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**JOB SATISFACTION AMONG HEALTHCARE SPECIALISTS
WORKING IN INTENSIVE CARE CLINICS/DEPARTMENTS
IN INPATIENT HEALTHCARE FACILITIES**

DISSERTATION

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The dissertation comprises 226 standard pages and is comprehensively elucidated by 67 figures, 36 tables, and 4 appendices.

The bibliography encompasses 217 references, of which 78 in Cyrillic and 138 in Latin script.

In conjunction with this dissertation research, three papers have been published and three scientific communications have been presented at national and international symposia.

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INTRODUCTION

Healthcare in modern society occupies a leading position in discussing the prospects and opportunities for the socio-economic development of each country, since its main priority is to ensure high quality medical care for the entire population. The fulfillment of this mission is closely related to the way in which healthcare professionals perform their work duties.

Nowadays, we are witnessing a major global shortage of healthcare professionals, as well as a national shortage of anesthesiologists and intensive care physicians.

In its report "Working Together for Health" (2006), the World Health Organization found that the world has entered a serious crisis in terms of nursing provision and requires urgent measures, and declared 2020 the International Year of Nurses and Midwives, focusing on the importance of the nursing profession.

The relevance of the problem is undeniable, as it is also in line with policy No. 3 of the National Health Strategy (2004 - 2020): "Providing human resources in healthcare that can meet the growing current and future needs of people." By discovering the labor factors that most influence job satisfaction among healthcare professionals, it would be possible to improve the quality of medical care, reduce staff turnover in hospitals, which would contribute to reducing the staff shortage and increasing the quality of healthcare offered.

CHAPTER I. PURPOSE, OBJECTIVES AND METHODOLOGY OF THE STUDY

1.1. PURPOSE

To study job satisfaction among healthcare professionals working in intensive care units of hospital care facilities by identifying the factors that influence it.

1.2. OBJECTIVES

Achieving the goal is related to the implementation of the following main tasks:

1. To study and analyze the opinions of healthcare professionals working in intensive care units regarding job satisfaction.
2. To conduct a comparative analysis of the factors influencing job satisfaction among healthcare professionals from the surveyed clinics/departments in public and private medical institutions.
3. To develop a practically applied model for establishing the degree of job satisfaction among healthcare professionals working in intensive care units.
4. To develop a scientifically based methodology for identifying job satisfaction among healthcare professionals working in intensive care units, which would serve as a tool for increasing the efficiency of the work of medical institutions.
5. To prepare recommendations for initiating health management decisions to establish and stimulate job satisfaction among health professionals working in intensive care units.

1.3. HYPOTHESES

Based on data from the scientific literature and published results from similar studies, the following working hypotheses are formulated:

1. Healthcare professionals are satisfied with their work to varying degrees, depending on the factors that influence it.

2. There is a difference in the degree of job satisfaction among healthcare professionals, depending on their specialty and qualification.
3. There is a difference in the degree of job satisfaction among healthcare professionals, depending on the type of healthcare facility - publicly and privately owned.

1.4. OBJECT OF THE STUDY

The study subjects are healthcare professionals (physicians and healthcare professionals) working in intensive care clinics/wards of inpatient care facilities. The study covers those working in intensive care units/wards in public and private healthcare facilities.

A total of 194 health professionals working in a total of 7 health institutions were studied: Clinic/Department of Anesthesiology and intensive Care (ICU) of the University Multiprofile Hospital for active Treatment(UMHAT) "Dr. G. Stranski" - Pleven and the University Multiprofile Hospital for active Treatment "St. Marina" - Pleven, "Hristo Botev" Multiprofile Hospital for active Treatment(MHAT) in Vratsa, "St. Pantaleimon" Multiprofile Hospital for active Treatment in Yambol and "Medica" University Multiprofile Hospital for active Treatment in Ruse and "Prof. Dr. Stoyan Kirkovich" University Multiprofile Hospital for active Treatment in Stara Zagora and "Silistra" Multiprofile Hospital for active Treatment.

The representativeness of the sample is also supported by the presence of representatives of employees in ICU from the six main regions of the Republic of Bulgaria (**North Central, North-West, North-East, South-West, South-East and South Central regions**).

The object is divided, according to the purpose and tasks, into two groups: doctors and healthcare specialists (HCPs) who fell into the representative sample, in the relevant age groups and in groups of medical institutions.

1.5. SUBJECT OF THE RESEARCH

The subject of the study is the impacts and interactions of factors that determine the specifics of the work of healthcare professionals working in intensive care units in public and private hospitals and that impact personal job satisfaction.

1.6. RESEARCH METHODOLOGY

The study covers the period 2022 - 2023. In essence, this is a complex socio-psychological study. Questionnaires were distributed and collected from healthcare professionals working in intensive care clinics/wards in hospital care facilities from the six regions of the country.

The research was conducted in several stages:

➤ First stage

The available scientific literature was studied and the factors (according to various authors) that influence job satisfaction were analyzed. Based on the analysis, the survey toolkit was prepared.

➤ Second stage

For the period September 2022 - March 2023, the opinion of healthcare professionals (HCPs) regarding job satisfaction and the factors that influence it was studied as follows:

- **In September 2022 - December 2022**, a survey was conducted among 114 healthcare professionals from the UMHAT "Dr. G. Stranski" - EAD, Pleven, and the UMHAT "St. Marina" - Pleven, working in the ICU.

The questionnaires were distributed to the participants after written consent from the directors of the medical institutions, coordinated with the Head of the Clinic/Department and the senior nurse, and after explaining to the respondents the purpose of the study, its anonymous and voluntary nature.

The percentage of healthcare professionals who responded to the survey was significantly high (61%), which is most likely due to the format of the study - a direct group survey. Of the 114 questionnaires distributed (UMHAT "Dr. G.

Stranski" - 85; UMHAT "St. Marina" - 29), 70 correctly completed questionnaires were returned.

- **In the period January - February 2023**, the opinion of healthcare professionals working in the ICU of the "Hristo Botev" Multiprofile Hospital for active Treatment in Vratsa, "St. Pantaleimon" Multiprofile Hospital for active Treatment in Yambol, Multiprofile Hospital for active Treatment in Silistra, "Prof. Dr. Stoyan Kirkovich" University Multiprofile Hospital for active Treatment in Stara Zagora and "Medika" University Multiprofile Hospital for active Treatment in Ruse was studied.

The questionnaires were distributed to the participants after written consent from the directors of the medical institutions, coordinated with the Head of the Clinic/Department and the senior nurse, and after explaining to the respondents the purpose of the study, its anonymous and voluntary nature (Table 1).

- **In February - March 2023**, the survey was sent electronically to healthcare professionals working in ICU. Completing the questionnaire was accepted as a form of individual consent to participate in the study. 53 correctly completed questionnaires were returned. The electronic surveys received were from healthcare professionals outside the described medical institutions in the country.

➤ **Third stage**

- Summary, processing and interpretation of results.

Table 1. Distribution of examined persons by medical institutions and by stages - (in number and %)

Stages		Healthcare Facilities	Planned	Completed Questionnaires	Share (%)
Stage I	1	University Multiprofile Hospital for active Treatment(UMHAT),”Dr. G. Stranski”-EAD, Pleven	85	52	61,1%
	2.	University Multiprofile Hospital for active Treatment(UMHAT),”Sveta Marina”, Pleven	29	18	62%
Stage II	3.	University Multiprofile Hospital for active Treatment(UMHAT),”Medica”, Ruse	40	30	75%
	4.	University Multiprofile Hospital for active Treatment(UMHAT),”Prof. Dr. St. Kirkovich”, Stara Zagora	41	8	20%
	5.	Multiprofile Hospital for active Treatment(MHAT),”Hr. Botev”, Vratsa	28	21	75%
	6.	Multiprofile Hospital for active Treatment(MHAT),”Sv. Pantaleimon”, Yambol	16	6	38%
	7.	Multiprofile Hospital for active Treatment(MHAT), Silistra	25	6	24%
Stage III		Electronic questionnaires	70	53	75%
		Total:	334	194	58%

1.7. RESEARCH METHODS

Given the purpose and diversity of the tasks, and the specific characteristics of the studied groups, a complex of social-psychological methods were used to collect empirical material:

Sociological methods

- *Documentary method*

For the needs of the study, a significant amount of health and demographic information was studied from: the National Statistical Institute (NSI), the Bulgarian Medical Union (BLS), the Bulgarian Association of Healthcare Professionals (BAHPZG), the World Health Organization (WHO), the Ministry of Health (MOH), Medical Standard "Anesthesia and Intensive Care", REGULATION No. 15 of July 22, 2019 on the status and professional development of teachers, principals and other pedagogical specialists.

The available sociological and psychological information was analyzed to track the dynamics of the phenomenon of "job satisfaction" (JS) and the factors that most influence the condition, attitudes, and attitude of healthcare professionals towards work.

- ***Survey method***

Sociological data were collected through a **questionnaire** specially developed for the purposes of this study. (Appendix 1) The questionnaire consists of two parts – demographic and a job satisfaction questionnaire.

The questions in the first part of the survey relate to the **socio-demographic status** of the respondents, economic characteristics (income, wealth, home ownership), environmental characteristics (intensity, urgency, stress at work). The questions about work intensity and urgency, risk to patients' lives, and professional stress are presented using linear scaling and visually illustrate the self-assessed indicators.

The second part of the survey is a **Job Satisfaction Questionnaire**, which includes 45 closed questions and allows for the analysis of the professional satisfaction of healthcare workers in ICU in various aspects. The indicators used to examine the job satisfaction of healthcare professionals working in ICU are:

- pay;
- work organization and content;
- satisfaction with the results of task performance;
- workplace relationships;
- training and career development;

- management style;
- moral satisfaction;
- stability (security) in the workplace.

The questionnaire allows for measuring satisfaction with the results in general, as well as overall satisfaction with the immediate supervisor. The degree of job satisfaction is assessed using a five-point scale: 1 – not at all; 2 – a little; 3 – moderately; 4 – quite a lot and 5 – completely.

For the purposes of the study, validated and adapted tests for Bulgarian conditions were also used, which allow for a more in-depth analysis of the attitudes and attitudes of healthcare professionals towards work:

- **Work Alienation Test** (adapted for Bulgarian conditions, A. Velichkov) (Appendix 2). Contains 10 statements that describe reactions of indifference and alienation in usual working conditions.

Each statement is rated using a 6-point scale for the frequency of the experience (from 0 - never; 1 - happened once or twice; 2 - happens but rarely; 3 - happens from time to time; 4 - happens often; 5 - happens very often to 6 - it happens almost all the time).

- **Test for assessing the long-term motivation of individual behavior** (adapted for Bulgarian conditions, A. Velichkov). (Appendix 3) Long-term motivation is examined using a 7-point scale, which establishes the presence of long-term sustainable goals and a long-term life perspective.

- **Colleague Satisfaction Test** (*Appendix 4*). The method was validated and standardized for Bulgarian conditions by A. Velichkov and M. Radoslavova (Radoslavova, Velichkov 2005) – it consists of three scales, whose statements present specific assessments of colleagues' behavior:

- ◆ formal relationships evaluating the actions of colleagues in joint work, in relation to the required joint results;
- ◆ support – specific assessments of colleagues' actions to obtain emotional and resource support at work;
- ◆ trust – assessments of expressions of trust by colleagues.

The test allows you to measure satisfaction with colleagues in general, as well as overall job satisfaction.

The questionnaire ends with an open-ended question that allows respondents to enter factors that are not the subject of this study, but that they believe have the power to increase/decrease job satisfaction.

Statistical methods

The statistical processing of the obtained information was carried out using the software packages MS Office Excel 2007 and SPSS for Windows v.21.0.

The results are described through tables, graphs and numerical indicators of structure, frequency, average values, correlation coefficients, etc.

Classical methods for data analysis and hypothesis testing were used: single-factor and multifactor analysis of variance, non-parametric and parametric analysis, correlation analysis, graphical analysis.

The statistical significance of the differences was assessed using parametric and nonparametric tests. Differences were considered significant at a level of $p < 0.05$ in a two-sided test.

CHAPTER II. RESULTS AND DISCUSSION

2.1. SOCIO-DEMOGRAPHIC, ECONOMIC AND ENVIRONMENTAL CHARACTERISTICS

Socio-demographic characteristics

The study included 194 healthcare professionals working in intensive care units/wards of public and private hospitals, of whom 147 (76%) were women and 47 (24%) were men. In terms of marital status, the largest share was in the single category (including those living in a family) with 91 individuals (47%), followed by the married group – 81 (42%). The ranking of the survey participants by professional category is shown in Figure 1.

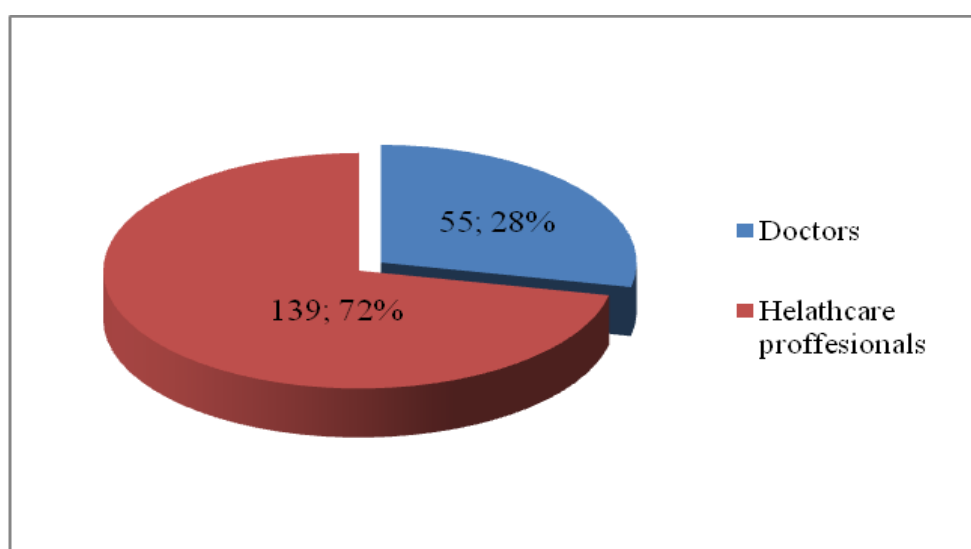


Figure 1. Distribution of healthcare professionals by professional category

Figure 2 shows the distribution of the surveyed contingent by age group. It is clear from it that the largest number of persons is 64 (33%) from the age group 20-30 years, followed by the share of health personnel aged 31-40 years – 51 persons (26%), and the smallest number is persons over 61 years – 10 persons (5%).

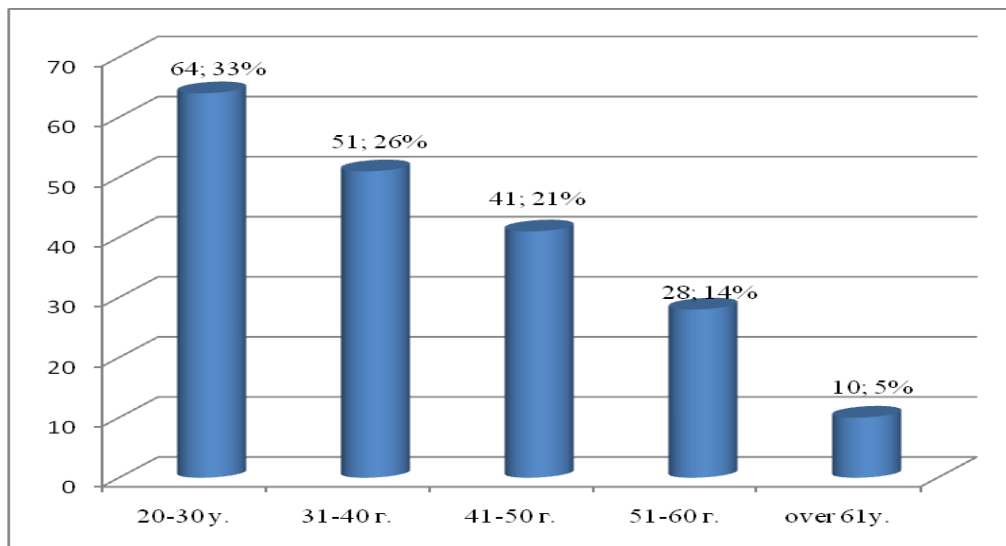


Figure 2. Distribution of healthcare professionals by age group

The distribution of respondents by years of work experience is shown in Figure 3.

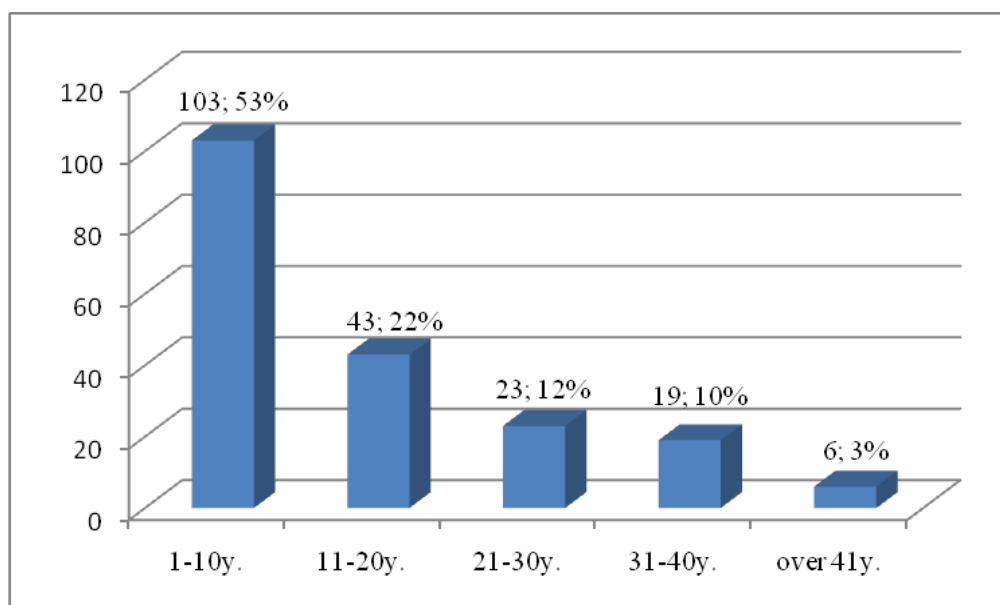


Figure 3. Distribution of healthcare professionals by length of service

A larger number of participants, 111 (57%) work in a public hospital, and 82 (42%) in a private one, with 127 health professionals (66%) employed at the University Multiprofile Hospital for active Treatment, and 67 individuals (34%) – at the Multiprofile Hospital for active Treatment.

According to educational and qualification level, the largest number of health professionals is Bachelor of Health Care 106 (55%), followed by Master of Medicine – 55 (28%), with 171 individuals (88%) being ordinary employees,

23 (12%) holding a managerial position, and 66 respondents (34%) having a professional specialty.

Economic characteristics

For two-thirds of healthcare professionals, their monthly income is their main source of income (Figure 4), and a significant portion of them define it as average. In the same way, they also assess the well-being of the family, which includes a set of social, economic, psychological, spiritual and health aspects (Figure 5).

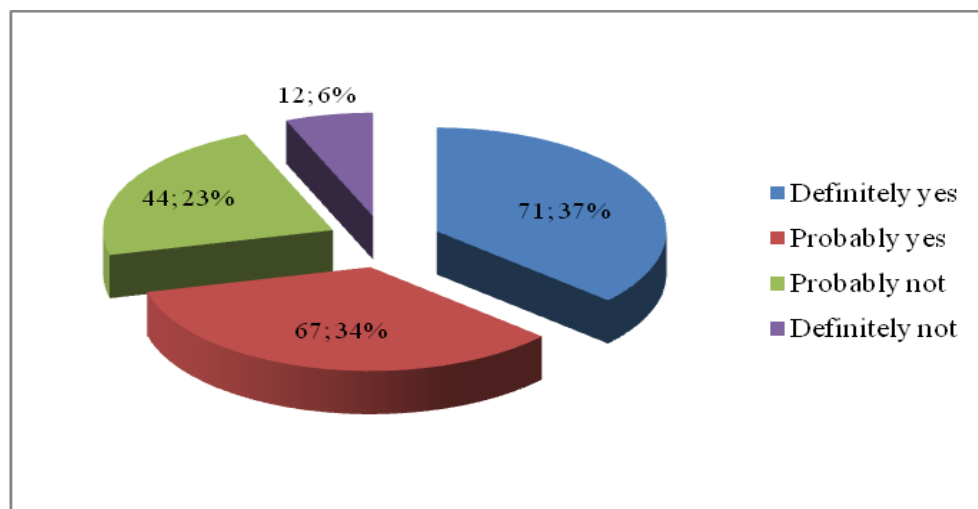


Figure 4. Distribution of answers to the question: "Is your income the main source of funds for your family?"

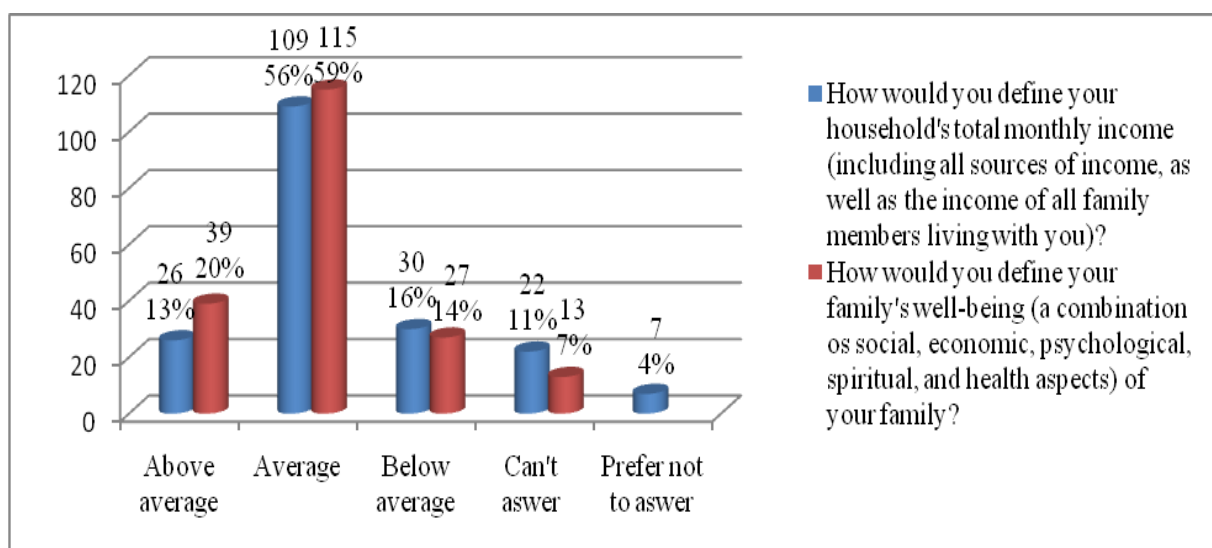


Figure 5. Distribution in terms of monthly income and well-being

Environmental characteristics

The opinion of healthcare professionals regarding the intensity and urgency of work, the risk to patients' lives and their level of professional stress was studied. The study found that according to 187 (96%) of the respondents, the degree of urgency of work is high and only 7 (4%) define it as moderate. High levels are also indicated by the intensity of work (Figure 6).

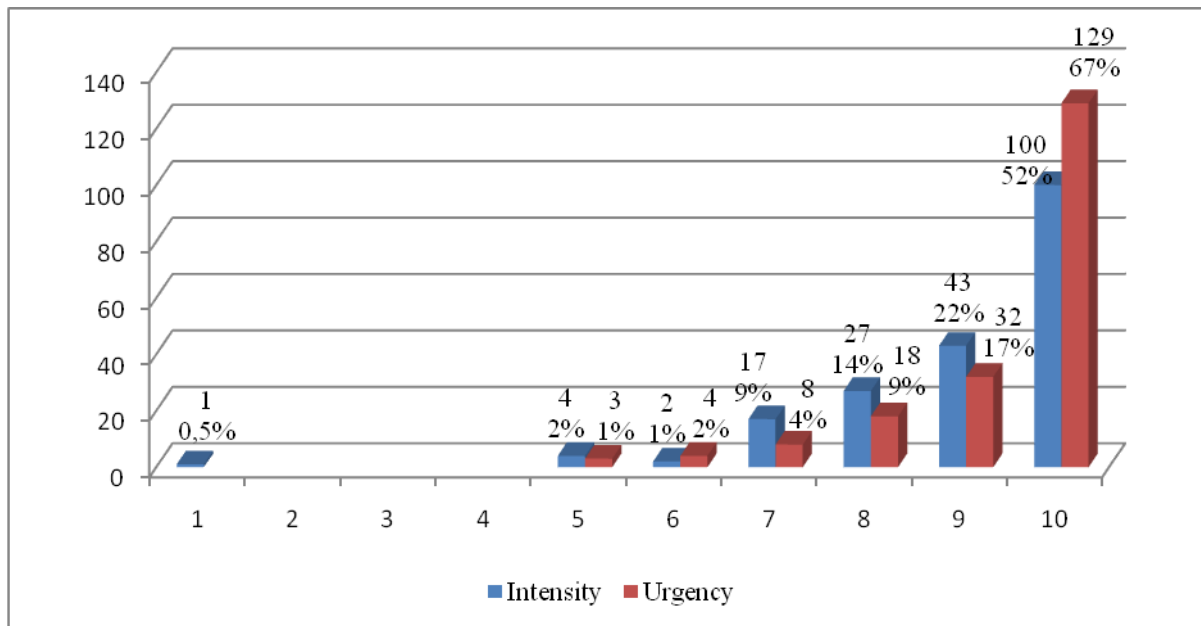


Figure 6. Distribution in terms of intensity and urgency of work

The majority of surveyed healthcare professionals working in intensive care units rated the risk to the lives of patients in the ward as very high - 138 (71%). They rated it with the highest possible coefficient - 10, 27 people (14%) rated it with a score of 9, and 14 respondents (7%) - with 8 (Figure 7).

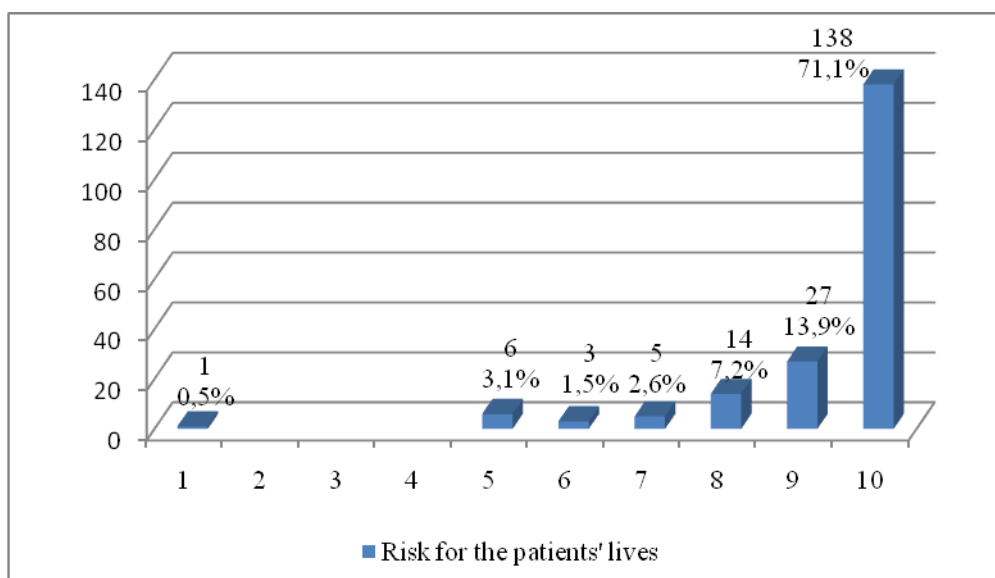


Figure 7. Distribution in terms of risk to patients' lives

The study found that there were no significant differences (regardless of the ownership of the medical facility) in the levels of intensity, urgency of work, risk to the patient's life, and occupational stress (table 2).

Table 2. Distribution of levels of: work intensity, work urgency, risk to patient's life, professional stress – in numbers and %

Level	Work intensity		Work Urgency		Risk to Patient's Life		Occupational Stress	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Low	1	0,5%			1	0,5%	5	3%
Moderate	6	3%	7	3%	9	4,6%	20	10%
High	187	96%	187	96%	184	94,8%	169	87%

Dependencies between socio-demographic, economic and environmental characteristics

Married and single people rate the urgency of the work they do more highly, which in turn indicates a higher degree of self-organization and responsibility (Figure 8).

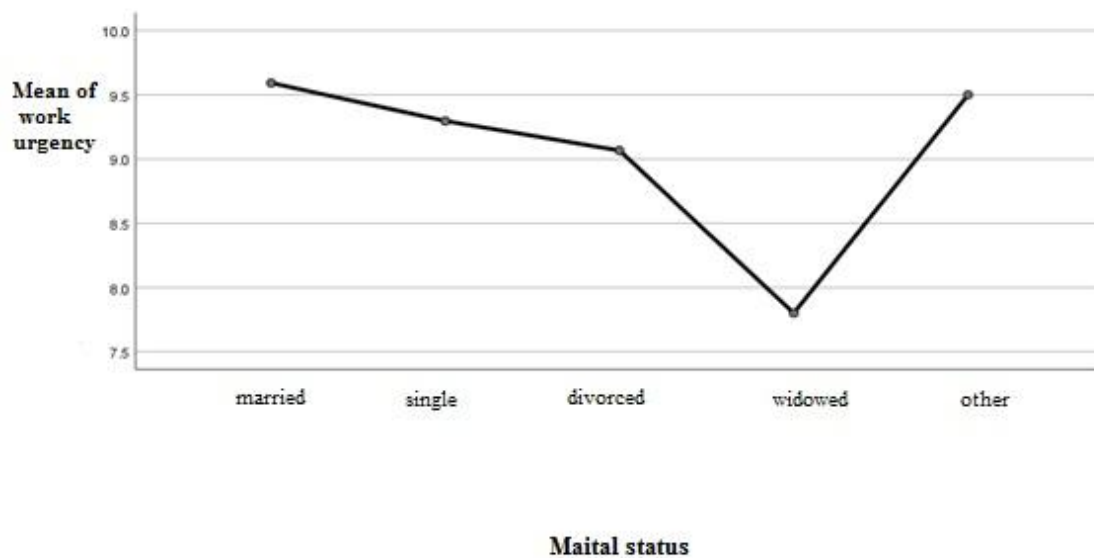


Figure 8. Relationship between marital status and work urgency

Employees who have lost a partner in their life perceive risk episodes related to the patient's life to a lower degree (Figure 9).

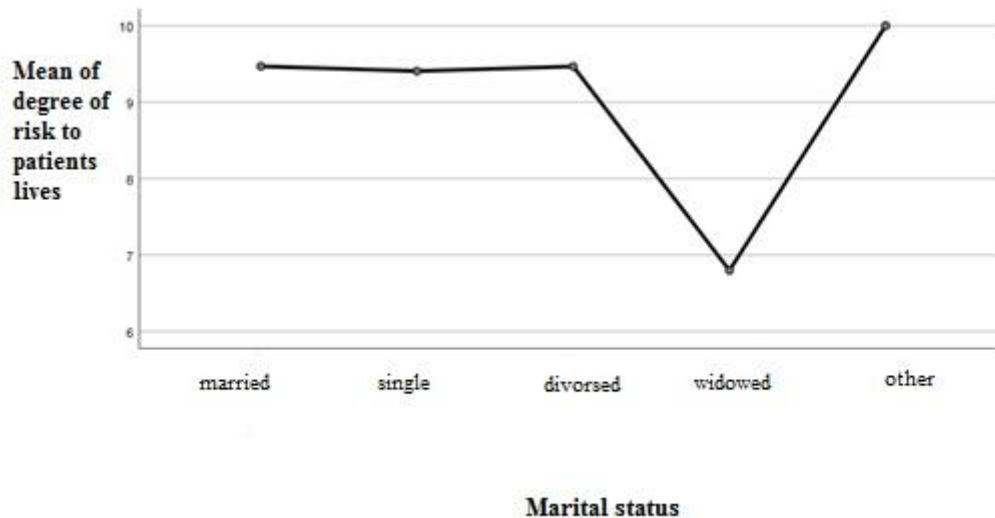


Figure 9. Relationship between marital status and degree of risk to the lives of patients in the ward

Regarding professional stress, the analysis found that the divorced group had the most difficulty experiencing stress, followed by the married group (Figure 10).



Figure 10. Relationship between marital status and professional stress

A statistically significant difference in the level of occupational stress between the groups formed by educational qualification level (ECL) was established by one-way analysis of variance (ANOVA) ($F=4.043$; $p=0.008$). The highest mean values of occupational stress were observed in healthcare professionals with a Bachelor's degree ($M=9.12$), followed by masters in health care ($M=9.00$).

The results obtained show the presence of a statistically significant relationship between educational level and professional stress, with the calculated effect size ($\eta^2=0.060$) indicating a moderate strength of the relationship.

A statistically significant difference was also found for the indicator "urgency of work" and the type of medical institution (UMHAT; MHAT), the difference was verified by a t-test for independent samples ($t=-2.269$, $df=192$, $p \leq 0.024$). Health professionals at UMHAT show lower average levels of urgency of work ($M=9.24$), compared to those working at MHAT ($M=9.61$).

Dependencies and Summaries:

The results of the survey revealed statistically significant differences between the groups formed according to family status and a number of work-related factors - urgency of work ($F(4,189)=3.939$; $p=0.004$), degree of risk to

patients' lives ($F(4,189)=5,554$; $p<0,001$) and level of professional stress ($F(4,189)=2,920$; $p=0,022$).

The group of individuals with a family status of "family" reported higher levels of perceived urgency of work (Figure 19), as well as higher assessments of the risk to the lives of patients in the ward in which they work (Figure 9).

Regarding professional stress, higher levels are found among individuals with a marital status of "divorced" (Figure 10). Within the framework of the study, this can be associated with the accumulation of additional personal and financial commitments, as well as with increased uncertainty and sensitivity to organizational changes in the work environment.

2.2. ANALYSIS AND DISCUSSION OF THE RESULTS OF THE METHODOLOGIES USED

2.2.1. Analysis and discussion of the results of the "Job Satisfaction" survey

In this survey, job satisfaction was examined in several areas:

- pay/remuneration;
- organization and content of work;
- task performance;
- workplace relationships;
- continuation of education;
- management style;
- moral satisfaction;
- workplace safety.

The satisfaction of healthcare professionals working in the ICU with the results in general and with their direct supervisor was also studied. The presence or absence of a relationship between the above factors and overall satisfaction was analyzed.

Pay

When analyzing the results of the survey on satisfaction with work remuneration, it was found that the surveyed healthcare professionals were *mostly dissatisfied with their remuneration* – 191 (98.5%) (Figure 11).

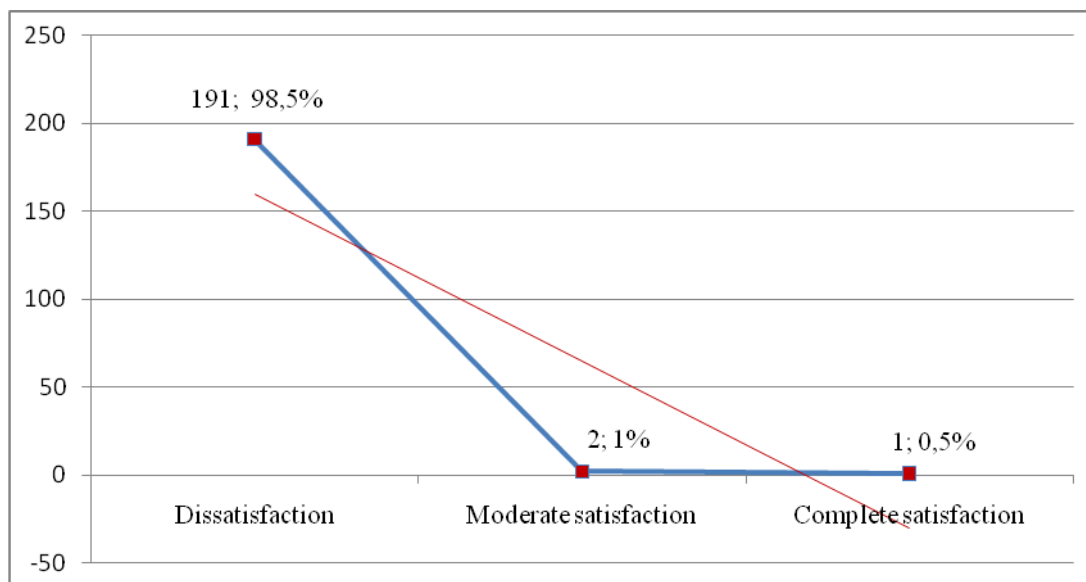


Figure 11. Satisfaction with pay - in cash and relative share

No statistically significant relationship was found between pay and job satisfaction ($\chi^2 = 5.584$; $df = 8$; Cramer's $V = 0.150$; $p = 0.694$).

However, there is **a statistically significant difference in satisfaction with work pay between men and women** ($t = -2.791$; $df = 192$; $p = 0.006$). Women demonstrate lower levels of satisfaction ($M = 1.89$; $SD = 1.50$; $n = 147$) than men ($M = 3.11$; $SD = 4.59$; $n = 47$). The difference shows that men value their pay more highly, but with significantly greater variability.

Organization and content of the work

The analysis of the results shows that a large proportion of the respondents are relatively satisfied with their workload at work.

According to the data, 72 respondents (37.1%) express moderate satisfaction with workload at work, followed by quite satisfied – 44 (22.7%). Only 16 people (8.2%) are completely satisfied, and the groups of “little satisfied” and “dissatisfied” include 31 people (16%) of the respondents.

The summarized analysis shows that healthcare professionals have a high level of satisfaction with the organization and content of their work (table 3).

Table 3. Levels of satisfaction with the organization and job content

	Frequency	Percent	Valid Percent	Cumulative Percent
Dissatisfied	9	4,6	4,6	4,6
Moderately satisfied	80	41,2	41,2	45,9
Fully satisfied	105	54,1	54,1	100,0
Total	194	100,0	100,0	

Task execution

A statistically significant relationship was found between task performance and job satisfaction ($\chi^2=72.747$; $df=8$; Cramer's $V=0.433$; $p<.000$), with the results showing a moderately strong effect of task performance on the level of professional satisfaction.

The analysis of the results found that 60 individuals (31%) of the surveyed healthcare professionals were quite satisfied with performing various tasks, followed by completely satisfied – 51 (26%) and moderately satisfied – 49 (25%) (table 4).

Table 4. Satisfaction with performing a variety of tasks

	Frequency	Percent	Valid Percent	Cumulative Percent
Dissatisfied	6	3,1	3,1	3,1
Slightly satisfied	28	14,4	14,4	17,5
Moderately satisfied	49	25,3	25,3	42,8
Very satisfied	60	30,9	30,9	73,7
Fully satisfied	51	26,3	26,3	100,0
Total	194	100,0	100,0	

The results of the correlation analysis show significant positive relationships between the different aspects of job satisfaction (Table 5).

In summary, the results show that all examined indicators of job satisfaction are positively correlated, with the strongest correlations observed between task variety, degree of professional responsibility and range of tasks according to the job description. Lower, but still significant, are the correlations with professional standards. (Values of $r \geq 0.60$ are interpreted as high correlation, $r=0.40-0.59$ – as moderate, and values below 0.40 – as weak).

Table 5. Correlation of satisfaction with task performance (■ - high; ■ - moderate; ■ - significant)

	Diverse tasks	Correspondence between tasks and skills	Degree of professional responsibility	Tasks according to job description	Professional standards
Diverse tasks	1				
Correspondence between tasks and skills	0,593001	1			
Degree of professional responsibility	0,639729	0,698593	1		
Tasks according to job description	0,650108	0,572465	0,653892	1	
Professional standards	0,401524	0,429811	0,470875	0,508382	1

Another element of satisfaction subject to this study is satisfaction with the immediate supervisor (Figure 12). The results obtained show that healthcare specialists working in intensive care clinics/wards are mostly completely satisfied with their immediate supervisor - 79 people (41%), 58 people (30%) are quite satisfied, and 35 people (18%) are moderately satisfied. Only 11 people (6%) are dissatisfied. There is no difference in the ranking of satisfaction with the immediate supervisor and by professional category.

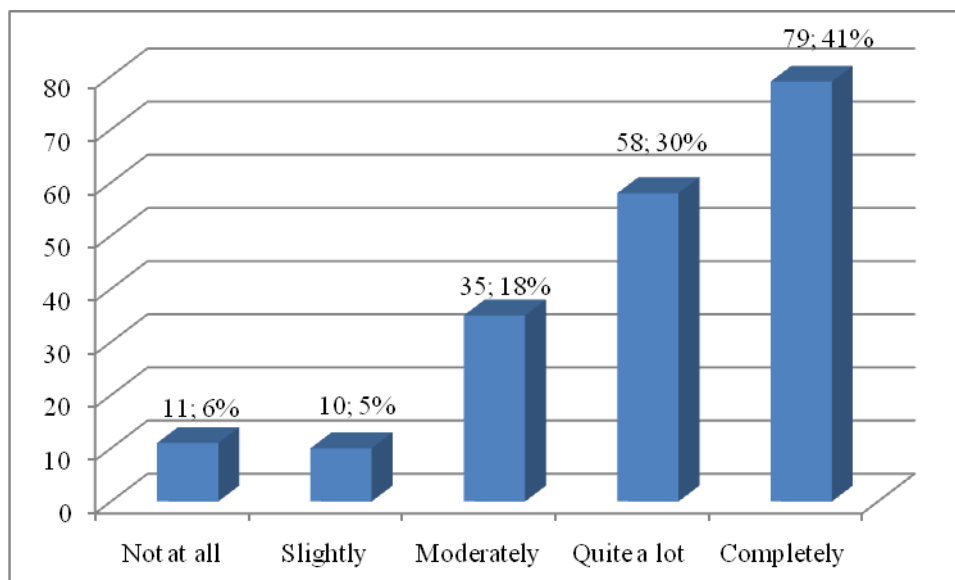


Figure 12. Distribution of satisfaction with the immediate supervisor

Workplace relationships are among the factors that have a statistically significant impact on job satisfaction among healthcare professionals (Pearson's

R=0.625, p=.000). The results show that, overall, respondents demonstrate a high degree of satisfaction with workplace relationships (table 6).

Table 6. Satisfaction with workplace relationships – in numbers and relative share

	Frequency	Percent	Valid Percent	Cumulative Percent
Dissatisfied	13	6,7	6,7	6,7
Moderately satisfied	78	40,2	40,2	46,9
Fully satisfied	103	53,1	53,1	100,0
Total	194	100,0	100,0	

It is interesting to note that almost equal shares of respondents stated complete satisfaction with both the attitude of managers towards employees and the assessment of their work by their direct supervisor. The share of those dissatisfied with the individual indicators is low - 10 people (4%), while those slightly satisfied range between 18 (9%) and 23 (12%) (Figure 13).

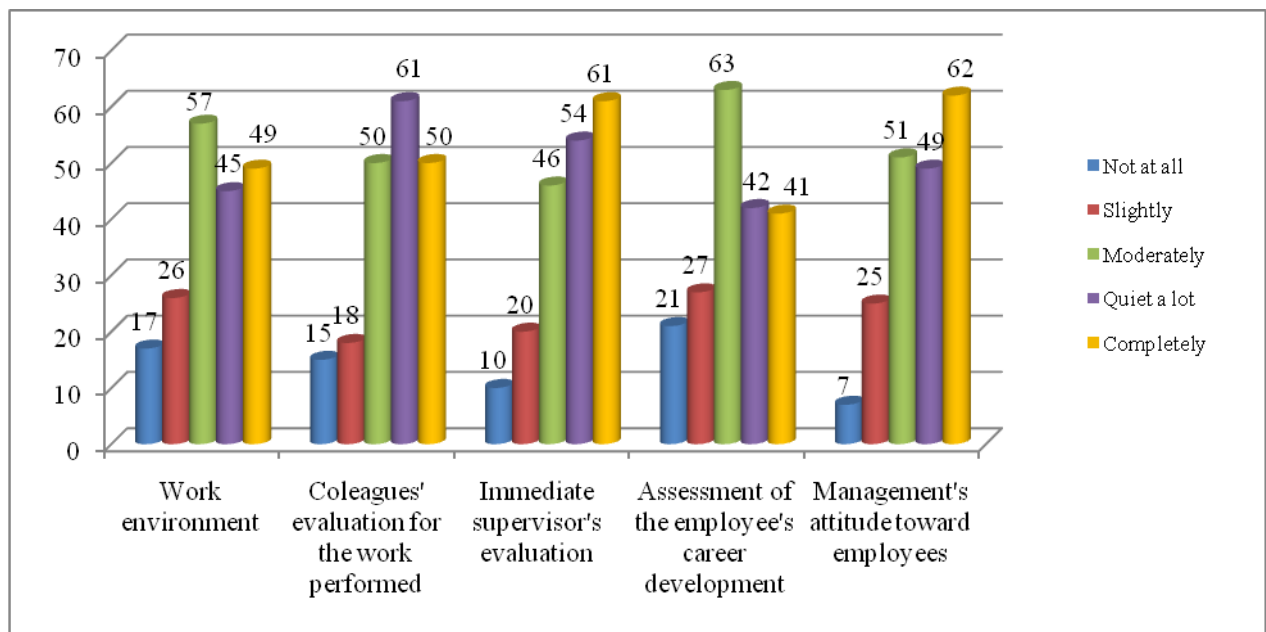


Figure 13. Distribution of satisfaction with workplace relationships

The study found a strong **statistically significant correlation between workplace relationships and job satisfaction** ($\chi^2=133.554$; df=8; Cramer's V=0.587; p=0.000).

Ongoing education

The analysis of the results shows that a significant portion of the surveyed healthcare workers are completely satisfied with the knowledge and skills they receive from their direct supervisor – 76 individuals (39.2%). Regarding the correspondence of the training and qualification proposals to their needs, the share of moderately satisfied people prevails - 65 people (33.5%). A similar trend is observed regarding the possibility of applying the acquired knowledge and skills in practice - 63 people (32.5%), as well as regarding the way in which employees are selected to participate in qualification training - 58 people (30%). The results show that almost an equal number of respondents are quite satisfied - 55 people (28.4%) and moderately satisfied - 53 people (27.3%) with the possibility of applying the knowledge and skills acquired from additional training in practice. The share of dissatisfied people on all considered indicators remains low, which testifies to the overall positive assessment of the processes related to continuing education (Figure 14).

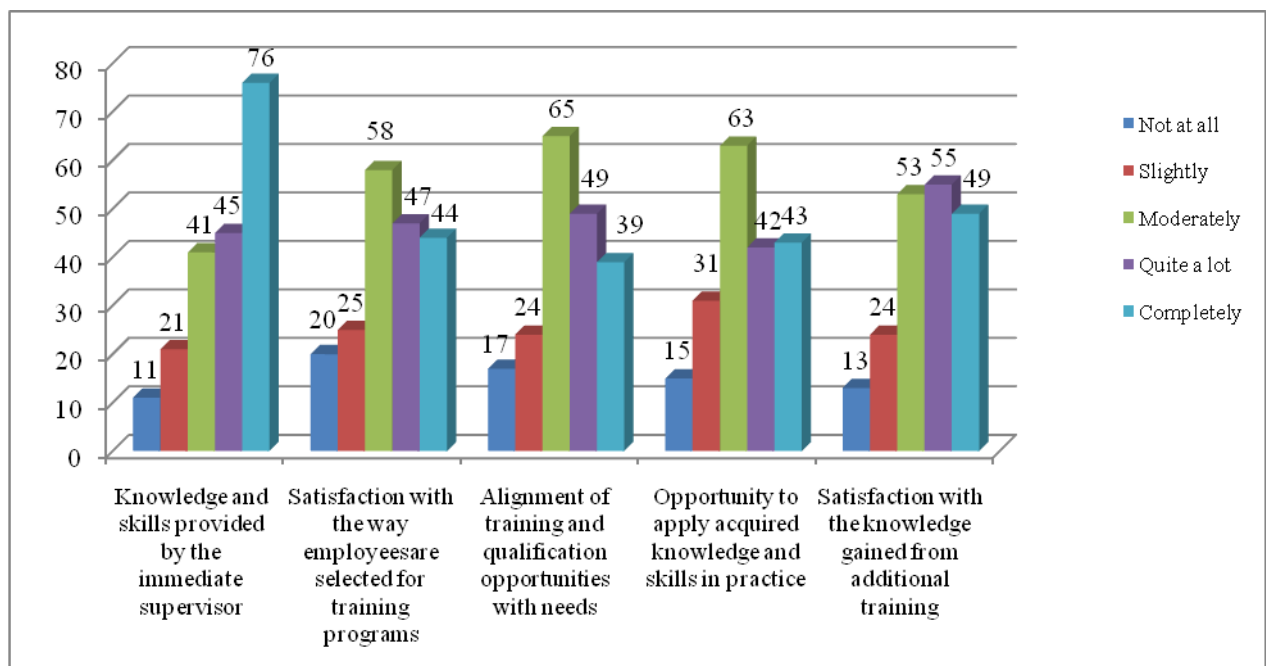


Figure 14. Distribution of response results for satisfaction with continuing education

Management style

When interpreting the results, **a moderate statistically significant relationship was found between job satisfaction and management style** ($\chi^2=61.404$; $df=8$; Cramer's $V=0.398$; $p=0.000$) (Table 7). The obtained Cramer's V value indicates a moderate strength of the relationship, which indicates that management style has a significant, although not dominant, influence on the level of professional satisfaction among healthcare professionals in intensive care clinics/wards.

Table 7. Correlation of the relationship between job satisfaction and management style

	Value	Asymptotic Standard Error ^a	Approximate T ^b	Approximate Significance
Phi	0,563			0,000
V	0,398			0,000
Pearson's R	0,488	0,057	7,740	.000 ^c
Spearman Correlation	0,517	0,057	8,366	.000 ^c
	194			

A moderate positive correlation was found between job satisfaction and management style, measured by Pearson's R coefficient ($r=0.488$; $p=.000$), as well as by Spearman's coefficient ($r=0.517$; $p=.000$). The obtained values show consistency between the statistical methods used and reinforce the reliability of the results.

Moral satisfaction

The results of the study show that the majority of the surveyed healthcare professionals demonstrate a high level of moral satisfaction with their work. 139 people (71.6%) stated complete satisfaction, 48 people (24.7%) stated moderate satisfaction, and 7 people (3.6%) were dissatisfied (table 8).

Table 8. Distribution of moral satisfaction levels

Нива	Брой	Относителен дял %
Low satisfaction	7	3,6
Moderate satisfaction	48	24,7
Full satisfaction	139	71,6

The analysis conducted for the presence or absence of a statistically significant relationship established the existence of a **moderate statistically significant relationship** between overall professional satisfaction and moral job satisfaction ($\chi^2=73.848$; $df=8$; Cramer's $V=0.436$; $p=0.000$). The obtained value of Cramer's V shows that moral satisfaction is an essential element of the overall professional satisfaction of healthcare professionals.

Security

The summarized results show that over half of the surveyed healthcare professionals - 102 individuals (52.6%) feel safe at work. Moderate satisfaction is registered by 87 individuals (44.8%), and the share of individuals with low satisfaction remains minimal - 5 individuals (2.6%) (Table 9).

Table 9. Levels of satisfaction with job security – in numbers and relative share

	Frequency	Percent	Valid Percent	Cumulative Percent
Low satisfaction	5	2,6	2,6	2,6
Moderate satisfaction	87	44,8	44,8	47,4
Full satisfaction	102	52,6	52,6	100,0
Total	194	100,0	100,0	

The analysis of the individual indicators shows that the highest level of satisfaction is reported with regard to the regularity of the salary, with 86 individuals (44.3%) being completely satisfied with this aspect.

The study also analyzed overall job satisfaction among healthcare professionals from intensive care clinics/wards (table 10).

Table 10. Overall satisfaction – in number and relative share

	Frequency	Percent	Valid Percent	Cumulative Percent
Dissatisfied	6	3,1	3,1	3,1
Slightly satisfied	8	4,1	4,1	7,2
Moderately satisfied	63	32,5	32,5	39,7
Very satisfied	81	41,8	41,8	81,4
Fully satisfied	36	18,6	18,6	100,0
Total	194	100,0	100,0	

In order to establish the relative importance and influence of factors influencing professional satisfaction, healthcare professionals were asked to rank the main indicators related to job satisfaction in terms of importance from 1 to 5. The analysis of the results showed that the respondents ranked salary as the primary factor for job satisfaction - 47 people (26%) (table 11).

Table 11. Ranking by degree of importance of factors determining job satisfaction according to healthcare professionals

№	Factor	Count(n)	Relative share
1	Remuneration	47	26%
2	Security	38	21%
3	Management style	25	14%
4	Organization and job contrnt	24	13%
5	Task performance	14	8%

*The sum of % is less than 100% because the sample shows the significance of the factor. Respondents gave more than one answer.

Dependencies and summaries

The summarized analysis of the results regarding remuneration shows that healthcare professionals are generally dissatisfied with the level of pay (Figure 11). The highest level of dissatisfaction is related to the discrepancy between the amount of remuneration and the difficulty of the tasks performed and the professional responsibilities undertaken.

Despite the reported low levels of satisfaction with pay, no statistically significant relationship was found between pay and overall job satisfaction (Pearson's $R=-0.024$, $p=.743$). However, the analysis of demographic characteristics revealed a statistically significant relationship between gender and satisfaction with pay ($\chi^2 =22.49$; $df=5$; Cramer's $V=0.340$; $p=0.004$). Women demonstrated lower levels of satisfaction with pay compared to men (women: 1.89 ± 0.124 ; men: 3.11 ± 0.669).

The analysis of the results revealed a statistically significant relationship between overall job satisfaction and the organization and content of work ($\chi^2 =73.32$; $df=8$; Cramer's $V=0.434$; $p=0.000$).

Task performance has a significant impact on overall job satisfaction (Pearson's $R=0.419$; $p=.000$). The analysis of the data shows that the largest

share of healthcare professionals are completely satisfied with the observance of professional standards in the performance of assigned tasks - 83 individuals (43%), followed by those who are completely satisfied with the quality of their own work - 71 individuals (37%).

The summarized analysis of the results shows that workplace relationships have a significant and statistically significant impact on overall job satisfaction. Of the indicators studied, the most important for the respondents were the immediate supervisor's assessment of the work performed (Pearson's $R=0.543$; $p=.000$) and the managers' attitude towards the activity (Pearson's $R=0.485$; $p=.000$).

On going education also has a statistically significant impact on overall job satisfaction (Pearson's $R=0.535$; $p=.000$). Regardless of the type of healthcare facility (public or private), healthcare professionals are mostly completely and moderately satisfied with the opportunities for continuing education, with the share of those who are not satisfied remaining minimal.

Regarding management style, the most significant factor influencing satisfaction with it is the provision of timely and adequate feedback from the manager on the work performed in the unit (Pearson, $s=0.574$; $p=.000$), followed by transparency in the management of financial resources (Pearson, $s=0.490$; $p=.000$).

2.2.2. Analysis and discussion of survey results

"Alienation from work"

The summarized analysis of the results establishes that the majority of the surveyed individuals (84.5%) experience no work alienation. 7.7% of the respondents experience a clear progression of work alienation, and only 7.2% of healthcare professionals exhibit pronounced levels of work alienation (Figure 15).

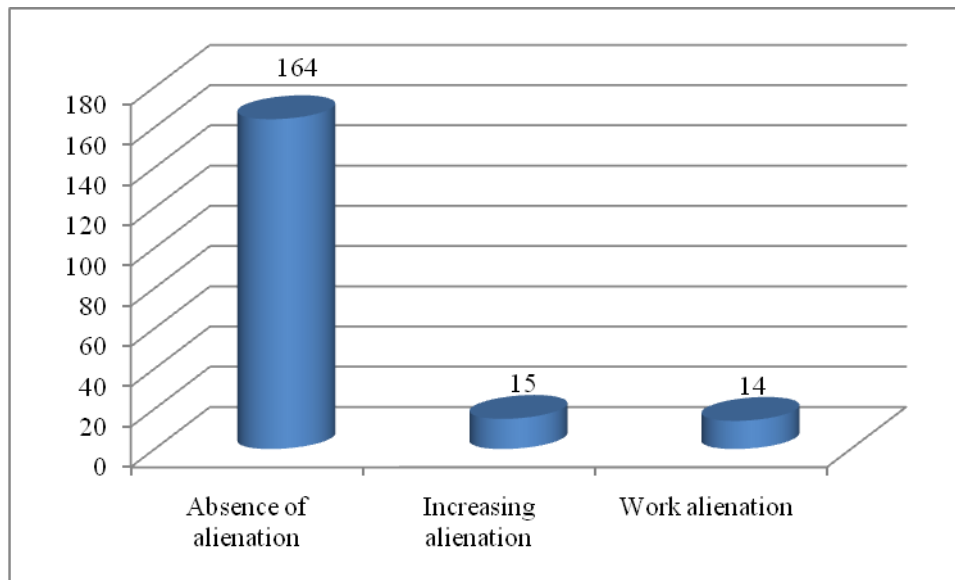


Figure 15. Levels of work alienation

The comparative analysis does not reveal significant differences in the levels of work alienation among the surveyed individuals by professional category (table 12).

Table 12. Levels of work alienation by professional category – in numbers and relative share

		Doctors		HCPs	
Levels		Count	Relative share	Count	Relative share
Level 1	Absence of alienation	42	76%	111	80%
Level 2	Clear progression towards alienation	8	15%	11	8%
Level 3	Work alienation	5	9%	17	12%

Unlike professional affiliation, educational level appears to be a factor associated with statistically significant differences in the mean values of work alienation. Health professionals with a bachelor's and master's degree in medicine demonstrate low levels of alienation, while those with a post-secondary education tend to have higher values and a clear progression of work alienation (Figure 16).

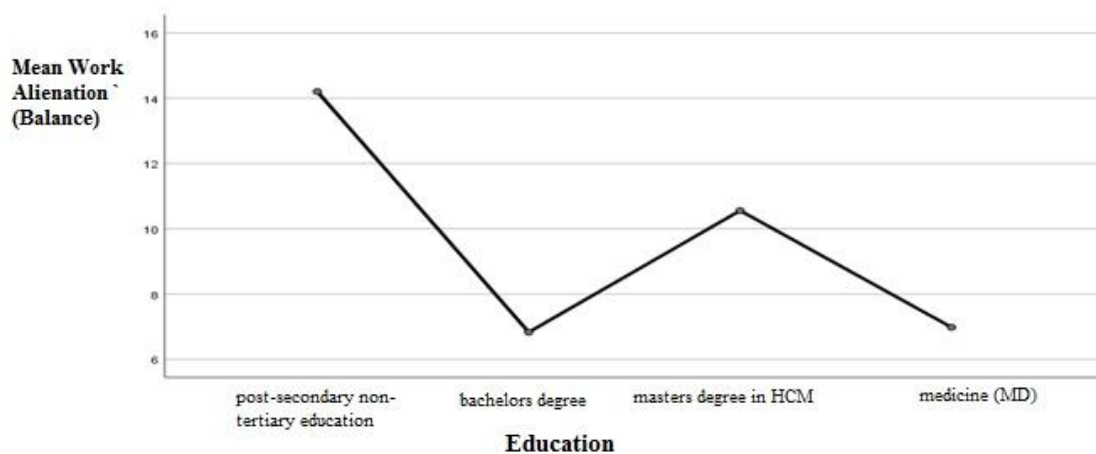


Figure 16. Dependence on education and alienation from work

2.2.3. Analysis and discussion of the results of the "Long-term motivation" survey

The analysis of the results shows that 143 (73.7%) of the respondents had an average level of long-term motivation. A high level of motivation was reported in 27 individuals (13.6%), while an absence of motivation was registered in 23 respondents (11.9%) (Figure 17).

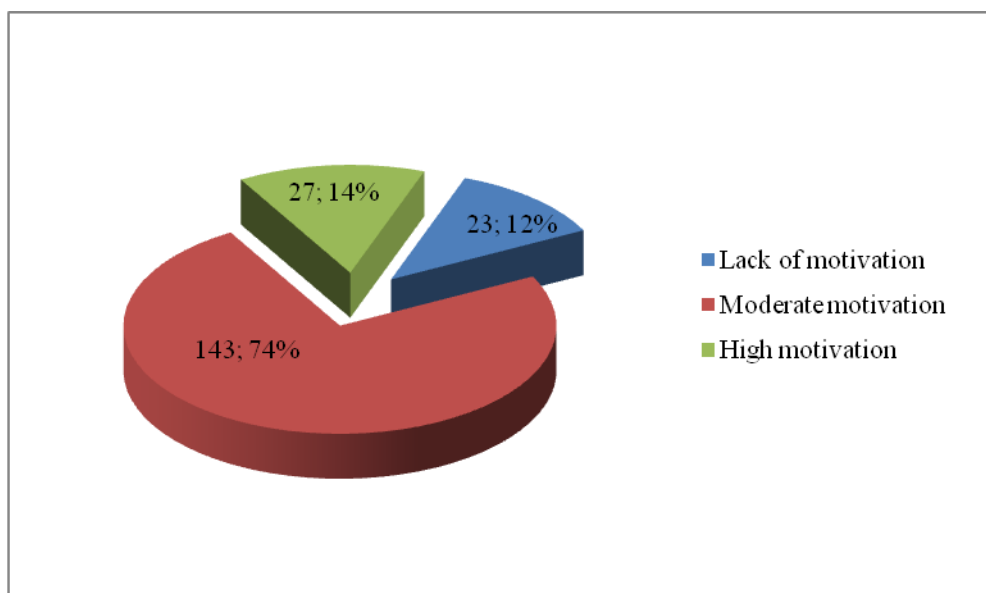


Figure 17. Distribution of results by levels of long-term motivation

The summarized analysis of the results shows that there is a difference in the levels of long-term motivation by professional category. For the majority of

SZG 80 (58%) an average level of long-term motivation is registered, and for 53 (38%) a high level.

Among physicians, 28 (51%) demonstrate a high level of long-term motivation, and 24 (44%) - an average level. For both groups, the proportion of respondents who show an absence of long-term motivation is insignificant (SZG 4%; physicians 5%).

In summary, the majority of healthcare professionals exhibit an average level of long-term motivation, suggesting stable but not maximally sustainable motivational engagement.

High levels of long-term motivation are concentrated mainly among physicians, while HCP demonstrate more variability, with trends towards average levels and positive expectations for the future.

2.2.4. Analysis and discussion of the results of the "Colleague Satisfaction" survey

Satisfaction with colleagues is analyzed in three areas - work relationships, support from colleagues, and trust from colleagues.

The analysis of the results shows that 116 people (60%) of the respondents are completely satisfied with the work relations at the workplace. Full support and trust from colleagues are declared by 99 respondents (51%).

A statistically significant relationship was found between satisfaction with relationships with colleagues in general and overall job satisfaction ($\chi^2=105.049$; $df=16$; Cramer's $V=0.368$; $p=0.000$). The value of the Cramer's V coefficient indicates a medium-strength relationship between the variables under consideration, which confirms the significant role of collegial relationships for professional satisfaction.

When analyzing the results of satisfaction with colleagues by professional category, no statistically significant difference was found ($t=-0.050$; $df=192$; $p=0.960$). The mean values are practically identical – $M=3.68$ ($SD=0.96$; $n=139$)

for HCPs and $M=3.69$ ($SD=0.86$; $n=55$) for doctors. This shows that the professional category does not affect satisfaction with collegial relations.

Dependencies and generalizations

The summarized analyses of the data from the "Job Alienation" test show that job alienation does not have a significant impact on overall job satisfaction ($\chi^2=12.160$; $df=8$; Cramer's $V=0.177$; $p=0.144$).

No statistically significant correlation was found between work alienation and the following factors: remuneration (Pearson's $R=0.050$, $p=.492$), work organization and content (Pearson's $R=-0.076$, $p=.294$), task performance (Pearson's $R=-0.104$, $p=.480$), workplace relationships, continuing education (Pearson's $R=-0.133$, $p=.033$), management style and job security. A weak but statistically significant negative correlation was found between moral satisfaction and work alienation (Pearson's $R=-0.200$, $p=.005$).

No statistically significant relationship was found between long-term motivation and overall job satisfaction ($\chi^2=12.678$; $df=8$; Cramer's $V=0.181$; $p=0.123$).

Satisfaction with colleagues emerged as a significant factor correlating with job satisfaction (Pearson's $R=0.540$, $p=.000$). Statistically significant positive relationships were found between overall job satisfaction and working relationships with colleagues (Pearson's $R=0.549$, $p=.000$), trust between colleagues (Pearson's $R=0.519$, $p=.000$) and support from colleagues (Pearson's $R=0.496$, $p=.000$).

2.3. COMPARATIVE ANALYSIS OF THE RESULTS AND STATISTICAL DEPENDENCIES BETWEEN THE METHODOLOGIES USED

2.3.1. Relationships between overall job satisfaction and socio-demographic, economic and environmental characteristics

No statistically significant relationship was found between gender and overall job satisfaction ($\chi^2=3.460$; $df=4$; Cramer's $V=0.134$; $p=0.484$).

However, the average values show a trend towards lower satisfaction among women (M=3.62) compared to men (M=3.9), without this difference reaching statistical significance.

In terms of age, there is a trend towards higher levels of satisfaction in the younger age groups (20-30 years and 31-40 years), where the answers "quite satisfied" predominate.

Despite this trend, **no statistically significant relationship was found between age and overall job satisfaction.** ($\chi^2 = 21.498$; df=16; Cramer's V=0.166; p=0,160). However, correlation analysis shows a weak but statistically significant negative correlation between age and job satisfaction. (Pearson's R=-0,1357; p=0,04).

A similar dependence is also observed in terms of work experience. The general analysis shows that with increasing length of service, there is a tendency for job satisfaction to decrease (Figure 18).

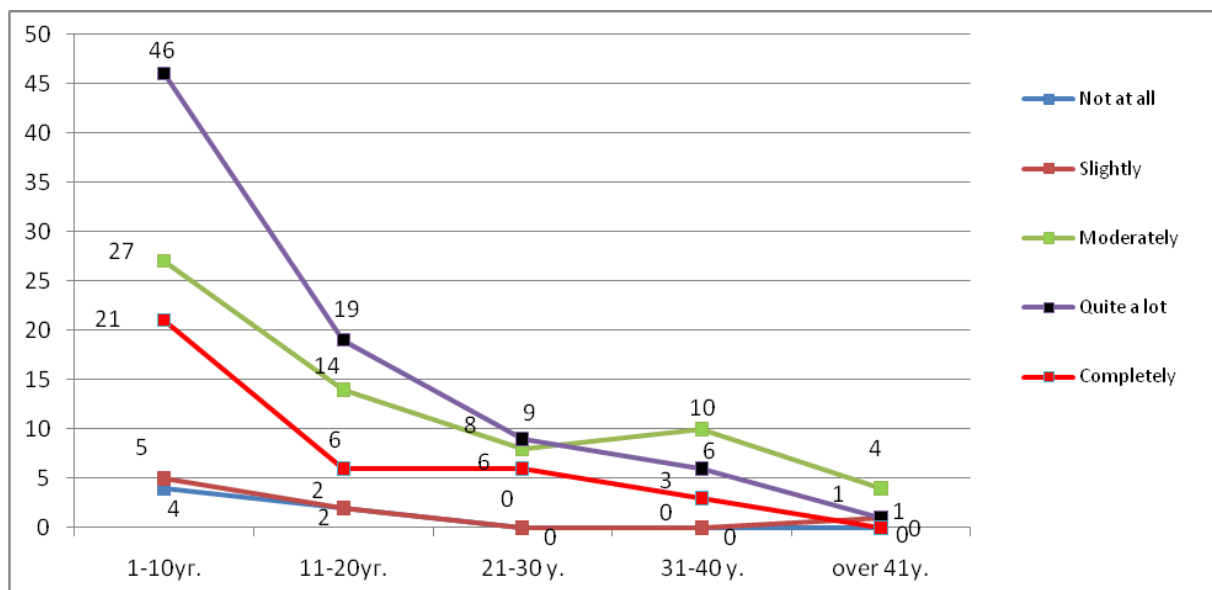


Figure 18. Job satisfaction among healthcare professionals according to length of service

A weak but **statistically significant relationship was found between overall job satisfaction and monthly income.** ($\chi^2 = 33.398$; df=16; Cramer's V=0.207; p=0,007). Overall, 81 individuals (42%) are quite satisfied with their monthly income, 63 individuals (33%) - moderately satisfied, and 36 (18%) - completely satisfied.

The study also found a **weak statistical relationship between well-being and job satisfaction**. ($\chi^2=29.498$; $df=12$; Cramer's $V=0,225$; $p=0.003$).

The type of medical institution they work in (UMBAT or MHAT) also has an impact on job satisfaction. The frequency distribution shows that in both types of medical institutions, the majority of people are quite satisfied with their work, followed by those who are moderately and completely satisfied (Table 13).

Table 13. Frequency distribution by satisfaction with the work and type of medical institution (UMHAT, MHAT)

Type of healthcare facility		Job Satisfaction					
		Not at all	Slightly	Moderately	Very	Fully	
UMHAT	Count	1	3	43	54	26	127
	% within Healthcare facility	0,8%	2,4%	33,9%	42,5%	20,5%	100,0%
	% within Overall job satisfaction	16,7%	37,5%	68,3%	66,7%	72,2%	65,5%
MHAT	Count	5	5	20	27	10	67
	% within Лечебното заведение, в което работите	7,5%	7,5%	29,9%	40,3%	14,9%	100,0%
	% within Overall job satisfaction	83,3%	62,5%	31,7%	33,3%	27,8%	34,5%
	Count	6	8	63	81	36	194
	% within Healthcare facility	3,1%	4,1%	32,5%	41,8%	18,6%	100,0%
	% within Overall job satisfaction	100,0%	100,0%	100,0%	100,0%	100,0%	100,0%

However, the intragroup analysis shows that healthcare workers working at UMHAT demonstrate higher levels of job satisfaction compared to those working at MHAT. This explains the established **statistically significant relationship between the type of medical institution (UMHAT; MHAT) and job satisfaction**. ($\chi^2=10.082$; $df=4$; Cramer's $V=0.228$; $p=0,039$).

Additionally, a **weak statistically significant relationship was found between ownership of the medical facility and job satisfaction**. ($\chi^2=16.383$; $df=8$; Cramer's $V=0.205$; $p=0,037$). Health professionals working in private

hospitals show a higher share of complete satisfaction compared to those working in public hospitals.

Dependencies and summaries

The summarized data of the analysis show that **job satisfaction varies depending on the type and ownership of the medical facility**, with higher levels being registered among public specialists working in private medical facilities.

Monthly income (p=.007) and family well-being (p=0.003) have a statistically significant impact on overall job satisfaction, with their increases leading to higher levels of satisfaction.

Despite the high levels of intensity, urgency of work, professional stress and risk to patients' lives, characteristic of work in ICU, **no statistically significant relationship was found** between job satisfaction and intensity. ($\chi^2=6.089$; df=8; Cramer's V=0.125; p=0,234), the urgency of the work ($\chi^2=5,567$; df=4; Cramer's V=0.169; p=0,637), professional stress ($\chi^2=9,432$; df=8; Cramer's V=0.156; p=0,307) and risk for the patients' life ($\chi^2=4,715$; df=8; Cramer's V=0.110; p=0,788).

The aggregated data from the analysis found that **gender did not affect job satisfaction**. (Pearson's R=0,127; p=.077).

2.3.2.Comparative analysis of results and statistical dependencies by professional categories

The comparative analysis between the two surveyed professional groups – physicians and healthcare professionals – was conducted using a t-test for independent samples. Levene's test was previously applied to check the homogeneity of variances. Differences were considered statistically significant at a significance level of $p < 0.05$.

The analysis of the results revealed that there was **no difference in satisfaction with pay** in the two groups of surveyed healthcare professionals

($t(192) = -1.867$; $p=0.063$), although there was a trend towards higher average values among doctors.

Doctors are mostly moderately satisfied with their salary overall - 21 individuals (38%). 22 doctors (40%) claim that their remuneration is moderately commensurate with the responsibility of the job and the difficulty of the tasks, 20 (37%) each register moderate satisfaction with the additional material incentives and with the difficulty of the job.

Among healthcare professionals, there is also mostly moderate satisfaction with pay - 63 individuals (45%), but the share of dissatisfied individuals is also significant - 53 (38%).

No statistically significant difference was found for the indicator "In your opinion, the total monthly income is (higher than average, average, below average, I cannot answer)" ($t(192)=1.406$; $p=0.161$) between the two professional groups.

No significant difference was found in satisfaction with the work schedule, the distribution of work among team members, and the distribution of working time between care and tasks among physicians and healthcare professionals.

The study found **differences in the degree of satisfaction with the variety of tasks and satisfaction with the implementation of professional standards by professional category**. The largest percentage of HCPs are quite satisfied with the variety of tasks, while doctors are mostly completely satisfied (Figure 19).

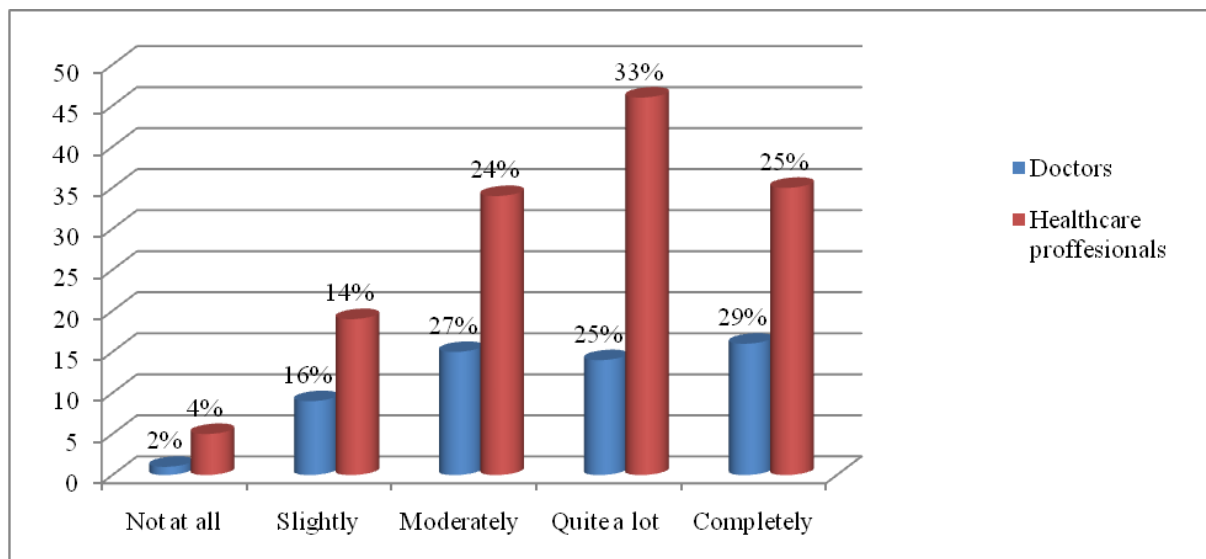


Figure 19. Satisfaction with performing various tasks by professional category

In terms of professional responsibility, **no significant differences are observed in the two groups of professional categories.** HCPs are mostly quite satisfied - 50 (36%), and 42 (30%) are completely satisfied. Among doctors, an equal share - 15 (27%) are completely and quite satisfied.

No statistically significant difference was observed in satisfaction with workplace relationships among physicians and HCPs as a whole. ($t=0,788$; $df=192$; $p=0,435$). Both professional categories are mostly moderately (physicians –24; 44%; HCPs –56; 40%) and completely satisfied (physicians – 27; 49%; HCPs – 75; 54%).

Table 14 presents the summary data on satisfaction with workplace relationships, continuing education, management style, moral satisfaction, and job security by professional categories.

Table 14. Levels of job satisfaction factors by professional categories – in number and relative share

Levels of satisfaction	Workplace relationships		Continuing education		Management style		Moral satisfaction		Job security	
	Doctors	HCPs	Doctors	HCPs	Doctors	HCPs	Doctors	HCPs	Doctors	HCPs
Dissatisfied	4 (7%)	9 (6%)	6 (11%)	7 (5%)	3 (5%)	2 (1%)	3 (5%)	4 (3%)	2 (4%)	6 (3%)
Moderately satisfied	24 (44%)	5 (40%)	26 (47%)	59 (42%)	29 (53%)	70 (50%)	16 (29%)	32 (23%)	31 (56%)	79 (58%)
Fully satisfied	27 (49%)	75 (54%)	23 (42%)	73 (52%)	23 (42%)	67 (48%)	36 (65%)	103 (74%)	22 (40%)	54 (39%)

Table 15 presents overall job satisfaction by professional category.

Table 15. Overall job satisfaction by professional category – in numbers and relative share

Overall job satisfaction	Professional categories	
	Doctors	HCPs
None	2 (4%)	4 (3%)
Slight		8 (6%)
Moderate	19 (34%)	44 (32%)
High	26 (37%)	55 (39%)
Full	8 (15%)	28 (20%)

A significant difference in the levels of occupational stress was observed between doctors and SAFs ($t=2.502$; $df=192$). Both professional groups showed high levels of occupational stress (126/91% - SAFs, 43/78% - doctors) (Figure 20).

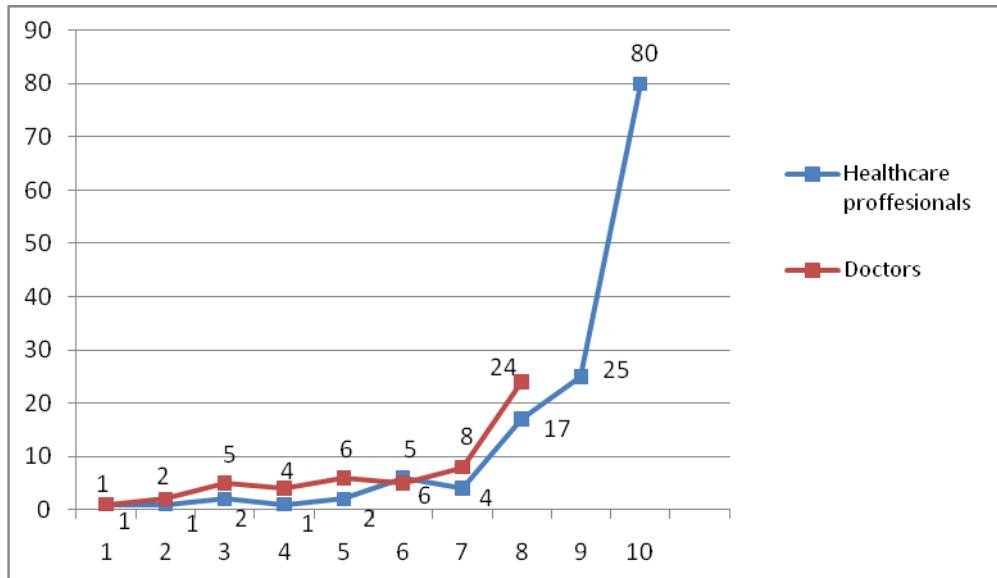


Figure 20. Occupational stress by occupational category – score

Well-being is the other factor where a significant difference in opinion is observed between professional categories. The majority of doctors 30 (56%) and HCPs 83 (60%) assess the well-being of their family as average. 16 doctors (29%) and only 23 HCPs (16%) assess it as higher than average. For 21 persons (15%) from HCPs and 6 (11%) of doctors, their well-being is below average (Table 16).

Table 16. How do you assess your well-being? – in numbers and relative share by professional categories

Well-being	doctors	HCPs
Above average	16 (29%)	23 (17%)
Average	31 (56%)	84 (60%)
Below average	6 (11%)	21 (15%)
Cannot assess	2 (3%)	11 (8%)

Dependencies and summaries

The summary analysis of the results found that there was no significant difference between physicians and healthcare professionals regarding the factors: workplace relationships, continuing education, management style, moral satisfaction, and job security (table 14).

The feeling of carrying out a large volume of activities, increased professional responsibilities, which do not correspond to the paid remuneration, leads to the dissatisfaction of the HCPs with the salary received.

Despite the differences in remuneration found, they are not statistically significant.

There is a statistically significant difference in the assessment of well-being ($t(192)=2.057$; $p=0.041$) in the surveyed professional categories. Healthcare professionals assess their family well-being as higher ($M=2.14$), compared to doctors ($M=1.89$).

In terms of occupational stress, both professional categories define it as high, but in HCP the average levels are higher (8.98 ± 1.721) compared to doctors (8.25 ± 2.039) (Figure 20) and overall show higher levels of occupational stress.

The analysis of the results regarding satisfaction with colleagues, overall job satisfaction, long-term motivation, and work alienation did not find a statistically significant difference ($p>0.05$).

2.3.3.Comparative analysis of results and statistical dependencies by indicator "type of ownership" of a medical facility

As a result of the detailed analysis of the data from the professional satisfaction survey, a **statistically significant difference in job satisfaction was found among healthcare professionals from public and private healthcare facilities** ($\chi^2=16,383$; $df=8$; Cramer's $V=0,205$; $p=0,037$). The Cramer's V value indicates a weak but statistically significant relationship between the type of ownership of the medical facility and overall job satisfaction.

Regarding satisfaction with **pay**, significant differences are found depending on the type of ownership of the medical facility.

Among doctors and healthcare professionals working in public hospitals, almost half of the respondents, 53 people (48%) express dissatisfaction with their remuneration, 49 people (45%) are moderately satisfied and only 8 people (7%) declare full satisfaction. In contrast, among healthcare professionals working in private hospitals, the majority are moderately satisfied - 42 people (51%), as well as fully satisfied - 28 people (34%). The share of dissatisfied

people in this group is significantly lower and amounts to 12 people (15%) (Figure 21).

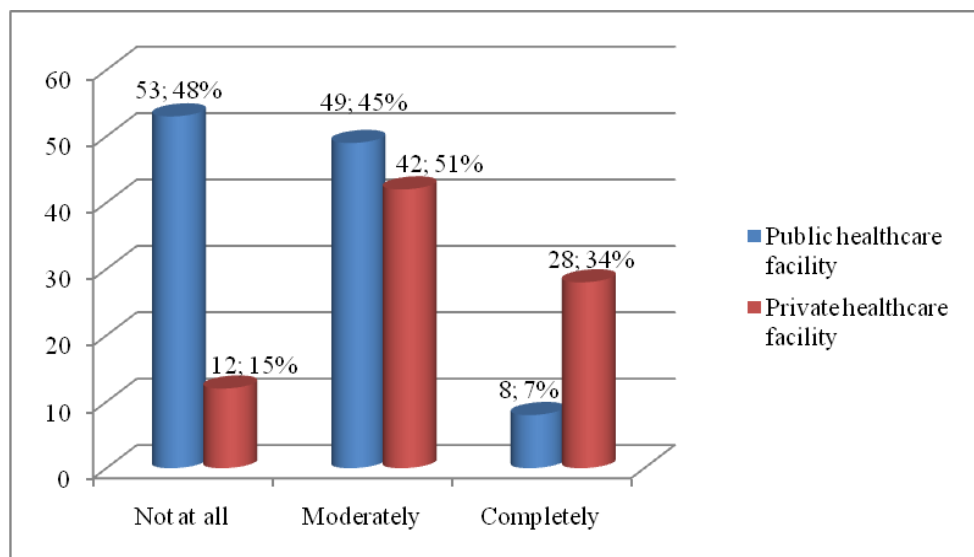


Figure 21. Satisfaction with pay in public and private healthcare institutions

The analysis of the indicators that make up the first group, related to **satisfaction with remuneration**, shows that healthcare professionals working in the intensive care units of public hospitals report the highest levels of dissatisfaction with the correspondence of salary to responsibilities – 55 individuals (50%). A significant share of respondents express dissatisfaction with remuneration in general – 41 individuals (37%).

In contrast, moderate levels of satisfaction prevail among healthcare professionals from private medical facilities.

A significant share of healthcare professionals working in private medical facilities are completely satisfied with the organization of work – 60 individuals (73%), while 22 individuals (27%) are moderately satisfied.

In contrast, the surveyed health professionals from public hospitals are mostly moderately satisfied – 57 people (52%), 44 people (40%) are completely satisfied, and 9 people (8%) are dissatisfied (Figure 22).

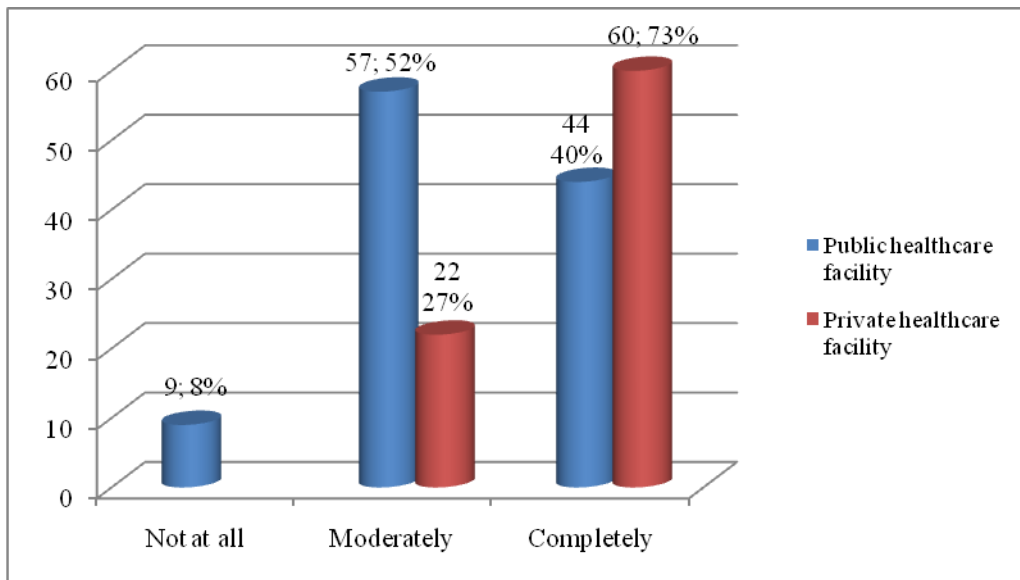


Figure 22. Satisfaction with the organization and content of work in public and private healthcare facilities

Workplace relationships are the third factor that found a statistically significant difference in job satisfaction ($t=-4.595$, $df=191$, $p=0.000$). The summarized data revealed that, overall, healthcare professionals from private hospitals demonstrated higher average levels of satisfaction with workplace relationships (19.61 ± 4.345) compared to those working in public hospitals (16.25 ± 5.460).

A significant share of respondents working in private hospitals - 53 (65%) - stated that they were completely satisfied with the management style. In contrast, only 35 people (32%) in public hospitals were completely satisfied with the management style (Figure 23).

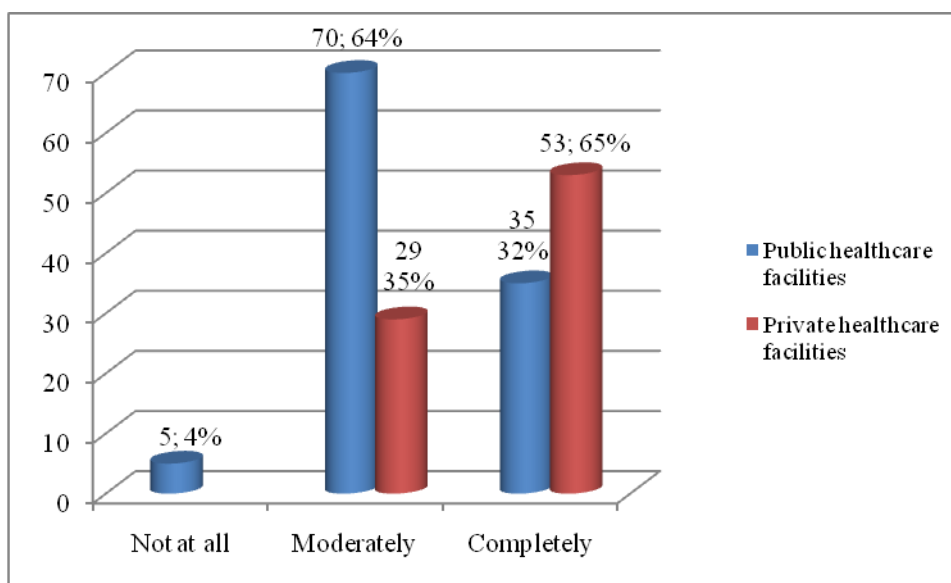


Figure 23. Satisfaction with the management style in public and private healthcare facilities

The summarized data regarding the indicators constituting the fifth group, related to satisfaction with **workplace security**, show clear differences between healthcare professionals working in private and public healthcare facilities. The majority of respondents employed in private healthcare facilities - 46 individuals (66%) state complete satisfaction with workplace security.

In contrast, among doctors and healthcare professionals working in public hospitals, only 32 individuals (29%) indicated that they feel completely secure in their workplace. A small but significant share - 9 individuals (8%) - stated insecurity related to the risk of losing their job (Figure 24).

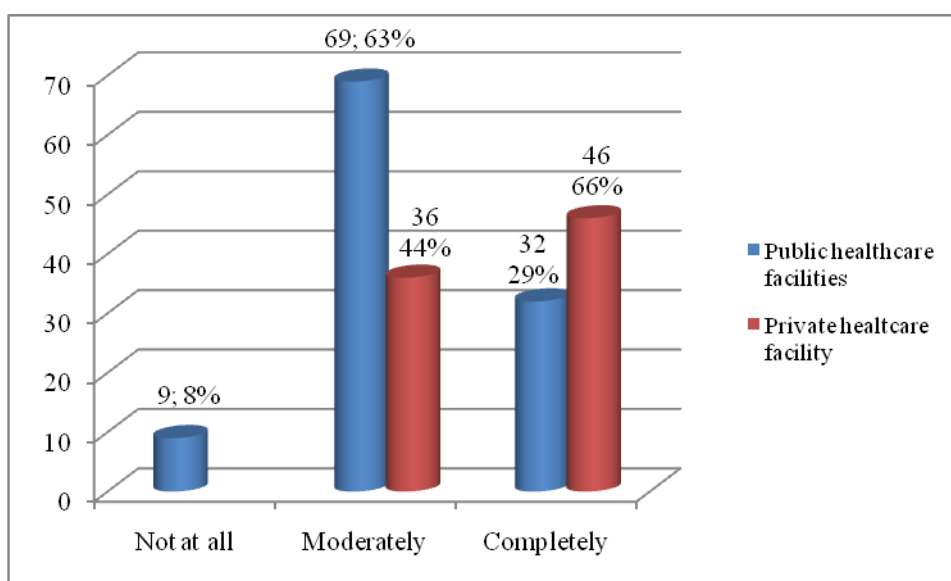


Figure 24. Satisfaction with job security in public and private healthcare facilities

This also explains the fact that the **analysis of the results did not establish a statistically significant relationship between job satisfaction and job security among healthcare professionals working in public healthcare facilities.** ($\chi^2=9,51$; $df=8$; Cramer's $V=0.207$; $p=0.301$). The Cramer's V value indicates a weak relationship that does not reach a level of statistical significance.

The most significant factors in terms of security for healthcare professionals from both medical institutions appear to be the regularity of payment of wages and professional status. Both factors have a statistically significant impact on overall job satisfaction.

The summarized statistical data show a statistically significant difference in moral satisfaction between healthcare professionals from both groups of medical institutions ($t=-3.981$; $df=191$; $p<0.001$). Employees from private medical institutions report significantly higher average levels of moral satisfaction ($M=20.76$) compared to their colleagues from public ones ($M=18.36$).

The results of the statistical analysis of the factors influencing job satisfaction of healthcare professionals from private and public healthcare facilities allow them to be ranked by importance. Figure 25 presents the ranking of the factors influencing overall job satisfaction by degree of importance in descending order in public and private healthcare facilities.

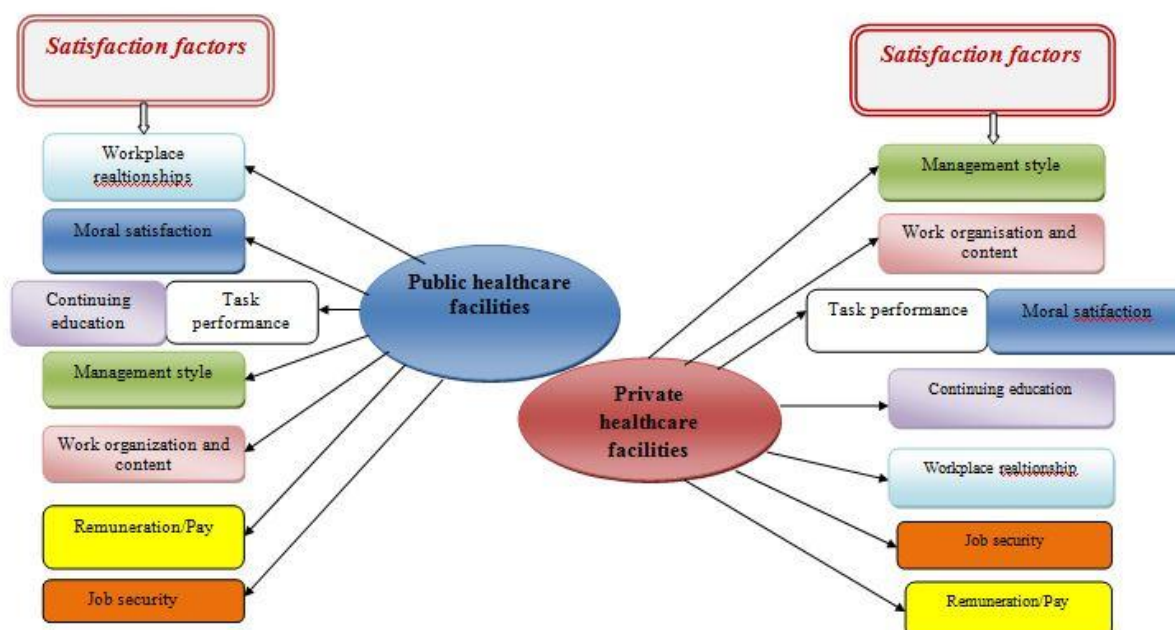


Figure 25. Ranking of satisfaction factors by importance in public and private healthcare facilities in descending order

Table 17 presents the degree of correlation significance of satisfaction factors in public and private medical facilities in descending order.

Table 17. Ranking of satisfaction factors by statistical significance in public and private medical institutions in descending order

	Public	Correlation (Pearson's R)	Private	Correlation (Pearson's R)
1	Workplace relationships	R=0.641; p=.000	Management style	R=0.538; p=.000
2	Moral satisfaction	R=0.441; p=.000	Organization and job content	R=0.549; p=.000
3	Continuing education Task performance	R=0.449; p=.000 R=0.352; p=.000	Task performance Moral satisfaction	R=0.396; r=.000p R=0.437; p=.000
4	Management style	R=0.160; p=.047	Continuing education	R=0.560; p=.000
5	Organization and job content	R=0.352; p=.000	Workplace relationships	R=0.452; p=.000
6	Remuneration	R=0.376; p=.000	Security	R=0.327; p=.001
7	Security	R=0.243; p=.005	Remuneration	R=0.321; p=.009

Dependencies and summaries

Based on the comparative analysis and statistical processing of the results, we can summarize that:

1. There is a difference in satisfaction with pay between employees in public and private healthcare facilities, which is not statistically significant. ($t=-1.784$, $df=191$, $p=0,076$). Health professionals from public hospitals are more dissatisfied with pay (1.91 ± 2.639) than their colleagues from private institutions (2.59 ± 2.629), which, however, does not affect overall satisfaction.

2. No statistically significant differences were registered in relation to the indicator "Your total monthly income is higher than average, average, below average." ($t=0,880$, $df=191$, $p=0,380$).

3. The indicator "family well-being" shows borderline statistical significance ($p=0,063$).

4. A statistically significant difference was recorded in the *overall satisfaction* of healthcare professionals with intensive care units depending on the ownership of the medical facility. ($t=-3,640$, $df=191$, $p=0,076$). Those working in the public sector show lower levels of overall satisfaction (public - 3.24 ± 0.962 ; private - -3.96 ± 0.808).

5. A statistically *significant difference was found in satisfaction with the organization and content of work among employees working in medical institutions with different ownership*. ($t=-5.058$, $p=0,000$, $df=191$). Health professionals from public hospitals show statistically lower average levels of satisfaction (2.32 ± 0.620) than those working in private hospitals (2.73 ± 0.446).

6. A statistically significant difference was also found in satisfaction with: workplace relationships ($t=-4.595$, $df=191$, $p=0,000$), management style ($t=-4.923$, $df=190.969$, $p=0,000$), workplace security ($t=-5,0112$, $df=191$, $p<0,001$), moral satisfaction ($t=-3,981$, $df=191$, $p<0,001$), ongoing education ($t=-4.462$, $df=179,188$, $p<0,001$), task performancere ($t=-4.700$, $df=191$, $p<0,001$).

Based on the established statistical dependencies and the partial and final generalizations made, the idea arose of using one of the theoretically presented models as a basis for building a scientifically based methodology measuring job satisfaction among healthcare professionals, presented in chapter three.

CHAPTER III. PRACTICALLY APPLIED MODEL. METHODOLOGY FOR ESTABLISHING JOB SATISFACTION

3.1. PRACTICALLY APPLIED MODEL - STRATOMETRIC APPROACH

Through the stratometric concept, a model was developed for the first time for Bulgarian conditions, which was used in the analysis of interpersonal relationships, in accordance with the purpose of the study.

According to the stratometric concept, the dynamics of interpersonal relations in social groups can be interpreted by studying the multilevel structure of group processes and defining the characteristics of intragroup activity levels, as well as applying appropriate methods for measuring these areas. This allows us to reveal the fundamental differences between groups of the highest level of development (collectives) and all other types of groups.

Within the multi-level structure of relationships and group activity (determined by its substantive and socio-economic aspects), several qualitatively unique subsystems (strat) are identified.

Based on the analysis of the results obtained, the partial generalizations and based on the stratometric approach, a practically applied model is structured for establishing job satisfaction among healthcare professionals working in KAIL/OAIL (Figure 27):

Strat A (core) includes the group activity itself (type and nature of the activity), which is important for the individual and is characterized by:

Sublayer A_1 *Success of participation in the social division of labor* (includes issues related to working conditions – satisfaction with the material and technical base, work schedule, workload during work, distribution of work among team members, protection from occupational risks).

Sublayer A_2 *The degree of compliance of the group with social norms* (satisfaction with: the quality of work and care provided to the patient,

recognition by patients and the usefulness of the services provided to patients).

Sublayer A_3 *The degree of opportunities that the group provides to each member for full development* (satisfaction with: the method of selecting employees to participate in qualification training, compliance of offers and needs for training and qualification, the acquired new knowledge and skills and the possibility of applying them in practice).

Strat B reveals the attitude of each member of the group towards the group activity, towards the goals, tasks and principles on which it is built – the motivation for the activity, its social meaning for each participant (issues related to satisfaction with: the performance of professional tasks, the degree of professional responsibility, the correspondence of tasks to the job description, the application of professional standards).

Strat C includes the characteristics of interpersonal relationships mediated by the content of the joint activity and includes two sublayers.

Sublayer C_1 *characterizes interpersonal relationships mediated by the content of the activity itself* (satisfaction with: pay, the correspondence of the remuneration to the volume of work and responsibilities, and the regularity of the remuneration paid).

Sublayer C_2 *includes interpersonal relationships mediated by generally significant social values* (satisfaction with: transparency in managing the financial resources of the hospital structure, with the direct supervisor, information received about the work performed, about the condition of the ward).

Strat D - interpersonal relationships based on informal contacts, sympathies and emotional closeness (satisfaction with workplace relationships with colleagues, managers, leadership, general satisfaction).

The developed practical-applied model, based on the stratometric concept, allows to establish not only job satisfaction, but also to analyze interpersonal relationships in the team. The practical-applied model makes it possible to

reveal the essence of the concept of "collective" based on the six main phenomena analyzed in the stratometric concept:

- **value orientation unity (VOU)**– defines three different indicators of cohesion in the three outer strata (B, C, D). Higher values in stratum B reveal a higher form of cohesion;
- **collectivist self-determination (CS)**– the individual protects the general group values (stratum B and stratum A (sublayer A₁) - the success of participation in the group-wide division of labor;
- **effective group emotional identification (EGEI)**– the individual treats others as himself and vice versa (stratum D);
- **assigning and assuming responsibility** – (strat A (sublayer A₁) - success of participation in the social division of labor, stratum B);
- **the motivational core of interpersonal choices (MCIC)**- the system of motives forming the basis of individual preferences, which is manifested by individuals in the sociometric experiment – serves as a criterion for the level to which the group's development has reached (strat A(sublayer A₂ и sublayer A₃) – the degree of opportunities that the group provides to each member for full development and the degree of compliance of the group with social norms, stratum B, sgrad D);
- **referentiality and reference circle (RCC)**– it is interpreted as lying in the layer of value-conditioned or value-mediated interpersonal relationships, of relationships determined by joint activity (stratum A and stratum B).

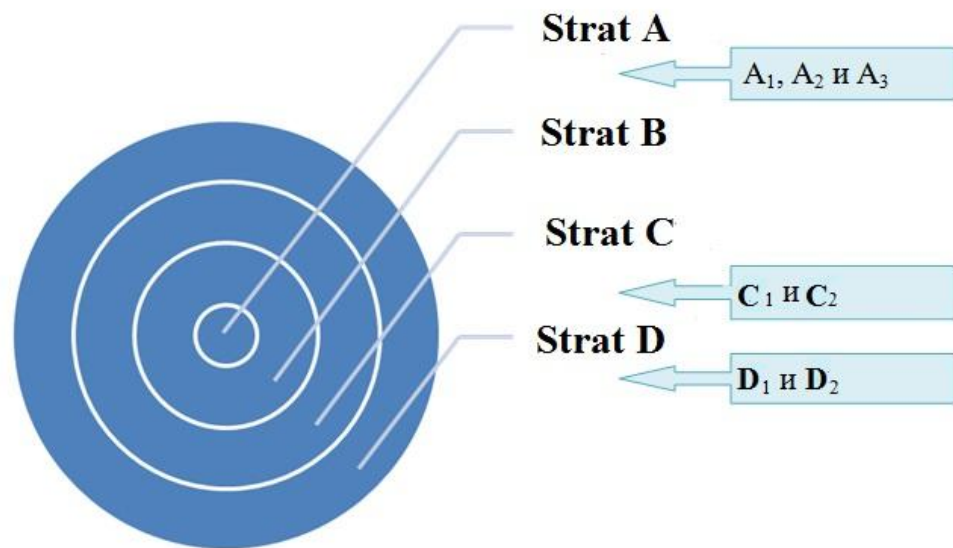


Figure 26. Concentric model of Stratometric theory

Are you protected from occupational risks (e.g. HIV, hepatitis B, etc.)?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Are you satisfied with the material and technical working conditions?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Are you satisfied with your work schedule?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Are you satisfied with the workload at work?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Is the work evenly distributed among team members?	1 not at all	2 a little	3 moderately	4 a lot	5 completely

Are you satisfied with the quality of care you provide to patients in your department?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Are you satisfied with the quality of your own work?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Are you satisfied with the recognition of your work by patients?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Are you satisfied with the usefulness of the services you provide to patients?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Do you consider your profession prestigious?	1 not at all	2 a little	3 moderately	4 a lot	5 completely

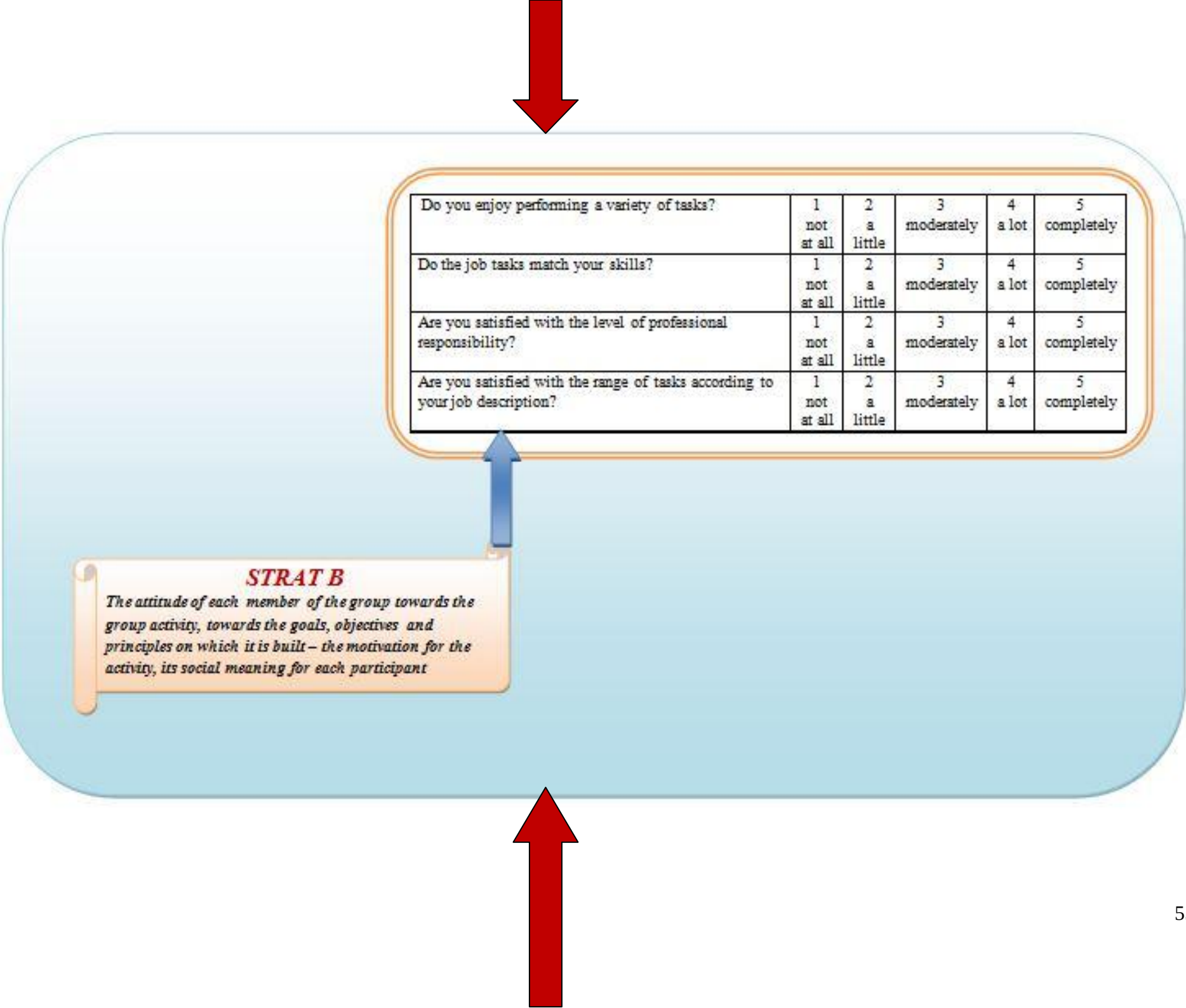
Sublayer A₁
Success of participation in the social division of labor

STRAT A
type and nature of the activity

Sublayer A₂
The degree of conformity of the social group norms

Are you satisfied with the way the career development of employees in your department is assessed?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Are you satisfied with the way employees are selected to participate in qualification training?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Do the training and qualification offers meet your needs?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Are you satisfied with the opportunity to apply the knowledge and skills acquired from the additional training in practice?	1 not at all	2 a little	3 moderately	4 a lot	5 completely

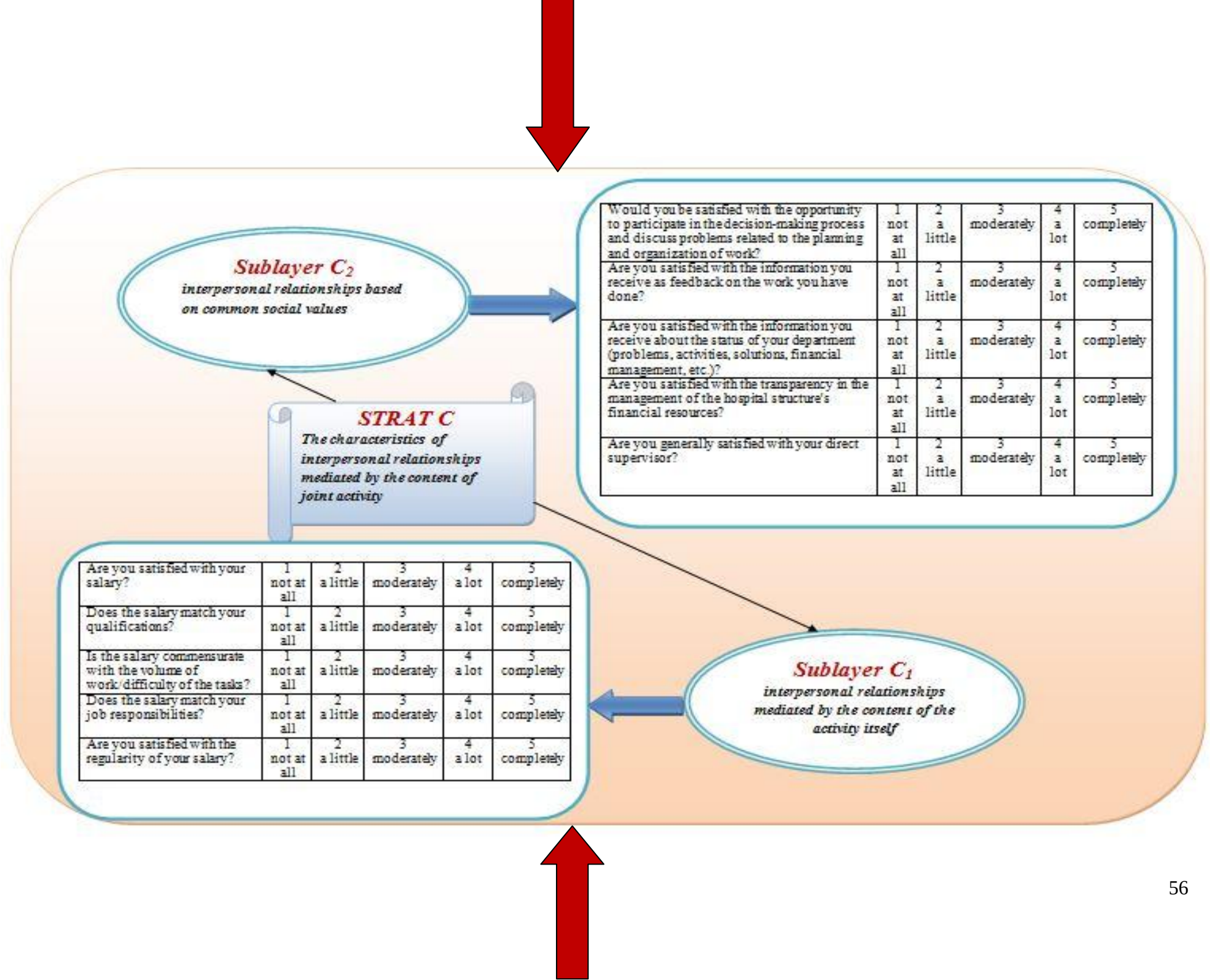
Sublayer A₃
The degree of opportunities that the group gives each member for full development

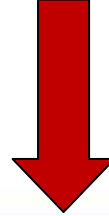


Do you enjoy performing a variety of tasks?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Do the job tasks match your skills?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Are you satisfied with the level of professional responsibility?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Are you satisfied with the range of tasks according to your job description?	1 not at all	2 a little	3 moderately	4 a lot	5 completely

STRAT B

The attitude of each member of the group towards the group activity, towards the goals, objectives and principles on which it is built – the motivation for the activity, its social meaning for each participant





Are you satisfied with the microclimate in your ward?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Are you satisfied with the evaluation your direct supervisor gives for your work?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Are you satisfied with the knowledge and skills provided by your direct supervisor?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Are you satisfied with the management's attitude towards you?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
How satisfied are you with the colleagues you work with?	1 not at all	2 a little	3 moderately	4 a lot	5 completely

STRAT D

interpersonal relationships based on informal contacts, sympathies and emotional closeness

How often do my colleagues give me feedback on my work?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Do they truly sympathize with me when I have problems at work?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Do we discuss common problems at work?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Do they express clear opinions about the results of my work?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Do they help me in the work process?	1 not at all	2 a little	3 moderately	4 a lot	5 completely
Are you satisfied with the assessment your colleagues give of your work?	1 not at all	2 a little	3 moderately	4 a lot	5 completely

Figura 27. Practical-applied model – stratometric approach

3.2. STRATOMETRIC METHODOLOGY FOR JOB SATISFACTION

The theoretical concept discussed above (in 3.1. Practically applied model – stratometric approach) serves as the basis for building a new stratometric methodology for job satisfaction among healthcare professionals working in intensive care units.

When structuring the stratometric survey itself, the core is preserved as written in the stratometric theory (the content and concentric profile). The concentric model (Figure 26) respects the significance and interrelationships of each stratum with the others. This is also the logic used in structuring the new stratometric satisfaction methodology.

The methodology contains 42 items, representing statements aimed at various aspects of relationships with colleagues and managers, work organization, task performance, pay, etc. The assessment is carried out using a 5-point scale from 1 - not at all to 5 - completely satisfied.

The consistent validity of the newly structured scales was also checked using the Alpha Cronbach test. The high reliability of the items making up the survey was proven (Table 18).

Table 18. Reliability coefficient of the scales of the stratometric satisfaction methodology

Summary job satisfaction scales	Number of items	Cronbach's Alpha
Work organization and content	5	0,866
Task performance	5	0,874
Workplace relationships	5	0,891
Continuing education	5	0,925
Attitude of colleagues	6	0,906
Self-assessment and self-efficacy	5	0,832
Attitude of the supervisor	4	0,834
Labor remuneration	5	0,882

The items are divided into 8 indicators/scales. The survey structured in this way includes several indicators/scales for assessing satisfaction with the work of healthcare professionals from ICU:

1. ***Satisfaction with workplace relationships*** – contains statements that express:

- specific assessments of how satisfied the person surveyed is with their communication with colleagues and their attitude towards their own work

- the respondent's feeling of how much and how they are appreciated by their immediate supervisor and the assessment of the employees' career development. *The reliability of the items is α Cronbach=0.891.*

2. ***Satisfaction with the attitude of colleagues*** - the scale includes statements that reveal specific assessments of the behavior of colleagues, in relation to: joint activities and achieving results at work, receiving support and trust from colleagues. *The reliability coefficient of the scale is α Cronbach=0.906.*

3. ***Satisfaction with continuing education*** - contains statements aimed at the possibility of participating in qualification training and their application in practice. *The reliability coefficient of the scale is α Cronbach=0.925.*

4. ***Satisfaction with the organization and content of work*** – the scale covers the characteristics of the content of work, specific to intensive care units. They are aimed at the workload and distribution of work among team members, the work schedule and working conditions. The statements are assessed on a scale that describes the extent to which personal desires related to the work process are satisfied. *The reliability coefficient of the scale is α Cronbach=0.866.*

5. ***Self-esteem and self-efficacy*** - the scale examines the respondent's own assessment of a state of internal harmony resulting from the quality of the activity performed, the patient's recognition. *The reliability coefficient of the scale is α Cronbach=0.832.*

6. ***Satisfaction with salary*** – the scale contains statements through which the respondent evaluates specific aspects of the salary. The respondent indicates the extent to which he agrees with the stated statements regarding the

correspondence of salary with responsibilities, qualifications, workload and satisfaction with his salary. *The reliability coefficient of the scale is α Cronbach=0.882.*

7. ***Satisfaction with the manager's attitude towards the employee*** - the scale expresses the assessment of the opportunity that the manager gives to employees to participate in the organizational and administrative process of the healthcare organization and the feedback received on the activities performed and the management of the financial resources of the hospital structure. *The reliability coefficient of the scale is α Cronbach=0.834.*

8. ***Satisfaction with the performance of tasks*** – the statements express the opinion of the surveyed person about the activities and responsibilities performed, the correspondence of the range of tasks with the job description. *The reliability coefficient of the scale is α Cronbach=0.874.*

To verify the validity of the methodological tool, respondents rate their **overall job satisfaction and their satisfaction with their immediate supervisor in general**. The respondent expresses their opinion using the following 5-point scale: 1-not at all, 2-a little, 3-moderately, 4-quite a lot, 5-completely.

The established coefficients of consistent reliability are sufficiently high and stable. This provides grounds to assess job satisfaction among healthcare professionals from these departments, regardless of the ownership of the medical institutions, using the scales thus established.

Statistical relationships between the items from the newly structured survey and overall job satisfaction were also sought.

The new data from the statistical analyses are optimally close to the obtained dependencies used in the initially used questionnaire, structured specifically for the study. Table 19 presents the correlation dependencies of the satisfaction scales that make up the stratometric methodology with overall job satisfaction.

Table 19. Correlation of the total satisfaction scales with overall job satisfaction

Summary job satisfaction scale	Pearson's R
Workplace relationships	R=0,639, p=.000
Attitude of colleagues	R=0,623, p=.000
Continuing education	R=0,584, p=.000
Attitude of the supervisor towards employees	R=0,566, p=.000
Work organization and content	R=0,555, p=.000
Task performance	R=0,519, p=.000
Self-assessment and self-efficacy	R=0,471, p=.000
Labor remuneration	R=0,469, p=.000

The content validity of the methodology was verified by analyzing the correlation of each scale with overall satisfaction, satisfaction with the immediate supervisor as a whole, and satisfaction with colleagues as a whole through a single statement reflecting the overall assessment of the respective aspect. The coefficients of the three dimensions are shown in Table 20.

Table 20. Dependence of scales and overall satisfaction with work factors

Summary satisfaction scales	Generalizing statements		
	Overall satisfaction	Satisfaction with the immediate supervisor	Satisfaction with colleagues as a whole
Work organization and content	0,555	0,415	0,539
Task performance	0,519	0,401	0,459
Workplace relationships	0,639	0,529	0,445
Continuing education	0,576	0,526	0,630
Self-assessment and self-efficacy	0,436	0,462	0,394
Attitude of the supervisor towards employees	0,566	0,492	0,432
Attitude of colleagues	0,623	0,431	0,752
Labor remuneration	0,436	0,226	0,220

When $p \geq .005$

The methodology allows for analyzing the degree of job satisfaction among healthcare professionals by various factors and allows for the use of separate scales depending on the goals of upcoming studies. The logic for building the methodology is based on the strength of the correlation dependencies shown in Table 19.

CHAPTER IV. CONCLUSIONS, CONTRIBUTIONS, RECOMMENDATIONS

4.1. GENERAL CONCLUSIONS FROM THE RESEARCH

The results of the study and analysis of the available literature related to the concept of "job satisfaction" among healthcare professionals and its relationship with various factors established the absence of a single definition of the concept. This is associated with the complex structure of the concept and the very large number of models and theories of job satisfaction.

1. The majority of health professionals working in the ICU are quite, moderately and completely satisfied with their work. The share of those who are dissatisfied and somewhat satisfied is insignificant.
2. *When ranking the satisfaction factors, remuneration is determined by the respondents as the leading factor*, but the results of the statistical analysis do not establish a statistically significant relationship between remuneration and the summarized indicator (job satisfaction), which indicates a discrepancy between the subjective assessment and the objectively measurable influence of the factor.
3. The most significant factor for the professional activity of healthcare professionals in ICU, regardless of the type (UMHAT, MHAT) and the ownership of the medical facility, *is the relationships at the workplace*.
4. Differences in the *assessment of well-being are established depending on the professional category*. Among doctors, the assessment "above average" and "average" prevails, while among HCPs "average" and "below average".
5. There is a *difference in the levels of professional stress depending on the professional category*. HCPs register higher levels of professional stress than doctors.

6. *The relationship between job satisfaction and the type of medical institution (UMHAT; MHAT) has been proven. Those working at UMHAT register higher average levels of satisfaction, unlike healthcare professionals at MHAT.*
7. *Marital status influences work environment factors: work urgency, risk to patients' lives, and professional stress. The married group shows very high levels of work urgency and defines the risk to patients' lives as very high. Divorced people experience professional stress the most.*
8. *The manager's attitude has a significant and positive impact on the job satisfaction of the surveyed individuals, which is demonstrated by ensuring professional development, the way work is organized, and systematic feedback.*
9. *The ownership of the medical facility affects the ranking of factors related to job satisfaction in a different way, which **confirms the first hypothesis.***
10. *Health professionals with a bachelor's degree register higher values in the average levels of job satisfaction and a lower degree of alienation, compared to the surveyed masters of medicine and masters of health sciences, but no statistical differences are found in the degree of job satisfaction depending on the professional specialty. **The second hypothesis is partially confirmed.***
11. *Statistically significant differences in overall job satisfaction are found, depending on the ownership of the medical facility. Health professionals in private medical facilities show a higher degree. **The third hypothesis is fully confirmed.***

4.2. CONTRIBUTIONS

Of a theoretical nature

- For the first time in Bulgaria, the stratometric approach is used in a study of job satisfaction among healthcare professionals.
- The development used the stratometric model for analyzing the small social group – a collective, specifically – a collective in intensive care units and structures in hospital care.
- A comprehensive empirical study of the job satisfaction of healthcare professionals working in ICU was carried out, which reveals the specifics of the work environment, in conditions of high risk, intensity and responsibility.
- The research identified a mismatch between the subjective assessment of salary importance and its objectively measurable impact on job satisfaction. Despite its perceived importance, remuneration held a low-ranking position among actual satisfaction factors, regardless of the hospital's type or ownership.
- The hierarchy of factors is derived. Workplace relationships, continuing education, job organization and content, and moral satisfaction are identified as priorities, which enriches the empirical data in the field of human resource management in healthcare.
- Significant differences were found in the assessment of well-being and professional stress levels across different professional categories. This confirms the necessity of integrating these socio-psychological tools into the standard toolkit of healthcare management.

Of a practical nature

- A specialized survey for determining job satisfaction was developed and utilized for primary data collection, demonstrating a high validity coefficient for its items.

- A practical applied model based on the stratometric approach was constructed, complemented by a specific methodology for its systematic implementation.
- A new survey instrument was developed to measure job satisfaction levels among ICU/ICU healthcare professionals. It is structured based on the four strata of the stratometric approach and exhibits high internal consistency.
- A significant positive influence of management practices and the manager's attitude on job satisfaction and the opportunity for professional development of healthcare professionals has been established.
- The need for regular monitoring of satisfaction with the work performed in intensive care units has been proven, which has a direct bearing on organizational management and its effectiveness.

4.3. RECOMMENDATIONS

To the management of medical institutions

- Through the newly structured questionnaire, the current level of satisfaction with the indicators determined by the methodology should be examined, comparing it with the opinion of the employees, oriented towards identifying the strong and weak factors arising from the team, the organization and the management.
- Management of medical institutions should implement an approach based on systematic support, effective feedback and planned professional development of staff as determinants for increasing job satisfaction.
- The results of this study can be used as an empirical basis for developing, standardizing and optimizing internal regulatory documents, policies and good practices for human resource management in intensive care structures.

PUBLICATIONS RELATED TO THE DISSERTATION:

- Yulieva, D., *Influence of the Manager's Attitude Towards Staff on the Job Satisfaction of Health Specialists Working in Intensive Care Units*, Jubilee Scientific Conference, May 16–17, 2025, Stara Zagora. *Trakia Journal of Sciences*, 23(1), 2025, ISSN 1313-3551, pp. 110–116.
- Yulieva, D., S. Tsvetkova, M. Kamburova, P. Stefanova. *Study on the Influence of External Factors on Perceived Occupational Stress among Healthcare Employees Working in a Hospital Intensive Care Environment*, Sixth Scientific Conference of BNPH “Public Health: Challenges to the Health System”, May 26–27, 2023, Publishing Center – Medical University – Pleven. ISBN 978-954-756-335-3, pp. 294–302.
- Petrova, D. *Study of the Attitudes of Employees in Intensive Care Clinics and Departments Towards the Implementation of Work Tasks*, Twenty-first National Scientific Session for Students and Teachers “With a Vision for the Future”, dedicated to the 75th anniversary of the establishment of the Medical College at the Medical University – Pleven, Conference Proceedings, Publishing Center of MU – Pleven, ISBN 978-954-756-325-4 (pdf), October 27–28, 2023, pp. 59–68.

PARTICIPATION IN SCIENTIFIC FORUMS RELATED TO THE DISSERTATION:

- Yulieva, D., *Influence of the Manager's Attitude Towards Staff on the Job Satisfaction of Health Specialists Working in Intensive Care Units*, Jubilee Scientific Conference, May 16–17, 2025, Stara Zagora. *Trakia Journal of Sciences*, 23(1), 2025, ISSN 1313-3551, pp. 110–116.
- Yulieva, D., S. Tsvetkova, M. Kamburova, P. Stefanova. *Study on the Influence of External Factors on Perceived Occupational Stress among Healthcare Employees Working in a Hospital Intensive Care Environment*, Proceedings of the Sixth Scientific Conference of BNPH “Public Health: Challenges to the Health System”, May 26–27, 2023, Publishing Center – Medical University – Pleven. ISBN 978-954-756-335-3, pp. 294–302.
- Petrova, D. *Study of the Attitudes of Employees in Intensive Care Clinics and Departments Towards the Implementation of Work Tasks*, Twenty-First National Scientific Session for Students and Teachers “With a Vision for the Future”, dedicated to the 75th anniversary of the establishment of the Medical College at the Medical University – Pleven, Conference Proceedings, Publishing Center of MU – Pleven, ISBN 978-954-756-325-4 (pdf), October 27–28, 2023, pp. 59–68.