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Professional Quality of Life and Job Satisfaction of School Nursing in Spain

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Abstract: Background: School nursing is crucial in promoting the health and well-being of students within educational settings, addressing areas such as substance use, mental health, violence, and sexual health. Despite the significance of their role, the job satisfaction of school nurses has been insufficiently studied, highlighting the need for a deeper understanding of the challenges and barriers they face. This study aims to evaluate the perceived job satisfaction and professional quality of life of school nurses on a national level in Spain. **Methods:** A descriptive cross-sectional study was conducted from November 2023 to February 2024, involving 553 school nurses recruited through various nursing groups and associations across different regions of Spain. The Font-Roja Job Satisfaction Questionnaire and the CPV-35 Professional Quality of Life Questionnaire were utilized to measure job satisfaction and professional quality of life. Significant variations in these outcomes were identified based on employment sectors (healthcare vs. educational settings). Factors such as workload, institutional support, and work experience significantly influenced perceptions of job satisfaction. **Results:** The majority of participants were women (97.5%), with a median age of around 40 years and predominantly less than 5 years of work experience (56%). Significant differences in job satisfaction and professional quality of life were observed between nurses working in healthcare and educational settings. Nurses in educational contexts reported lower levels of job satisfaction, influenced mainly by factors such as workload, institutional support, work experience, and interpersonal relationships. Despite these differences, professional quality of life was generally homogeneous, with an average score of 6.000 on the CPV-35 scale. Work pressure emerged as a common concern impacting job satisfaction across all sectors. Notably, half of the schools lacked a dedicated school nurse, highlighting significant disparities in healthcare service provision. **Discussion**: This study underscores the need for targeted strategies to improve job satisfaction and professional quality of life among school nurses in Spain. It highlights disparities across employment sectors and emphasizes the critical role of supportive work environments and effective policies in enhancing nurses' well-being and service delivery in educational settings.

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1. Introduction

School nurses are healthcare professionals who play a crucial role in promoting the physical and emotional well-being of students within the educational environment. In Spain, these professionals possess a general nursing education obtained through a university degree, and many have further enhanced their qualifications with specialized master's degrees in school or community nursing [1]. This advanced training enables them to manage a wide range of responsibilities, from providing immediate emergency care to promoting healthy habits and managing chronic conditions [2–4]. However, despite their essential role, school nurses in Spain may face challenges related to job satisfaction and quality of life due to the specific demands of their work environment [5–8].

Job satisfaction in nursing, and specifically in school nursing, is a concept that has been studied in various contexts. Generally, job satisfaction refers to the degree to which nurses' professional expectations and needs align with their work reality [9–11]. Key determinants of job satisfaction include workload, resource availability, professional recognition, and organizational support. In hospital settings, these factors have been extensively studied, revealing that nurses often experience significant levels of stress, workload, and emotional demands, which affect their job satisfaction [12,13] . However, in the school setting, although the environment is different, school nurses may also experience dissatisfaction due to a lack of resources, ambiguity in their roles, and limited formal recognition within the educational system [14,15].

Professional quality of life is another critical aspect that directly influences nurses' well-being and the quality of care they provide. This concept encompasses not only job satisfaction but also the physical, emotional, and social well-being of professionals [16–19]. Maintaining a proper balance between work responsibilities and personal life, along with access to supportive resources and a healthy work environment, is essential for good quality of life. In hospital settings, it has been shown that quality of life is closely linked to job satisfaction and, ultimately, to the quality-of-care nurses can provide to their patients [20,21]. In the school context, although studies are more limited, it is reasonable to assume that similar factors influence the quality of life of school nurses and, consequently, their ability to care for students [22]. Despite the relevance of these issues, there is a notable gap in research on job satisfaction and quality of life among school nurses in Spain. While extensively explored in other contexts, such as hospitals, the school setting has received less attention in the scientific literature. This gap is concerning, as the working conditions and well-being of school nurses affect not only their performance but also the quality of care that students receive. Therefore, it is crucial to conduct studies that thoroughly analyze the factors influencing job satisfaction and quality of life among school nurses in Spain to improve their working conditions and, consequently, the educational environment [23,24].

This study aims to assess the perception of job satisfaction and professional quality of life among school nurses in Spain. Specifically, it seeks to measure the levels of job satisfaction and professional quality of life and identify how various aspects of the work environment, such as work experience and institutional support, influence these outcomes. Identifying these factors will help design strategies to improve the working conditions of these professionals, thereby optimizing healthcare within the educational context.

2. Materials and Methods

2.1. Study Design

A cross-sectional descriptive study with a quantitative approach was conducted in Spain from November 2023 to February 2024. This design was chosen to provide an overview of the conditions and perceptions of school nurses at a specific point in time. This approach allows for the identification of patterns and associations within a diverse sample, facilitating comparisons with future longitudinal studies. The cross-sectional design was selected for its efficiency in collecting data from a large sample in a short period.

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2.2. Study Population

The study population included school nurses from various geographical regions and educational settings across Spain, according to the most recent report from the National School Nursing Observatory of the General Nursing Council of Spain *[25]*. The study population comprised nurses working in different settings, such as primary, secondary, and special education institutions, as well as those in public health and community settings (family and community nursing) and private companies providing school nursing services.

2.3. Inclusion Criteria

Nurses working in school settings with at least one year of professional experience were included. This encompassed both nurses directly employed by educational institutions and those providing school nursing services in community or private settings.

2.4. Sample Size Determination

A power calculation was performed to determine the necessary sample size to detect significant differences in job satisfaction and professional quality of life. With a 95% confidence level and a 5% margin of error, the required sample size was calculated to be 328 participants. To account for potential sample loss, the target was set at 361 participants.

2.5. Participants and Study Population

A total of 553 school nurses participated in the study. Informed consent was obtained from each participant in accordance with the Helsinki Declaration and the Belmont Report. The study was approved by the professional ethics committee of the University of Vic-UCC (code 303/2023). Voluntary participation, anonymity, and confidentiality were ensured.

2.6. Ethical Procedures

Participants were informed about the study's objectives and procedures, as well as their right to withdraw from the study at any time without repercussions. Informed consent was obtained prior to participation, ensuring that participants understood their involvement was voluntary, anonymous, and confidential. It was emphasized that the collected data would be used solely for research purposes. Additionally, participants were assured they could withdraw from the study at any time without negative consequences.

2.7. Instruments

Font-Roja Job Satisfaction Questionnaire:This validated instrument measures job satisfaction across multiple dimensions, including working conditions, interpersonal relationships, professional development, and self-perception of work. It uses a Likert scale from 1 to 5, where a high score indicates greater satisfaction. The questionnaire has been validated in nursing contexts with a Cronbach's alpha coefficient exceeding 0.80 *[26]*.

CPV-35 Professional Quality of Life Questionnaire: Designed for healthcare workers, the CPV-35 assesses professional quality of life using a Likert scale from 1 to 7. It evaluates dimensions such as psychological well-being, social support at work, satisfaction with the work environment, and work-life balance. Key aspects include supervisor support, workload, salary satisfaction, recognition, interpersonal relationships, autonomy, and professional development opportunities. It has been validated with a Cronbach's alpha coefficient exceeding 0.85 *[10]*.

2.8. Data Collection Procedure

Questionnaire Design:, In addition to the Font-Roja and CPV-35 questionnaires, demographic and occupational questions were included, such as age, gender, years of work experience, and weekly hours dedicated to work at the center.

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Administration: Surveys were distributed electronically via links provided by school nursing groups and associations. Confidentiality and anonymity of responses were ensured.

Quality Control: Quality control procedures were implemented, including pre-distribution validation of the questionnaires and review of collected data to manage missing or inconsistent data. Data collection occurred between November 2023 and February 2024.

2.9. Statistical Analysis

Descriptive Statistics: The sample characteristics were described using absolute and relative frequencies for categorical variables and the median and interquartile range (IQR) for numerical variables. The items and scores of the FR and CVP-35 questionnaires were described using both median [IQR] and mean and standard deviation (SD) in separate tables. Characteristics and scores were compared according to contracting entity and years of experience using the chi-square test for categorical variables, the Kruskal-Wallis test for variables described by median [IQR], and ANOVA for those described by mean (SD). Finally, multivariate regression models were adjusted to explain the total scores of the FR and CVP-35 questionnaires based on variables such as sex, age, experience, employment status, contracting entity, relationships with other institutions, personal records, and weekly working hours. A model was adjusted for each of the total scores explained by all explanatory variables simultaneously. From these two models, a backward stepwise variable selection process was performed based on Akaike Information Criteria to arrive at a reduced model, including only those explanatory variables that offered the best balance of likelihood. The association between the factors of the CVP-35 and the total FR score was studied using a regression model with splines to capture possible non-linear associations. The p-value obtained from the Likelihood Ratio Test, comparing the model excluding each of the CVP-35 factors, was calculated to assess the significance of the different non-linear associations. The results are presented by depicting the splines of each CVP-35 factor over the total FR score on the scatterplot of both scores, along with the corresponding p-value. A similar analysis was conducted to study the association between the FR factors and the total CVP-35 score.

Categories of Contracting Entities:

In the comparative analysis, participants were grouped according to their contracting entity into four categories: 'Global,' 'Health,' 'Education,' and 'Others.' The 'Global' category includes all study participants, providing an overview of the results. 'Health' groups school nurses employed by entities in the health sector, such as hospitals and public health centers. 'Education' refers to nurses hired by educational institutions, both public and private. Finally, 'Others' includes nurses contracted by other entities, such as non-governmental organizations or private companies offering school nursing services. This classification allows for a comparison of working conditions and perceptions across different contracting contexts.

2.10. Theoretical Framework

A theoretical model was developed to guide the analysis, incorporating basic attributes, job characteristics, and organizational factors. This model provided a structured approach to understanding how these factors influence job satisfaction and professional quality of life, aligning with the study's objectives.

3. Results

The study included 553 school nurses, with 63.3% employed by the Education sector, 12.1% by the health sector, and 24.6% by other entities. As shown in **Table 1**, the majority of participants were female (97.5%), with no significant differences across employing entities ($p = 0.474$). The average age of participants was consistent across sectors, approximately 40 years, with no statistically significant differences ($p = 0.824$).

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Regarding work experience, the mean was 4 years, and most nurses had less than 5 years of experience (91.9%), with no significant differences among the entities (p = 0.402). Although a trend in experience distribution was noted, it was not statistically significant (p = 0.087).

Employment status differed significantly by employing entity (p < 0.001). In the Health sector, 25.4% were permanent employees, compared to 8.0% in Education and 58.8% in other entities. Temporary employment was most common in Health (49.3%) and nearly absent in other entities.

There were also significant differences in the hiring authority depending on the employing entity (p < 0.001). In the Health sector, 89.6% were employed by the Ministry of Health, while 41.4% in Education were employed by the Ministry of Education, and 46.3% in other entities were employed directly by their educational institution.

Collaboration with other institutions showed significant variation (p = 0.023). In Health, 78.6% collaborated with Primary Care, compared to 58.0% in Education and 51.7% in other entities. Additionally, 48.3% of those in other entities reported relationships with various institutions. Weekly working hours were consistent across entities, averaging 37.5 hours, with no significant differences (p = 0.362).

Table 1. Characteristics of Participants According to Employing Entity.

Characteristic	Global (n=553)	Health (n=67)	Education (n=350)	Others (n=136)	p-value
Gender (n=553)					0.474
Male	13 (2.4%)	3 (4.5%)	9 (2.6%)	1 (0.7%)	
Female	539 (97.5%)	64 (95.5%)	340 (97.1%)	135 (99.3%)	
Non-binary	1 (0.2%)	0 (0.0%)	1 (0.3%)	0 (0.0%)	
Age (n=553)	40.0 [33.0; 46.0]	40.0 [34.0; 45.0]	41.0 [33.3; 45.2]	40.0 [33.0; 46.0]	0.824
Experience (years) (n=553)	4.0 [2.0; 7.0]	4.0 [2.0; 7.5]	4.0 [2.0; 6.0]	4.0 [3.0; 8.0]	0.402
Experience (years, categorized) (n=553)					0.087
<5 years	508 (91.9%)	63 (94.0%)	322 (92.0%)	123 (90.4%)	
5 to 10 years	30 (5.4%)	1 (1.5%)	20 (5.7%)	9 (6.6%)	
10 to 15 years	7 (1.3%)	0 (0.0%)	4 (1.1%)	3 (2.2%)	
15 to 20 years	6 (1.1%)	3 (4.5%)	3 (0.9%)	0 (0.0%)	
> 20 years	2 (0.4%)	0 (0.0%)	1 (0.3%)	1 (0.7%)	
Employed Status (n 553)					<0.001
Discontinuous	266 (48.1%)	17 (25.4%)	204 (58.3%)	45 (33.1%)	
Permanent	125 (22.6%)	17 (25.4%)	28 (8.0%)	80 (58.8%)	
Temporary	130 (23.5%)	33 (49.3%)	97 (27.7%)	0 (0.0%)	
Non-permanent/Occasional	32 (5.8%)	0 (0.0%)	21 (6.0%)	11 (8.1%)	
Hiring authority (n 553)					<0.001
City Council	7 (1.3%)	0 (0.0%)	0 (0.0%)	7 (5.1%)	
Education Department	145 (26.2%)	0 (0.0%)	145 (41.4%)	0 (0.0%)	
Health Department	60 (10.8%)	60 (89.6%)	0 (0.0%)	0 (0.0%)	
Education	205 (37.1%)	0 (0.0%)	205 (58.6%)	0 (0.0%)	
School Nursing Company	31 (5.6%)	0 (0.0%)	0 (0.0%)	31 (22.8%)	
others	35 (6.3%)	0 (0.0%)	0 (0.0%)	35 (25.7%)	
Own educational center	63 (11.4%)	0 (0.0%)	0 (0.0%)	63 (46.3%)	
Health	7 (1.3%)	7 (10.4%)	0 (0.0%)	0 (0.0%)	
Relationship with other institutions (n=124)					0.023
Primary Care	73 (58.9%)	11 (78.6%)	47 (58.0%)	15 (51.7%)	
City Council	11 (8.9%)	0 (0.0%)	11 (13.6%)	0 (0.0%)	
Others	38 (30.6%)	2 (14.3%)	22 (27.2%)	14 (48.3%)	
Social Services	2 (1.6%)	1 (7.1%)	1 (1.2%)	0 (0.0%)	
Weekly hours (n=227)	37.5 [35.0; 37.5]	37.5 [30.0; 37.5]	37.5 [35.0; 37.5]	37.0 [33.8; 38.5]	0.362

Table 2 presents descriptive characteristics of the sample centers, broken down by contracting entity. The analysis shows significant variation in the number of students across different entities (p = 0.037). The majority of schools (59.8%) have between 501 and 1500 students. This distribution does not show significant differences among the Health, Education, and other entities, reflecting a wide range of school sizes within the study sample. However, schools with more than 1500 students are

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more common in the "Others" category (22.1%). The type of school shows significant differences among contracting entities ($p < 0.001$). Schools focused on Early Childhood and Primary Education are predominantly found in the Education sector (42.6%). In contrast, schools offering Early Childhood, Primary, and Secondary Education are more common in the "Others" category (55.9%). This indicates that the "Others" category includes a broader range of educational levels. Ownership of the school varies significantly by entity ($p = 0.003$). Public schools are the most common in the Education sector (76.6%), whereas privately funded schools are more prevalent in the "Others" category (22.1%).

Regarding the characteristics of the educational institution, there are no significant differences among the entities ($p = 0.131$). The majority of schools across all entities are located in urban areas, with 89.7% of schools being urban and 10.3% rural.

Table 2. Descriptive Characteristics of Sample Centers, Globally and by Contracting Entity.

	Global (n=553)	Health (n=67)	Education (n=350)	Others (n=136)	p-value
Number of Students in the Center (n=552)					0.037
≤ 500	144 (26.1%)	19 (28.8%)	91 (26.0%)	34 (25.0%)	
501 to 1500	330 (59.8%)	38 (57.6%)	220 (62.9%)	72 (52.9%)	
> 1500	78 (14.1%)	9 (13.6%)	39 (11.1%)	30 (22.1%)	
Type of Center					<0.001
High School	6 (1.1%)	0 (0.0%)	5 (1.4%)	1 (0.7%)	
Special Education Center	45 (8.1%)	14 (20.9%)	25 (7.1%)	6 (4.4%)	
Early Childhood and Primary	205 (37.1%)	20 (29.9%)	149 (42.6%)	36 (26.5%)	
Early Childhood, Primary, and Secondary	209 (37.8%)	20 (29.9%)	113 (32.3%)	76 (55.9%)	
Primary Education	32 (5.8%)	6 (9.0%)	19 (5.4%)	7 (5.1%)	
Nursery School	4 (0.7%)	1 (1.5%)	3 (0.9%)	0 (0.0%)	
Regular School with Special Education	4 (0.7%)	0 (0.0%)	2 (0.6%)	2 (1.5%)	
Secondary Education Institute	48 (8.7%	6 (9.0%)	34 (9.7%)	8 (5.9%)	
Ownership of the Center					0.003
State-subsidized Private School	80 (14.5%)	8 (11.9%)	42 (12.0%)	30 (22.1%)	
Private School	69 (12.5%)	5 (7.5%)	40 (11.4%)	24 (17.6%)	
Public School	404 (73.1%)	54 (80.6%)	268 (76.6%)	82 (60.3%)	
Center Characteristics					0.131
Rural	57 (10.3%)	9 (13.4%)	40 (11.4%)	8 (5.9%)	
Urban	496 (89.7%)	58 (86.6%)	310 (88.6%)	128 (94.1%)	

In **Table 3,** significant differences are observed between contracting entities in two specific factors. **Factor 8**, which assesses extrinsic status characteristics, shows a statistically significant difference ($p = 0.025$). This suggests that perceptions of job status vary across different entities, with notable distinctions in how job status is perceived. Similarly, **Factor 9**, which measures perceptions of job monotony, also exhibits a significant difference ($p = 0.038$). These findings indicate that job monotony is perceived differently depending on the contracting entity. In contrast, the other factors analyzed—**Factor 1: Job Satisfaction, Factor 2: Work-Related Tension, Factor 3: Professional Competence, Factor 4: Work Pressure, Factor 5: Improvement Opportunities, Factor 6: Interpersonal Relationship with Superiors, Factor 7: Interpersonal Relationship with Colleagues**, and the overall **Font-Roja questionnaire score**—do not show statistically significant differences between contracting entities. This consistency suggests a uniform perception regarding job satisfaction, work-related tension, professional competence, work pressure, opportunities for improvement, and interpersonal relationships across the evaluated entities.

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Table 3. Average Font-Roja Job Satisfaction Questionnaire Scores by Contracting Entity.

Variables	Global	Health (n=67)	Education (n=350)	Others (n=136)	p-value
Factor 1: Job Satisfaction	3.85 (0.83)	3.74 (0.87)	3.85 (0.84)	3.93 (0.80)	0.302
Factor 2: Work-Related Tension	2.45 (0.51)	2.47 (0.51)	2.45 (0.51)	2.44 (0.50)	0.925
Factor 3: Professional Competence	1.55 (0.73)	1.58 (0.65)	1.57 (0.76)	1.49 (0.69)	0.511
Factor 4: Work Pressure	2.97 (0.76)	3.13 (0.76)	2.96 (0.76)	2.95 (0.76)	0.200
Factor 5: Improvement Opportunities	3.11 (1.05)	3.30 (1.07)	3.04 (1.03)	3.19 (1.07)	0.096
Factor 6: Interpersonal Relationship with Superiors	3.20 (1.13)	3.28 (1.13)	3.21 (1.11)	3.15 (1.19)	0.748
Factor 7: Interpersonal Relationship with Colleagues	2.49 (1.12)	2.45 (1.06)	2.49 (1.13)	2.52 (1.14)	0.911
Factor 8: Extrinsic Status Characteristics	2.78 (0.89)	3.03 (0.84)	2.72 (0.93)	2.82 (0.81)	0.025
Factor 9: Job Monotony	2.74 (0.83)	2.59 (0.76)	2.81 (0.82)	2.64 (0.87)	0.038
Total Font-Roja Score	2.86 (0.31)	2.91 (0.28)	2.85 (0.32)	2.87 (0.31)	0.39

Table 4 highlights several important findings regarding the Professional Quality of Life questionnaire (CVP-35) by contracting entity. The perceived workload was significantly higher in the "Others" sector (7.79) compared to healthcare (7.16) and education (7.45) (p=0.026). Satisfaction with salary was notably higher in the education sector (6.55) than in healthcare (5.93) and other sectors (5.67) (p=0.020). The pressure to maintain the quantity of work was also higher in healthcare (5.64) compared to other sectors (4.81) (p=0.044), and similarly, the pressure to maintain quality of work was higher in healthcare (5.63) compared to other sectors (5.35) (p=0.037). Support from supervisors was greater in the education sector (6.53) compared to other sectors (7.06) (p=0.032). Additionally, the perception of a lack of time for personal life was higher in the education sector (4.16) compared to other sectors (3.78) (p=0.022). Receiving information about work results was higher in the "Others" sector (5.19) compared to healthcare (4.93) and education (4.39) (p=0.012). The importance of work to the lives of others was notably higher in the education sector (9.15) compared to healthcare (8.67) and other sectors (8.68) (p=0.003). Finally, the necessity for training was greater in the "Others" sector (7.89) compared to healthcare (7.36) and education (7.91) (p=0.032).

Table 4. Professional Quality of Life (CVP-35) Questionnaire Scores, Overall and by Contracting Entity (Mean (SD)).

Variables	Global	Health (n=67)	Education (n=350)	Others (n=136)	p-value
Amount of work I have	7.50 (1.67)	7.16 (1.76)	7.45 (1.63)	7.79 (1.67)	0.026
Satisfaction with the type of work	7.87 (1.78)	7.82 (1.56)	7.89 (1.79)	7.86 (1.86)	0.960
Satisfaction with salary	5.94 (2.12)	6.55 (2.01)	5.93 (2.08)	5.67 (2.21)	0.020
Opportunity for promotion	2.83 (2.42)	3.33 (2.81)	2.69 (2.34)	2.95 (2.43)	0.117
Recognition of my effort	5.68 (2.51)	5.67 (2.55)	5.57 (2.52)	5.96 (2.47)	0.304
Pressure to maintain quantity of work	4.92 (2.53)	5.64 (2.32)	4.81 (2.52)	4.86 (2.62)	0.044
Pressure to maintain quality of work	5.09 (2.55)	5.63 (2.37)	4.89 (2.53)	5.35 (2.63)	0.037
Hurry and stress due to lack of time for my work	5.55 (2.59)	5.64 (2.54)	5.32 (2.55)	6.10 (2.67)	0.011
Motivation (willingness to exert effort)	7.75 (2.05)	7.78 (1.98)	7.71 (2.04)	7.85 (2.11)	0.807
Support from my supervisors	6.61 (2.58)	6.12 (2.66)	6.53 (2.62)	7.06 (2.37)	0.032
Due to support from my colleagues, I feel I am at the limit in several aspects	4.59 (2.62)	4.63 (2.68)	4.48 (2.60)	4.85 (2.65)	0.378
Support from my family	8.54 (2.15)	8.57 (2.08)	8.60 (2.10)	8.38 (2.30)	0.574
Desire to be creative	8.07 (2.09)	8.27 (1.86)	8.05 (2.11)	8.01 (2.14)	0.695
Opportunity to be creative	6.21 (2.54)	6.36 (2.46)	6.16 (2.56)	6.26 (2.56)	0.809
Disconnecting after work	6.29 (2.72)	6.16 (2.77)	6.37 (2.70)	6.15 (2.77)	0.675
Receiving information about the results of my work	4.65 (2.81)	4.93 (2.85)	4.39 (2.74)	5.19 (2.90)	0.012
Conflicts with other people at work	3.03 (2.39)	3.10 (2.52)	2.98 (2.35)	3.12 (2.43)	0.825

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Lack of time for my personal life	3.56 (2.41)	4.16 (2.54)	3.37 (2.34)	3.78 (2.48)	0.022
Physical discomfort at work	3.62 (2.59)	3.75 (2.66)	3.54 (2.50)	3.76 (2.79)	0.639
Opportunity to express what I think and need	6.35 (2.49)	6.16 (2.54)	6.39 (2.55)	6.32 (2.31)	0.785
Responsibility load	8.41 (1.82)	8.09 (2.27)	8.54 (1.64)	8.24 (2.00)	0.085
My organization tries to improve the quality of life in my position	4.51 (2.74)	4.37 (2.42)	4.40 (2.78)	4.88 (2.79)	0.196
I have autonomy or freedom of decision	6.86 (2.31)	6.84 (2.46)	6.81 (2.31)	7.01 (2.23)	0.680
Annoying interruptions	5.55 (2.71)	5.13 (2.72)	5.67 (2.66)	5.44 (2.84)	0.284
Stress (emotional effort)	6.08 (2.55)	6.06 (2.55)	5.93 (2.57)	6.46 (2.46)	0.121
Necessary training to do my job	7.89 (1.90)	7.36 (2.09)	7.91 (1.84)	8.10 (1.94)	0.032
I am capable of doing my current job	8.71 (1.40)	8.34 (1.57)	8.73 (1.39)	8.85 (1.32)	0.051
Variety in my work	6.68 (2.34)	6.22 (2.55)	6.64 (2.28)	6.99 (2.34)	0.078
My work is important to the lives of others	8.98 (1.60)	8.67 (2.27)	9.15 (1.28)	8.68 (1.86)	0.003
It is possible that my responses are heard and applied	6.35 (2.50)	6.04 (2.57)	6.40 (2.49)	6.39 (2.52)	0.559
What I have to do is clear	6.75 (2.49)	6.99 (2.32)	6.71 (2.46)	6.75 (2.65)	0.712
I am proud of my work	8.67 (1.58)	8.39 (1.49)	8.70 (1.57)	8.74 (1.62)	0.283
My work has negative consequences for my health	3.72 (2.55)	3.93 (2.48)	3.64 (2.57)	3.82 (2.54)	0.616

The multivariate regression analysis In **Table 5,** on the total scores of the Font-Roja and CVP-35 questionnaires revealed significant associations, providing relevant insights into job satisfaction and professional quality of life.

Font-Roja Questionnaire Analysis: The analysis indicated that age and weekly working hours are significantly associated with the total score of the Font-Roja questionnaire. Specifically, individuals aged between 30 and 40 years showed a decrease in the total questionnaire score, with a p-value of 0.045, indicating an average reduction of 0.084 points (95% CI: -0.166, -0.002). This suggests that in this age group, job satisfaction and professional quality of life may be negatively affected.

Furthermore, those working more than 37.5 hours per week also showed a decrease in the total score, with a p-value of 0.076, which is close to the conventional significance threshold of 0.05. The observed reduction was 17.1% compared to those working less than 15 hours per week (95% CI: -0.359, 0.018). This negative association suggests that working many hours could be related to lower job satisfaction and professional quality of life.

It is important to note that, although the p-value for weekly working hours (0.076) does not reach the traditional level of statistical significance, it is close enough to suggest a possible trend that might be significant with a larger sample size or in other contexts. In practical terms, both age and working hours seem to negatively influence the Font-Roja questionnaire scores, highlighting the need to consider these factors in managing workplace well-being.

CVP-35 Questionnaire Analysis: In the analysis of the CVP-35, it was found that the relationship with institutions such as the City Council was negatively associated with the total score, with this association being highly significant (p=0.002). This suggests that individuals whose employment relationship is with these public institutions tend to have a more negative perception of their job satisfaction and professional quality of life.

Additionally, the "non-binary" gender category showed a significant negative association with the total CVP-35 score (p=0.048). Specifically, non-binary individuals had a decrease of 1.616 points in the total questionnaire score (95% CI: -3.218, -0.013). This finding indicates that non-binary individuals may experience lower job satisfaction and professional quality of life compared to their male and female counterparts.

These associations underscore the importance of considering institutional relationships and gender identity when evaluating job satisfaction and professional quality of life. Specifically, the policies and practices of the City Council, as well as the recognition and support of non-binary individuals, can have a significant impact on these aspects.

It was also found that individuals working between 15 and 30 hours per week showed a significant positive association with the total score in the reduced model (p=0.035), with an increase

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of 0.537 points compared to those working less than 15 hours per week (95% CI: 0.037, 1.037). Similarly, those working more than 37.5 hours per week showed a significant positive association (p=0.011), with an increase of 0.591 points compared to those working less than 15 hours per week (95% CI: 0.134, 1.048).

Model Details: The reduced model is the one that achieves the best balance of likelihood by the number of variables, as a result of a stepwise backward variable selection process based on the Akaike Information Criterion (AIC). Although the p-values of the marginal effects may not always present p<0.05, the model without those variables had a worse AIC. No reduced model is presented for Font-Roja since none of the explanatory variables provided sufficient likelihood when trying to explain the total Font-Roja score.

Table 5. Multivariate Regression Models on Total Scores of Font-Roja and CVP-35 Questionnaires.

		Total Font-Roja Score		**Total CVP-35 Score**		**Total CVP-35 Score**	
						Reduced Model	
		Marginal Effect (IC95%)	**p-value**	**Marginal Effect (IC95%)**	**p-value**	**Marginal Effect (IC95%)**	**p-value**
Independent Term		3.129 (2.819, 3.440)	<0.001	6.000 (5.236, 6.763)	<0.001	5.781 (5.201, 6.362)	<0.001
Gender	Male	-ref.-		-ref.-		-ref.-	
	Female	-0.104 (-0.281, 0.072)	0.247	0.138 (-0.296, 0.573)	0.532	0.166 (-0.263, 0.596)	0.447
	Non-binary	0.150 (-0.501, 0.802)	0.651	-1.616 (-3.218, -0.013)	0.048	-1.601 (-3.192, -0.010)	0.049
Age	*<=30 years*	-ref.-		-ref.-		-ref.-	
	(30, 40] years	-0.084 (-0.166, -0.002)	0.045	0.013 (-0.189, 0.215)	0.900	0.010 (-0.191, 0.211)	0.921
	(40, 50] years	-0.042 (-0.125, 0.040)	0.314	0.103 (-0.100, 0.306)	0.318	0.086 (-0.115, 0.287)	0.403
	>50 years	-0.070 (-0.179, 0.039)	0.207	-0.260 (-0.529, 0.008)	0.057	-0.217 (-0.479, 0.045)	0.104
Experience	*<5 years*	-ref.-		-ref.-			
	5 to 10 years	0.057 (-0.064, 0.178)	0.356	-0.090 (-0.387, 0.208)	0.554		
	10 to 15 years	-0.076 (-0.318, 0.165)	0.535	0.104 (-0.490, 0.698)	0.731		
	15 to 20 years	0.093 (-0.175, 0.360)	0.497	-0.249 (-0.907, 0.409)	0.458		
	> 20 years	0.083 (-0.363, 0.530)	0.714	0.391 (-0.707, 1.490)	0.485		
Employment Status	*Discontinuous*	-ref.-		-ref.-			
	Permanent	0.035 (-0.043, 0.113)	0.377	0.125 (-0.066, 0.317)	0.199		

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	Interim	0.025 (-0.044, 0.094)	0.481	-0.053 (-0.224, 0.117)	0.540		
	Non-permanent/temporary	-0.032 (-0.149, 0.085)	0.590	-0.115 (-0.403, 0.173)	0.433		
Hiring Authority	*Healthcare*	-ref.-		-ref.-			
	Education	-0.045 (-0.132, 0.042)	0.309	-0.021 (-0.235, 0.193)	0.847		
	Others	-0.030 (-0.133, 0.073)	0.564	-0.002 (-0.255, 0.251)	0.990		
Relationship with other institutions	*Primary Care*	-ref.-		-ref.-		-ref.-	
	City Council	0.190 (-0.013, 0.393)	0.067	-0.801 (-1.301, -0.302)	0.002	-0.825 (-1.316, -0.333)	0.001
	Other	0.026 (-0.099, 0.151)	0.683	-0.157 (-0.465, 0.152)	0.319	-0.184 (-0.483, 0.114)	0.226
	No response	0.072 (-0.023, 0.166)	0.136	0.032 (-0.199, 0.264)	0.783	0.042 (-0.184, 0.269)	0.714
Own Records		-0.022 (-0.206, 0.163)	0.817	-0.147 (-0.601, 0.306)	0.524		
Weekly Hours	*<=15 hours*	-ref.-		-ref.-		-ref.-	
	(15, 30] hours	-0.102 (-0.309, 0.105)	0.333	0.453 (-0.057, 0.963)	0.082	0.537 (0.037, 1.037)	0.035
	(30, 37.5] hours	-0.146 (-0.314, 0.022)	0.089	0.234 (-0.180, 0.647)	0.268	0.268 (-0.142, 0.677)	0.199
	>37.5 hours	-0.171 (-0.359, 0.018)	0.076	0.538 (0.074, 1.003)	0.023	0.591 (0.134, 1.048)	0.011
	No response	-0.129 (-0.296, 0.039)	0.132	0.168 (-0.244, 0.580)	0.423	0.200 (-0.209, 0.608)	0.338

The reduced model is the one that achieves the best balance of likelihood by the number of variables, as a result of a stepwise backward variable selection process based on the Akaike Information Criterion (AIC). Although the p-values of the marginal effects may not present in some cases $p<0.05$, the model without that variable had a worse AIC. No reduced model is presented for Font-Roja since none of the explanatory variables provided sufficient likelihood when trying to explain the total Font-Roja score.

In **Figure 1**, it is observed that Factor 5, "Improvement Options," from the Font-Roja job satisfaction questionnaire is the only one that shows a statistically significant association with the total score of the professional quality of life questionnaire CVP-35, with a p-value of 0.016. Other factors, such as Factor 1, "Job Satisfaction," also approach statistical significance with a p-value of 0.063. When applying a reduced multivariate regression model, which includes the nonlinear relationship detected in Factor 5 and other factors with linear effects, significant associations are identified with Factors 1 and 9, with p-values of 0.046 and 0.008, respectively. In this model, Factor 1 has a proportional association and Factor 9 an inverse association with professional quality of life. The model that best explains the total CVP-35 score, according to the Akaike Information Criterion (AIC), includes Factors 1, 2, 5, 8, and 9. Although Factors 2 and 8 do not reach statistical significance

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due to their p-values (>0.05), their inclusion in the model remains relevant, with Factor 5 showing a predominant nonlinear relationship.

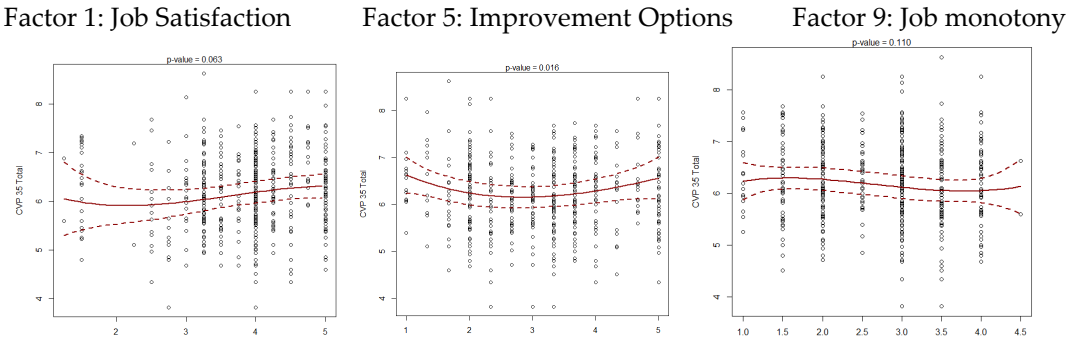

Figure 1. Association between the factors of the Font-Roja job satisfaction questionnaire and the total score of the professional quality of life questionnaire CVP-35.

4. Discusion

The objective of this study was to examine job satisfaction and professional quality of life among 553 school nurses in Spain. By addressing this objective, the study offers a comprehensive view of the challenges and opportunities in this specialized field of nursing, which has been insufficiently explored at the national level.

The findings indicate that, overall, school nurses exhibit a moderately high level of job satisfaction, with a mean score of 3.129, consistent with previous studies reporting medium-high levels of satisfaction [27]. However, significant variations are observed in specific factors, such as perceived status and job monotony across different sectors. Nurses in the Healthcare sector perceive higher job status, likely due to the formal recognition and structure of the healthcare system. In contrast, those in the Education sector experience greater job monotony, potentially influenced by routine tasks and limited variety in the school environment [8,28].

Work-related stress is a common experience among school nurses across all sectors, reflecting the inherently stressful nature of the profession. This finding aligns with existing literature that highlights the stress inherent in school nursing [29,30]. The perception of professional competence is homogeneous nationwide, suggesting that the training and skills acquired are adequate. Professional competence is crucial for job satisfaction and overall well-being [31].

Pressure to maintain both the quantity and quality of work is a consistent concern, with a mean score of 2.97. This indicates that, despite relatively high job satisfaction, nurses face considerable pressure, which can affect their satisfaction and increase the risk of burnout. The "Others" sector shows a more positive perception regarding improvement opportunities, possibly due to greater flexibility compared to the Healthcare and Education sectors. This highlights the need for developing and communicating development opportunities across all sectors to enhance satisfaction and professional quality of life [32].

Interpersonal relationships with supervisors and colleagues are generally positive and similar across sectors, suggesting a uniform collaborative culture. However, greater job monotony in the Education sector underscores the need to diversify roles to reduce monotony and improve job satisfaction [33].

Professional quality of life varies by sector. The perceived workload is higher in the "Others" sector, potentially due to the diversity of tasks and less regulation compared to more structured sectors. Job satisfaction with salary is higher in the Education sector, which may reflect better salary conditions or benefits. The pressure to maintain the quantity and quality of work is significantly higher in the Healthcare sector, reflecting the demanding nature of the healthcare environment. Higher supervisor support in the Education sector suggests a more collaborative and less hierarchical work environment [33,34].

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Collaboration with Primary Care is more frequent in the Healthcare sector, aligning with the integration of the healthcare system. In contrast, collaboration in the Education and "Others" sectors is less frequent, which may limit the support and resources available to school nurses in these settings. Additionally, the presence of larger educational centers in the "Others" sector affects the workload and work dynamics of school nurses [34] .

Nurses with 5 to 10 years of experience report lower professional quality of life, possibly due to unmet expectations and job realities that generate dissatisfaction. This finding is consistent with previous studies suggesting that less experienced nurses are generally more satisfied [33]. Employment relationships with the City Council are negatively associated with satisfaction, likely due to differences in management policies and support. Working more than 37.5 hours a week is positively associated with overall professional quality of life, although it also shows a more pronounced negative association with job satisfaction, highlighting the importance of addressing excessive workloads and promoting work-life balance [7].

Age significantly impacts job satisfaction, with individuals aged 30 to 40 exhibiting lower satisfaction levels. This finding suggests that this age group may face specific challenges in their work environment, warranting targeted interventions to improve their job satisfaction [35].

The study underscores the importance of tailoring support policies and programs to the specific needs of each sector. For instance, in the Education sector, diversifying responsibilities and formally recognizing nurses' contributions could address job monotony and improve status perception. Furthermore, strengthening collaboration between the Education and Healthcare sectors could enhance support and resources available to school nurses, while implementing professional development programs and promotion opportunities could improve motivation and reduce monotony.

Future research should delve into contextual factors affecting school nurses' job satisfaction, design and implement targeted interventions to improve their work well-being, and examine how job satisfaction influences the quality of school health services. Comparative studies across countries, longitudinal research, and analyses of how job satisfaction affects service quality could provide a more comprehensive understanding and contribute to international improvements in school health care. Qualitative research is also needed to better understand the specific experiences and needs of these health professionals.

5. Conclusion

School nurses in Spain generally report a moderately high level of job satisfaction, although this varies across employment sectors—Healthcare, Education, and Others. These differences are linked to specific working conditions and challenges within each sector. While the overall professional quality of life, measured by the CPV-35 scale, averages 6.000, common work-related pressures are observed across all sectors.

Nurses in the Healthcare sector perceive higher job status and face greater pressure to maintain work quantity and quality, reflecting the demanding nature of the healthcare environment. In contrast, the Education sector shows greater job monotony, affecting job satisfaction, though this is somewhat mitigated by higher perceived support from supervisors. The "Others" sector reports a higher perceived workload but also more opportunities for improvement, possibly due to a less regulated work environment.

Experienced nurses place significant value on recognition and professional competitiveness. Working more than 37.5 hours per week is associated with better professional quality of life, although it may negatively impact job satisfaction due to potential overwork.

The variability in the presence of school nurses across different models—where only about half of schools have a dedicated nurse—highlights the need for policies that ensure equitable distribution of nursing services. Additionally, providing health training to teaching staff and strengthening collaboration between the educational and healthcare sectors could enhance support for nurses and student health.

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To improve the well-being of school nurses, it is crucial to develop emotional support programs and promote work-life balance. Future research should focus on exploring the contextual factors influencing job satisfaction and designing specific interventions to enhance occupational well-being. This will contribute to a more comprehensive understanding of school nursing dynamics and support the development of effective policies and practices.

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