreign Meta-analysis proposed that providing sufficient staffing and adequate autonomy can prevent occupational burnout [13]. When formulating countermeasures, the feasibility and effectiveness should be the core considerations, and both nurses' personal needs and the work environment should be taken into account.

6. Conclusion

As a specialized field in hospitals, obstetrics attaches great importance to stabilizing the nursing team and reducing human resource costs. At present, there are relatively few studies on the job satisfaction of obstetric nurses in China. In the future, more qualitative research or mixed-methods research should be conducted to improve the comprehensiveness of research results. It is also recommended to carry out large-sample, multi-center studies to further explore the current status and influencing factors of job satisfaction among obstetric nurses in China, thereby providing a basis for formulating targeted countermeasures.

Disclosure statement

The authors declare no conflict of interest.

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