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Care Case Managers' Job Satisfaction: a first contribution to the Italian validation of the Job Satisfaction Scale

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Abstract. *Background and aims of the work:* From the analysis of the Italian literature emerges a lack of studies both about the work satisfaction of Case Care Manager Nurses (CCMN) and on their role in the sanitary context. This research aims to fill this gap through a first Italian validation of the Job Satisfaction Scale (JSS). *Method:* An Italian translation of JSS was provided by three independent judges. To verify the convergent validity of the scale the McCloskey Mueller Satisfaction Scale were used. A measure of the Organizational Wellbeing in the Operating Unit was used in order to verify the concurrent validity. A Professional Self-Efficacy evaluation allowed to verify the discriminant validity. Two open questions examined the role description and the difficulties met at work by the CCMN. The questionnaire was published on the Italian Association of Case Manager and in several Italian Professional Associations of Nurses, Sanitary Assistants and Pediatric nurses (IPASVI). *Results:* 86 people (70 women) answered the questionnaire; 34 of which were Nurses and 52 CCMN. The convergent, the discriminant and the concurrent validity of the scale were proved. The participants were more satisfied with the quality and the kind of their job, and with the supervision and the colleagues, and less satisfied with the contingent recognitions, the marginal benefits, the promotions and with working and salary conditions. No relevant differences were found between Nurses and CCMN, but in authonomy, responsibility and professional opportunities the CCMN were more satisfied. *Conclusions*: This study aimed to offer a first validation contribution of the JSS Scale. Unfortunately the number of participants did not allow to testify a confirmatory factor analysis of the scale. Thus this work should be further improved. Finally, the data highlighted the need to investigate on the recognition of CCMN, since its absence is often the cause of a job dissatisfaction.

Key words: job satisfaction, Nursing, Case Care Manager, Job Satisfaction Scale, JSS Italian version

Introduction

The American Nurses Association (ANA) has drew up a list of ten Nursing Sensitive Outcome (NSO), including also the Job Satisfaction (JS) of the nursing staff.

With NSO it is intended a patient's condition, behavior or measurable perception largely influenced "by" or "sensible to" nursing care (1). Therefore, the NSO are empirically measurable modifications within the patient's condition, imputed to the received nursing care (2, 3).

The JS topic has been deeply analyzed and correlated with several aspects of workers' life, such as welfare, happiness, absence of negative emotionalism (4), motivation (5), performance (motivation in doing), belongings to the organization (motivation in staying). Some authors have underlined a negative link between

the JS, stress and burnout and a positive link between JS and psychosocial welfare among nurses working in different sanitary fields (6, 7).

Moreover, there are many definitions of JS. Some authors argue that this is a behavior including an emotive, an evaluative and a cognitive component (5, 7). According to Locke (8) the JS is the pleasant sentiment derived from the perception (cognition) that the professional activity performed allows to satisfy personal needs and values linked to the job (behavior) and to reach goals. According to Spector (9), the JS is the way people "feel" their job and the aspects characterizing it. Cortese (10) argues that it is both a global attitude (general satisfaction), both the sum of partial attitudes (satisfaction related to different aspects of the working experience).

In the attempt of systematizing the JS' sources (11), Wang summarizes them in three huge categories: individual characteristics, intrinsic characteristics and extrinsic conditions of the job. The *extrinsic characteristics* are external variables unrelated to the job and they include: a) *salary*, a basic worker's need (12) and an important factor in determining nurses' JS (13-17); b) *supervision*, intended as affiliation between leaders and subordinates that increase the JS. Supervision is based on open communication, trust, feedback and evaluation. Supervisors should make use of strategies that are suitable for their own employees' characteristics, and then acting jointly (11); c) *workload*, important for the working resistance correlated with the position, such as the weekly working hours, the turn's workforce and speed of working rhythm. A high workload determines a JS decrease for nurses in the workplace (18); d) *working conditions*, such as the environmental impact over the job, the space necessary to work and to rest, the level of technology and required instruments, the requested skills and so on. Favorable working conditions prevent the dissatisfaction (15) and they are positively associated with nurses' JS (16,19,20); e) *working schedule*, that comprehends work-flow's organization and influences the series of activities to be accomplished with efficacy and efficiency within the working hours. Moreover, it concerns activities' phases and duration, including breaks. Organizations offering flexible working schedules show an increase of staff's satisfaction, a decrease of absenteeism and an increase of productivity (21); f) *interpersonal relation*s play an important role in the JS, because good relations within the workplace foster the workers' interest in staying there, contributing to increase satisfaction (13, 15) and because good relations bring positive effects over working attitude (22); g) *administration*, that concerns leadership and management, such as extent and level of hierarchy, flexibility and autonomy, the organizational model and the promotion of dialogue between different cultures. Agho (20) argues that administration (including working routine, participation and integration) influences nurses' JS the most; h) *public opinion* about staffs professional consideration can positively influence one's working satisfaction (23); a positive public opinion can lead to a JS, while a negative one can increase frustration and regression (22); i) *status*, as the perception of value associated to the career. The higher the career's reputation, the higher is the JS degree (22). Therefore, that status is an important predictive element of nurses' JS (24)

The job's *intrinsic characteristics* include: a) *realization*, since people are generally more satisfied when they succeed in their job (15); b) *acknowledgment*, since people -at all organizational levels- appreciate to be distinguished for their outcomes on the workplace (25). Therefore, it is essential to provide a feedback in order to make people aware of their working trend (15). Boss, supervisors, colleagues and users should contribute altogether to the creation of this feedback. It has a general function over satisfaction and it is strictly related to mutual respect and acknowledgment; c) *responsibility and autonomy*, that require a high level of mutual trust with the business-management. High JS levels are related to a high level of autonomy (15, 26). Moreover, also Kivimaki (27) argues that the degree of satisfaction is linked to the level of professional improvement (responsibility and autonomy); d) *personal growth* is therefore important. If a promotion is not achievable, then it is possible to pursue a higher educational level which enhances workers' skills. If the job allows professionals to acquire more skills, then the JS increases. It means that job's variety reduces the chances to develop discontent (13); e) *impartiality,* intended as principle of equity: professional acknowledgments coherent with worker's ambitions increase JS (19); f) *security on the workplace*, which means to

feel safe and protected. Workers who operate under the system of security show higher JS (28); g) *working value*, since higher it is, higher is job satisfaction (29); h) *cooperation with other departments.* This concept is associated with job task's interdependence, i.e. on what extent one's job influences other's. Studies show that JS is high when there is mutual trust between different departments, while it is low in the opposite case (30).

JS is also related to *individual characteristics* (31). Among them, we should mention: a) *age, because* specialists who present different ages show a different degree of satisfaction towards their job (32); b) *level of education*: workers with a different degree of education have different knowledge and different skills which bring to variable visions of their job (31); c) *gender:* a lot of studies show that JS is linked to gender (33). While men give importance to extrinsic values such as salary, women are more likely to give value to other factors such as security; d) *marital status*: that influences the conception of JS. For instance, a satisfying sentimental life enhances the JS (34, 35); e) *department*: a different department implies a different workplace and, consequentially, a different level of satisfaction based on environment, targets, relationships and salary (17); f) *position*: not intended only as the working place but also as job's features, know-how and skills included in one's role. These factors as well affect the JS (17); g) *seniority*: this parameter measures a worker's years of experience. JS can be affected by seniority because of different experiences, abilities and needs (17); h) *coping strategies:* they are connected to JS (36). The use of active coping, aimed at solving problems, seems to foster satisfaction towards job, while avoidance strategies seem to decrease it. Active coping strategies are common among elder workers, while avoiding ones are common among the younger ones.

Cortese (7) considers three areas where to invest in order to enhance the level of JS: professional training, renewal of organizational models and constant monitoring of satisfaction degree.

Despite all the studies with the aim of measuring job satisfaction's level among the nursing staff too, literature still lacks of studies about Case Care Manager Nurse's JS. The Case Management Society of America (CMSA) defines the Case Care Management as a "collaborative process of verification, planning, facilitation, coordination of treatments, evaluation and advocacy of choices and services that favors individuals' and families' general sanitary needs throughout communications and available resources, with the aim of promoting quality outcomes with a good cost-efficacy relation". Therefore, the welfare organizational model of Case Management is intended as an empirical instrument useful in the creation of treatment paths, aimed at improving costs' efficacy and management throughout the maximum individualization of responses to sanitary needs. The CCMNs follow the patient during the whole admission procedure, working with specialists on operative decisions and planning surgeries in order to avoid duplications and queues, with the goal of decreasing the recovery the most. By making use of this model, nurses can optimize their patients' self-treatment levels and provide quality and continuity, reducing fragmentation of treatments, fostering quality of life and enhancing users' and clinical staff's satisfaction. Besides, the Case Management offers nurses the chance to prove their skills within multidisciplinary supporting groups, with an increase of motivation and professional responsibility, and with the possibility to show more competence and professionalism when dealing with critical events. Therefore, the CCMN finds himself part of a nursing program in response to the development and modification of sanitary system's subjects, with the aim of satisfying people's bio-psychosocial needs through the management of their entire treatment path and the coordination of a wide range of social-sanitary services, by maintaining unaltered the cost-quality relation required by the system. Moreover, the Case Management program also consists in the prevention of diseases and the promotion of health. Advanced clinical practices' skills that characterize the figure of the Case Care Manager include: comprehension of the assisting organizational model; knowledge of a specific patients' population; clinical correlated diagnoses and medical treatments, knowledge about the management of resources, the use of assisting plans, of protocols and guidelines, the importance recognition of being the patient advocate and of continuity of care (37).

Acting as mediator and facilitator within the services system, the CCMN coordinates patients' assisting projects and cares about the constant evaluation of

the assistance path in order to personalize it as much as possible. The Case Care Manager coordinates the patients' assistance program, from the check-in to the post-discharge follow-ups in the different clinical contexts. The CCMN has the responsibility to facilitate and coordinate patients' assistance during hospitalization, by determining –together with the interdisciplinary group– goals and duration of the convalescence and by planning the treatments in order to satisfy the patients' and their families' needs. The CCMN is an "educator" not only for patients and families but also for medical and social-sanitary staff (38).

In the international context (e.g. USA, United Kingdom, Australia, Israel, South Africa, Hong Kong, Taiwan, Singapore), the Case Care Manager Nurse (CCMN) is a highly acknowledged professional figure, while in the Italian context, after initial experiences at S. Orsola-Malpighi and at the Bologna USL's Long Term Care Units and Extensive Rehabilitation structures, this figure has acquired importance also in Intensive Care Units and Clinical Care Pathways. Apparently, a number of Italian regions (such as Veneto, Piedmont, Tuscany, Friuli and Lazio) are implementing CCMN hiring programs, even though such cases have not been officially attested yet. This is probably due to Italy's difficulty in officially acknowledging importance to the CCMN. Despite the importance of this professional figure in sanitary contexts, there is still a consistent shortage of studies about nurses' JS in relation to the introduction of the CCMN figure, and also about CCMN's JS itself.

For this reason, this study has the goal to give a contribution to this topic.

Aims

The general aim of this study is to measure CCMN's Job Satisfaction, focusing on the way the CCMN consider his own role and on the challenges the CCMN has to face during his work.

Therefore, the study is aimed at contributing to a first validation of the Italian translation of Job Satisfaction Survey Questionnaire (JSS) (9), dedicated to the workers of public and private personal services and non-profit organizations. The JSS, between 2008 and 2014, has been translated into 18 languages, but not in Italian yet. To verify the *convergent validity of the instrument*, a multidimensional assessment tool of the nursing team satisfaction has been submitted. A professional self-efficacy measure was used to test the *discriminant validity*. To verify the *concurrent validity* a measure of Organizational Well-being in the Operative Unit has been used.

It was considered useful to submit two open questions in order to understand, respectively, the role and the difficulties encountered by the Case Care Manager Nurse during their work.

Method

Design

A cross-sectional study was conducted during 2015, in Northern Italy.

Instrument

In order to validate the original instrument, a translation has been provided by three independent judges. All the three translations were compared and discussed collectively by 6 judges who have chosen the most suitable translation for each single item. The questionnaire was subjected to a first evaluation test on a group of 13 nurses, which have proved completeness, thrift and clarity of the instrument. The Job Satisfaction Survey questionnaire aims to investigate the General JS (item = 36), by analyzing 9 dimensions (operationalized in 4 item each) which characterize it: *Colleagues, Supervision, Nature of Work, Communication, Awards, Marginal Benefits, Working Conditions, Salary, Promotio*n. The rating of the response is from 1 to 6 in a Likert scale, where 1 expresses the maximum disagreement and 6 the maximum agreement. Half of the items are formulated with positive statements and half in negative form, with score assigned inversely.

To measure the JS of nursing staff it was used McCloskey Mueller Satisfaction Scale (MMS) (39). This is a multidimensional scale consisting of 31 items, on a scale from 1 = very dissatisfied to 6 = very satisfied. The items fall into 8 subscales: *Explicit Award Work/Family*

Balancing; *Working Timetable management* ; *Colleagues*; *Social Interaction Opportunities*; *Professional Opportunities*; *Praises and Awards*; *Control and Responsibility.*

To measure the Professional Self-efficacy it was used a "realization" subscale of the Maslach Burnout Inventory (40), which assesses in a monodimensional way the feeling of one's skills and the desire to succeed in working with others (5 items), in a 6-point scale (1 = never and 6= always).

To measure the Organizational Well-Being in the Operating Unit, it was used the subscale retrieved from ICONAS Questionnaire (41). The monodimensional scale consists of 16 items, measured on a 6 point scale (1 = very little and 6 = excellent).

Therefore, two open questions have been submitted, and for each is required to write a maximum of four words. The first question refers to the distinctive features that qualify the role of CCMN: "We ask you to describe in 4 words the distinctive characteristics that qualify the role of CCMN, according to your personal opinion". The second question refers to the the difficulties that the CCMN encounters in carrying out its role: "We ask you to describe in 4 words the difficulties that CCMN meets at work, according to your personal opinion."

Finally, the instrument has provided a survey of the respondents' socio-demographic data such as gender, age, education, years of experience, years of service as CCMN and /or a nurse, whether working in a public or private company and the kind of such a company (hospital, extra-hospital or territorial institute).

Participants and procedure

Participants will be recruited with a convenience sampling, with the questionnaire publication as a link on the website of the Italian Association of Case Care Manager and of some Professional Associations of Nurses, Sanitary Assistants and Pediatric nurses (IPASVI). The online filled questionnaires were received and analyzed anonymously. The participants were 86 (81% females) from 10 different Italian regions; 29.1% from Bologna; 17.4% from Reggio Emilia; 14% from Parma; 14% from La Spezia; the rest from Massa Carrara; Forlì Cesena; Genova; Piacenza. Their age varies between 25 and 58 years, with 42.86 average age (DS = 7.91). The 87% works in a public company; the 12.8% in a private company. The 73.3% works in a hospital; the 12.8% in a territorial institute and the 9.3% in an extra-hospital structure (e.g. hospice).

The sample was composed mainly by Case Manager Nurses (60.5%) than by nurses (39.5%). The 37.2% has 21/30 years working experience; the 24.4% has a 11/20 years working experience; the 15% a 6/10 years working experience. Regarding the CCMM, the 39.5% has been working since 1/5 years; the 14% since 6/10 years; the 4.7% since less than 1 year; the 3.5% since 11/20 years. Between the CCMM, the 32.6% has a non-academic training, the 23.3% has a master's degree, the 4.7% does not have any specific training.

Data analysis

Statistical analysis was conducted with SPSS 20.0 Statistics Software. Internal consistency was analyzed using Cronbach's Alpha. The variables were described with means and standard deviations. Pearson correlations of the sub-scales of JSS, MMS, professional Self-Efficacy and Well-being scales were used to test the validity of the instrument. Differences between nurses and CCMN were tested with analysis of variance (ANOVA). Demographic variables were described with frequency and percentage, and the chi-squared test was used to analyze distribution differences. Statistical significance was set for $p< 0.05$. A content analysis was designed with the responses to the two open questions.

Results

Descriptive statistics

Table 1 shows the descriptive statistics (mean and standard deviation) and the reliability (Cronbach's alpha) of the different subscales. Even though the low number of samples did not allow to carry out confirmatory factorial analysis, the internal coherence highlights a discrete reliability of the JSS scale and of the 9 subscales that compose the original instrument.

Regarding the satisfaction values obtained from the JSS scale, the participants were moderately satis-

Table 1. Descriptive Statistics and Reliability of Indicators (N = 86)

Scales	N item	Alpha/ r	Min	Max	M	SD
JSS Salary	4	.66	1.00	5.50	2.30	1.11
JSS Promotion	3	.68	1.00	6.00	2.46	1.18
JSS Supervision	4	.83	1.00	6.00	4.42	1.30
JSS Marginal Benefits	4	.66	1.00	4.75	2.29	.96
JSS Contingent Awards	4	.67	1.00	6.00	2.89	1.16
JSS Working Conditions	3	.69	1.00	5.67	2.69	1.23
JSS Colleagues	3	.78	1.00	6.00	4.02	1.21
JSS Nature of the job	3	.73	1.00	6.00	4.77	1.14
JSS Communication	4	.74	1.00	6.00	3.58	1.28
JSS Total Score	**32**	**.72**	**1.69**	**5.28**	**3.24**	**.74**
MMSS Explicit Award	3	.69	1.00	5.67	2.71	1.13
MMSS Work-family Balancing	3	.70	1.00	6.00	3.61	1.32
MMSS Working Timetable Management	5	.77	1.00	5.80	3.58	1.22
MMSS Colleagues	2	r =.58	1.00	6.00	4.12	1.26
MMSS Social Interactions Opportunities	4	.73	1.00	6.00	3.78	1.11
MMSS Professional Opportunities	4	.85	1.00	6.00	3.29	1.26
MMSS Praises and Awards	4	.79	1.00	6.00	3.42	1.31
MMSS Control and Responsibility	4	.83	1.00	6.00	3.88	1.21
MMSS Total Score	**29**	**.77**	**1.38**	**5.59**	**3.53**	**0.86**
Professional Self-efficacy Total Score	**5**	**.85**	**2.60**	**6.00**	**4.48**	**.81**
Operative Unit Welfare Total score	**15**	**.94**	**1.13**	**5.88**	**3.46**	**1.13**

Note: The following item: 22 "career advancement opportunities", 31 "incentive system based on functional positions" of MMSS and 8 "sometimes I feel that my work is meaningless", 15 "bureaucracy rarely hinders my efforts to do a good work ", 16 "I find myself having to work more than I should because of the incompetence of my colleagues", 20 "My immediate supervisor shows little interest in the feelings of people who depend on him" of the JSS were excluded, because they lowered the value of consistency (reliability) in the corresponding subscales.

fied (M = 3.24). A higher satisfaction was expressed in relation to the Nature of the job, Supervision and Colleagues, with an average value varying between 4.05 and 5.01. Simultaneously, a higher dissatisfaction was registered regarding Salary, Marginal Benefits, Working Conditions and Contingent Rewards, with an average between 1.73 and 3.01.

The satisfaction average values of MMSS scale (M = 3.53) also showed an average score essentially comparable to the score obtained with JSS scale. Indeed, the results obtained with MMSS scale reveal a higher satisfaction in the subscales Colleagues, Supervision Control and Responsibility, with an average between 3.59 and 4.16, whereas it is lower the satisfaction related to explicit awards and to benefits, with an average varying between 2.15 and 3.57.

Participants declared a fair level (M = 3.46) regarding the Organizational Wellbeing in their own Operative Unit and presented a higher level of Professional Self-Efficiency (M = 4.48).

In the JSS, the average scores do not significantly differ in the two groups (CCMN and Nurses), except for a higher satisfaction regarding the Nature of the job declared by CCMN with respect to Nurses, even if this difference is not really significant (p = 0.54).

No substantial differences were found in the MMSS scale, except for the subscales Professional Opportunities [F(85) = 3.91, p = .051] and Supervision, Control and Responsibility [F (85) = 5.09, p = .027], where CCMN declare themselves being more satisfied than Nurses.

Regarding self-efficiency and organizational welfare, no differences between the two groups emerged. No variations were also present between men/women, between groups with different ages, between individuals with different years of seniority, nor between people working in public or private companies or in hospitals or in extra- hospital environment. Probably the small number of participants did not allow to test for the possible differences between these groups.

Confirmation of JSS validity

The meaningful correlations of the Pearson Correlation Matrix (Table 2) allow to confirm the aims. The *convergent validity* of JSS was proved, because a high correlation was observed between the dimensions of JSS and of MMSS corresponding to the same constructs or to similar constructs.

In particular, the most significant correlations (r > .30) were: Salary (.483) and Benefits (.301) in JSS scale, correlated with the Explicit Award of MMSS.

The Nature of the job (.364), Promotions (.438), Contingent Awards (.491), and Supervision (.550) of JSS are correlated to Praises and Awards of the MMSS. The satisfaction about colleagues of JSS is correlated (.788) to the MMSS satisfaction about Colleagues, as Communication (JSS) is correlated (.465) to the Social Interaction Opportunities (MMSS).

Also the *concurrent validity* of JSS was proved, as high correlations were observed among all the JSS subscales and the Operation Unit Well-being, with scores varying between .255 and .500. Finally, it was largely proved the hypothesis of the *discriminant validity* of JSS, compared with the Professional Self-Efficiency scale, except for the subscales concerning Colleagues and the Nature of the job. This means that the two tools measure essentially different constructs.

Qualitative analysis

Table 3 shows the most recurring words in the answers to the first question. The characteristics of the Case/Care Manager Nurse emerged were categorized in:

a) Personal Characteristics, divided in:
   - *Human/relational dimension*: e.g. helpful, empathetic, able to listen, sensitive, human, humble, patient, friendly;
   - *Authority and determination dimension*: e.g. authoritative, experienced, precise, flexible, trustworthy, reliable, dedication, resilience, charisma;
   - *Independence dimension*: e.g. responsible, leader, independence, advocacy, appropriateness, evaluation;
   - *Ethic and supporting dimension*: e.g. ethics, fairness, consistency, concreteness, clarity, honesty, cleverness, support.

b) Professional Characteristics, divided in:
   - *Expertise dimension*: e.g. expert, professional, goals, solution, planning, efficiency, effectiveness, problem solving, factotum, knowledge, monitoring;
   - *Care dimension*: e.g. caring, educator, to know how to be, clinical, informative, drags, gives advices and support, customer satisfaction, patient centered care;
   - *Collaboration/integration dimension*: e.g. mediator, facilitator, integrated, multidisciplinary, organizational skills, coordination, collaboration, health and social integration, teamwork, bridge, resources manager, continuity, socialization, improvement and planning of welfare paths and projects, collaboration with services and other professionals;
   - *Openness to changes dimension*: e.g. update, training, to be able to become, experience, ductility, appreciation, change, to try, to implement, to improve.

Comparing the answers to the first open question of the two samples (Nurses collaborating with Case/Care Manager or Case/Care Manager Nurses), we conclude that both characterized the CCMN as expert, competent, flexible responsible, helpful, endowed with high professionalism and communication aptitude. Nurses and CCMN's highlighted both the personal and professional characteristics, in particular in the dimensions of competence, collaboration/integration and of authority and determination. Mainly CCMN's emphasized the importance on human/relational dimension and of the competence in defining their role.

Table 4 shows the most recurring words in the answers to the second open question.

The results allow to differentiate between the

a) Organizational/Management Difficulties, divided in
   - *Role and professional autonomy dimension*: e.g. lack of recognition, little autonomy
   - *Resources dimension*: e.g. lack of time, money, amount of workload, lack of resources, of supports or of human resources , workplace, management problems, logistics

Table 2. Pearson's Matrix Correlation between the Indicators (N = 86)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
JSS_Promotions 1	1																				
JSS_Salary 2	.602**	1																			
JSS_Supervision 3	**.347****	**.112**	1																		
JSS_Marginal Benefit 4	**.628****	**.644****	.068	1																	
JSS_Contingent Awards 5	**.610****	**.673****	**.263***	**.521****	1																
JSS_Working Conditions 6	**.474****	**.582****	.123	**.545****	**.522****	1															
JSS_Colleagues 7	.174	.192	.261*	.059	**.274***	**.374****	1														
JSS_Nature of the job 8	.184	.114	.084	-.037	**.377****	.177	**.450****	1													
JSS_Communication 9	**.395****	**.361****	**.398****	**.317****	**.499****	**.380****	**.487****	**.423****	**1**												
JSS_Total Score 10	**.746****	**.718****	**.485****	**.617****	**.807****	**.698****	**.562****	**.474****	**.745****	**1**											
MMSS_Explicit Award 11	**.483****	**.548****	**.310****	**.362****	**.485****	**.371****	**.237***	**.336****	**.367****	**.597****	1										
MMSS_Work-family Balancing 12	**.271***	.122	**.267***	.067	.156	**.261***	**.229***	.173	**.225***	**.307****	**.357****	1									
MMSS_Working timetable management 13	**.404****	**.245***	.183	**.248***	**.297****	**.307****	**.298****	**.389****	**.324****	**.457****	**.694****	**.539****	1								
MMSS_Colleagues 14	.201	.166	**.237***	-.019	**.261***	.176	**.687****	**.416****	**.417****	**.442****	**.232***	**.283****	**.283****	1							
MMSS_Social Interactions Opportunities 15	**.302****	.088	.170	.120	**.233***	.131	**.341****	**.375****	**.465****	**.386****	**.255***	**.274***	**.393****	**.562****	1						
MMSS_Professional Opportunities 16	**.258***	.173	.210	.125	**.218***	.085	.058	**.259***	**.274***	**.289****	**.367****	.130	**.275***	**.280****	.525**	1					
MMSS_Praises and Awards 17	**.535****	**.426****	**.550****	**.258***	**.491****	**.393****	**.448****	**.356****	**.463****	**.678****	**.522****	**.348****	**.421****	**.576****	**.539****	**.462****	1				
MMSS_Control and Responsibilities 18	**.377****	**.404****	**.339****	**.288****	**.334****	**.216***	**.347****	**.390****	**.569****	**.565****	**.523****	**.265***	**.445****	**.451****	**.570****	**.611****	**.670****	1			
MMSS_Total Score 19	**.512****	**.392****	**.402****	**.277****	**.439****	**.344****	**.436****	**.472****	**.548****	**.658****	**.713****	**.550****	**.738****	**.596****	**.720****	**.666****	**.803****	**.824****	1		
Professional Self-efficacy Total Score 20	.029	.075	.150	-.105	.100	.056	**.285****	**.280****	.180	.186	**.277****	**.383****	**.234***	**.391****	**.266***	**.291****	**.213***	**.265***	**.389****	1	
Operative Unit Welfare Total Score 21	**.495****	**.394****	**.564****	**.255***	**.390****	**.352****	**.346****	**.364****	**.500****	**.636****	**.469****	**.415****	**.346****	**.535****	**.556****	**.406****	**.741****	**.662****	**.723****	**.321****	1

Note: Significant ($p < .05$) or highly significant correlations ($p < .0.1$) are in bold

Table 3. Main features of the CCMN (N = 84)

Key Words	Total Frequency	CCMN Frequency
Skills/expert	27	15
Responsibility/responsible	14	11
Professionalism/professional	13	7
Communication	12	6
Availability/available	11	9
Management skills	9	3
Empathy	8	6
Knowledge	7	5
Coordination/Coordinator	7	5
Flexibility/Flexible	7	4
To facilitate/Facilitator	5	4
Collaboration	5	4
Continuity	5	5
Autonomy	5	4
To decide/Decision making	5	2
Planning	5	3
Education/Educator	4	3
Mediation/Mediator	4	4
Experience	4	3
Clarity	4	2
To improve/improvement	4	4
Efficiency	3	1
Efficacy	3	1
Updating	3	2
Listening ability	3	1
Humanity	3	1
Advocacy	3	3
Humility/Modest	3	1
Leader	3	1
Support/Assistance	3	2
Patience/Patient	3	2
Teamwork	3	1
Integration	3	3

Table 4. Main difficulties of the CCMN (N= 84)

Key Words	Total Frequency	CCMN Frequency
Inadequate awarding	31	21
Bureaucracy	21	15
Inadequate collaboration	15	6
Workload	14	10
Managerial problems	14	7
Lack of time	10	7
Communication	10	2
Money	6	6
Conflict	5	1
Lack of autonomy	5	2
Envy	5	3
Diffidence	5	2
Integration	4	2
Ignorance	3	1
Lack of resources	3	1
Working place	3	1
Multiculturalism	3	2

- *Coordination/connection dimension*: e.g bureaucracy, standardization, integration, optimization, coordination, multiculturalism, difficult discharges, hospital-territory continuity.

b) Personal-Relational Difficulties, divided in:
- *Conflict dimension*: e.g. hostility, conflict, envy, suspicion, competition, lack of collaboration/exchange of views, reluctance, respect.
- *Relations with users dimension*: e.g. communication, patience, flexibility, empathy with family, ethical problem, trust.
- *Invisibility dimension*: e.g. loneliness, resistance, lack of availability and of expertise, indifference, professional dissatisfaction, tiredness, emotional difficulties, to be ignored, invisibility.

Nurses and CCM nurses put in the first place the organizational difficulties in the role and professional autonomy, invisibility and personal/relational difficulties. In addition, CCMN point out as main difficulties the dimensions of resources and coordination/connection, while nurses indicated especially the conflict dimension as a potential problem. Other factors that create difficulties are the amount of bureaucracy, the lack of collaboration, an excessive workload and organizational problems. Finally, it is worth to mention that almost half of CCMN and one third of Nurses put in the first place the lack of recognition of the CCMN role as a lack of institutional framework, and as a lack of recognition from the different professionals with whom CCMN collaborate. This difficulty is the most recurring answer and more than one third of participants highlighted it in their answers.

Conclusions

Assuming that the job satisfaction is a NSO, the research aimed to measure the level of job satisfaction of Nurses and in particular of Case Care Manager Nurses, as they have a central role in the health organization. Given that in the literature there are few researches in this field, the goals of this survey was to verify the satisfaction level of these professionals and to validate in the national contest a tool that had not been translated in Italian yet: the Job Satisfaction Survey (9), submitted to a sample of 86 nurses and Case Care Managers in the Northern part of Italy.

We can affirm that this survey offers the first contribution in a preliminary validation of the Italian translation of the JSS, as the nine theoretical dimensions of the different scales that compose the construct are recognizable also in the Italian version. Even if the small number of participants did not allow an accurate verification of the factorial structure of the scale, the statistical analysis seem to confirm the validity of this tool.

In particular, the *convergence validity* was proved by the high correlation between the satisfaction constructs measured via the JSS and the ones measured via the MMSS. Furthermore, the *concurrent validity* was shown by the correlation between the measures obtained from the JSS and the measure of the Organizational Well-being, while the discriminant validity was verified by the absence of correlation between most of the sub-scales JSS and a Self-Efficacy measure.

Participants were moderately satisfied, without significant differences between Nurses and Case Care Manager Nurses. The latter were more satisfied only about the perception of autonomy, high responsibilities and professional opportunities.

More generally, the professionals were very satisfied especially regarding the nature of their work and the relations with supervisors and colleagues, and less satisfied about the contingent awards, marginal benefits, promotions, working conditions and salary.

Also the qualitative data confirm a big satisfaction about the quality of the work, but also a dissatisfaction about the economical, the status and the role acknowledgment.

Despite the participants acknowledged a high centrality, professionalism and kindness of the CCMN, the low exposure and perception of recognition of this professional by other colleagues, suggest the necessity of a clearer and shared redefinition of competences, status and role of the Case Care Manager Nurse in the national sanitary context, as the lack of acknowledgment and the perception of being "invisible" are a reason of low job satisfaction.

Limits

The low number of participants did not allow to accurately verify the factorial structure of the scale and then to carry out more accurate statistical analyses. With this goal, future studies, carried out on larger and representative samples, will be able to confirm or disconfirm the validity of JSS instrument in the Italian context and to test more rigorously any differences in satisfaction due to socio-professional variables. Similarly, the representation of the role of the profession of CCMN deserves further qualitative investigation, in order to analyze more deeply the concrete experiences and the most critical areas in the performance of their role.

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