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Sense of community and job satisfaction among social and health care managers

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Abstract

Purpose – The purpose of this paper is to identify how the factors associated with sense of community at work are connected with job satisfaction among the front-line managers and middle managers in social and health-care services in Finland.

Design/methodology/approach – A questionnaire prepared for this study was sent to 241 social and health-care managers (front line and middle managers) in Finland. A total of 136 of managers responded to the survey (response rate was 56 per cent). Data were analyzed by using descriptive statistics, exploratory factor analysis and multiple linear regression analysis.

Findings – Alongside job meaningfulness, open communication and good flow of information within the organization, sense of security provided by close relationships at work and managers' own superiors' appreciation of their leadership skills all are related to managers' job satisfaction.

Originality/value – The study adds to our understanding of factors which are connected to the job satisfaction among social and health-care managers'. The findings of this study can be used in the development of leadership to support managers in coping at work.

Keywords Finland, Job satisfaction, Middle managers, Front-line managers, Sense of community, Social and health-care services

Paper type Research paper

Introduction

Sense of community, often referred to as psychological sense of community, is a key theoretical construct for community psychology and for other disciplines conducting research on communities (Peterson *et al.*, 2008). From the community psychology perspective sense of community provides a common language and a framework which can be used to deepen our knowledge and understanding about the way in which individuals operate in groups and communities (Pooley *et al.*, 2005).

According to McMillan (2011), sense of community is a complex concept. "Despite the existence of large body of literature on sense of community, there is no universally accepted definition of the term" (Rovai and Gallien, 2005). The first conceptualization of the psychological sense of community can be traced back to Sarason (1974), who first developed the notion of sense of community (Nowell and Boyd, 2010; Mannarini *et al.*, 2012). He described sense of community as:

[...] the sense that one was part of a readily available mutually supportive network of relationships upon which one could depend, and as a result of which one did not experience sustained feelings of loneliness (Nowell and Boyd, 2010).



Hereafter [McMillan and Chavis \(1986\)](#) defined sense of community as “a feeling that members have of belonging, a feeling that members matter to one another and the group, and a shared faith that members’ needs will be met through their commitment to be together” ([McMillan and Chavis, 1986](#)). Related to their definition, [McMillan and Chavis](#) also identified four dimensions that constitute sense of community: membership, influence, integration and fulfillment of needs and shared emotional connection. [Lambert and Hopkins \(1995\)](#) define sense of community in the workplace, based on the [McMillan and Chavis \(1986\)](#) model, as mutual commitment between workers and their employing organization ([Chipuer and Pretty, 1999](#)).

Sense of community has been examined in a wide range of settings, for example, in educational as well as in industrial and corporate settings, and in relation to various issues and topics ([Lounsbury et al., 2003](#)). At work, sense of community has been linked to greater job satisfaction ([Royal and Rossi, 1996](#); [Lacy and Sheehan, 1997](#); [Burroughs and Eby, 1998](#); [Winter-Collins and McDaniel, 2000](#); [Milliman et al., 2003](#); [McGinty et al., 2008](#)), to higher levels of career choice satisfaction ([Clark et al., 2009](#)), to organizational commitment ([Royal and Rossi, 1996](#); [Milliman et al., 2003](#)) and to reduced feelings of burnout ([Pretty et al., 1992](#); [Royal and Rossi, 1996](#)). Some studies, dealing with sense of community at work, have been done in social and health-care sector (e.g. [Cicognani et al., 2009](#)); however, this kind of research is scarce.

Within the research of organizational behavior, job satisfaction is the most frequently studied phenomenon ([Spector, 1997](#); [Zhu, 2013](#)). According to [Pantouvakis and Mpogiatzidis \(2013\)](#), job satisfaction has been heavily researched in the past 80 years, but suffers the lack of universal definition of the concept. In their article *Measuring the Job Satisfaction of Industrial Salesmen*, [Churchill et al. \(1974\)](#) define job satisfaction as “all characteristics of the job itself and the work environment which industrial salesman find rewarding, fulfilling, and satisfying, or frustrating and unsatisfying”. [Spector \(1997\)](#), in turn, suggests that job satisfaction is simply how people feel about their jobs and different aspects of their jobs. It can be considered as a global attitudinal construct that includes several components, such as job content, other people such as coworkers or superiors, and compensation and promotion opportunities ([Churchill et al., 1974](#); [Spector, 1997](#); [Zhu, 2013](#)).

Among nurse managers, job satisfaction has been found to be an important predictor of organizational commitment ([Ringerman, 1990](#); [Acorn et al., 1997](#)). In addition, issues such as work-related stress, autonomy and social support have been found to influence job satisfaction among nurse managers ([Acorn et al., 1997](#); [Kath et al., 2012](#)). Both supervisor and coworker support has been found to moderate the negative effects of stress on job satisfaction experienced by nurse managers ([Shirey et al., 2010](#); [Kath et al., 2012](#)). A systematic review carried out by [Lee and Cummings \(2008\)](#), in turn, suggests that job satisfaction of front-line managers may be improved by addressing the span of control and workload, increasing organizational support from superiors, and empowering managers to participate in decision-making.

As mentioned above, several studies have indicated that increase in individuals’ sense of community at work can be associated with greater job satisfaction and psychological well-being ([Royal and Rossi, 1996](#); [Lacy and Sheehan, 1997](#); [Burroughs and Eby, 1998](#); [Winter-Collins and McDaniel, 2000](#); [Milliman et al., 2003](#); [McGinty et al., 2008](#)). However, very limited research exists, examining factors that influence job satisfaction and overall health outcomes of managers ([Laschinger et al., 2006](#);

Laschinger *et al.*, 2007; Lee and Cummings, 2008). Previous studies on the link between sense of community and job satisfaction among social and health-care managers were not found.

The theoretical basis of this study consists of a systematic literature review which discusses sense of community at work (Lampinen *et al.*, 2013). The results of this literature review showed that sense of community at work consists of two main factors; first of all, the factors that explain sense of community at work and, secondly, the consequences of sense of community. The explanatory factors of sense of community at work are individual, cooperation and interaction and cultural factors. The consequences of sense of community emerged as commitment, job satisfaction and job well-being, as well as job quality (Figure 1).

The purpose of this study was to examine which of the explanatory factors of sense of community at work are connected to job satisfaction and well-being of social and health-care managers' (front line and middle managers). In addition, the study examines the connection between the background factors and job satisfaction and well-being of social and health-care managers. This study is part of a larger study, the purpose of which is to find out about sense of community at work among social and health-care managers. The research questions were:

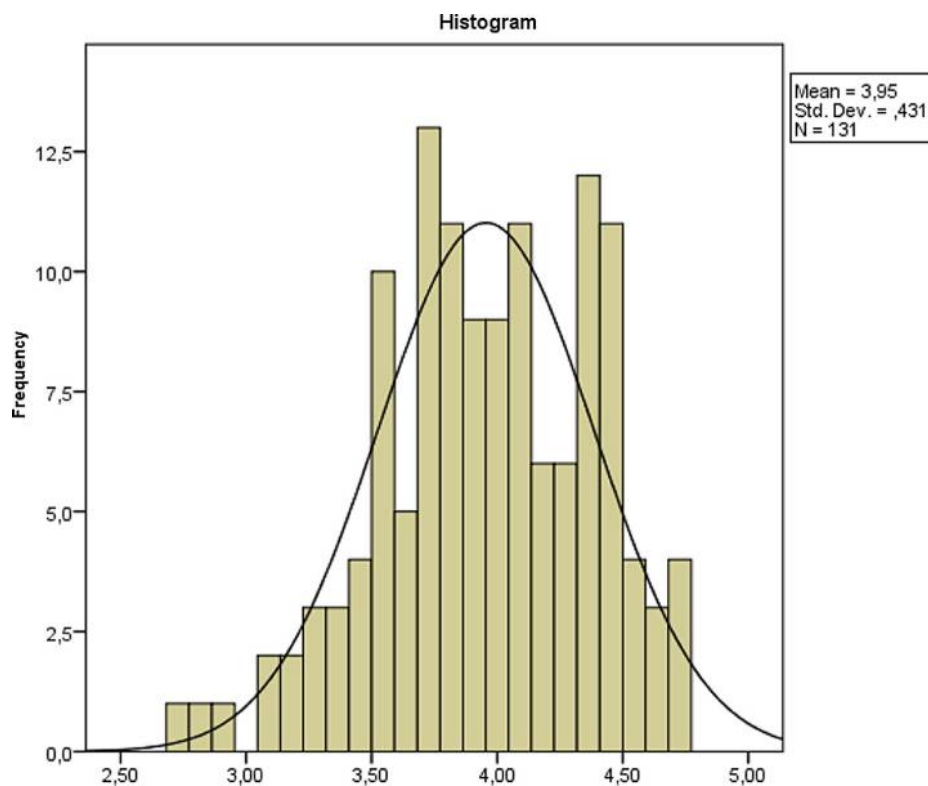


Figure 1.
Sense of community
areas of work
(Lampinen *et al.*,
2013) (translated
from Finnish into
English)

- RQ1. Do the background factors of social and health-care managers have a connection to their job satisfaction and job-related well-being?
- RQ2. Which of the explaining factors behind sense of community at work are connected to the job satisfaction and job-related well-being of social and health-care managers?

Subjects and methods

Finnish social and health-care systems

In Finland, municipalities ($n = 320$ in year 2013) are responsible for organizing social welfare and health-care services. Municipalities can provide basic social welfare and health-care services individually, or form joint municipal authorities with other municipalities. They may also purchase social and health-care services from other municipalities, organizations or private service providers (STM, 2014). "The basic social welfare, public health and specialized medical care services that must be available in every municipality are defined by law" (STM, 2013). Municipalities can decide the scope, content and model of municipal service provision within the limits of legislation (STM, 2013). Finnish social and health-care services receive their primary funding through general taxation (Häkkinen and Lehto, 2005). At the moment, in Finland, there is a social and health-care restructuring ongoing, which combines the services and increases the customer choice.

Sample

The data were collected from three primary health-care organizations operating in two average-sized Finnish cities and their surrounding areas (population total 370,000 people). E-mail containing link to the questionnaire were sent to the front-line and middle managers in these organizations in March-May 2013. Two further reminders were sent to all non-respondents. According to data provided by the organizations, there were altogether 241 managers in front-line and middle management. Of these, 136 responded to the questionnaire (response rate 56 per cent). We had to discard one questionnaire due to lack of data (more than half of the questions were left unanswered). Thus, the final analysis included 135 questionnaire forms ($n = 135$).

Data collection

The data were collected using a structured questionnaire created specifically for this study. We utilized previous literature, as well as questions from previously developed instruments, directly or slightly altered. For the questions measuring sense of community, we utilized measures derived from McMillan and Chavis's (1986) theoretical model, such as Sense of Community Index (Perkins *et al.*, 1990) and Brief Sense of Community Index (Long and Perkins, 2003). For mapping sense of community at work, we used measures created by Royal and Rossi (1996, 1999) and Burroughs and Eby (Psychological Sense of Community at Work scale 1998). When drafting the questionnaire, we also used the Social Provision Scale developed by Cutrona and Russell (1987) based on theories by Robert Weiss (1974, for observing the connection between social support and health). In addition, we used other questionnaires that had been utilized both internationally (e.g. Lim, 2008) and in earlier Finnish studies (Laine *et al.*, 2006; Viitanen *et al.*, 2007; Hujala, 2008; Kivinen, 2008; Koivumäki, 2008). Prior to data collection, we arranged two expert-reviews and conducted a pre-test of the questionnaire

on social and health-care managers ($n = 14$). After pre-testing, no changes were made to the questionnaire.

In this study, we have used four key-areas of the questionnaire: background information, factors related to cooperation and interaction, factors related to work, as well as job satisfaction and well-being at work. These key-areas were formulated during the content analysis of the literature review, and they reflect our resulting views on the factors which explain sense of community at work and the consequences of sense of community (Lampinen, *et al.* 2013). The questionnaire mainly consisted of statements on a five-level Likert-type scale (5 "fully agree", 4 "somewhat agree", 3 "do not agree nor disagree", 2 "somewhat disagree" and 1 "fully disagree").

The managers participating in the survey were asked to provide the following background information: gender, age, all-round and vocational education, field of operation, unit size, nature of managerial position (full time/part time), work experience in social and health care, time spent as a manager and time spent in current position (Table I).

Ethical considerations

We applied for research permits according to rules and regulations of the targeted organizations. Using the contact information (e-mail addresses and names) provided by the organizations, we sent the front line and middle managers a personal e-mail containing a link to a Webropol® questionnaire. The e-mail included information concerning the purpose of the study, the voluntary nature of survey – participation, as well as confidentiality and anonymity (no names would be used). We interpreted responding to the survey as a sign of conscious consent of participation in the study.

Data analysis

The data were analyzed using SPSS 21.0 for Windows software. For data description, we used frequency and percentage distribution, as well as central tendency and deviation key ratios (mean, standard deviation and range).

To assess the structure of the model produced in our literature review, we conducted an explorative factor analysis using Direct Oblimin rotation. Due to the small sample size ($n = 135$), the unweighted least squares extraction method was chosen. Regarding the consequences of sense of community at work, the factor analysis supported the structure of the model produced in the literature review. From the factor analysis, four factors were produced, out of the results of consequences of sense of community, the cumulative explained variance of which accounted for 61 per cent of the total variance. The statements of these four factors had a dispersion almost identical to the structure of the instrument. Based on the factors, sum variables were calculated by adding up the variable values and dividing their sum with the number of variables. The internal consistency of the sum variable was assessed by using Cronbach's alpha coefficient. The Cronbach's alpha value for Factor 1 sum variable was 0.72 and for Factor 2 it was 0.82. Factors 3 and 4 contained only one variable each so a sum variable for them could not be calculated. We named the variables as follows: F1, Satisfaction with Different Aspects of Work (apart from salary); F2, Quality of Service; F3, Commitment; and F4, Satisfaction with Salary.

In this part of the study, we examined, through multiple linear regression analysis, the connection between factors which explain sense of community at work and the sum

Background information	<i>n</i>	(%)	Sense of community and job satisfaction
<i>Gender (n = 135)</i>			
Female	122	90.4	
Male	13	9.6	
<i>Age (years) (n = 128^a)</i>			
< 40	14	10.9	
40-49	27	21.1	
50-59	59	46.1	
≥ 60	28	21.9	
<i>All-round education (n = 130^b)</i>			
Comprehensive school	31	23.8	
Upper secondary school	99	76.2	
<i>Vocational education (n = 131^c)</i>			
Secondary vocational education	14	10.7	
Polytechnic education	61	46.6	
University education	38	29.0	
Post graduate education at the university	8	6.1	
Other education	10	7.6	
<i>Field of operation (n = 132^d)</i>			
Specialized medical care	3	2.3	
Social services	25	18.9	
Health services	49	37.1	
Social and Health Care Services	54	40.9	
Other	1	0.8	
<i>Managers' professional background (n = 133^e)</i>			
Doctor manager	13	9.8	
Nurse manager	85	63.9	
Social manager	25	18.8	
Educational manager	1	0.7	
Other professional background	9	6.8	
<i>Unit size (number of employees) (n = 135)</i>			
≤ 15	13	9.6	
16-40	86	63.7	
41-100	21	15.6	
101-300	11	8.1	
> 300	4	3.0	
<i>Nature on managerial position (n = 135)</i>			
Fulltime	123	91.1	
Part-time	12	8.9	
<i>Work experience in social and health care (years) (n = 134^a)</i>			
< 20	33	24.6	
20-30	46	49.3	
> 30	55	26.1	

(continued)

Table I.
Descriptive statistics
of the study sample
(*n* = 135)

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Background information	<i>n</i>	(%)
<i>Time spent as a manager (years) (n = 135)</i>		
< 10	68	51.1
10-20	38	28.6
> 20	27	20.3
<i>Time spent in current position (years) (n = 135)</i>		
< 5	79	58.5
5-10	38	28.1
> 10	18	13.3

Table I. Note: ^aThe number of respondents varied by question

indicator Satisfaction with Different Aspects of Work produced by our factor analysis, and aimed to find the key variables of the phenomenon. For this, stepwise multiple regression analysis was chosen. The regression analysis was implemented so that in Model 1, the background variables (11 in total) explained the Satisfaction with Different Aspects of Work. In Model 2, the explaining factors were relationships and atmosphere (33 variables); in Model 3, cooperation and interaction variables (19 in total); in Model 4, cultural variables (22 variables); and in Model 5, the independent factors which had statistically significant connections with the dependent variable in the previous four Models (Models 1-4). Statistical significance was set at $p \leq 0.05$ for all analyses.

Linear regression analysis was considered suitable for our data because the explaining sum indicator is a continuing one and it sufficiently follows normal distribution (Figure 2). Sum indicator average was 3.95 and standard deviation was 0.431. For the regression analysis, out of the background factors, vocational education, field of operation and the variables measuring manager's background were recorded dichotomous.

Bivariate correlation analysis was used to examine correlations among all of the 74 study variables. According to Burns and Grove (1997), most researchers consider multicollinearity to exist if the bivariate correlation is greater than 0.065. Some researchers use a correlation of 0.08 or greater as an indication of multicollinearity. The correlations between variables in the relationships and atmosphere section varied between $r = -0.464$ and 0.821. The correlations between variables in the cooperation and interaction section varied between $r = -0.588$ and 0.869. The correlations between variables in the cultural section varied between $r = -0.421$ and 0.749. Collinearity was checked using spearman correlation coefficient. In each category, some collinearity existed. However, all predictors were kept on the model because, theoretically, these items belonged to the unity.

Results

Background information of the respondents

The majority of the managers who participated in the survey were female (90.4 per cent). Respondents were of the average age of 51.3 years (SD: 8; range: 28-65 years). Their education varied between secondary vocational education (10.7 per cent) and a higher academic degree (89.3 per cent). More than half (63.9 per cent) of the managers had a nursing background. There were also managers with social work background (18.8 per cent)

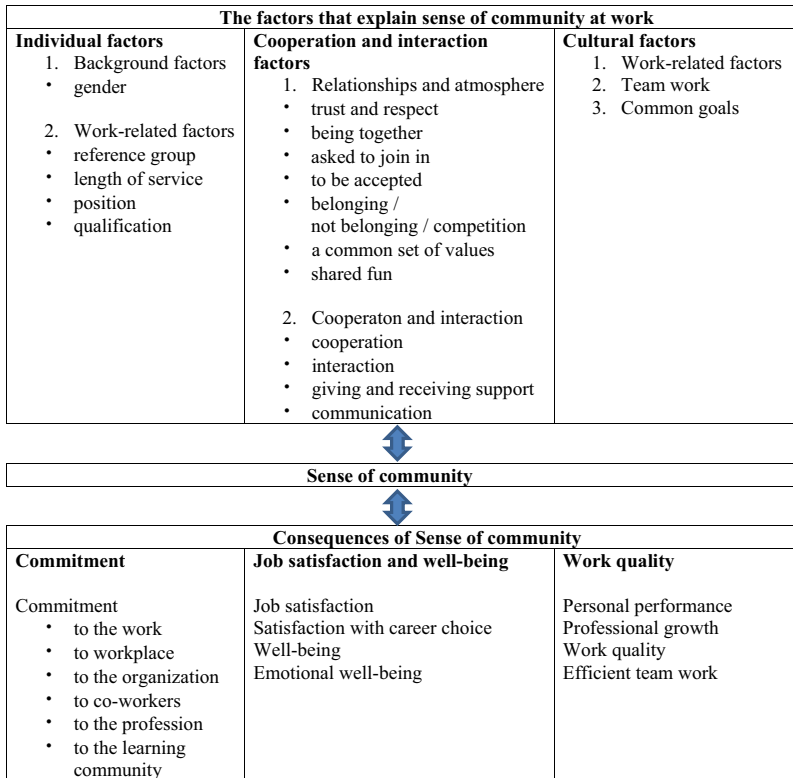


Figure 2.
The distribution of
the variable
satisfaction with
different aspects of
work

and medical doctor background (9.8 per cent). Of the respondents, 40.9 per cent were working in the joint social welfare and health-care sector, 37.1 per cent in health care and 18.9 per cent in social welfare. The respondents had on average 24.9 years of work experience in the social and health-care sector (SD: 8.8; range: 5-42 years), an average 11 years of experience in managerial work (standard deviation: 8.2; range: 0.4-38 years) and in their current position, an average 5 years (SD: 5.2 years; range: 0-33 years). Nearly all (91.1 per cent) of the respondents were full-time managers (Table I).

When asked about managers' job satisfaction using a single question, the social and health-care managers seemed to be satisfied with their job. Of the respondents, 67 per cent were either fairly or very satisfied with their current job.

Multiple linear regression analysis

Of the background variables (Table II, Model 1), work experience in current position (years), nature of managerial position (full time vs part time), and vocational education together explain 14 per cent ($R^2 = 0.140$) of the variation in the dependent variable Satisfaction with Different Aspects of Work. The single best explaining item was work experience in current position ($\beta = 0.245$, $p < 0.01$). The regression coefficient for

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Independent variable	R^2	Adjusted R^2	F	Significance	β	Significance
<i>Model 1</i>						
Background variables	0.140	0.117	5.983	0.001		
How long have you been in your current position?					0.245	0.007
Managerial position					-0.196	0.029
Vocational education					-0.185	0.039
<i>Model 2</i>						
Relationships and atmosphere	0.289	0.276	22.364	0.000		
In my experience, my superior appreciates my leadership skills					0.427	0.000
At work, I have close relationships that provide me with a sense of security					0.219	0.011
<i>Model 3</i>						
Cooperation and interaction	0.144	0.136	19.484	0.000		
I am able to openly express my opinions in my manager community					0.379	0.000
<i>Model 4</i>						
Cultural variables	0.655	0.640	43.716	0.000		
I find my work to be meaningful					0.472	0.000
Our organization has an open flow of information					0.242	0.000
What kind of career opportunities do you have in your work?					0.121	0.034
How much influence do you have over your own work pace?					0.227	0.000
I am excited about my work					0.224	0.001

Table II.
Linear regression models that explain the indicator satisfaction with different aspects of work

managerial position and vocational education was negative. Results show a connection of full-time managerial position (in relation to part-time position) and of higher education level to a higher level job satisfaction.

In the relationships and atmosphere section (Model 2), the appreciation received from managers' own superiors regarding their leadership skills and the relationships at work providing sense of security together explain 28.9 per cent ($R^2 = 0.289$) of variation in the dependent variable Satisfaction with Different Aspects of Work. The weightier of the two independent variables was the appreciation of leadership skills received from superior ($\beta = 0.427$, $p < 0.001$).

When we ran the linear regression analysis to predict Satisfaction with Different Aspects of Work using the variables in the cooperation and interaction section (Model 3), the only variable with statistical significance was the ability to openly express opinions within the manager community ($\beta = 0.379$, $p < 0.001$). Coefficient of determination of the model was 14.4 per cent ($R^2 = 0.144$).

The following cultural variables (Model 4) accounted for a total of 65.5 per cent ($R^2 = 0.655$) of the variation in the dependent variable Satisfaction with Different Aspects of Work: job meaningfulness, open flow of information within the organization, potential for promotion, pride in one's work, influence over one's work pace and excitement about one's work. The single most important independent variable was job meaningfulness ($\beta = 0.472, p < 0.001$).

When we look at the significant variables from different sections (Models 1-4) together in one model (Model 5), the single greatest variable to explain Satisfaction with Different Aspects of Work was job meaningfulness ($\beta = 0.461, p < 0.001$) (Table III). The open flow of information within the organization, the appreciation received from superior for own leadership skills, and the sense of pride over one's own work had statistical significance as variables. The variables in Model 5 together accounted for 66 per cent ($R^2 = 0.661$) of the variance of the dependent variable Satisfaction with Different Aspects of Work. When adjusted for sample size and number of explaining variables, the R^2 (adjusted R^2) was slightly smaller (0.643).

Discussion

Of all the background factors, the single best overall explaining item was work experience in current position, which indicates a positive correlation between increasing work experience (years) and increasing job satisfaction. The results show that part-time managers are more unsatisfied at work than full-time managers. Correspondingly, managers with a higher level of education were more satisfied than those with a lower academic degree. The results may be indicative of the pressure and challenges faced by social and health-care managers today. The increased responsibilities and duties of managerial work which appear to be a common phenomenon (e.g. Johansson *et al.*, 2013; Thorpe and Loo, 2003) may stand in the way of undertaking part-time managerial work. There is evidence to support this view in Lindholm's (2006) study, where the results indicated higher work stress levels among managers with a medical doctor background than among managers with a nursing background when exposed to the combination of high job demands and low job support. In this context, Lindholm, refers to the fact that physicians in managerial positions by tradition still keep part of their clinical duties,

Independent variable	R^2	Adjusted R^2	F	Significance	β	Significance
<i>Model 5</i>						
Altogether	0.661	0.643	37.388	0.000		
I find my work to be meaningful					0.461	0.000
Our organization has an open flow of information					0.194	0.001
In my experience, my superior appreciates my leadership skills					0.187	0.002
What kind of career opportunities do you have in your work?					0.141	0.012
I am proud of my work					0.203	0.006
How much influence do you have over your own work pace?					0.126	0.033

Table III.
Linear regression
model explaining the
indicator satisfaction
with different aspects
of work

while nurse managers mostly leave their clinical duties and concentrate on their manage position. In our study, more than half (53.8 per cent) of the respondents with doctor background were also part-time managers. On the other hand, [Thorpe and Loo \(2003\)](#) emphasize the importance of education, and state that nurse managers require strong educational background and support from their organization to carry out the wide-ranging and multidimensional role as a manager. We cannot, for now, make more specific conclusions concerning the role education plays in the managers' job satisfaction because we did not ask additional questions concerning the role of education in the managers' job satisfaction.

Of the components relating to job satisfaction in terms of content, we found that the following were the most prominent: job content, other people such as coworkers or superiors and promotion opportunities. The results of our study show that the appreciation managers receive from their superior's for their leadership skills, the sense of security provided by close relationships at work, and the open interaction in manager community have significance to the managers' job satisfaction. Previous studies have also shown the importance that superior's support and appreciation have to manager's job satisfaction. According to [Laschinger et al. \(2006; 2007\)](#), the experience of being appreciated by one's superior is connected to the job satisfaction of first-line nurse managers working in acute care hospitals. Also in [Lee and Cummings \(2008\)](#), the support from superiors was found to be positively and significantly related to the job satisfaction of nurse managers. Managers that either had, or perceived that they had, organizational and social support from their superiors had higher levels of job satisfaction. Despite the importance of support, several studies have reported that managers lack support from their superiors ([Thorpe and Loo, 2003; Johansson et al., 2013](#)). For example, according to research by [Thorpe and Loo \(2003\)](#), first-line nurse managers clearly identified the need for more support from senior administrators. Therefore, we see that the support and the quality of the support managers receive from their own superiors is worth taking into account because it can reduce stress and help managers cope better in their work. In our opinion, this social support system between managers and their superiors contain similar forms as in any superior-subordinate relationships, e.g. mutual trust and respect, supportive communication with superiors, encouragement, feedback and guidance received from superiors and given opportunities for professional/educational development (see, e.g., [Parsons and Stonestreet, 2003; Laschinger et al., 2007, 2009; Lee and Cummings, 2008; Johansson et al., 2013](#)).

In addition to the support received from managers' own superiors, [Kath et al. \(2012\)](#) emphasize the meaning of social support received from colleagues to experiencing job satisfaction. According to [Kath et al. \(2012\)](#), nurse managers should be encouraged to seek support from superiors and coworkers to reduce the negative effects of work-related stress on job satisfaction. [Zunz \(1998\)](#), who studied the influence of five socio-environmental factors including social support systems on burnout in human service managers, found out that managers' social support system could be enhanced by creating a work climate that promotes a feeling of belonging to a community with shared concerns, and by providing managers with time and opportunities to build their social support networks.

Of the factors related to organizational culture and communication, the one that best explained manager job satisfaction in this study was job meaningfulness. [Laschinger](#)

et al. (2004) have reached a similar conclusion in their study on the personal well-being and job satisfaction of nurse managers ($n = 286$, in acute care setting). In their study, both groups (first-line managers and middle managers) rated job meaningfulness as the most psychologically empowering dimension of their work.

Alongside job meaningfulness, open communication within the organization had an impact on the job satisfaction of managers. Communication and good flow of information within the organization have also been found to contribute to sense of community and its pursuit in an organization (Stein, 2006; White *et al.*, 2010). Direct information flow has been found to increase sense of awareness and employees' personal sense of importance (White *et al.*, 2010). Of all the communication channels available, face-to-face discussions and the use of e-mail have been estimated to be the most effective in the internal communication of an organization because they enable feedback and transfer of information on a level more personal to that provided by other means of communication (Stein, 2006; White *et al.*, 2010). According to Kruger *et al.* (2001), use of an intranet as communication channel also enabled sense of community to develop among professionals at a faster pace than in face-to-face communication. According to Laschinger *et al.* (2004), developing communication and information channels with colleagues, subordinates and superiors is important in preventing burnout among nurse managers (Laschinger *et al.*, 2004).

In this study, of the factors related to work and tasks, job satisfaction and influence over work place had a positive correlation:

Several studies (Bratt *et al.*, 2000; Davidson *et al.*, 1997; Ingersoll *et al.*, 2002) have reported work pressure as the most common and important predictor of nurse managers' dissatisfaction with their work (Laschinger *et al.*, 2004).

Correspondingly, Lindholm *et al.* (2003) found that nurse managers were more likely to report poor physical health if they experienced high demands in their job. According to Abdelrazek *et al.* (2010), job satisfaction among front line nurse managers may be improved by paying attention to their workload and the demands and expectations posed by the work environment. Correspondingly, studies of sense of community at work have found that work pressure and tasks with unreasonable demands hinder the development of sense of community at work (Pretty and McCarthy, 1991; Lambert and Hopkins, 1995).

Compensation and promotion opportunities have been found to be factors relating to job satisfaction (Churchill *et al.*, 1974). Also, in this study, the promotion opportunities were positively associated with managers' job satisfaction.

Limitations of study

The instrument used in this study was specifically created for it because we were unable to find a previously used instrument suitable for measuring sense of community among managers. The questionnaire was created based on the model we formulated during the literature review. To ensure the content validity of the instrument, two experts were asked to give their opinion on the different versions of the instrument (legibility and clarity of the statements). We pre-tested the questionnaire prior to data collection on managers employed in the social welfare and health sector ($n = 14$). This pretest prompted no changes to the questionnaire. We evaluated the internal consistency of the instrument using Cronbach's alpha coefficient. The Cronbach's alpha value for this

instrument was measured to be 0.91 (N of items 101). The alpha values of the separate parts of the instrument varied between 0.52 and 0.88. For a newly developed instrument, a reliability of 0.70 is considered acceptable (Burns and Grove, 2007).

The response rate of the study was 56 per cent. Reasons for non-response may have included the length of the questionnaire (116 questions), the way the survey was organized (online-questionnaire and no direct contact to the research team) and the timing and reasons pertaining to the respondents themselves such as busy work schedules. No non-response bias analysis was carried out on this study. Some of the questionnaire forms had unanswered questions, which may have a negative effect on reliability. Missing answers per question counted for 0-5.2 per cent. The most commonly unanswered question was the one concerning respondent age. We had to discard one questionnaire from analysis due to missing data (more than half of the questions were left unanswered).

The results of the study should be taken with some reservations, as the persons participating in this study ($n = 135$) only represent a small section of the Finnish social and health-care managers data.

Conclusion

According to this study, alongside job meaningfulness, the factors explaining sense of community at work such as open communication and good flow of information within the organization, sense of security provided by close relationships at work and appreciation of manager's leadership skills, and support from manager's own superior all have a connection on the job satisfaction experienced by managers'. Hence, in addition to providing meaningful job opportunities for managers, attention should be paid to the interaction between social and health-care managers, as well as to the interaction between managers and their superiors in improving managers' job satisfaction. To enhance cooperation, it might be important for social and health-care managers to build a leadership community that allows open interaction in emotionally safe environment and answers their need for mutual support.

Taking into account the target group, social and health-care managers, this study provides direction from factors that affect coping at work. In addition, research is important because previous studies have focused on the area of nursing management. In the future, within the same target group, instead of the quantitative method, a qualitative method can be used to generate empirical data to find out more in-depth information about the factors affecting coping at work.

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