

The use of nurses' strengths and interests and the relation with perceived quality of care and job satisfaction

- | | |
|-------------------------------------|---|
| • Name: | Loes Keur |
| • Student number: | 6556035 |
| • Version: | Definitive version |
| • Date: | 25-06-2021 |
| • Course: | Nursing Sciences, program in Clinical Health Sciences, Research Internship 2: Master Thesis
University Utrecht |
| • Supervisor: | Dr. Dewi Stalpers |
| • Course lecturer : | Dr. Janneke de Man, Dr. Jacqueline van Dijk |
| • Intended journal for publication: | International journal of nursing practice |
| • Number of words: | 3798 |
| • Number of words abstract: | 299 |
| • Number of words abstract (NL): | 300 |
| • Reporting checklist: | STROBE |
| • Reference style: | Vancouver |

Abstract

Title: The use of nurses' strengths and interests and the relation with perceived quality of care and job satisfaction

Background: in preventing adverse patient- and nurse outcomes, improving quality of care and achieving sustainable employability is essential. Growing evidence states that employees show more dedication and satisfaction to their job when allowed to use their strengths and interests. This is however not been studied among nurses in hospitals.

Aim: to investigate the association between nurses' perceived quality of care and nurses' strengths and interests use, individually as well as within a nursing team. Secondly, the association with job satisfaction was investigated.

Methods: in this cross sectional survey study, data was collected from 109 registered nurses from various Dutch hospitals between February and May 2021. Included were measures regarding socio-demographic characteristics, nursing activities, nurses' strengths and interests, perceived quality of care and job satisfaction. Data analysis consisted of correlation and multiple (logistic) regression analysis.

Results: positive associations were found between nursing activities based on strengths, interests and contributing to quality of care. 'Strengths use within a team' was also positively related to perceived quality of care and job satisfaction. Regarding the influence of demographic factors, there were no significant associations with quality of care. Together with team support, job satisfaction was however higher in surgical wards and lower in general hospitals.

Conclusion: this study provides promising evidence in the use of nurses' strengths and interests. Investing in supportive work environments where nurses are challenged to use their strengths within the team will contribute to intensified teamwork, resulting in better workperformance and wellbeing of nurses.

Recommendations: future studies could explore the further distribution of nursing activities based on nurses' strengths and interests in teams of nurses who have had different occupational education, in order to improve the quality of care and to retain nurses within the organization.

Keywords: Strengths, Interests, Nurses [MeSh], Quality of healthcare [MeSh], Job satisfaction [MeSh]

Nederlandse samenvatting

Titel: De inzet van kwaliteiten en interesses van verpleegkundigen en de invloed op de waargenomen kwaliteit van zorg en de werktevredenheid

Achtergrond: om negatieve uitkomsten voor zowel patiënten als verpleegkundigen te voorkomen is het belangrijk te onderzoeken hoe verpleegkundigen het beste ingezet kunnen worden zonder verlies van werkplezier. Er is toenemend bewijs dat werknemers die hun kwaliteiten en interesses inzetten, meer toewijding en werktevredenheid laten zien. Onder verpleegkundigen is dit echter nog onvoldoende onderzocht.

Doel: onderzoek naar relaties tussen het gebruik van kwaliteiten en interesses in het verpleegkundige vak en de kwaliteit van zorg. Als tweede wordt de relatie met werktevredenheid onderzocht.

Methode: een cross-sectioneel onderzoek is uitgevoerd waarbij vragenlijsten van 109 verpleegkundigen uit verschillende Nederlandse ziekenhuizen zijn verzameld van februari tot mei 2021. Gegevens over sociaal-demografische kenmerken, verpleegkundige activiteiten, kwaliteiten en interesses van verpleegkundigen, de kwaliteit van zorg zoals verpleegkundigen die ervaren en werkplezier werden verzameld. Een correlatie analyse en multipele (logistische) regressieanalyse werd uitgevoerd.

Resultaten: positieve verbanden werden gevonden tussen verpleegkundige activiteiten op basis van kwaliteiten en interesses en op basis van de bijdrage aan de kwaliteit van zorg. Kwaliteiten inzetten binnen het team was ook positief gerelateerd aan de kwaliteit van zorg en aan de werktevredenheid. Demografische factoren toonden geen significante associaties met de kwaliteit van zorg. Samen met de inzet van verpleegkundige kwaliteiten binnen het team was de werktevredenheid echter hoger op chirurgische afdelingen en lager in algemene ziekenhuizen.

Conclusie: de resultaten voor de inzet van kwaliteiten en interesses van verpleegkundigen in ziekenhuizen zijn veelbelovend. Investeren in werkomgevingen waarin verpleegkundigen worden uitgedaagd hun kwaliteiten in te zetten, zal bijdragen aan een sterkere teambinding resulterend in betere werkprestaties en meer werktevredenheid.

Aanbevelingen: Vervolgonderzoek zou de verdere verdeling van activiteiten op basis van kwaliteiten en interesses in teams van verpleegkundigen met gevarieerde vooropleidingen kunnen onderzoeken om de kwaliteit van zorg te verbeteren en verpleegkundigen binnen de organisatie te behouden.

Trefwoorden: kwaliteiten, interesses, verpleegkundigen, kwaliteit van zorg, werktevredenheid

Introduction

Worldwide, there is a growing shortage of nurses due to demographic and economic changes, such as an increasing proportion of older people in the working population, shortened hospitalizations and high turnovers of patients.^{1,3} Evidence suggests that a lack of nursing staff is a main cause of adverse patient outcomes, including medication errors and mortality.⁴ In addition, combined with bad working conditions it can also cause adverse outcomes for nurses, such as lower rates of job satisfaction, possibly resulting in burn-out and more (young) nurses having the intention to leave the nursing profession.⁴

Nurses are crucial in providing safe and good quality of care to patients.⁵ It is their primary focus to fulfill the patient's needs and achieve the desired patient outcomes.⁴ Nurses have the ideal position for assessing the quality of care over time, based on their interactions with patients and other health care professionals in the centre of different care processes⁶ It is challenging for managers and hospital boards to manage providing good quality of care for patients on the one hand and restraining the impending shortage of nurses in the hospitals on the other hand.¹

Healthy work environments for nurses contribute to improving results in the quality of care for patients and can reduce mortality and medical errors in hospitals by 9-10%.⁷⁻⁹

In the United States, efforts have been made to create supportive work environments for nurses and "magnet" hospitals were identified by the American Academy of Nursing (AAN).¹⁰ Magnet hospitals are considered attractive to nurses, who take enormous pride in the fact that they believe themselves to be providing high-quality nursing care to their patients.¹¹ In addition, research shows significant improvements in nurse outcomes, such as higher job satisfaction, resulting in lower intention to leave rates among nurses working in Magnet hospitals compared to other hospitals.⁷

In the Netherlands, the American "magnet" concept has been translated by the Dutch Association for Nurses (V&VN) into the Excellent Care program for hospitals aiming to influence the entire working environment for nurses in such a way that the quality of care for patients improves and that the position and influence of nurses improves so that the nursing profession becomes more attractive to newcomers.¹² This can be attempted through optimally using nurses' knowledge, skills, expertise and giving them the opportunity to develop within the team in order to show leadership, autonomy and that nurses take responsibility for their profession.^{13,14}

Based on the awareness that there is a basic need for personal control or autonomy, research has been conducted into how employees can influence their work themselves.¹⁵ This concept, called 'job crafting', refers to the physical, cognitive changes individuals make in the performance of the profession or the modelling of a job to own preferences.^{15,16} Job

crafting was investigated among employees in public companies and showed positive results with regard to job autonomy and job satisfaction.^{16,17} Literature in the area of psychology presents also an increase to a person's job satisfaction when employees are allowed to perform activities in which people are motivated to invest time (interests).¹⁶ In addition, employees who feel supported by the organization and by the team they work in to use their strengths in their work feel more valued for their skills, resulting in an increase of their self-confidence.¹⁸ Teamwork becomes more effective when members know more about each other's strengths, rely more on each other's strengths and divide work based on these strengths among each other.¹⁸ In literature teamwork has already proven its virtue in contributing to significant gains in patient safety.¹⁹ Also the deployment of skill mixed teams in hospitals showed that the combination of skills among healthcare professionals and the development of interprofessional teams are strategies contributing to manage the scarcity of nurses, resulting in the improvement of the quality of care and the job satisfaction of professionals and patients.²⁰

Despite the positive effects, the concept of 'job crafting' and 'using strengths and interests', is still rarely investigated among nurses in hospitals. There is a need to investigate whether the empowerment of nurses, by using their strengths and interests at work, can ensure that the quality of care, such as nurses like to provide to their patients, is guaranteed and that it contributes to job satisfaction, resulting in the retention of nurses within the organization.

Methods

Aim(s)

The primary aim of this study was to investigate the association between nurses perceived quality of care and the use of nurses' strengths and interests, individually as well as within a nursing team. The secondary aim was to investigate the association with job satisfaction and the use of nurses' strengths and interests, individually as well as within a nursing team.

Design

A multicenter cross-sectional survey study was performed among nurses in Dutch hospitals to obtain simultaneously enough data from several participants across the country in the period from February to June 2021.

Sample/ Participants

A convenience sample was used to ensure the representation of nurses working across the country in various hospitals. Through using contacts of researcher LK, a notice of request for participation was distributed among nurses working all over the Netherlands in either general, top clinical (STZ) or university medical centers (UMC). To recruit more nurses a pitch was given by LK among nurse managers. For a participant to be included he or she

was required to perform the nursing job at a ward in a Dutch hospital and had to be registered with the Individual Healthcare Professions Act (BIG-register). To determine the number of participants that should be included in the study, a thumb rule was used, stating that no less than 50 participants were needed, with five or fewer independent variables and ten more for every additional variable.²¹ This study examined approximately eight independent variables, meaning that 80 participants were needed.

Data collection

Prior to data collection, literature was reviewed to obtain an overview of nursing activities representing the content of the nursing job. In addition, nursing activities were classified according to the roles of Canadian Medical Education Directions for Specialists (CANMEDS), which represent Dutch nurses' competencies.²² Data was collected by distributing surveys through mail to nurses who actively indicated to LK that they wanted to participate. Included were measures regarding participant characteristics, such as age, gender, education level, hospital category, type of ward and level of differentiation. With regard to differentiation, in some hospitals it is possible for nurses to follow courses to differentiate in the nursing job, meaning that they are trained to perform activities in addition to their competencies. Additional measures involve nursing activities, nurses' strengths and interests, perceived quality of care and job satisfaction (appendix A).

Nursing Activities (NA)

NA were derived from two articles, using the validated Basel Extent of Rationing of Nursing Care instrument (BERNCA) to measure missed care in the nursing job.^{23,24} Next NA were compared with Dutch job profiles concerning the content of the nursing job published by the Dutch Federation of University Medical Centers (NFU) and the Dutch Association of Hospitals (NVZ). A list of NA emerged and was assessed by three nurses working in different departments in a Dutch hospital to strive for content validity. The list has finally been adjusted in response to comments from four independent nurses and was completed in collaboration with a quality officer (appendix B).

Perceived Quality Of Care (PQOC)

PQOC was measured by indicating on a five-point Likert scale ranging from one (strongly disagree) to five (strongly agree), whether a specific NA contributed to PQOC (PQOC_NA). Also the PQOC in the ward was questioned, including *the present PQOC* and *the progress of the PQOC* in the ward. The Likert scale questions were adapted from a previous study in absence of an existing validated scale.²⁵ Questions were translated into Dutch forward-backward by independent researchers and native speakers to ensure validity (appendix C).

Nurses Strengths and Interests (NSI)

To gain insight in NSI, nurses were asked to name a personal interest or strength which they developed the past year. Nurses could then prioritize NA of the list from the first to fifth priority according to their strengths. The same procedure followed for a top five of priorities according to nurses' interests.

The validated survey of Buljac et al. (2017) was used to measure the Team Support for Strengths Use (TSSU) of which the Cronbach's alpha was good ($\alpha=0.84$).⁶ Nurses could indicate their perceptions of 'strengths use within the team' on seven statements with a Likert scale ranging from 'strongly disagree' to 'strongly agree' (see appendix C).

Job Satisfaction (JS)

JS was measured by five statements answered with a Likert scale ranging from 'strongly disagree' to 'strongly agree'. The statements were adopted from a previous study in which the internal consistency was acceptable ($\alpha=0.72$).¹⁷

Ethical considerations

Approval through an institutional review by a quality officer of the sponsoring institution was obtained prior to data collection. This study, as part of the study Registered Nurses To Blend (RN2 BLEND), a four-year program that investigates and supervises the differentiated deployment of nurses in the Netherlands, did not need further approval of the Medical ethical committee. The study was conducted according to the principles of the Declaration of Helsinki, version 64, October 2013.²⁶ Surveys were created using CASTOR EDC and were treated confidentially, no nurses were asked for their name or date of birth and results could not be traced back to participants according to the General Data Protection Regulation (GDPR).²⁷ Information about informed consent was explained prior to filling in the first question of the survey, nurses gave consent by answering 'yes'.

Data analysis

SPSS version 25.0 was used to analyze the data.

Descriptive statistics were used with Mean and standard deviation ($M \pm SD$) for numerical data and frequencies with percentages for categorical data. Prior to analysis, it was checked whether participants met the inclusion criteria and agreed on informed consent and then data was checked on outliers or missing data.

The dependent variables *PQOC at the ward* and *JS* were screened on presenting a normal distribution using histograms and residual plots. An appeal was made to the Central Limit Theorem, which states that for $N \geq 30$, the sample distribution approximates the standard normal distribution.²⁸

A ranked list of NA emerged, contributing to PQOC, based on the summed percentage 'strongly agree' and 'agree' that was scored per NA and contributing to NSI, based on the highest summed percentage of prioritized NA, with a lower rank indicating a higher level of contribution.

Numerical outcomes were computed for *PQOC-NA*, *TSSU* and *JS*, where one point for 'strongly disagree' to five points for 'strongly agree' was given, resulting in an summed average score for all statements, with a higher score indicating a higher state of estimation. Internal consistency was measured for *TSSU* and *JS* with Cronbach's alpha (α) with values as 'good' when $\alpha > .80$, 'acceptable' when $\alpha > .70$, 'questionable' when $.6 \leq \alpha < .7$ and 'poor' when $\alpha < .60$.²⁹

The association between the ranked numbers of NA contributing to PQOC and to NSI was analysed by scatterplots and Spearman's ranking correlation.

Participant characteristics were tested univariate for their influence on the outcome variables using a linear regression model when both variables were numeric, a One-way ANOVA when one variable was categorical and the other numerical, Cross tabs when both variables were categorical and a student's t- test when one variable was dichotomized and the other numerical. Variables that contained limited data in some categories (expected count <5) were dichotomized before multivariable analysis was performed. Multicollinearity was checked by means of the variance inflation factor (VIF) and variables with a VIF >5 were excluded from further analysis.³⁰

To examine the first aim, the association between PQOC and NSI (*TSSU*), logistic regression analysis was used. Participant characteristics were included in two models where *TSSU* was added secondly to assess the additional contribution of nurses' strengths use on the response variables *present* and *progress of PQOC*.

For the second aim, *JS* was included as response variable in a linear regression analysis with participant characteristics and NSI (*TSSU*) as explanatory variables. *TSSU* was added secondly as described above.

Pearson's correlation coefficient was then calculated to determine relationships between *PQOC-NA*, *PQOC (present and progress of)*, *JS* and *TSSU* with values as little ($.00 \leq r < .25$), fair ($.25 \leq r < .50$), moderate ($.50 \leq r < .75$), and excellent ($r > .75$).³⁰ For determining statistical significance a p-value of .05 was taken with a Confidence Interval (CI) of 95%.

Results/ Findings

A random sample of 159 nurses was invited to fill in the survey, of which 122 were returned. Thirteen surveys that contained missing data about all the outcome variables, have been left out of analysis. The remaining 109 surveys contained no further missing data (response rate

68.55 %). The majority of the nurses were female (96.3%). Nurses ranged in age from 23 to 65 years with a mean age of 43.86 (\pm 12.05) (Table 1).

Most of the nurses were educated at a Baccalaureate level (HBO-V)(45.9%) and the minority completed University (2.8%).

Of all nurses, 36.7% followed a differentiation course, of which, 3.7% recently started, 26.6% certificated and 6.4% indicated to perform other NA than their colleagues.

Nurses working in a general hospital were represented with 55%, the smallest number of nurses work in a university medical center (3.7%). Most nurses indicated to work on a specialist ward (75.2%), whereas the surgical and medical ward were represented with 13.8% and 11% of the nurses.

Insert table 1

Nursing Activities (NA)

'Providing psychosocial and emotional support' is the first ranked *NA contributing to PQOC* (Table 2). Second and third ranked are 'providing information to patients' and 'providing an effective written transfer'. The lowest ranked 'participating in a cross-departmental or organization-wide working group' is rated as contributing to PQOC by 83.5% of the nurses. 'Prioritizing care' is the first ranked *NA Based on Strengths (NABS)*, prioritized by 56.90% of the nurses (Table 2). Secondly ranked is 'performing (high-risk) activities restricted to nurses', (46.7%). Nurses prioritized this activity first as *NA Based on Interests (NABI)* (47.6%), followed by 'providing information to patients' (41.3%). 'Acting upon abnormal parameters' is the third ranked NA for both *NABS* as *NABI*. Prioritized activities belong to CANMEDS-competencies in the areas of: *providing care, cooperation and communication*.

Insert Table 2

The results showed a significant positive fair relationship between *PQOC_NA* and *NABS* ($r=.440$; $p= .012$) and between *PQOC_NA* and *NABI* ($r=.366$; $p= .039$).

Relationships with PQOC

Histograms showed what appears to be a normal distribution with 68.8% of nurses rating the *present PQOC* at their ward as 'good' and almost 26% as 'fair'. The majority of nurses graded the *progress of PQOC* as 'remained the same' (62.4%), the options 'improved' or 'deteriorated' were rated by 23.9% versus 13.8% of the nurses. Participant characteristics showed no associations with the outcomes of PQOC (Table 3). Age and work experience were correlated ($r=.92$, $VIF>5$) of which work experience has been left out further analysis. The majority of nurses rated an average score for *TSSU* > 3.42 on a five point scale, for all statements (75%). The reliability of *TSSU* was considered good ($\alpha = .88$).

TSSU showed a positive association with the *present PQOC* (OR= 3.891, 95% CI: 1.682 - 9.000, $p= .001$) and with the *the progress of PQOC* (OR= 3.816, 95% CI: 1.547 - 9.415, $p=.004$) at the ward(Table 3).

Insert Table 3

Relationships with JS

The majority of nurses indicated to be satisfied with their job (88.1%). *JS* is graded $M > 4.00$ on a 5-point scale by 75% of the nurses. Cronbach's alpha was acceptable ($\alpha= .75$).

Participant characteristics showed no significant associations with *JS*.

By adding, *TSSU in the model, surgical ward* and *top clinical or university hospital* were positively associated with *JS* ($F(7, 101)= 4.211, p < .001$ and $R^2= .23$)(Table 4).

Insert Table 4

Correlation analysis confirmed significant positive relationships of *TSSU* with *present PQOC* ($r=.19$), with *progress of PQOC* ($r=.28$) and with *JS* ($r=.34$)(Table 5).

In addition, *PQOC_NA* positively correlated with all other outcomes, except with *progress of PQOC*.

Insert Table 5

Discussion

In this study the association between nurses' strengths and interests use on the one hand and perceived quality of care and job satisfaction on the other hand was investigated. The results showed significant relations in nursing activities based on nurses' strengths and interests and nursing activities contributing to perceived quality of care.

A study, investigating the effect of personal strengths use in organizational context has also proven that individual strengths use are beneficial to employees and organizations because they relate positively to work engagement and pro-active behavior.³¹ Research that examined patient safety in nursing homes regarding nurses' strengths use demonstrated that increasing the strengths of individual caregivers within the team was directly associated with a higher perceived quality of care and a lower perceived frequency of medication errors.⁶ Research in the psychology even stated that employees can only deliver top performance in their work if they are challenged to use their strengths.³² This study showed that despite different preferences in relation to nursing activities, nurses considered all nursing activities to be highly contributing to the quality of care. The association with strength and interest use however was only 'fair', which may be explained by the fact that there are a myriad of nursing activities to be performed, impossibly all contributing to nurses' strengths and interests. Literature described that possible withholding necessary nursing activities can lead to reduced quality of care.³³ Despite the possible inability to perform all activities however, the majority of the nurses indicated the quality in the ward was as 'good'. In addition, activities that nurses found most contributing to quality, falling under the competences of 'providing care', 'communication' and 'collaboration', were also activities based on their strengths and interests. Research stated that some causes for withholding necessary nursing activities are still uncertain.³⁴ Underlying motives on which nurses prioritize care activities need to be further investigated.

The results showed no significant impact of participant characteristics on the perceived quality of care. This has been confirmed by research where no significant relationships between education level and quality of care or patient mortality were found.^{35,36} This might be due to nurses in hospitals being subjected to the same collection of nursing activities after education, as a result of which the distinction between the educational levels has become less pronounced during the performance of the nursing job. In addition, differentiation in the nursing job is still an ongoing development in hospitals.

Results showed that the more nurses indicated to use their strengths within the team, the higher the quality of care in the ward was rated. Goh et al. (2020) confirmed that to achieve a high quality of care, nurses need to develop shared goals and invest in teamwork.³⁷

With regard to job satisfaction, this study showed that working in a surgical ward in combination with nurses' strengths use within the team makes a higher contribution to job satisfaction compared with working at the medical ward. Literature has proven that nurses in medical wards unlike nurses in surgical wards reported significantly higher perceptions of the quality of care, but not of job satisfaction.³⁵ These results are exactly the opposite of the results in this study, in which the influence of job satisfaction instead of the quality of care was significant. Perhaps this is due to the limitation in variation in this study, nurses on the surgical ward and on the medical ward were represented to a lesser extent, then colleagues on a specialist ward. In addition, the results may be influenced by the amount of strengths use within the team. Strengths use in the team showed positive relationships with almost all outcomes, which highlights the importance of team support.

Recognizing nurses' strengths and interests and then deploying them is part of the path leading to job satisfaction, better work- engagement and more resilience for nurses.³⁸ Future studies could focus on examining the manner in which the distribution of nursing activities based on nurses' strengths and interests should take place in teams in order to keep the nursing job accessible and attractive to (new) nurses.

For example, a team 'job crafting scale', to assess the extent to which a team is able to redesign their work in order to improve nurses' work performance and wellbeing is already validated in previous literature.³⁹ Future research should attempt to examine how this scale fits with the Dutch nursing job.

Strengths and limitations

An important strength is that, to our knowledge we are the first to examine strengths and interests use among hospital nurses, of which the results can contribute to establishing healthy work environments that have proven to improve the quality of care.⁷⁻⁹

The wide sample of nurses working in various hospitals across the country was also a strong aspect of this study. Despite that nurses were protected by their managers from being overloaded with additional activities or research beyond the workload they already had to endure through the COVID-19 pandemic, more nurses than needed participated in this research, resulting in a varied group, with which the results may be of interest to different nurse managers.

The third strength is that insight has been gained into which nursing activities encompass the Dutch nursing job in hospitals. A basis that can be explored in follow-up research among a larger sample of nurses.

This study also has several limitations. First, nurses had to actively indicate if they were willing to participate before receiving the online survey. This might have led to selection bias in which only the most motivated nurses participated.

Second, although this study has attempted to use valid measurement scales as much as possible, there were some limitations in this as well. Two questions measuring the quality of care in the ward were obtained from a previous study.²⁵ Nurses had to assess the quality from a year ago, possibly involving recall bias. Literature stated however, that choosing from a myriad of quality measures, it is challenging to find the most useful information.⁴⁰ In addition, both objectively measured indicators and subjectively measured perceptions of the quality of care are highly associated and various measures complement one another.⁴¹ Overall, there is growing evidence about the relationship between the nurse assessed quality of care, job satisfaction and patient outcomes, which implies that nurses who are more satisfied with their job, also assess higher levels of quality of care, resulting in less adverse patient outcomes.^{4,42}

Conclusions

This study gave promising insights into nurses' strengths and interest use on the perceived quality of care and job satisfaction. When nurse managers invest in enhancing nurses' work environment, in order to empower strengths use in teams, it could contribute to improved patient outcomes. Besides, empowering nurses' individual strengths and interests use could also contribute to increased levels of job satisfaction possibly resulting in the retainment of nurses within hospitals.

Tables

Table 1 Demographic characteristics of the participants

		Number of nurses (n= 109)	
Age, M ± SD		43.86 ± 12.05	
Work experience, M ± SD		21 ± 12.56	
Sex, n (%)	<i>female</i>	105 (96.3)	
Level of education, n (%)	<i>VMBO¹</i>	20 (18.3)	
	<i>MAVO²</i>	28 (25.7)	
	<i>HAVO³</i>	48 (44)	
	<i>VWO⁴</i>	13 (11.9)	
Occupational education level, n (%)	<i>in service training⁵</i>	38 (34.9)	
	<i>MBO-V⁶</i>	18 (16.5)	
	<i>HBO-V⁷</i>	50 (45.9)	
	<i>university</i>	3 (2.8)	
Level of differentiation⁸, n (%)	<i>not interested</i>	28 (25.7)	69 (63.3) <i>no differentiation</i>
	<i>unknown</i>	19 (17.4)	
	<i>planning to start program</i>	22 (20.2)	
	<i>started program</i>	4 (3.7)	40 (36.7) <i>differentiation</i>
	<i>certificated</i>	29 (26.6)	
	<i>performing different nursing activities</i>	7 (6.4)	
Hospital category, n (%)	<i>general</i>	60 (55)	
	<i>top clinical</i>	45 (41.3)	
	<i>university</i>	4 (3.7)	
	Ward type, n (%)	<i>surgical</i>	15 (13.8)
	<i>medical</i>	12 (11)	
	<i>specialist or mixed</i>	68 (75.2)	
Abbreviations:			
¹ VMBO: preparatory secondary vocational education;			
² MAVO: school of lower general secondary education;			
³ HAVO: school of higher general secondary education;			
⁴ VWO: pre-university education;			
⁵ in service training: education program till 1997, nurses were learning while working in the hospital;			
⁶ MBO-V: post- secondary vocational education;			
⁷ HBO-V: baccalaureate degree;			
⁸ Differentiation: program in the Netherlands that adapts nursing activities to nurses' competences			

Table 2 Nursing activities and priority ranked contribution to perceived quality of care, strengths and interests

Nursing Activities (NA)	NA contributing to Perceived Quality Of Care (PQOC)		NA Based on Strengths (NABS)		NA Based on Interests (NABI)	
	Rank	%*	Rank	%**	Rank	%**
Providing psychosocial and emotional support	1	99.10	4	43.10	4	37.70
Providing information to patients	2	99.10	6	37.60	2	41.30
Providing an effective written transfer	3	99.10	27	3.60	28	2.70
Performing (high-risk) activities restricted to nurses	4	99.00	2	46.70	1	47.60
Providing feedback on professional behavior	5	99.00	28	3.60	25	6.40
Acting upon abnormal parameters	6	98.20	3	45	3	38.60
Preparing and administering medication	7	98.20	11	15.60	13	14.70
Measuring vital / specific parameters	8	98.20	10	17.50	15	12.80
Maintaining own professional knowledge	9	98.20	16	8.20	14	14.70
Participating in the daily doctor's visit	10	98.20	15	11	23	6.40
Reporting care in patient files	11	98.20	12	15.60	12	14.70
Day-to-day coordination of care tasks	12	98.20	9	20.30	9	21.10
Transferring knowledge to or educating colleagues	13	98.10	17	8.20	19	8.20
Inventing care needs	14	97.30	7	29.40	7	28.50
Prioritizing care	15	97.30	1	56.90	5	36.70
Providing an effective oral transmission	16	97.30	24	5.40	26	4.60
Providing information to family and loved ones	17	97.20	19	6.40	20	7.30
Guiding and coaching others in the field	18	97.20	8	23.90	8	27.50
Screening and preventing health risks	19	97.20	30	0.90	32	1.80
Promoting health during consultation hours	20	97.20	23	5.50	27	3.70
Responsibly using resources and materials	21	96.40	20	6.40	29	2.70
Optimally using an electronic patient file (EPD)	22	96.30	26	3.70	21	7.30
Setting a good example (act as a role model)	23	95.40	21	6.40	17	10.10
Participating in an Multidisciplinary consultation (MDO)	24	94.50	31	0	18	8.30
Supporting in Activity of daily livings (ADLs)	25	94.40	5	39.50	6	29.40
Applying Evidence Based Practice (EBD)	26	93.50	22	6.40	16	12.80
Safely using the means of communication	27	92.70	29	0.90	31	1.80
Maintaining contact with integrated care institutions	28	91.80	25	4.60	22	7.30
Participating in working groups or projects	29	91.70	13	12.90	11	15.60
Participating in the collaboration between healthcare organizations	30	89.00	32	0	30	2.70
Acting in the role of chair in working groups or projects	31	84.40	18	7.40	24	6.40
Participating in a cross-departmental or organization-wide working group	32	83.50	14	11.90	10	18.40

*PQOC based on the highest percentage 'agree' and 'strongly agree'

**NABS& NABI based on the percentage prioritized NA

Competencies of Canadian Medical Education Directives for Specialists (CanMeds)

Dutch	English
Vakinhoudelijk handelen	Providing care (professional performance)
Communicatie	Communication
Samenwerking	Cooperation
Kennis en wetenschap	Knowledge and science
Maatschappelijk handelen	Social interference
Organisatie	Organization
Professionaliteit en kwaliteit	Professionalism and quality

Table 3 Relationships with Perceived Quality Of Care (PQOC)

		Present PQOC in the ward (poor or fair) vs (good/ excellent)		Progress of PQOC in the ward (deteriorated/remained the same) vs (improved)	
		OR (95% CI)	P	OR (95% CI)	P
Model 1					
Age		1.022 (.979 - 1.067)	.317	1.042 (.954 - 1.138)	.364
Occupational education level (<baccalaureate vs > baccalaureate)		1.040 (.376 - 2.877)	.731	1.290 (.436 - 3.815)	.646
Level of differentiation (no differentiation vs differentiation)		.780 (.318 - 1.909)	.594	.535 (.189 - 1.510)	.237
Hospital category (general vs top clinical/ university)		1.059 (.432 - 2.596)	.900	.516 (.194 - 1.374)	.214
Ward type	specialist	1	1	1	1
	medical	.528 (.136 - 2.051)	.850	2.368 (.580 - 9.670)	.230
	surgical	.665 (.198 - 2.241)	.511	.825 (.196 - 3.465)	.793
Model 2					
Team Support for Strengths Use (TSSU)		3.891 (1.682 - 9.000)	.001	3.816 (1.547 - 9.415)	.004
Age		1.036 (0.989 - 1.085)	.138	1.042 (.954 - 1.138)	.273
Occupational education level (<baccalaureate vs > baccalaureate)		1.118 (.372 - 3.360)	.843	1.427 (.454 - 4.479)	.543
Level of differentiation (no differentiation vs differentiation)		.615 (.235 - 1.613)	.323	.473 (.161 - 1.386)	.172
Hospital category (general vs top clinical/ university)		1.008 (.389 - 2.609)	.988	.519 (.185 - 1.461)	.214
Ward type	specialist	1	1	1	1
	medical	.289 (.066 - 1.256)	.098	1.733 (.405 - 7.419)	.459
	surgical	.425 (.113 - 1.605)	.207	.589 (.129 - 2.690)	.494
Model 1: effects of participant characteristics were controlled for in logistic regression analysis					
Model 2: TSSU was added secondly to assess the additional contribution on participant characteristics					

Table 4 Relationships with Job Satisfaction (JS)

		JS	
		Regression coefficient (95% CI)	P
Model 1			
Age		-.009 (-.029 - .012)	.404
Occupational education level (<baccalaureate vs > baccalaureate)		-.105 (-.348 - .137)	.391
Level of differentiation (no differentiation vs differentiation)		.099 (-.119 - .317)	.369
Hospital category (general vs top clinical/ university)		.223 (.011 - .435)	.039
Ward type	specialist	0.00	
	medical	.284 (-.138 - .706)	.185
	surgical	.368 (.065 - .670)	.018
Model 2			
Team Support for Strengths Use (TSSU)		.313 (.165 - .460)	<.001
Age		-.005 (-.024 - .014)	.593
Occupational education level (<baccalaureate vs > baccalaureate)		-.087 (-.313 - .138)	.443
Level of differentiation (no differentiation vs differentiation)		.067 (-.139 - .267)	.532
Hospital category (general vs top clinical/ university)		.227 (.030 - .423)	.024
Ward type	specialist	0.00	
	medical	.277 (-.114 - .668)	.163
	surgical	.468 (.184 - .753)	.002
Model 1: effects of participant characteristics were controlled for in regression analysis			
Model 2 TSSU was added secondly to assess the additional contribution on participant characteristics			

Table 5 Correlation matrix

		1	2	3	4	5
1	Perceived Quality Of Care	1				
2	present PQOC in the ward	.25*	1			
3	progress of PQOC in the ward	.05	.24*	1		
4	Team Support for Strengths use	.19*	.26**	.28**	1	
5	Job Satisfaction	.15	.37**	.11	.34**	1

** Correlation is significant at the 0.01 level (2-tailed).
* Correlation is significant at the 0.05 level (2-tailed).

References

- (1) Aiken LH, Sloane DM, Bruyneel L, Van den Heede K, Griffiths P, Busse R, et al. Nurse staffing and education and hospital mortality in nine European countries: a retrospective observational study. *Lancet* 2014 May 24,;383(9931):1824-1830.
- (2) Kane RL, Shamliyan TA, Mueller C, Duval S, Wilt TJ. The association of registered nurse staffing levels and patient outcomes: systematic review and meta-analysis. *Med Care* 2007 Dec;45(12):1195-1204.
- (3) Van der Heijden B, Brown Mahoney C, Xu Y. Impact of Job Demands and Resources on Nurses' Burnout and Occupational Turnover Intention Towards an Age-Moderated Mediation Model for the Nursing Profession. *Int J Environ Res Public Health* 2019 06 05,;16(11).
- (4) Asif M, Jameel A, Hussain A, Hwang J, Sahito N. Linking Transformational Leadership with Nurse-Assessed Adverse Patient Outcomes and the Quality of Care: Assessing the Role of Job Satisfaction and Structural Empowerment. *Int J Environ Res Public Health* 2019 07 04,;16(13).
- (5) Jones TL, Hamilton P, Murry N. Unfinished nursing care, missed care, and implicitly rationed care: State of the science review. *Int J Nurs Stud* 2015 Jun;52(6):1121-1137.
- (6) Buljac-Samardžić M, Woerkom van M. Improving quality and safety of care in nursing homes by team support for strengths use: A survey study. *PLoS One* 2018 Jul 2;13(7):e0200065.
- (7) Petit Dit Dariel O, Regnaud J. Do Magnet®-accredited hospitals show improvements in nurse and patient outcomes compared to non-Magnet hospitals: a systematic review. *JBI Database System Rev Implement Rep* 2015 Jul 17,;13(6):168-219.
- (8) Aiken LH, Cimiotti JP, Sloane DM, Smith HL, Flynn L, Neff DF. Effects of nurse staffing and nurse education on patient deaths in hospitals with different nurse work environments. *Med Care* 2011 Dec;49(12):1047-1053.
- (9) de Brouwer, B. J. M., Kaljouw MJ, Kramer M, Schmalenberg C, van Achterberg T. Measuring the nursing work environment: translation and psychometric evaluation of the Essentials of Magnetism. *Int Nurs Rev* 2014 Mar;61(1):99-108.
- (10) Kramer M, Schmalenberg CE. Best quality patient care: a historical perspective on Magnet hospitals. *Nurs Adm Q* 2005 Jul-Sep;29(3):275-287.

- (11) Aiken LH, Smith HL, Lake ET. Lower Medicare mortality among a set of hospitals known for good nursing care. *Med Care* 1994 Aug;32(8):771-787.
- (12) V&VN Nederland. Excellente zorg. 2020; Available at: <https://www.venvn.nl/excellente-zorg/de-excellente-zorgomgeving/>.
- (13) Handboek Excellente Zorg. 2019; Available at: <https://www.venvn.nl/media/a3uku4g2/handboek-excellente-zorg-2018.pdf>. Accessed , November 22, 2020.
- (14) RN2Blend. Available at: <https://rn2blend.nl/nl>. Accessed october 8, 2020.
- (15) Wrzesniewski A, Dutton JE. Crafting a Job: Revisioning Employees as Active Crafters of Their Work. *AMR* 2001 April 1;;26(2):179-201.
- (16) Kooij D, Woerkom van M, Wilkenloh J, Dorenbosch L, Denissen JJA. Job crafting towards strengths and interests: The effects of a job crafting intervention on person-job fit and the role of age. *J Appl Psychol* 2017 Jun;102(6):971-981.
- (17) Zito M, Colombo L, Borgogni L, Callea A, Cenciotti R, Ingusci E, et al. The Nature of Job Crafting: Positive and Negative Relations with Job Satisfaction and Work-Family Conflict. *Int J Environ Res Public Health* 2019 04 02;;16(7).
- (18) Woerkom van M. Bouwen op unieke kwaliteiten
Versterken van ontwikkeling en welbevinden in organisaties. Erasmus Universiteit Rotterdam 2020 jan 24,.
- (19) Weller J, Boyd M, Cumin D. Teams, tribes and patient safety: overcoming barriers to effective teamwork in healthcare. *Postgrad Med J* 2014 Mar;90(1061):149-154.
- (20) Cassiani, Bortoli de SH, Fernandes M, Fátima de N, Reveiz L, Filho JRF, da Silva, FAM. [Skill mix of nurses and primary health care professionals: a systematic review]. *Rev Panam Salud Publica* 2020;44:e82.
- (21) Voorhis van W, Carmen R., Morgan BL. Understanding Power and Rules of Thumb for Determining Sample Sizes. *Tutorials in Quantitative Methods for Psychology* 2007;3(2):43-50.
- (22) CanMeds competencies. Available at: <https://www.venvn.nl/registers/kwaliteitsregister/leren/canmeds/>. Accessed Jun 19, 2021.
- (23) Schubert M, Glass TR, Clarke SP, Schaffert-Witvliet B, De Geest S. Validation of the Basel Extent of Rationing of Nursing Care instrument. *Nurs Res* 2007 Nov-Dec;56(6):416-424.
- (24) Jones TL, Hamilton P, Murry N. Unfinished nursing care, missed care, and implicitly rationed care: State of the science review. *Int J Nurs Stud* 2015 -06;52(6):1121-1137.
- (25) Aiken LH, Clarke SP, Sloane DM. Hospital staffing, organization, and quality of care: Cross-national findings. *Nurs Outlook* 2002 Sep-Oct;50(5):187-194.

- (26) Declaration of Helsinki. 2018; Available at: <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>. Accessed October 8, 2020.
- (27) Art. 4 GDPR – Definitions. 2021; Available at: <https://gdpr-info.eu/art-4-gdpr/>. Accessed Jun 5, 2021.
- (28) Kwak SG, Kim JH. Central limit theorem: the cornerstone of modern statistics. *Korean J Anesthesiol* 2017 -04;70(2):144-156.
- (29) Baldi B, Moore DS. *Practice of Statistics in the Life Sciences*. 4th ed.: W.H. Freeman & Co Ltd; 2018.
- (30) Gross Portney L, Watkins MP. *Foundations of Clinical Research Applications to Practice*. 3rd ed. Essex: Pearson Education Limited; 2014.
- (31) Woerkom van M, Oerlemans W, Bakker AB. Strengths use and work engagement: a weekly diary study. *European Journal of Work and Organizational Psychology* 2016 May 3;25(3):384-397.
- (32) Woerkom van M, Meyers MC. My strengths count! Effects of a strengths-based psychological climate on positive affect and job performance. *Human Resource Management* 2015;54(1):81-103.
- (33) Cho S, Lee J, You SJ, Song KJ, Hong KJ. Nurse staffing, nurses prioritization, missed care, quality of nursing care, and nurse outcomes. *Int J Nurs Pract* 2020 Feb;26(1):e12803.
- (34) Griffiths P, Recio-Saucedo A, Dall'Ora C, Briggs J, Maruotti A, Meredith P, et al. The association between nurse staffing and omissions in nursing care: A systematic review. *J Adv Nurs* 2018 -07;74(7):1474-1487.
- (35) Hall LM, Doran D, Pink L. Outcomes of interventions to improve hospital nursing work environments. *J Nurs Adm* 2008 -01;38(1):40-46.
- (36) Mahfoud ZR, Gkantaras I, Topping AE, Cannaby AM, Foreman B, Watson R, et al. The educational preparation of nurses in a developing economy and patient mortality. *Int Nurs Rev* 2018 -09;65(3):434-440.
- (37) Goh PQL, Ser TF, Cooper S, Cheng LJ, Liaw SY. Nursing teamwork in general ward settings: A mixed-methods exploratory study among enrolled and registered nurses. *J Clin Nurs* 2020 -10;29(19-20):3802-3811.
- (38) Wei H, Roberts P, Strickler J, Corbett RW. Nurse leaders' strategies to foster nurse resilience. *J Nurs Manag* 2019 -05;27(4):681-687.
- (39) Iida M, Watanabe K, Imamura K, Sakuraya A, Asaoka H, Sato N, et al. Development and validation of the Japanese version of the team job crafting scale for nurses. *Res Nurs Health* 2021 -04;44(2):329-343.
- (40) Nash DB, Joshi MS, Ransom ER, Ransom SB. *The Healthcare Quality Book: Vision, Strategy and Tools*. 4th ed. Chicago, Washington: Health Administration Press, Association of University Programs in Health Administration; 2019.

(41) Stalpers D, Kieft RAMM, van der Linden D, Kaljouw MJ, Schuurmans MJ. Concordance between nurse-reported quality of care and quality of care as publicly reported by nurse-sensitive indicators. BMC Health Serv Res 2016 -04-06;16:120.

(42) Stalpers D, Van Der Linden D, Kaljouw MJ, Schuurmans MJ. Nurse-perceived quality of care in intensive care units and associations with work environment characteristics: a multicentre survey study. J Adv Nurs 2017 -06;73(6):1482-1490.

Appendix A: Questionnaire

Participant characteristics:

▼ 3.2 Wat is jouw geslacht? (*gend_r*)

Wat is jouw geslacht?

- man
- vrouw
- genderneutraal

▼ 3.3 Wat is jouw leeftijd? (*age*)

Wat is jouw leeftijd?

aantal jaren noteren, geen geboortedatum.

▼ 3.4 Wat is jouw initiële opleidingsniveau? (*High_loe*)

Wat is jouw initiële opleidingsniveau?

Opleiding die je hebt gevolgd voordat je met de beroepsopleiding tot verpleegkundige bent gestart.

- VMBO
- MAVO
- HAVO
- VWO

▼ 3.5 Wat is jouw hoogst behaalde beroepsopleiding? (*Work_st*)

Wat is jouw hoogst behaalde beroepsopleiding?

- In-service opleiding
- MBO-V
- HBO-V
- WO
- > WO

▼ 3.6 ☒ Heb je deelgenomen aan een 'cursus/ opleiding' in het ... (Diff_don)

Heb je deelgenomen aan een 'cursus/ opleiding' in het kader van gedifferentieerde inzet van verpleegkundigen?

Versillende proeftuinen zijn in een aantal ziekenhuizen gestart om te experimenteren met functiedifferentiatie.

Andere ziekenhuizen werken bijvoorbeeld met regie- en algemeen verpleegkundigen.

- nee, geen behoefte aan
- nee, dit is onbekend
- nee, maar dat zou ik wel willen
- ja, deze ben ik gestart
- ja, deze heb ik afgerond
- ja, ik voer andere (zorg) activiteiten uit in vergelijking met (sommige) andere collega's

▼ 3.7 ☒ In wat voor soort ziekenhuis werk je? (Hosp_cat)

In wat voor soort ziekenhuis werk je?

- Algemeen Ziekenhuis
- Top Klinisch Ziekenhuis (STZ)
- Universitair Medisch Centrum (UMC)

▼ 3.8 ☒ Bij welk specialisme ben je werkzaam? (Ward_mq)

Bij welk specialisme ben je werkzaam?

- Chirurgisch (snijvend)
- Intern (beschouwend)
- Specialistisch

▼ 3.9 ☒ Op welke afdeling werk je? (Ward_oq)

Op welke afdeling werk je?

bijvoorbeeld: "verloskamers"; "hemodialyse"; "SEH".

▼ 3.10 ☒ Hoeveel jaren werk je al als verpleegkundige? (Work_exp)

Hoeveel jaren werk je al als verpleegkundige?

afronden naar beneden, dus bij 12 jaar en 9 maanden, is het antwoord: 12

PQOC at the ward:

▼ 6.2 ☒ Hoe zou je de kwaliteit van zorg die aan patiënten op j... (PQOH_pres)

Hoe zou je de kwaliteit van zorg die aan patiënten op jouw afdeling wordt geleverd, omschrijven?

"een beoordeling van de kwaliteit van zorg op dit moment"

- onvoldoende
- voldoende
- goed
- uitmuntend

▼ 6.3 ☒ Vraag 2: In het algemeen, hoe zou je over het afgelopen... (PQOH_prev)

Vraag 2: In het algemeen, hoe zou je over het afgelopen jaar de kwaliteit van zorg binnen jouw afdeling omschrijven?

"terugkijkend naar een jaar geleden, vóórdat COVID-19 uitbrak"

- is achteruit gegaan
- is hetzelfde gebleven
- is verbeterd

Appendix B: Translation of Nursing (care) activities

Nursing (care) activities		
	Dutch: Verpleegkundige (zorg) activiteit	English: Nursing Activity (NA)
1	Hulp bij Algemene Dagelijkse Lichaamsverzorging	Assist with Activities of daily livings (ADL's)
2	Voorbehouden en risicovolle handelingen uitvoeren	Performing (high-risk) activities restricted to nurses
3	Medicatie klaarmaken en toedienen	Preparing and administering medication
4	Metten van vitale/ specifieke paramaters	Measuring vital/ specific parameters
5	Actie ondernemen op afwijkende parameters	Acting upon abnormal parameters
6	Inventariseren van zorgbehoeften	Inventoring care needs of patients
7	Zorg prioriteren	Prioritizing care
8	Vastleggen van zorg in rapportagesystemen	Reporting care in patient files
9	Voorlichting aan patiënten	Providing information to patiënts
10	Voorlichting aan familie en naasten	Providing information to family and loved ones
11	Psychosociale en emotionele ondersteuning bieden	Providing psychosocial and emotional support
12	Omgang met EPD	Optimally using an electronic patient file
13	Veilig gebruiken van communicatiemiddelen	Safely using the means of communication
14	Contact onderhouden met de ketenzorg	Maintaining contact with integrated care
15	Deelnemen aan de artsensite	Participating in the daily doctor's visit
16	Geven van een effectieve mondelinge overdracht	Providing an effective oral transmission
17	Geven van een effectieve schriftelijke overdracht	Providing an effective written transfer
18	Feedback geven op professioneel gedrag	Providing feedback on professional behavior
19	Dagcoördinatie van zorgtaken	Day-to-day coordination of care tasks
20	Deelnemen aan een MDO	Participating in an Multidisciplinary consultation (MDO)
21	Bijhouden van vakkennis	Maintaining own professional knowledge
22	Kennis overdragen	Transferring knowledge to or educating colleagues
23	EBP toepassen	Applying Evidence Based Practice (EPD)
24	Begeleiden en coachen van anderen	Guiding and coaching others in the field
25	Preventie en screening van gezondheidsrisico's	Screening and preventing health risks of patients
26	Voorlichtingsgesprekken voeren ten behoeve van bevorderen gezondheid	Promoting health during consultation hours
27	Verantwoord omgaan met middelen en materialen	Responsibly using resources and materials
28	Als rolmodel fungeren	Setting a good example (act as a role model)
29	Voorzitterrol aannemen in werkgroepen of projecten	Acting in the role of chair in working groups or projects
30	Als lid bijdragen in werkgroepen of projecten	Participating in working groups or projects
31	Afdelingsoverstijgende of organisatiebrede bijdrage leveren in een werkgroep	Participating in a cross-departmental or organization-wide working group
32	Een bijdrage leveren in de samenwerking tussen zorgorganisaties	Participating in the collaboration between healthcare organizations

Appendix C: Measurement instruments

Perceived Quality of Care (Aiken, 2002)

Vraag (Nederlands)	Question (English)
Hoe zou u de kwaliteit van zorg die aan patiënten op uw afdeling wordt geleverd, omschrijven? (slecht-voldoende- goed- uitstekend)	How would you describe the quality of nursing care delivered to patients on your unit? (Poor-fair-good-excellent)
In het algemeen, hoe zou u over het afgelopen jaar het verloop van de kwaliteit van zorg binnen uw afdeling omschrijven? (1. is achteruit gegaan 2. is hetzelfde gebleven 3. is verbeterd)	Overall, over the past year would you say the quality of patient care in your hospital has: (1. Deteriorated 2. Remained the same 3. Improved)

Team Support for Strengths Use (Buljac, 2018)

	DUTCH	ENGLISH
Team support for strengths use		
1	In dit team word ik aangesproken op mijn sterke punten	In this team I am addressed for my strengths
2	In dit team heb ik de mogelijkheid om mijn kwaliteiten verder te ontwikkelen	In this team I have the opportunity to further develop my qualities
3	In dit team heb ik de mogelijkheid om te doen waar ik goed in ben	In this team I have the opportunity to do what I am good at
4	In dit team zijn mijn taken afgestemd op mijn sterke punten	In this team, my tasks are adjusted to suit my strengths
5	In dit team vullen de talenten van de teamleden elkaar goed aan	In this team the talents of the team members complement each other well
6	In dit team weten mijn collega's wat mijn sterke punten zijn	My team members know what my strengths are
7	In dit team worden mijn sterke punten gewaardeerd	My strengths are appreciated in this team

Job satisfaction (Zito, 2019)

Stelling (Nederlands)	Statement (English)
Ik ben redelijk tevreden met mijn huidige baan	I feel fairly well satisfied with my present job
De meeste dagen ben ik enthousiast over mijn werk	Most days I am enthusiastic about my work
Elke werkdag lijkt nooit te eindigen	Each day of work seems like it will never end (reverse score)
Ik haal echt plezier uit mijn werk	I find real enjoyment in my work
Ik vind mijn werk nogal onaangenaam	I consider my job rather unpleasant (reverse score)